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Intimate Partner Victimization Among Adults Aged 60 and Older: An Analysis of the 1999 and 2004 General Social Survey

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Accounts in both the scientific literature and popular media have brought about increased recognition of the reality of elder abuse. However, relatively little work has examined intimate partner victimization with respect to older adults. In this study, weighted data from cycles 13 (1999) and 18 (2004) of the General Social Survey are pooled to examine how factors uniquely influence the prevalence and risk of emotional, financial, and physical abuse among adults aged 60 and over. Considerations regarding elder abuse committed by spouses, versus abuse of older adults more broadly (by their children and other adults), are also discussed.

KEYWORDS intimate partner victimization, intimate partner abuse, emotional abuse, financial abuse, physical abuse, risk factors

INTRODUCTION

In this study, pooled data from cycles 13 (1999) and 18 (2004) of the General Social Survey (GSS) are used to examine spousal/partner victimization, also referred to as intimate partner victimization (IPV), among adults aged 60 and over. This is one aspect of “elder abuse” that is not well understood. Despite extensive research within the general population, relatively little work has
examined intimate partner victimization with respect to adults in their sixties and older. In particular, this research aims to provide further insights into how factors uniquely influence the prevalence and risk of emotional, financial, and physical abuse in this subpopulation. Differences and similarities between younger and older populations, in terms of domestic violence, are highlighted. As well, considerations regarding elder abuse committed by spouses, versus abuse of older adults more broadly (by their children and other younger adults), are discussed.

LITERATURE REVIEW

This study draws from the ecological approach developed by Bronfenbrenner (1999), which recognizes that individual development can be affected by various layers of systems. Here, elder abuse is seen as being influenced by risk factors within the context of four different systems—personal, relational, environmental and societal. Personal characteristics of the victim such as poor health or disability may increase vulnerability and dependency. Relational factors, such as characteristics of the perpetrator—e.g., substance abuse problems—and his/her relationship with the victim—e.g., financial dependence—could lead to taking advantage of the older adult. Environmental factors such as physical and social isolation may increase opportunities for abuse, while use of health services could increase opportunities for it to be detected. Finally, societal and cultural factors such as ageism, sexism, and linguistic or minority dynamics could increase the acceptability and the likelihood of abusive behaviors.

Overall Prevalence of Elder Abuse and Intimate Partner Violence

There have been relatively few attempts to estimate the prevalence of elder abuse on a national level. Recent surveys in Spain, the United Kingdom (UK), and Israel have produced a range of estimates, from under 1% of seniors having experienced abuse to upwards of 26%; the rates in Spain and the UK are more similar to those in Canada and at the lower end of this range, while the rates in Israel are substantially higher. In Canada, Podnieks (1992) estimated that about 4% of older adults have experienced one or more types of abuse. Another study using the 1999 GSS estimated rates of abuse by current and former spouse/partners, adult children, and caregivers at 7% for emotional, 1% for financial, and 1% for physical or sexual abuse. A large majority of these reported abuse cases involved family members.

The wide range of estimates arises from differences in definitions, survey methods, and in cultural and societal factors. In general, studies that
include a wider range of behaviors (such as neglect, denial of basic rights, or systemic abuse) or relationships (such as adult children, caregivers, neighbors, other relatives, and even con artists) tend to report a higher prevalence of abuse. For example, the high prevalence of elder abuse reported in Israel may be due partly to the wide range of potential types of abuse included and the broad number of potential perpetrators considered (spouse/partner, children, grandchildren, other family members, and care-workers) (Lowenstein, Eisikovits, Bard-Winterstein, & Enosh, 2009).

The above studies consider elder abuse more broadly by current and former spouses, adult children, other family members, neighbors, and other persons in positions of trust. Since the focus of this article is on abuse by current and former spouses/partners, it is important to consider factors that influence the likelihood of abuse among intimate partners more generally. In Canada, the 2004 GSS found that rates of spousal violence, including sexual assault and assault, were lowest among older adults. In fact, the five-year prevalence rate of spousal violence for those aged 55 and older was 1% (Statistics Canada, 2005). Although similarly low rates for older individuals have been found in the United States for women over 55, a higher share of cases of intimate partner violence are committed by a spouse (i.e., 62% for women aged 55 and over compared to less than 44% for those under age 55) (Rennison & Rand, 2003). Because we are examining a broader range of acts including physical, sexual, financial, and psychological violations, we use the term intimate partner abuse rather than intimate partner violence.

Factors Associated With Intimate Partner Abuse

Personal Factors

Personal factors include sex, age, immigrant status, and aspects related to personal fragility such as disability, medication use, and health status.

In Canada, recent figures by Statistics Canada estimate that persons 55 years of age and older account for roughly 15% of all cases of physical or sexual domestic violence (Statistics Canada, 2005). However, the rate and likelihood of spousal/partner victimization, including emotional, financial, and physical abuse, generally declines with age (Brozowski & Hall, 2004; Statistics Canada, 2000b). International evidence is more mixed, as the prevalence and nature of abuse varies not only by age but also by the type of abuse. For example, in the UK, O’Keeffe et al. (2007) found that while abuse tends to decrease with age overall, some over age 85 are more likely to experience neglect and financial abuse. A similar study in Spain by Iborra (2008) found that among adults aged 65 and over, the prevalence of abuse increases with age, but again, neglect is the main contributing factor.
For persons aged 15 and over, rates of physical, financial, and emotional abuse are similar for men and women (Statistics Canada, 2000b). However, some evidence suggests that women are more likely to experience more severe types of violence, since women are far more likely to indicate that they were negatively affected, injured, or fear for their life as a result of the abuse (Statistics Canada, 2005). For older adults, the literature suggests that the significance of sex as a risk factor depends on the type and definition of abuse. In the UK, older women had higher rates of emotional and physical abuse compared to older men, but reported similar rates of financial abuse (O’Keeffe et al., 2007). Similar results were found in Israel by Lowenstein et al. (2009), but here women also reported higher rates of financial exploitation and neglect compared to men. In Spain, the prevalence of emotional, financial, and physical abuse is also generally higher for women; however, men and women report similar levels of neglect (Iborra, 2008). Finally, in the United States, Rennison and Rand (2003) found low rates for both men and women aged 55 and older. However, research also points out that detecting abuse and mistreatment among older women often can be especially difficult due to the complexities in creating a safe environment to discuss these issues in privacy (away from a spouse, children, or others) as well as generational norms that make it difficult to discuss issues of mistreatment (Zink & Fisher, 2006).

Fragility has been associated with increased dependency and the reduced capacity to resist abusive acts. Personal fragility may manifest in a variety of ways including disability and poor health. For people with disabilities, unique risk factors may accentuate their susceptibility to various forms of abuse and neglect. These risk factors include, but are not limited to, dependency on a caregiver for necessary/vital life activities, the physical inability to escape an abusive situation, and societal stereotypes regarding people with disabilities (Nosek, 1996). Research in the UK also finds that those with psychological issues or depression have an increased risk of elder mistreatment (O’Keeffe et al., 2007). In addition, people with disabilities experience forms of disability-specific abuse (see Copel, 2006; Hassounneh-Phillips & Curry, 2002). More generally, poor health also is associated with increased vulnerability and abuse for younger and older persons (Brozowski & Hall, 2004; Johnson, 2006; Lowenstein et al., 2009; O’Keeffe et al., 2007; Podnieks, 1992).

In Canada, rates of abuse among immigrants are generally lower than rates in the overall population. However, Smith (2004) suggests that language and cultural barriers may play a critical role leading to the underestimation of the extent of abuse in this subpopulation and the limiting of access to social and health services. Research is only beginning to examine ethnic and cultural differences in the likelihood of elder abuse; however, an Israeli study (Lowenstein et al., 2009) suggests that ethnic and cultural attitudes explain some variation in the likelihood of experiencing verbal abuse,
limitation of freedom, and financial exploitation and neglect. Furthermore, older immigrants may be more vulnerable to abuse due to increased levels of dependence on family and spouses and fewer social networks (Walsh et al., 2007). Day-to-day pressures experienced by immigrants to Canada may exert pressure on traditional values of respect for elders and lead to abuse (Tam & Neysmith, 2006).

RELATIONAL FACTORS

Previous research on elder abuse and family violence suggests that relationship dynamics such as marital status, relationship length, dependency, and stress may influence the likelihood of abuse.

Marital status is important in two respects regarding domestic violence. First, intimate partner abuse is more likely to be reported by persons who are divorced or separated than persons who are married, including among adults aged 65 and over. Second, for persons in current unions, those living in common-law relationships are considerably more likely to be a victim of intimate partner abuse (emotional, physical, or sexual) than those who are married. Unfortunately, in this study, it is not possible to separate persons living in common-law relationships from those who are married for persons aged 65 and over due to limited sample size (Statistics Canada, 2000b).

Little previous research has examined the connection between the length of a relationship and the probability of abuse. In one study of physical and sexual violence between intimate partners among urban women in Russia, Cubbins and Vannoy (2005) found that length of marriage was not a significant factor. However, others have found that elder abuse is frequently the continuation of spousal abuse that began much earlier (Walsh et al., 2007).

Dependency includes factors related to personal fragility, share of household income, and differences in educational attainment. Personal fragility may increase respondent dependency by placing additional stress on other household members, thereby increasing the probability of caregivers reacting in an inappropriate and potentially abusive manner (Biggs et al., 1995). At the same time, Kaukinen (2004) suggests significant inequities in income and education favoring the victim (i.e., where the abuser is less educated or has lower earnings) may be stressors leading to lower levels of marital satisfaction and stability, increased interpersonal conflicts, and negative consequences on psychological well-being. In terms of personal dependency, respondents with considerably lower educational attainment or income compared to their partner may have less “power” within the relationship and therefore may be more vulnerable to abuse. In addition, the risk of being abused may increase with the inability of the partner to develop appropriate strategies to provide support under stress. For example, alcohol use may not only reduce inhibitions against abuse but also exacerbate other
problems (BCCEWH, 2004). Indeed, frequent and heavy alcohol consumption by the partner has been associated with a higher likelihood of abuse (Biggs et al., 1995; Cubbins & Vannoy, 2005; Statistics Canada, 2000b).

**ENVIRONMENTAL FACTORS**

Environmental factors such as community size and location (rural vs. urban); region; extent of social isolation (neighborhood crime, participation in evening activities); and access to social/health services may influence a person’s vulnerability to abuse.

Generally, overall rates of physical and sexual spousal abuse are comparable in urban and rural areas (Few, 2005; Statistics Canada, 2000b; Teaster, Roberto, & Dugar, 2006). However, research primarily has focused on persons living in urban areas, leading to the suggestion that spousal abuse in rural areas has been made “practically invisible” (Few, 2005). Increasing attention is being paid to the unique challenges and vulnerabilities of those living in rural areas, such as values and attitudes held in rural communities that may reinforce traditional marital models and make it difficult to leave abusive relationships, increased interdependency among couples, increased isolation, and lack of accessibility to other social and health supports (Few, 2005; Tiefenthaler, Farmer, & Sambira, 2005). For older adults, those living in rural areas may be more vulnerable to intimate partner abuse (Beaulieu, Gordon, & Spencer, 2003; Brozowski & Hall, 2004; Statistics Canada, 2000b).

In general, the prevalence of physical and sexual spousal violence across Canada varies, with rates higher in the west (Alberta, Saskatchewan, and British Columbia) (Johnson, 2006; Statistics Canada, 2000b). Few studies have examined differences in the prevalence of elder abuse by region, particularly by spouses/partners. Much of this is due to the local focus of many studies on elder abuse and the low overall incidence rate (making comparisons between regions difficult). However, similar to the pattern of domestic violence in the overall population, Brozowski and Hall (2004) do provide some evidence that among seniors, those living in western provinces are more likely to experience emotional abuse.

A number of studies have linked social isolation to an increased vulnerability of being abused, for both younger and older persons (see Biggs et al., 1995; Few, 2005; Teaster et al., 2006; Wolf & Pillemer, 1989). While embeddedness in a social network increases surveillance and social control, isolation reduces the likelihood of detection. Furthermore, isolation may increase dependence and intensify an unsatisfactory victim–perpetrator relationship. In addition, Bonnie and Wallace (2003) note that isolation, on behalf of the perpetrator, may signal lack of support/assistance in the caregiving role and thereby exacerbate the potential for abuse.
Little research has examined the relationship between the use of health and other social services and intimate partner abuse, although a number of studies have examined the effectiveness of various health and social services offered, principally to abused women. These studies indicate that not only may victims of intimate partner abuse be more likely to use social and health services, but access to these services also may increase the likelihood of reporting abuse. At the same time, Tiefenthaler et al. (2005) points out that a lack of adequate resources and services may be associated with increased isolation and reduced ability to detect incidents of intimate partner abuse, particularly in rural areas.

Societal Factors

Various authors have argued that ageist attitudes may partly explain elder abuse (Biggs et al., 1995; Bonnie & Wallace, 2003). Older adults may be seen as less competent and therefore not fully entitled to their rights as adults. If they are no longer making an economic contribution, they may be seen as less deserving of receiving all of the services and goods that they need. Within an ageist belief system, abusers may exercise their superior power over older adults with impunity and little remorse. Moreover, the literature on intimate partner violence and abuse against women is replete with analyses showing the effects of sexist power arrangements in giving rise to abuse of women of all ages (Health Canada, 2002). The explanation of elder abuse as spousal abuse grown old derives from this literature. Finally, the growing literature examining the effects of racism and cultural stereotypes in limiting the opportunities of visible minority immigrants to Canada must be acknowledged (e.g., Reitz & Banerjee, 2007). Racist attitudes may influence new immigrants to remain within their cultural communities, leading to reduced access to services and other resources and potentially to increased social exclusion and reduced health (Galabuzi & Labonte, 2002). As discussed above, all of these ideologies have been identified as risk factors for elder abuse.

Methods

A weighted cross-sectional sample pooled from cycles 13 (1999) and 18 (2004) of Statistics Canada’s GSS is used to examine the five-year prevalence and differences in the factors associated with emotional, financial, and physical abuse by current or former spouses/partners for those aged 60 and over. The GSS is a national-level survey targeting persons aged 15 and over in Canada, excluding residents of the Territories and full-time residents of institutions. The survey uses random digit dialing.
Intimate Partner Victimization

methods, and the interviews are conducted via computer-assisted telephone interviewing (CATI) in the respondent’s preferred official language. Interviews by proxy were not allowed (Statistics Canada, 2005b). In addition, data on abuse by other potential perpetrators such as adult children, other family members, neighbors, or caregivers were not collected in the 2004 GSS.

A series of questions in the GSS for partners who had contact with the respondent over the past five years are used to measure the five-year prevalence rates for emotional, financial, and physical abuse (data on neglect were not collected). Persons who report that one or more of the following statements describes their current/previous partner are included:

**Emotional abuse:**
- tries to limit your contact with family or friends,
- puts you down or calls you names to make you feel bad,
- is jealous and doesn’t want you to talk to other men/women,
- threatens to harm someone close to you,
- demands to know who you are with and where you are at all times,
- threatens to hit you with his/her fist or anything else that could hurt you,
- or threatens to use a gun or knife on you.

**Financial abuse:**
- damages or destroys your possessions or property,
- or prevents you from knowing about or having access to the family income, even if you ask.

**Physical (including sexual) abuse:**
- throws anything at you that could hurt you;
- pushes, grabs, or shoves you in a way that could hurt you;
- slaps you;
- kicks you;
- bites you;
- hits you with his/her fist;
- hits you with something (other than fist) that could hurt you;
- beats you;
- chokes you;
- or forces you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way.

A series of multivariate probit regression models is then used to estimate the unique influence of specific personal, relational, and environmental factors on the risk of experiencing (a) any abuse, (b) emotional abuse, (c) financial abuse, and (d) physical abuse. For each type of abuse, the impact of personal, relational, and environmental factors on the risk of intimate partner abuse over the previous five years is first estimated for all persons in past or current relationships (including persons who are married, living common-law, separated, divorced, or widowed). These models are labelled 1A to 4A. In the second set of models for each type of abuse, labelled 1B to 4B, the impact of more detailed relationship factors on the risk of intimate partner abuse is examined for persons in current relationships only. Previous spouses/partners are not included in these regressions because data on factors such as length of relationship, educational differences, share of household income, respondent/partner dependency, and partner’s alcohol use were not available.
RESULTS

Prevalence of Emotional, Financial, and Physical Abuse

Overall, the five-year prevalence of abuse by a current or former spouse/partner is 6.8% for persons aged 60 and over. The most common type is emotional abuse at 6.3%, compared to 1.2% for financial abuse and 0.9% for physical abuse. About 1.9%, or 28% of all victims, experience multiple types of abuse. These results are in line with previous research in Canada (Brozowski & Hall, 2004; Podneiks, 1992) and within the range of other international estimates of elder abuse (Iborra, 2008; Lowenstein et al., 2009; O’Keeffe et al., 2007; Statistics Canada, 2000b).

Factors Influencing the Likelihood of Intimate Partner Abuse

Despite the fact that many victims experience multiple types of abuse, there are differences in how factors influence different types of abuse. Many personal, environmental, and relational “risk factors” associated with higher rates of abuse, as expected, mirror the literature. Results are discussed according to each of the major sets of factors (personal, relational, and environmental) as found in the respective subsections in Table 1.

The Pseudo R-square for the final regressions for any abuse ranged from about 0.04 to 0.11, which is relatively common for socioeconomic models of this nature, due to the low prevalence of abuse and the wide range of factors involved. Thus, while the models are useful in helping to explain some of the factors influencing the probability of abuse, a number of factors remain unobserved and unknown. Similar to the overall prevalence rates, the predicted probability ranges from about 0.6% for physical abuse to 6.1% for any abuse. For couples who are currently married or living common-law, the predicted probabilities are slightly higher, ranging from 0.7% for physical or financial abuse to 8.7% for any abuse. The predicted probability differs from prevalence rate due to the fact that the probabilities relate to a reference individual (as noted in Table 1) rather than an average of the entire population.

PERSONAL FACTORS

When personal and environmental factors are held constant, we find that the risk of experiencing emotional or physical abuse is not significantly different for older men and women. However, similar to other studies (Iborra, 2008; Lowenstein, 2009), we find that women are more likely to report experiencing financial abuse, compared to men with similar characteristics.
<table>
<thead>
<tr>
<th></th>
<th>Any Abuse</th>
<th>Emotional Abuse</th>
<th>Financial Abuse</th>
<th>Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1A</td>
<td>1B</td>
<td>2A</td>
<td>2B</td>
</tr>
<tr>
<td>Predicted Probability</td>
<td>6.1</td>
<td>8.7</td>
<td>5.7</td>
<td>8.3</td>
</tr>
<tr>
<td>Observations</td>
<td>9700</td>
<td>3140</td>
<td>9700</td>
<td>3140</td>
</tr>
<tr>
<td>Pseudo R2</td>
<td>0.06</td>
<td>0.04</td>
<td>0.06</td>
<td>0.04</td>
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</tbody>
</table>

**Personal factors**

<table>
<thead>
<tr>
<th></th>
<th>Any Abuse</th>
<th>Emotional Abuse</th>
<th>Financial Abuse</th>
<th>Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>0.9</td>
<td>−1.7</td>
<td>0.9</td>
<td>1.5</td>
</tr>
<tr>
<td>Aged 65 to 69</td>
<td>−0.8</td>
<td>0.6</td>
<td>−0.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Aged 70 or older</td>
<td>−2.5**</td>
<td>−1.6</td>
<td>−2.2***</td>
<td>−1.2</td>
</tr>
<tr>
<td>Immigrant</td>
<td>0.7</td>
<td>2.5*</td>
<td>0.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Disabled</td>
<td>1.8***</td>
<td>2.4*</td>
<td>1.5**</td>
<td>2.0</td>
</tr>
<tr>
<td>Fair/poor health</td>
<td>−0.5</td>
<td>−0.6</td>
<td>−0.3</td>
<td>−0.5</td>
</tr>
<tr>
<td>Used medication</td>
<td>2.4***</td>
<td>1.9</td>
<td>2.4***</td>
<td>1.6</td>
</tr>
</tbody>
</table>

**Relational factors**

<table>
<thead>
<tr>
<th></th>
<th>Any Abuse</th>
<th>Emotional Abuse</th>
<th>Financial Abuse</th>
<th>Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorced/Separated</td>
<td>6.8***</td>
<td>n/a</td>
<td>5.9***</td>
<td>n/a</td>
</tr>
<tr>
<td>Widow</td>
<td>−6.9***</td>
<td>n/a</td>
<td>−6.5***</td>
<td>n/a</td>
</tr>
<tr>
<td>Yrs together: 0–9</td>
<td>n/a</td>
<td>3.4</td>
<td>n/a</td>
<td>3.2</td>
</tr>
<tr>
<td>Yrs together: 10–19</td>
<td>n/a</td>
<td>9.9***</td>
<td>n/a</td>
<td>9.2***</td>
</tr>
<tr>
<td>Yrs together: 20–29</td>
<td>n/a</td>
<td>8.8***</td>
<td>n/a</td>
<td>9.3***</td>
</tr>
<tr>
<td>Yrs together: 30–39</td>
<td>n/a</td>
<td>0.6</td>
<td>n/a</td>
<td>0.6</td>
</tr>
<tr>
<td>Yrs together: 40–49</td>
<td>n/a</td>
<td>−0.8</td>
<td>n/a</td>
<td>−0.3</td>
</tr>
<tr>
<td></td>
<td>Any Abuse</td>
<td>Emotional Abuse</td>
<td>Financial Abuse</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------</td>
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<td>-----------------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td>1A</td>
<td>1B</td>
<td>2A</td>
<td>2B</td>
</tr>
<tr>
<td>Resp. had &lt; 50% of</td>
<td>n/a</td>
<td>-3.3**</td>
<td>n/a</td>
<td>-2.8**</td>
</tr>
<tr>
<td>household income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resp. more educated</td>
<td>n/a</td>
<td>4.3***</td>
<td>n/a</td>
<td>4.6***</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner more educated</td>
<td>n/a</td>
<td>0.9</td>
<td>n/a</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner alcohol use</td>
<td>n/a</td>
<td>-0.2</td>
<td>n/a</td>
<td>-0.8</td>
</tr>
<tr>
<td>Environmental factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>2.1***</td>
<td>1.8</td>
<td>2.0***</td>
<td>1.5</td>
</tr>
<tr>
<td>Atlantic</td>
<td>-1.0</td>
<td>-1.0</td>
<td>-0.5</td>
<td>-0.6</td>
</tr>
<tr>
<td>QC</td>
<td>-0.3</td>
<td>0.8</td>
<td>-0.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Prairies</td>
<td>0.9</td>
<td>1.6</td>
<td>1.1</td>
<td>1.4</td>
</tr>
<tr>
<td>BC</td>
<td>0.7</td>
<td>-1.8</td>
<td>0.8</td>
<td>-1.7</td>
</tr>
<tr>
<td>High crime</td>
<td>1.5</td>
<td>3.6</td>
<td>1.2</td>
<td>4.0*</td>
</tr>
<tr>
<td>No evening activities</td>
<td>0.1</td>
<td>2.1</td>
<td>0.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Used medication</td>
<td>2.4***</td>
<td>1.9</td>
<td>2.4***</td>
<td>1.6</td>
</tr>
</tbody>
</table>

**Table 1** (Continued)


Note. Control variables for all models: female; aged 60–64; non-immigrant; non-disabled; good to excellent health; did not use medication for sleeping, calming, or depression; married or common-law; lived in an urban community; Ontario; perceived neighborhood crime was moderate or low; participated in evening activities. Additional variables for B models: lived together for 50 or more years; partner contributed 50% or less of household income; similar education level; partner did not use alcohol heavily or frequently.

*p < 0.10; **p < 0.05; ***p < 0.01.
While some research indicates that specific types of abuse, particularly neglect, may be more common among the elderly, most evidence shows that overall rates of abuse tend to decline with age. Our analysis confirms these results, as it shows that persons in their sixties are more likely to report experiencing abuse compared to persons in their seventies and older. Interestingly however, age is not a significant factor in current relationships when relationship factors are taken into account, suggesting that relationship factors may have greater influence on the likelihood of experiencing intimate partner abuse for those in their sixties and older.

When other factors are held constant, immigrants in current couples are more likely than nonimmigrants to experience emotional abuse (2.5 pct. points). While our study cannot pinpoint the reasons for this, the literature reviewed above suggests it may be due to lack of social networks and access to social supports and health resources.

In line with previous research, factors associated with victim fragility are associated with a higher probability of experiencing abuse. Overall, people with disabilities are more likely to experience emotional (1.5 pct. points), financial (0.5 pct. points), and physical (0.5 pct. points) abuse. In current relationships (married and common-law), people with disabilities are more likely to experience some form of abuse (2.4 pct. points). In addition, persons who used medication to sleep, for calming, or for depression also are more likely to be abused (2.4 pct. points).

**Relational Factors**

Overall, those who are divorced or separated are more likely to report experiencing both emotional (5.9 pct. points) and financial (3.7 pct. points) abuse compared to those who are widowed, married, or living common-law. In contrast, persons who are widowed have a significantly lower probability of reporting any abuse.

The impact of relationship length on the probability of experiencing abuse varied by type of abuse. For couples in a very long-term relationship (30 years or more), the probability of experiencing any type of abuse is relatively low. However, for those in shorter-term relationships (under 30 years), the probability of emotional and financial abuse increased over time and was highest for couples that had been together for 10 to 29 years. In contrast, the probability of experiencing physical abuse is highest for those in relationships under 10 years.

Indicators of respondent dependency include disability, self-reported health status, medication use, lower education than partner, and lower income than partner. As noted above, persons with disabilities (1.8 pct. points) or who use medication regularly (2.4 pct. points) are more likely to experience abuse. Interestingly, respondents who have lower income or education (based on a difference of at least two levels of educational...
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attainment using the following scale: less than high school, high school, some postsecondary, college diploma, and university degree) relative to their partner are not more likely to be abused. Rather, as discussed below, differences in education and income are more likely to be manifest in issues related to partner dependency and stress.

Measures of partner dependency and stress include the share of income contributed to the household, differences in educational attainment, and alcohol use. Differences in income and education resulting in partner dependency may be associated with an increased likelihood of exerting “power” through abuse. Indeed, in relationships where the partner contributes less than half of the household income, there is a higher probability of emotional abuse (2.8 pct. points). Emotional abuse also is more likely to occur in cases where the partner has considerably less education compared to the respondent (4.6 pct. points). Finally, the risk of abuse may be associated with the ability of the partner to develop appropriate strategies to provide support. For those with partners who drink more frequently (2–3 times per week) or heavily (5 or more drinks on a single occasion), there is an increased risk of both financial (0.5 pct. points) and physical abuse (1.3 pct. points).

**ENVIRONMENTAL FACTORS**

Similar to previous research (Beaulieu et al., 2003; Brozowski & Hall, 2004), persons living in rural areas are about 2.0 pct. points more likely to be emotionally abused compared to those in urban communities and equally likely to experience financial or physical abuse.

Overall, there are few significant differences in the likelihood of reported abuse by region. In fact, the lone exception is the lower reported probability of financial abuse in Quebec compared to persons living in Ontario (0.5 pct. points), before other relationship characteristics are taken into account.

Neighborhood crime and participation in evening activities outside the home are used as potential indicators of social isolation. Overall, persons in current couples who report living in a high crime neighborhood are more likely to experience emotional (4.0 pct. points) or physical abuse (1.3 pct points). Moreover, respondents may feel more socially isolated if not participating in evening activities outside the home (such as volunteering, going to a bar, going to a restaurant or cinema, or visiting other family members) in the last month. However, this multivariate analysis suggests that other factors are more significant.

Persons reporting use of medication for sleeping, calming, and depression may be more likely to use social and health services and therefore more likely to report abuse. Indeed, persons in all relationships who use medication are 0.4–2.4 pct. points more likely to be physically or emotionally abused.
Overall, 6.8% of persons over 60 (excluding persons who were never married) experience some type of intimate partner abuse. Emotional abuse is by far the most common type of abuse at 6.3% compared to around 1.2% for financial abuse and 0.9% for physical abuse. Moreover, a large share of victims, almost 28%, experiences multiple forms of abuse.

In addition, several personal, relationship, and environmental factors influence the likelihood of experiencing abuse and thus represent possible avenues for future research. These results are largely consistent with the literature on elder abuse and intimate partner violence; however, they extend the knowledge base in both of these domains by providing a more detailed and multilevel look at older partner abuse than has previously been available.

In terms of personal characteristics, women are more likely to be financially abused (although emotional or physical abuse is equally likely for older men and women). In addition, the likelihood declines with age overall (although relationship factors dominate age among persons in current unions). Also, immigrants in current couples are more likely than non-immigrants to experience abuse. Finally, persons with disabilities or who use medication (factors related to personal fragility) are more likely to experience emotional, financial, or physical abuse.

Regarding relationship characteristics, those who are divorced or separated are considerably more likely than married and common-law couples to experience emotional and financial abuse. The interaction between abuse and the length of relationship depends on the type of abuse. Emotional and financial abuse tends to grow over time for those in short-term (under 10 years) to medium-term (up to 29 years) relationships but drops off significantly for those in very long-term (at least 30 years) relationships. In contrast, the likelihood of being physically/sexually abused is highest for those in short-term relationships. The influence of personal dependency of the respondent is as expected—both people with disabilities and persons using medication are more likely to be abused. However, other measures of respondent dependency based on the contribution of household income (less than 50%) and differences in education (respondent less educated) are not significant. Partner characteristics, such as more frequent or heavy alcohol use and considerably lower levels of educational attainment or income, also are associated with a higher probability of abuse, indicating that a partner’s dependency on the potential victim and ability to handle stress are key factors influencing the likelihood of abuse.

The key environmental factors influencing the likelihood of abuse in this study are community size (rural or urban), degree of social isolation, and use of social/health services. First, the likelihood of older partner abuse is higher in rural areas—primarily due to a higher probability of experiencing...
emotional abuse. In addition, persons in current couples living in a high crime neighborhood, who are more likely to be socially isolated, are more likely to experience emotional and physical abuse. Lastly, lack of access to social/health services (based on medication use as a proxy) is associated with a higher likelihood of reporting abuse.

While this study finds significant effects at the personal, relational, and environmental levels, the methods used do not allow the separation of potential societal effects from the effects of the corresponding personal attributes. However, with these qualifications, the results are largely consistent with those suggested by published work on ageism, sexism, and racial/ethnic discrimination. Consistent with feminist analyses of violence against women, older women are equally or more likely to experience abuse than older men at the hands of their partner. Moreover, for older women in particular, research has shown that detecting abuse and mistreatment can be especially problematic due to complexities in creating a safe environment as well as generational norms that make it difficult to discuss these issues. With respect to age, there is a pattern of decreasing abuse with age. Theories based on ageism would predict an increase in rates of abuse overall; however, these predictions would seem more relevant to abuse of seniors by younger adults, a form of abuse that is not included in this study. Finally, while the data do not permit more detailed exploration, the higher rate of abuse for immigrant couples is consistent with hypothesized effects of societal exclusion and discrimination against immigrant (and minority) groups.

Due to limitations in the GSS, this study can only examine abuse of older adults by partners and not by other individuals such as children, caregivers, or neighbors. Further, the types of abuse are also limited, and neglect is not included. The overall prevalence rate of 6.8% of older adults who have experienced abuse must be interpreted in light of these restrictions. At the same time, the rate is substantially lower than that of spousal abuse at younger ages reported in other studies. Thus, our findings appear to confirm the pattern of diminishing rates of intimate partner violence with increasing age.

Finally, this research points to some knowledge gaps regarding the issue of elder abuse. For example, information is lacking on the extent and factors associated with different types of elder abuse by other individuals in positions of trust such as other family members, children, and neighbors; the impact of abuse on different subgroups such as Aboriginal people, immigrants, and people with disabilities; the causal links to outcomes of well-being such as inclusion, health, life satisfaction, etc.; and actions victims could take when in abusive situations and what remedial actions are most effective. Finally, there remains a need to further develop current and future Canadian data sources in order to better support the analysis and understanding of these issues.
REFERENCES


