

**Summary of Key Features of 57 Empirical Articles Addressing IPV in Late Life Published from 1999-2009**

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
<p>Acierno, R., Lawyer, S. R., Rheingold, A., Kilpatrick, D. G., Resnick, H. S., &amp; Saunders, B. E. (2007). Current psychopathology in previously assaulted older adults. <i>Journal of Interpersonal Violence</i>, 22, 250-258. doi:10.1177/0886260506295369</p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Telephone Interviews Measures from</p> <ul style="list-style-type: none"> <li>• DSM-II-R</li> <li>• DSM-IV</li> </ul>	<p>549 females; aged 55+; 88% W, 6.7% B, 2.6% H, 2% Native American (United States)</p>	<p>5.5% reported being physically assaulted and 7.8% reported being sexually assaulted at some time in their lives.</p> <p>Respondents with physical assault histories were more likely to present with all forms of psychopathology than women who reported no prior physical or sexual assault - particularly alcohol abuse, depression, and avoidance and re-experiencing symptoms of PTSD.</p> <p>Women who reported a previous sexual assault were more likely to present with PTSD hyperarousal and avoidance symptoms than women with no prior assault.</p>
<p>Band-Winterstein, T. &amp; Eisikovits, Z. (2009). Aging out of violence: The multiple faces of intimate violence over the life span. <i>Qualitative Health Research</i>, 19(2), 164-180. doi:10.1177/1049732308329305</p>	<p>Life-span perspective (E)</p>	<p>Qualitative Interviews</p>	<p>20 married couples with a history of IPV in their marriages; aged 60-84 (Israel)</p>	<p>Couples described transformations of family violence and IPV during marriage. Cultural expectations were identified as reasons for remaining in the marriage. The enduring presence and changing face of IPV was attributed to a violent ecology pervasive in the home. In late life, IPV continued but generally evolved to more psychological and financial abuse than physical abuse. Feelings of</p>

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				resentment, anger, and repulsion towards partners increased and contributed to struggles for control and power in the relationships.
Beaulaurier, R. L., Seff, L. R., Newman, F. L. & Dunlop, B. (2006). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. <i>Journal of Elder Abuse &amp; Neglect</i> , 17(3), 53-74. doi:10.1300/J084v17n03_04	Empirical generalizations (A)	Qualitative Focus groups	134 females, 25% victims of IPV; aged 45-84; 36% W, 33% B, 31% H; urban (Florida)	Five factors described reactions to abusive behavior that become barriers to help seeking: self-blame, powerlessness, hopelessness, the need to protect family, and the need to keep such abuse secret from others.
Bonomi, A.E., Anderson, M. L., Reid, R. J., Carrell, D., Fishman, P. A., Rivara, F. P., Thompson, R. S. (2007). Intimate partner violence in older women. <i>The Gerontologist</i> , 47 (1), 34-41. doi:10.1093/geront/47.1.34	Empirical generalizations (A)	Quantitative Telephone interview with members of Group Health Cooperative. Items from <ul style="list-style-type: none"> <li>• BRFSS</li> <li>• Women's Experience with Battering Scale</li> </ul>	370 females; aged 65+; 91% W, <2% B, H, A; 84.5% urban (Washington and Idaho)	Estimated lifetime IPV prevalence of 26.5%, with 18.4% reporting physical abuse and 21.9% reporting non- physical abuse. Past 5-year IPV prevalence: 3.5%; past 1-year prevalence: 2.2%. Lifetime IPV duration of abuse ranged from 3 years (forced sexual contact) to 10 years (controlling behavior).
Bonomi, A. E., Anderson, M. L., Rivara, F. P., & Thompson, R. S. (2007b). Health outcomes in women with physical and sexual intimate partner violence exposure. <i>Journal of Women's Health</i> , 16(7), 987-997.	Empirical generalizations (A)	Quantitative Telephone interview with members of Group Health Cooperative. Items from <ul style="list-style-type: none"> <li>• BRFSS</li> </ul>	1170 females; aged 18-64; predominately W; (Washington and Idaho)	Women aged 45-64 accounted for 69% of participants exposed to physical and sexual IPV. Compared to never abused women and women who had suffered only physical abuse, sexual abuse victims had lower SF-36 physical health

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doi:10.1089/jwh.2006.0239		<ul style="list-style-type: none"> <li>• Women's Experience with Battering Scale</li> <li>• SF36 Health Survey</li> <li>• CES-D</li> </ul>		scores, higher prevalence of depression, and a greater likelihood of reporting fair to poor health.
<p>Brandl, B., Herbert, M., Rozwadowski, J., &amp; Spangler, D. (2003). Feeling safe feeling strong: Support groups for older abused women. <i>Violence Against Women</i>, 9(12), 1490-1503.</p> <p>doi:10.1177/1077801203259288</p>	Feminist perspective (I)	Qualitative Interviews	34 female support group facilitators; 16 states	<p>Most support groups served women aged 50+ who maintained their relationship with their abusers.</p> <p>Support group benefits for older women included: support; a break from isolation; opportunities and information to make changes in their lives.</p> <p>Challenges faced by support group facilitators: willingness and ability of women to participate, communicating advocacy message in a manner that is understood and received by victims, funding, transportation.</p>
<p>Brownell, P., &amp; Heiser, D. (2006). Psycho-educational support groups for older women victims of family mistreatment: A pilot study. <i>Journal of Gerontological Social Work</i>, 46(3/4), 145-160.</p> <p>doi:10.1300/J083v46n03_09</p>	Feminist perspective (I)	<p>Mixed-method</p> <p>Transcripts of support group sessions</p> <p>Pre- post-interviews</p> <p>Survey measures on</p> <ul style="list-style-type: none"> <li>• alcohol use</li> <li>• physical abuse</li> <li>• depression</li> <li>• guilt</li> <li>• self-esteem</li> </ul>	16 female victims of EA; aged 69-83; 50% W, 44% B, 6% H or A; urban (New York)	All but one intervention group participant self-reported increased self-esteem and feelings of well-being; No significant changes in depression or guilt identified in control or intervention group.

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Buchbinder, E., & Winterstein, T. (2004). Like a wounded bird: Older battered women's life experiences with intimate violence. <i>Journal of Elder Abuse &amp; Neglect</i> , 15(2), 23-44. doi: 10.1300/J084v15n02_02	Feminist perspective (I)	Qualitative Interviews	20 female victims of DV; aged 60-80; urban (Northern Israel)	Four themes emerged: experiencing the self from two opposite poles – heroines or fools, giving up self for sake of family members, children as meaningful others – friends or foes, and lost in time between a painful past and trap-like future.
Chricton, S. J., Bond, J. B., Harvey, C. D., & Ristock, J. (1999). Elder abuse: Feminist and ageist perspectives. <i>Journal of Elder Abuse &amp; Neglect</i> , 10(3/4), 115-130. doi:10.1300/J084v10n03_06	Feminist perspective (E)	Quantitative Secondary data analysis of client files	100 client files of victims of EA; 50 clients reported 86 incidents perpetrated by spouses; victims aged 60+; urban (Winnipeg, Canada)	Males were more likely to be perpetrators and females more likely to be victims of EA. Younger seniors were more likely to be abused than older seniors. Abusive relationships between spouses include levels of interdependence that differ from non-spousal relationships, Intervention services need to recognize these relationship differences and provide appropriate support to each group to be effective.
Daly, J. M., Hartz, A. J., Stromquist, A. M., Peek-Asa, C., & Jogerst, G. J. (2008). Self-reported elder domestic partner violence in one rural Iowa county. <i>Journal of Emotional Abuse</i> , 7(4), 115-134. doi:10.1300/JI35v7n04_06	Risk model for elder mistreatment (E)	Quantitative Secondary data analysis • Conflict Tactics Scale • CES-D • Antisocial Personality Scale	362 married or cohabitating couples; 45% women; aged 65 - 87; 100% W; rural (Iowa)	32% reported emotional abuse; 2% reported physical abuse during the past year. Risk factors for emotional abuse were having depressive symptoms, higher antisocial personality score, and not living in a town.

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Dimah, K. P., & Dimah, A. (2003). Elder abuse and neglect among rural and urban women. <i>Journal of Elder Abuse &amp; Neglect</i> , 15(1), 75-93. doi:10.1300/J084v15n01_06	Empirical generalizations (A)	Quantitative Secondary data analysis of elder abuse and neglect case files	14, 792 female victims of EA; aged 60+; of 49% rural: 95% W, 5% B, .5% H; 51% urban: 81% W, 17% B, .9% H (Illinois)	Approx. 17% of perpetrators in both urban and rural samples were current or former spouses. Rural women suffered physical abuse, emotional abuse, and deprivation at higher rates than urban participants. Urban women experience more passive neglect than rural women.
Dunlop, B.D., Rothman, M. B., Condon, K. M., Hebert, K. S., Martinez, I. L. (2001). Elder abuse: Risk factors and use of case data to improve policy and practice. <i>Journal of Elder Abuse &amp; Neglect</i> , 12(3), 95-122. doi:10.1300/J084v12n03_05	Empirical generalizations (A)	Mixed-methods Interviews Secondary data analysis of case files	27 community service professionals  212 case files of female victims of DV; aged 60+ of whom 49% aged 80+ ; 74% W, 25% B; urban (Florida)	Elders aged 80+ were abused at a rate 2.5 times their proportion in the older population; similar to national average. Perpetrators were younger on average than in other regions, indicating less abuse by spouses and more abuse occurring by younger persons. Available data underestimates ethnic groups and races in region due to variations in their willingness to report and access services
Ejaz, F. K., Bass, D. M., Anetzburger, G. J., & Nagpaul, K. (2001). Evaluating the Ohio domestic violence in late life screening tools and referral protocol. <i>Journal of Elder Abuse &amp; Neglect</i> , 13(2), 39-57. doi:10.1300/J084v13n02_04	Empirical generalizations (A)	Mixed-methods Focus groups and roundtable discussions Survey	21 DV and EA professionals and community service representatives;  160 community service practitioners (Ohio)	Despite previous professional experience dealing with EA and DV, nurses and law enforcers improved their abilities to identify EA and DV at T1, and refer clients to appropriate community providers by T2. In-person instruction activities increased understanding better than self-instruction activities

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Fisher, B. S., & Regan, S. L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. <i>Gerontologist</i> , 46(2), 200-209. doi:10.1093/geront/46.2.200	Empirical generalizations (A)	Quantitative Telephone survey • Women's Health and Relationship Survey	842 females; aged 60+; 55% W, 45% B or other race/ ethnicity (Ohio, Kentucky, Indiana)	47% experienced at least one form of abuse since turning age 55 IPV accounted for 21% of abuse. Among those women; 56% reported controlling abuse and 73% reported sexual abuse. Psychological abuse associated with increased odds of health problems.
Fisher, B. S., Zink, T., Pabst, S., Regan, S., Rinto, B. (2004). Services and programming for older abused women: The Ohio experience. <i>Journal of Elder Abuse &amp; Neglect</i> , 15(2), 67-83.	Feminist perspective (I)	Quantitative Self-administered survey	52 directors of DV shelters; 14% urban; 20% suburban; 39% rural; and 27% Appalachian region (Ohio)	78% of shelters provided accommodations for at least one woman aged 55+ ; 40% served at least one woman aged 55+ in a support group; 36% provided outreach activities for older women; 20% provided support to older women through a crisis line. 57% of programs had provided training about DV to aging services providers and 47% had participated in joint activities that support aging with local community agencies.
Fritsch, T. A., Tarima, S. S., Caldwell, G. G., & Beaven, S. (2005). Intimate partner violence against older women in Kentucky. <i>Journal of the Kentucky Medical Association</i> , 103(9), 461-463.	Empirical generalizations (A)	Quantitative Telephone survey	4,059 females; aged 18-94; 23% aged 60+; 89% W (aged 55-94); (Kentucky)	18.1% of the women reported experiencing IPV in their lifetimes; .8% reported experiencing IPV in the past year. Older IPV victims were more likely to report multiple rather than single IPV episodes over the preceding 12 months. 92.7% of women who experienced

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				lifetime IPV reported suffering psychological stress, and 73.3% suffered physical injuries.
Grossman, S. F., & Lundy, M. (2003). Use of domestic violence services across race and ethnicity by women aged 55 and older: The Illinois experience. <i>Violence Against Women</i> , 9(12), 1442-1452. doi:10.1177/1077801203259233	Empirical generalizations (A)	Quantitative Secondary data analysis • Reports to Illinois Coalition Against Domestic Violence	2,702 victims who sought help; 93% female; aged 55+; 82% W, 13% B, 4% H (Illinois)	Accuracy of IPV prevalence reflects the abilities and willingness of different ethnic groups to identify and report abuse. Reporting rates for Hispanics are especially low in comparison to the population. Referrals for help also vary by race with Black victims largely using police and legal avenues for referrals and Whit victims relying on self-referrals. All victims identify needing legal support and emotional support to cope with abuse.
Harbison, J. (2008). Stoic heroines or collaborators: Ageism, feminism, and the provision of assistance to abused old women. <i>Journal of Social Work Practice</i> , 22(2), 221-234. doi:10.1080/02650530802099890	Feminist perspective (E)	Qualitative Interviews Focus groups	16 community volunteers not connected to the formal health and service sector (rural eastern Canada)	Older women expressed realistic concerns about leaving abusive relationships including lack of social and emotional support and insufficient long-term support. Older victims of IPV in rural areas display a strong attachment to people/place and a desire to cope in place.

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<p>Hightower, J., Smith, M. J., &amp; Hightower, H. C. (2006). Hearing the voices of abused older women. <i>Journal of Gerontological Social Work</i>, 46(3), 205-227. doi:10.1300/J083v46n03_12</p>	<p>Feminist perspective (E)</p>	<p>Qualitative Telephone interviews supplemented by letters, group discussions, &amp; conversations</p>	<p>64 female victims of DV; aged 50-87; majority of abuse by spouses (British Columbia, Canada)</p>	<p>Women recounted abuse by spouses that sometimes lasted 20 years or more, until the spouse died, or they separated or divorced. IPV often increased during retirement years as spouse became more controlling.</p> <p>Women indicated family physicians offered prescriptions for medications in response to learning of abusive situations</p> <p>Problems and risks of leaving abusive relationships included loss of: financial means and security, homes in which women may have invested lifetimes of care, companion pets, and decade's worth of mementos and treasures.</p>
<p>Hightower, J., Smith, M. J., Ward-Hall, C. A., &amp; Hightower, H. C. (2000). Meeting the needs of abused older women? A British Columbia and Yukon transition house survey. <i>Journal of Elder Abuse &amp; Neglect</i>, 11(4), 39-57. doi:10.1300/J084v11n04_04</p>	<p>Feminist perspective (I)</p>	<p>Quantitative Self-administered surveys</p>	<p>48 representatives of Transitional and Second Stage Housing and Safe Homes (British Columbia &amp; Yukon, Canada)</p>	<p>Estimated 2% of women served are aged 60+.</p> <p>Only 4% of programs had special services for older women including interpretation services for non-English speaking women and transportation.</p> <p>94% conduct outreach activities that touch on aspects of late life abuse.</p> <p>Staff training on older adult issues was identified by 60% as primary unmet need.</p>



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<p>Jasinski, J. L., &amp; Dietz, T. L. (2004). Domestic violence and stalking among older adults: An assessment of risk markers. <i>Journal of Elder Abuse &amp; Neglect</i>, 15(1), 3-18. doi:10.1300/J084v15n01_02</p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Secondary data analysis</p> <ul style="list-style-type: none"> <li>• National Violence Against Women Survey</li> </ul>	<p>3,622 adults; &gt;50% female; aged 55+ ; predominantly W (United States)</p>	<p>IPV and stalking victimization occurs across lifespan. Data indicated:</p> <p>1.3% had been a victim of physical assault by current partner</p> <p>2.3% experienced stalking in their adult lifetimes, with about 50% stalked by an intimate partner.</p> <p>Women were 3 times more likely than men to experience physical abuse. Hispanics and Blacks were more likely to experience IPV than Whites.</p> <p>Risk factors for talking include being disabled and not married. Marital status significantly correlated with stalking, but not physical abuse</p>
<p>Kim, J. Y., &amp; Sung, K. (2003). Marital violence among Korean elderly couples: A cultural residue. <i>Journal of Elder Abuse &amp; Neglect</i>, 13(4), 73-89. doi:10.1300/J084v13n04_05</p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Secondary data analysis</p> <ul style="list-style-type: none"> <li>• Korean National Family Violence Survey</li> </ul>	<p>144 married couples; aged 60+ (South Korea)</p>	<p>21.5% of couples indicated they had experienced some marital violence in the previous year; 5.6% experienced physical forms of violence.</p> <p>The rate of husband abuse is estimated to be 6.3% and is viewed as an act of self-defense by wives.</p> <p>Education, income, and employment status did not predict episodes of wife abuse, although history of abuse predicted abuse in previous year</p>

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<p>Klein, A., Tobin, T., Salomon, A., &amp; Dubois, J. (2008). <i>A statewide profile of the abuse of older women and the criminal justice response</i> (NIJ Document No. 222459, Award No. 2006-WG-BX-0009). Washington, DC: US Department of Justice.</p>	<p>Empirical generalizations (A)</p>	<p>Mixed-method Secondary data analysis</p> <ul style="list-style-type: none"> <li>• DV/SA forms and police incident reports</li> </ul> <p>Interviews</p>	<p>408 victims aged 50+; 89% W, 6% B, 4% H; 50% victims of IPV</p> <p>24 criminal justice professionals and advocates; (Rhode Island)</p>	<p>50-59 year olds more likely to be victimized than older victims (60+), except when married. Abusive episodes not related to stress of caregiving.</p> <p>61% of IPV victims personally contacted police and cooperated with the investigation at a rate similar to younger victims.</p> <p>Ageist attitudes and perceptions about older adults held by courts and law enforcement result in dropped and pleaded down cases. Only 8-9% abusers imprisoned and 28-31% abusers probated.</p> <p>26% of abusers aged 60+ recharged with IPV within 5 years, compared to 35% of abusers aged 50-59.</p> <p>Current training on EA and understanding of the roles of community providers deemed inadequate law enforcement personnel</p>
<p>Koenig, T. S., Rinfrette, E. S., &amp; Lutz, W. A. (2006). Female caregivers' reflections on ethical decision-making: The intersection of domestic violence and elder care. <i>Clinical Social Work Journal</i>, 34(3), 361-372.</p>	<p>Empowerment framework based on feminist perspective (E)</p>	<p>Qualitative Case narratives</p>	<p>2 female victims caring for spouse perpetrators</p>	<p>Consistent with an Empowerment Framework, stories highlighted the need for professionals to support victims by:</p> <p>Facilitating caregivers' awareness of their personal needs (including social network), decision-making</p>

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doi:10.1016/j.cger.2004.11.001				processes, and safety planning. Using geriatric assessment tools that include a dimension of relationship power that captures the imbalance of power present when caring for an abuser.
Leisey, M., Kupstas, P. K., & Cooper, A. (2009). Domestic violence in the second half of life. <i>Journal of Elder Abuse &amp; Neglect</i> , 21, 141-145. doi:10.1080/08946560902779951	Feminist perspective (I)	Qualitative Focus groups	28 females; aged 50+; 39% W, 43% B, 4% H, 4% A; urban (Virginia)	Five major themes generated regarding what women wanted, needed, and expected from community: importance of family and friends; trust in physicians and mitigated trust in ministers; interest in understanding law enforcement; importance of terminology in outreach and intervention; and desire for appropriate outreach and services.
Lev-Weisel, R., & Kleinberg, B. (2002). Elderly battered wives' perceptions of the spousal relationship as reflected in the drawings of the couple. <i>The Arts in Psychotherapy</i> , 29(1), 13-17. doi:10.1016/S0197-4556(01)00122-8	Multiple theoretical concepts (E)	Qualitative Case studies • Kinetic Family Drawing Test	10 female victims caring for spouse perpetrators; aged 60-64; 80% Moroccan and 20% Ukrainian (Southern Israel)	In most drawings, the wife was drawn smaller, encapsulated, and placed lower on the page than the male figure suggesting helplessness and passivity. Husbands were placed prominently in the illustration and drawn with numerous indicators of violent aggression despite currently being dependent on their wives for care.

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<p>Lowenstein, A., &amp; Ron, P. (1999). Tension and conflict factors in second marriages as causes of abuse between elderly spouses. <i>Journal of Elder Abuse &amp; Neglect</i>, 11(1), 23-45. doi:10.1300/J084v11n01_02</p>	<p>Grounded theory approach (E)</p>	<p>Qualitative Interviews</p>	<p>19 couples in second marriages (12 experiencing IPV [ 9 female and 3 male victims] 7 couples w/no IPV); aged 60+ (females) &amp; 65+ (males); urban (Israel)</p>	<p>Difficulties in 2<sup>nd</sup> marriages resulting in IPV linked to struggles with power and control; shared households; material arrangements for living together; and memory of the deceased spouse.</p> <p>16% of victims retaliated with emotional abuse and financial exploitation due to provocative behavior of spouse that compounded problems. Conflicts arose out of feelings of: inferiority to deceased spouse; exploitation; disappointment with current marital relationship.</p>
<p>Lundy, M. &amp; Grossman, S. F. (2004). Elder abuse: Spouse/intimate partner abuse and family violence among elders. <i>Journal of Elder Abuse &amp; Neglect</i>, 16(1), 85-102. doi:10.1300/J084v16n01_05</p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Secondary data analysis</p> <ul style="list-style-type: none"> <li>• Reports to Illinois Coalition Against Domestic Violence</li> </ul>	<p>1,057 cases of DV (90% unduplicated victims); 90% female; aged 65-94; 77% W, 18% B, 5% H (Illinois)</p>	<p>38% were abused by current or former husband.</p> <p>96% reported emotional abuse; 71% reported physical abuse, and 4.9% reported sexual abuse.</p> <p>The most common referral sources for DV services were local police (35%), social service agencies (15%), other legal professionals (14%), and self-referrals (13%).</p>
<p>Malphurs, J. E., &amp; Cohen, D. (2005). A statewide case-control study of spousal homicide-suicide in older persons. <i>American Journal of</i></p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Secondary data analysis</p> <ul style="list-style-type: none"> <li>• Homicide/ suicide cases from medical</li> </ul>	<p>159 case files: 20 spousal homicide-suicides (HS) with husbands as perpetrators; 139</p>	<p>Antecedents to violent behavior included: 25% of HS perpetrators had a history of DV versus 5% of men who committed S.</p> <p>40% of HS perpetrators were</p>

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<i>Geriatric Psychiatry</i> , 13(3), 211-217.		examiner files and law enforcement reports	suicides (S) by men; aged 55+; 90% W, 10% H (Florida)	caregivers for their wives. While none of the S victims were caregivers, 30% were cared for by their wives. HS perpetrators experienced a recent change in health status. Depressive symptoms were noted in 65% of HS and 85% of S perpetrators.
Mears, J. (2003). Survival is not enough: Violence against older women in Australia. <i>Violence Against Women</i> , 9(12), 1478-1489. doi:10.1177/1077801203259287	Feminist perspective (I)	Mixed method Focus Groups Interviews Written stories Self-administered surveys	370+ self-identified female victims of DV; self-identified as “older” woman; mostly W (Australia)	Dominant themes about living with IPV in late life emerged as women detailed their experiences: Speaking up, being heard, and believed by friends and family was identified as critical to breaking away from violence but elusive to most women. Survival included use of avoidance coping strategies like drug misuse, working overtime, and placing extra energy and focus on daily activities. Getting help and leaving a violent relationship required building social support and becoming empowered to make a change.
Mezey, N.J., Post, L. P., & Maxwell, C. D. (2002). Redefining intimate partner violence: Women’s experiences with physical violence and non-	Empirical generalizations (A)	Quantitative Secondary data analysis • Michigan Violence Against Women	1, 249 female victims of IPV; aged 18-69; 87% W, 10% B, 3% other (Michigan)	Prevalence of physical and psychological abuse was higher among younger than older women. Between the ages of 63-69, prevalence of physical violence in

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<p>physical abuse by age. <i>The International Journal of Sociology and Social Policy</i>, 22(7/8), 122-154. doi:10.1108/01443330210790120</p>		Survey		<p>the previous year was 1.6%, 1/6<sup>th</sup> the rate at age 32.</p> <p>The prevalence of IPV (physical, non-physical, and psychological abuse) is highest for women aged 18-22 (38%) and lowest for women age 53-57 (22%) and stabilizing at 25% for women aged 58+</p> <p>While age was a significant predictor of physical abuse, it is not a predictor of either psychological vulnerability or autonomy-limiting behaviors in relationships.</p>
<p>Montminy, L. (2005). Older women's experiences of psychological violence in their marital relationships. <i>Journal of Gerontological Social Work</i>, 46(2), 3-22. doi:10.1300/J083v46n02_02</p>	Social representations theory (E)	Qualitative Interviews	15 female victims of IPV; aged 60-81; urban (Quebec, Canada)	<p>Victims experienced 14 types of psychologically violent behaviors by husbands: control, denigration, deprivation, intimidation, threats, abdication of responsibility, manipulation, blame, harassment, negation of reality, indifference, guilt feelings, sulking, and infantilization.</p> <p>Control behaviors were most prevalent and increased at retirement, when children left home, and when husbands experienced a decline in health status.</p>

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
Mouton, C. P. (2003). Intimate partner violence and health status among older women. <i>Violence Against Women</i> , 9(12), 1465-1477. doi:10.1177/1077801203259238	Empirical generalizations (A)	Quantitative Interviewer-administered surveys • Domestic Violence Screening • SF-36	1,245 females; aged 50-79; 57% W, 38% H, 5% other; urban (Texas)	58.5% of women reported exposure to IPV as adults 5.25% reported being physically abused and 22.8% reported being verbally abused in the previous year Abuse exposure over the previous 12 months was significantly associated with overall poorer mental health outcomes.
Mouton, C. P., Rovi, S., Furniss, K., & Lasser, N. L. (1999). The associations between health and domestic violence in older women: Results of a pilot study. <i>Journal of Women's Health and Gender-Based Medicine</i> , 8(9), 1173-1179. doi:10.1089/jwh.1.1999.8.1173	Empirical generalizations (A)	Quantitative Interviewer-administered surveys • Domestic Violence Screening • SF-36	257 females; aged 50-79; 90% W, 10% B; urban (New Jersey)	32% of the women had experienced either physical assault or threats by a spouse or intimate partner at some point in their adult lives; 22.6% had been threatened and 15% had experienced physical assault. 4% were currently in a relationship in which they were threatened and 4% did not feel safe in their homes. Women who experienced IPV had lower scores on mental health measures than those who had not.
Paranjape, A., Rodriguez, M., Gaughan, J., & Kaslow, N. J. (2009). Psychometric properties of a new scale to assess family violence in older African American women: The Family Violence Against Older Women (FVOW) Scale. <i>Violence Against Women</i> , 15(10), 1213-	Empirical generalizations (A)	Quantitative Interviewer-administered surveys • Family Violence in Older African American Women Scale (FVOW) • Elder Abuse	158 females; aged 50+; 100% B; urban (Southeastern US)	Initial analysis of the dimensions in the FVOW scale are reliable representations of abuse and caregiving failure, both of which can be used to identify types and severity of family violence, including IPV, towards older adults.

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
1226. doi:10.1177/1077801209345141		Screening		
Ramsey-Klawnsnik, H. (2004). Elder sexual abuse within the family. <i>Journal of Elder Abuse &amp; Neglect</i> , 15(1), 43-58.	Empirical generalizations (A)	Qualitative Secondary data analysis • Clinical consultation records from Elder Protective Services	100 cases of suspected elder sexual abuse; majority of victims were female; aged 60+ (Massachusetts)	Three patterns of marital sexual abuse cases were identified: long-term violence, recent onset of sexual abuse within a long-term marriage, and sexual victimization within a new marriage.  Sexually abuse behaviors included “hands-off” offenses such as exhibitionism and voyeurism, and “hands-on” offenses such molestation, penetration, and harmful genital practices.  Sexual deviancy, mental illness, and issues of power and control characterize offenders  Vulnerability and dependency of victims on abuser and inability of providers to identify signs of sexual abuse contribute to its continuation
Reid, R. J., Bonomi, A. E., Rivara, F. P., Anderson, M. L., Fishman, P. A., Carrell, D. S., & Thompson, R. S. (2008). Intimate partner violence among men: Prevalence, chronicity, and health effects. <i>American Journal of Preventive Medicine</i> , 34(6), 478-485.	Empirical generalizations (A)	Quantitative Telephone survey with items from • BRFSS • SF-36 • CES- D	420 males; aged 18-55+; 82% W, 6% B, 4% H; gender of current partner 95% F; members of Group Health Cooperative (Washington and Idaho)	Study participants experienced IPV at a rate of 4.6% in the past year, 10.4% in the past 5 years, and 28.8% over their lifetimes.  Men aged 18-54 were twice as likely to be recently abused as men aged 55+. Type of abuse was not associated with age.



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doi:10.1016/j.amepre.2008.01.029		<ul style="list-style-type: none"> <li>• NIMH Presence of Symptoms Survey</li> </ul>		<p>Abuse typically occurred on multiple occasions and was initiated by only one intimate partner.</p> <p>Physical IPV was described as either nonviolent (39%); mildly violent (32%), or moderately or extremely violent (29%),</p> <p>Sexual abuse was reported by less than 1%</p> <p>Compared to men with no IPV experience, older male victims of IPV had more depressive symptoms.</p>
Rennison, C. (2001). <i>Intimate partner violence and age of victim, 1993-99</i> (NCJ 187635). Washington, DC: US Department of Justice.	Empirical generalizations (A)	<p>Quantitative Secondary data analysis</p> <ul style="list-style-type: none"> <li>• National Crime Victimization Survey 1993-1999</li> </ul>	Average 902,240 annual IPV incident reports (female) and average 142,290 annual IPV incident reports (male); victims aged 12-50+ (United States)	<p>Women aged 50+ experienced IPV at rates that were about equal among different ethnic and racial groups.</p> <p>69% of female victims of IPV aged 50+ were victimized by their spouse, 13% by an ex-spouse, and 18% by a current boyfriend or girlfriend.</p> <p>50% of all IPV resulted in an injury to the victim.</p>
Rennison, C. & Rand, M. R. (2003). Nonlethal intimate partner violence against women: A comparison of three age cohorts. <i>Violence against Women</i> , 9(12), 1417-1428. doi:10.1177/1077801203259232	Empirical generalizations (A)	<p>Quantitative Secondary data analysis</p> <ul style="list-style-type: none"> <li>• National Crime Victimization Survey 1993-2001</li> </ul>	7,450,260 reports of female victims of IPV; 1.58% aged 55+	<p>Females aged 55+ were victimized at a rate of 4.4%</p> <p>Current spouses (62%), former spouses (12%) and intimate partners (26%) initiated the violence.</p> <p>About half of victims aged 55+ perceived the offender to be under the influence of alcohol or drugs at</p>

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
				<p>the time of the incident.</p> <p>94% of IPV occurred at or near the older woman's home.</p> <p>A weapon, generally a gun, was used in 15% of IPV victimizations against women aged 55+</p>
<p>Ron, P., &amp; Lowenstein. A. (1999). Loneliness and unmet needs of intimacy and sexuality: Their effect on the phenomenon of spousal abuse in second marriages of the widowed elderly. <i>Journal of Divorce and Remarriage</i>, 31(3/4), 69-89. doi:10.1300/J087v31n03_05</p>	<p>Grounded theory approach (E)</p>	<p>Qualitative Interviews</p>	<p>12 re-married couples experiencing IPV; 9 female and 3 male victims; "control group" of 7 re-married couples not experiencing IPV; women aged 60+, men aged 65+; urban (Israel)</p>	<p>Factors that contributed to unhappiness in second marriages and IPV included feelings of inferiority to deceased spouse; financial exploitation; feelings of loneliness that result in intimacy problems; and disappointment with new marital relationship.</p> <p>Remaining in abusive second marriages may be attributed to feelings of shame; lack of options elsewhere; and physical and financial limitations.</p>
<p>Salari, S. (2007) Patterns of intimate partner homicide suicide in later life: Strategies for prevention. <i>Journal of Clinical Interventions in Aging</i>, 2(3), 441-452.</p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Secondary data analysis</p> <ul style="list-style-type: none"> <li>• TV news cast transcripts, newspaper articles, obituaries and published police reports</li> </ul>	<p>225 intimate partner homicide suicide (IPHS) events between intimate partners from 1999-2005; at least 1 partner aged 60+ (United States)</p>	<p>96% of perpetrators were men, and 87% of victims were killed or injured by firearm. 74% IPHS involved a perpetrator with suicidal tendencies. Only 4% IPHS involved a suicide pact; 14% had a history of DV.</p> <p>Health issues were an established concern in 55% of cases, but not necessarily the motive for IPHS. 8% of victims had dementia; 34% cases</p>

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				<p>included an ill victim; 30% had only an ill perpetrator; and 36% included both.</p> <p>96% of IPHS occurred in the home, largely in the bedroom. 4% occurred in long-term care nursing facilities.</p>
<p>Schaffer, J. (1999). Older and isolated women and domestic violence project. <i>Journal of Elder Abuse &amp; Neglect</i>, 11(1), 59-77. doi:10.1300/J084v11n01_04</p>	<p>Feminist perspective (I)</p>	<p>Qualitative Telephone interview</p>	<p>90+ female victims of DV; aged 50-78 (Australia)</p>	<p>Callers expressed many needs in dealing with IPV. Major themes included the need to be believed by others; receiving social support from peers, access to accurate information about DV and available services for older women; appropriate responses from practitioners; legal information and free legal services; adequate income and age-appropriate housing.</p> <p>Issues challenging rural dwelling women included geographic and social isolation; lack of transportation; rural culture including gun ownership; and limited services for help. Poverty and unemployment were critical issues for indigenous non-English speaking women.</p>
<p>Seff, L. R., Beaulaurier, R. L., &amp; Newman, F. L. (2008). Nonphysical abuse: Findings in domestic violence against older women study. <i>Journal of</i></p>	<p>Feminist perspective (I)</p>	<p>Qualitative Focus groups</p>	<p>134 females, 1/3 victims of DV; aged 45-85; urban (Florida)</p>	<p>Findings linked power and control dynamics to the systematic destruction of older victims' sense of self-worth and self efficacy. General submissiveness, a strong</p>

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
<i>Emotional Abuse</i> , 8(3), 355-374. doi:10.1080/10926790802278933				belief in the sanctity of marriage, and the notion that a woman had to be perfect were identified as traits that contribute to making older women more vulnerable to emotional IPV.
Shibusawa, T. & Yick, A. (2007). Experiences and perceptions of intimate partner violence among older Chinese immigrants. <i>Journal of Elder Abuse &amp; Neglect</i> , 19(3), 1-17. doi:10.1300/J084v19n03_01	Empirical generalizations (A)	Quantitative Telephone survey <ul style="list-style-type: none"> <li>• Marin &amp; Marin Acculturation scale</li> <li>• Physical Violence Subscale of the Conflict Tactics Scale</li> </ul>	77 Chinese immigrants; aged 50-86; Mean length of residence in US 14 yrs (Female) and 18 yrs (Male); urban (California)	7% women and 6% men reported their spouse or partner threw items at them, or pushed, grabbed, shoved or slapped them during the past year. No reports of severe physical IPV were made.  Defining physical violence was positively associated with degree of acculturation.  Justification of violence was also associated with gender and acculturation.  Acculturated males who were victims were more likely to view DV as a growing problem.
Sormanti, M., & Shibusawa, T. (2008). Intimate partner violence among midlife and older women: A descriptive analysis of women seeking medical services. <i>Health and Social Work</i> , 33(1), 33-41.	Empirical generalizations (A)	Quantitative Health screening instrument <ul style="list-style-type: none"> <li>• Items adapted from the Conflict Tactics Scale</li> </ul>	620 females; aged 50-64; 50% H, 40% B, 5% W & 5% other; urban (New York City)	70% lived with intimate partner. 22% also reported children age 18 and under (own and foster) living in the home.  5.5% were victims of IPV within the past two years. Among those 82% reported an arm twisted, something thrown at them, or were pushed, grabbed, or slapped by a partner;

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
				<p>29% were choked, punched, hit with something, or threatened or assaulted with a knife or gun; 24% were kicked, slammed against a wall, beaten up, or intentionally scalded by a partner; 38% had partners who insisted they have sex against their will; 26% reported their partners made them have sex without condoms; and 15% reported their partners used threats or physical force to make them have sex.</p> <p>Victims of IPV had a higher risk of HIV.</p>
<p>Sormanti, M., Wu, E., &amp; El-Bassel, N. (2004). Considering HIV risk and intimate partner violence among older women of color: A descriptive analysis. <i>Women &amp; Health, 39</i>(1), 45-63. doi:10.1300/J013v39n01_03</p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Health screening instrument</p> <ul style="list-style-type: none"> <li>• Revised Conflict Tactics Scale</li> <li>• Sexual Risk Behavior Questionnaire</li> </ul>	<p>139 females; aged 50-83; 56% H, 44% B; urban (New York)</p>	<p>In the preceding 6 months, 8% were victims of moderate IPV; 3% were victims of severe physical abuse; and 2% were victims of sexual abuse.</p> <p>80% of women were sexually active in the previous 90 days, 3% reported being HIV positive, 15% had more than one sexual partner in the previous year, and 86% reported never using condoms with their partners in the past 3 months.</p> <p>Positive associations were found between HIV risk and IPV.</p>

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
<p>Teaster, P. B., Roberto, K. A., &amp; Dugar, T. A. (2006). Intimate partner violence of rural aging women. <i>Family Relations</i>, 55(5), 636-648. doi:10.1111/j.1741-3729.2006.00432.x</p>	<p>Ecological community framework (E)</p>	<p>Qualitative Focus groups Interviews</p>	<p>24 professionals working with victims of IPV; 10 female victims of IPV aged 50-69; rural (Kentucky)</p>	<p>Risk factors associated with IPV among rural old women included: history of abuse; limited personal resources; attachment to place and home; intergenerational caregiving; inaccessible support services.</p> <p>Rural isolation and culture of individualism, traditional gender roles and expectations, and prevalence of firearms informed IPV findings from an ecological perspective: victims eventually left abusers when they feared dying (micro); family members unable to care for abuser often encouraged victims to stay in violent caring relationship (meso); history of IPV reported to authorities may diminished response efforts (exo); few community-level strategies were in place to encourage women to leave violent relationships</p>
<p>Walsh, C. A., Ploeg, J., Lohfeld, L., Horne, J., Macmillan, H., &amp; Lai, D. (2007) Violence across the lifespan: interconnections among forms of abuse as described by marginalized Canadian elders and their caregivers. <i>British Journal of Social Work</i>, 37, 491-514.</p>	<p>Empirical generalizations (A)</p>	<p>Qualitative Focus groups Interviews</p>	<p>77 marginalized ethnically diverse adults; 77% female; mean age range 60-69 43 caregivers; 21 % family caregivers; 89% female; mean age range</p>	<p>Factors that contribute to IPV in late life include: spousal patterns of abuse and familial acceptance of abusive behaviors; culture of individualism; fear of retribution; barriers in communication between victims and service providers; and lack of adequate intervention and support from governmental agencies</p>

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
			50-59 (Ontario and Alberta, Canada)	to help victims leave violent lives
Wilke, D. J., & Vinton, L. (2005). The nature and impact of domestic violence across age cohorts. <i>Affilia</i> , 20(3), 316-328. doi:10.1177/0886109905277751	Empirical generalizations (A)	Quantitative Secondary data analysis <ul style="list-style-type: none"><li>National Violence Against Women Study 1995-1996</li></ul>	398 female victims of IPV (physical violence) within last 5 years; 76% W, 12% H, 11% B, 10% mixed races, 3% A; 12.5% aged 45+; 2.25% aged 60+;	Victims of IPV aged 45+ reported: More current violent episodes than younger cohorts (41% vs. 25-36%) although less severe (67% vs. 75-77%); Current partner perpetrated 89% of violence. IPV involved partner's alcohol and drug use 50% of time and victim's use 11% of time. Victims attributed blame for IPV to partner (67%), self (8%) and others (25%). Mean duration of IPV extended 14.5 years, compared to 3-6 years among younger cohorts; Higher use of sedatives (17% vs. 4-10%) and antidepressants (19% vs. 3-8%) than younger cohorts.
Winterstein, T., & Eisikovitz, Z. (2005). The experience of loneliness of battered old women. <i>Journal of Women and Aging</i> , 17(4), 3-19. doi:10.1300/J074v17n04_02	Lifespan and ecological theory (I)	Qualitative Interviews	21 female victims of IPV; aged 60-85; urban (Northern Israel)	Victim experiences were united by underlying sense of loneliness attributed to cultural expectations of marriage including arranged marriages; repulsion of partner; and perceptions of self-martyrdom when enduring violence in exchange for child's safety. Loneliness increased when children did not later reciprocate support adding to feelings of frustration, vulnerability, abandonment, and dejection.

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
<p>Wolf, R. S. (2001). Support groups for older victims of domestic violence. <i>Journal of Women and Aging</i>, 13(4), 71-83.</p>	<p>Empirical generalizations (A)</p>	<p>Mixed method Telephone interviews Surveys</p>	<p>Leaders of 30 support groups for older victims of DV (US and Canada)</p>	<p>Established support groups offered by aging service agencies or DV agencies were similar. Leading topics included education about DV, building self-esteem, and methods to deal with abuse.</p> <p>Recommendations for attracting older victims of IPV as members and program sustainability included: keep intake process simple; locate in accessible but discreet meeting site with parking; look for non-participant funding to sustain program costs and reimburse participant transportation costs; appoint co-leaders who include an older adult, a person with case experience and training, and or a group alumni; set aside time for outreach programs to increase public awareness.</p>
<p>Zink, T., &amp; Fisher, B. S. (2007). The prevalence and incidence of intimate partner and interpersonal mistreatment in older women in primary care offices. <i>Journal of Elder Abuse &amp; Neglect</i>, 18(1), 83-105. doi:10.1300/J084v18n01_04</p>	<p>Empirical generalizations (A)</p>	<p>Quantitative Telephone survey • Women's Health and Relationship Survey</p>	<p>995 females; aged 55+; 55%W, 42%B, 3% other (Midwestern US)</p>	<p>45% respondents experienced psychological mistreatment since the age of 55 and 5.8% reported being threatened by an intimate partner in previous year.</p> <p>1.6% of all respondents reported physical IPV since age 55 and &lt;1% during previous year.</p> <p>2.1% of all respondents reported sexual IPV with 1.1% occurring in</p>



Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
<p>Zink, T., Jacobson, C. J., Pabst, S., Regan, S., &amp; Fisher, B. S. (2006). A lifetime of intimate partner violence: Coping strategies of older women. <i>Journal of Interpersonal Violence, 21</i>(5), 634-651. doi:10.1177/0886260506286878</p>	<p>Grounded theory approach (E)</p>	<p>Qualitative Interviews</p>	<p>38 female victims of IPV; aged 55-90; 82%W, 18%B (Ohio)</p>	<p>previous year.</p> <p>Long-term coping strategies were largely emotion-focused, which victims incorporated into their life philosophy. Responses included Reappraisal of the situation, reorientation to their situation, and direct problem- focused solutions. By using these coping responses, victims balanced and maintained the appearance of a healthy relationship with their partner. Victims' feeling positive toward life was related to their being spiritual, carving out an existence separate from the abuser, and accessing networks of support.</p>
<p>Zink, T. Jacobson, C. J., Regan, S., Fisher, B. S., &amp; Pabst, S. (2006). Older women's descriptions and understandings of their abusers. <i>Violence Against Women, 12</i>(9), 851-865. doi:10.1177/1077801206292680</p>	<p>Empirical generalizations (A)</p>	<p>Qualitative Interviews</p>	<p>38 female victims of IPV; aged 55-90; 82%W, 18%B (Ohio)</p>	<p>Physical abuse decreased with age but emotional abuse continued, and sometimes replaced physical abuse. Controlling social activities and finances was dominant. More than 25% of abusers had extramarital affairs. Sexual abuse (mostly in the forms of manhandling and rape) waned over time</p> <p>As the balance of power shifted in relationships, victims attempted to make sense of their partner's actions and hence were able to remain in the relationship by applying personal theories about aging, personality,</p>

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
				social upbringing, and physical degeneration; and labeling or stereotyping the abusers actions and habits.
Zink, T., Jacobson, C. J., Regan, S., & Pabst, S. (2004). Hidden victims: The healthcare needs and experiences of older women in abusive relationships. <i>Journal of Women's Health, 13</i> (8), 898-908. doi:10.1089/jwh.2004.13.898	Empirical generalizations (A)	Qualitative Interviews	38 female victims of IPV; aged 55-90; 82%W, 18%B (Ohio)	42% of victims did not disclose IPV to their healthcare providers because of embarrassment, commitment to partner, not viewing relationship as abusive, or sense that provider was too busy or would not understand, Among the 52% victims who did disclose, 95% reported some unhelpful responses including lack of understanding and empathy about dynamics of abuse and IPV, and general uneasiness with discussing the topic, which made victims feel discounted, invalidated, and alone. Helpful behaviors exhibited during 65% of interactions included showing empathy. Listening, making appropriate referrals, helping victims name the abuse, linking victims' stress to abuse, and respecting personal choice.
Zink, T., Regan, S. Goldenhar, L., Pabst, S. & Rinto, B. (2004). Intimate partner violence: What are physician's perceptions? <i>Journal of the American Board of Family Practice, 17</i> (5), 332-	Empirical generalizations (A)	Qualitative Focus groups Interviews	44 primary care providers; 64% male, 36% female; 86%W, 11%B, 2%A (Ohio)	Barriers to working with older victims of IPV were categorized as either a victim issue (i.e., reluctant to change, have too much to lose), limited provider knowledge & skills (i.e., poor knowledge about IPV,

Article	Theory <sup>a</sup>	Method, Approach, and Measures	Sample <sup>b, c</sup> (size, sex, age, race, location)	Salient Findings
340. doi:10.3122/jabfm.17.5.332				attitudinal barriers, unawareness of local support services) and weaknesses in community response (i.e., absence of outreach on IPV, competing demands of agencies). Perceived strategies for reaching older victims of IPV included informational outreach (individual/family level); IPV awareness campaigns (community level) and training staff in aging services on IPV (Individual and community level).
Zink, T., Regan, S, Jacobson, C. J., & Pabst, S. (2003). Cohort, period, and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. <i>Violence Against Women</i> , 9(12), 1429-1441. doi:10.1177/1077801203259231	Life course perspective (I)	Qualitative Interviews	36 female victims of IPV; aged 55-90; 80%W (Ohio)	Themes about remaining with abusive partners were generated by examining the effects of cohort (i.e., Too much to lose, embarrassment, limited skills outside home), period (i.e., societal ignorance and perceptions of abuse), and age (i.e., health challenges, loneliness in old age). Findings indicate leaving an abusive partner is generally not an option for older victims and services to victims must be mindful of the effects of cohort, period, and age.

<sup>a</sup> (A) Atheoretical – used empirical generalizations to develop study constructs; (E) Theory explicitly stated; (I) Theory implicit in the narrative

<sup>b</sup> Sample characteristics not provided in every article

<sup>c</sup> W=White, non-Hispanic; B=Black/African American, non-Hispanic; H=Hispanic; A=Asian/Pacific Islander