Domestic violence against elderly women

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OBJECTIVE To describe the experiences of four elderly abused women to better understand the influence of violence on their lives and the implications for intervention by family physicians.

DESIGN Qualitative case presentations of four elderly women who participated in a hospital-based domestic violence intervention program.

SETTING The Domestic Violence Program of Vancouver Hospital and Health Sciences Centre, an intervention program based in the emergency department.

PARTICIPANTS Four English-speaking working-class women ranging from 63 to 73 years of age who had experienced battering by male partners and who volunteered after expressing interest in follow-up service by the Domestic Violence Program.

METHOD Qualitative analysis of the oral narratives of the four participants.

FINDINGS Eleven themes emerging from the women's narratives were identified and illustrated with verbatim quotations: the marriage licence as a hitting licence, violence in the family of origin, powerlessness, women treated as objects, survival, barriers to leaving, memories linked to children's ages, community support, turning points, integrating and processing experiences of abuse, and witnessing and helping other women.

CONCLUSIONS The abuse these women endured greatly influenced their lives and health.

OBJECTIF Décrire les expériences de quatre femmes âgées victimes de violence afin de mieux comprendre l'influence de la violence sur leur vécu et d'identifier les interventions possibles de la part des médecins de famille.

CONCEPTION Présentation qualitative des cas de quatre femmes âgées qui ont participé à un programme hospitalier d'intervention contre la violence conjugale.

CONTEXTE Le programme contre la violence conjugale de l'Hôpital de Vancouver et du Centre des sciences de la santé, un programme affilié au service des urgences.

PARTICIPANTS Quatre femmes de langue anglaise provenant du milieu ouvrier dont l'âge variait de 63 à 73 ans qui ont été battues par leur partenaire masculin et qui se sont portées volontaires après avoir manifesté leur intérêt pour un suivi offert par le programme contre la violence conjugale.

MÉTHODE Analyse qualitative du récit verbal des quatre participantes.

RÉSULTATS Le récit de ces femmes a permis d'identifier onze thèmes et de les illustrer par des citations : l'acte de mariage comme autorisation de frapper, la violence dans la famille d'origine, l'impuissance face à la situation, la femme traitée comme objet, la survie, les obstacles à quitter, les souvenirs liés à l'âge des enfants, le soutien communautaire, les points critiques, l'intégration et le vécu des expériences de violence ou d'en avoir été témoin et venir en aide aux autres femmes.

CONCLUSIONS La violence vécue par ces femmes a eu une influence considérable sur leur vie et leur santé.

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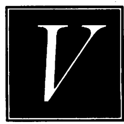
Can Fam Physician 1996;42:1485-1493.



IOLENCE COMMITTED AGAINST WOMEN BY their male partners is increasingly being recognized as an important health and social problem. A recent nation-wide survey of Canadian women confirmed that violence against women affects the physical and emotional health of a startlingly large number.[1] In that survey, conducted by Statistics Canada, 12 300 women 18 years or older were randomly selected to be interviewed about physical and sexual violence since the age of 16. The definition of violence was restricted to the Criminal Code of Canada's definition of assault and sexual assault. Of the women who had ever been married or lived with a man in a common-law relationship, 29% were physically or sexually assaulted by a marital partner at some point during the relationship.

Abuse of the elderly by caregivers and adult children and the extent of this problem have been described in several studies in the past 20 years.[2-5] Various terms, such as "granny battering,"[2] "elder abuse,"[6] "abuse of the elderly,"[7] "battered elder syndrome,"[8] "battered parents,"[9] or "geriatric abuse,"[10] have been used to describe it. Treatment strategies, interventions, protocol, and prevention strategies for elder abuse in general have been described.[11-18] Nonetheless, virtually no studies concern older women who are battered by their partners, as most of the spouse-abuse literature refers to the effect of this problem on younger women and their children. Many women older than 60, however, also endure years of abuse from their husbands or male partners.

Thus, while there is overwhelming evidence that many abused women are seen daily in American[19-21] and Canadian[22,23] emergency departments and family practice offices, and that abuse of elderly persons by adult children and caregivers is a serious problem, little is known about domestic violence against elderly women and the effect violence has on their lives. We present four case histories of elderly abused women and describe common themes we identified in their histories.

METHODS

The Vancouver Hospital is a 1050-bed hospital affiliated with the Vancouver Hospital and Health Sciences Centre and the University of British Columbia, located in downtown Vancouver. The emergency department is a modern facility that handles 50 000 visits yearly, approximately half of them from women patients.

In November 1992 the Domestic Violence Program was established in the emergency department at the Vancouver Hospital with funding from a federal grant provided by Health Canada. The protocol of care, involving universal triage for woman abuse, care, and follow up of patients has been described elsewhere.[23] In brief, the protocol requires that women who come to the emergency department for any reason be asked at triage a question similar to: "We ask all women who come here a question about domestic violence. Are you experiencing any abuse or violence at home?"

This study was developed by one of the authors (D.M.L.) as part of the research requirements for her Master of Social Work degree. To this end, this qualitative research study examined abuse of elderly women by their spouses and the influence of violence on their lives.

Field and Morse[24] suggest that qualitative research methods should be used when little is known about a domain, when investigators suspect that current knowledge or theories are biased, or when the research question pertains to understanding or describing a phenomenon from a patient's perspective. Researchers make no attempt to place restraints upon the phenomenon being studied or to control "extraneous" variables.

This study used a qualitative, oral history method. Oral history consists of establishing a framework to support women in sharing their stories, in an attempt "to understand and analyze, in present and for the future, that which women, as social actors involved in history, have held as significant in the past, and how they perceived and interpreted these through

the ideological blueprints that they have internalized."[25]

Four white, English-speaking, working-class women, from 63 to 73 years of age, who had experienced battering by male partners and who were being monitored by the Vancouver Hospital Domestic Violence Program, were sent introductory letters requesting participation in the study. All four were subsequently contacted by telephone and all agreed to participate. These four women were the only women in the appropriate age group who were available for follow up at the time of the study and could be contacted by telephone or letter.

An interview guide consisting of an introductory statement and five open-ended questions (*Table 1*) was designed to uncover the meaning each woman gave to her experiences of battering by her husband. In developing the interview guide, a draft version was presented to a group of five students in one author's (D.M.L.) graduate-level research classes. Feedback was provided, and two of the questions were reworded to improve the flow of the interview and to clarify meaning. The interview guide was then reviewed with the women to be interviewed and accepted for use. Areas explored in the interviews included relationships within the family, feelings about battering, unforgettable events, coping, survival, support, and hopes for the future.

Women were interviewed and audiotaped in individual sessions conducted at the Vancouver Hospital in private interview rooms that were comfortably furnished. The tapes were transcribed; themes that emerged during the interview were identified.

Identifying the dominant themes in the women's narratives involved several steps. First the transcribed text was read while we listened to the audiotapes of the interviews to connect the text with the full context of the oral narrative. Then each narrative was read and annotated, line by line, with margin notes pertaining to general themes and meanings, theoretically relevant statements, links to other narratives and questions, and other information. Margin notes concerning general themes were then copied from the transcript to individual index cards, with one concept or theme per card. Next, the cards were reviewed and ordered to form clusters of words with similar meanings that summarized the content of the narrative. From the clusters, 11 themes were developed (*Table 2*). With the exception of the second theme, "violence in the family of origin," which arose in two of the four women's narratives, all 11 themes identified were represented in the narratives of all four women.

The study received ethics approval from the University of British Columbia Ethics Committee.

Table 1. **Interview guide**

Thank you for coming here today. As you know, this interview will take approximately 2 hours of your time. You may end the interview at any time or not answer any of the questions. Service provision will in no way be affected by your decision. Your participation is completely voluntary, and I will respect any decisions you make. Please let me know if you need a break.
1. Can you tell me about your relationships with your family? **PROBES:** rural or urban, family of origin, children, husband, interests, time spent together, likes or dislikes, routines
2. Can you tell me about the first time you thought you were being abused? **PROBES:** event, injury, stress, emotion, change in relationship, feelings, outside influence, support, awareness, family
3. What can't you forget? **PROBES:** stands out, event, injury, witnesses, family, feelings, lack of support, fear
4. What has contributed to your understanding that you are or were being abused by your husband or partner? **PROBES:** seeking help, events, other people, witnesses, change, injuries
5. What do you believe the future holds for you? **PROBES:** desires, needs, wishes, dreams

Table 2. **Themes identified in women's stories**

Marriage licence as a hitting licence
Violence in family of origin
Powerlessness
Women treated as objects
Survival
Barriers to leaving
Memories linked to children's ages
Community support
Turning points
Integrating and processing experiences
Witnessing and helping other women

Case presentations

Mrs A. Mrs A, a 64-year-old Catholic woman, was admitted with exacerbation of chronic obstructive pulmonary disease to the emergency department at Vancouver Hospital, where she was also identified as abused. She had a history of duodenal ulcer and episodes of gastrointestinal hemorrhage in 1982 and 1992, requiring a partial gastrectomy in 1992. She had had several surgical procedures for trauma, including back surgery in 1954, nasal surgery in the 1950s, ankle surgery in 1982, and removal of a bullet from her leg. She was deaf in her right ear.

Mrs A grew up as one of eight siblings and suffered physical and sexual abuse from her father, uncles, and brother. She married and gave birth to 13 children, five of whom died. After the birth of her fifth daughter, her husband started beating and raping her. She was separated from her husband but continued to be physically abused by her 33-year-old son.

Mrs B. Mrs B was a 73-year-old woman who lived with an abusive husband to whom she had been married for 54 years. She was admitted to the emergency department at Vancouver Hospital with chest pain and was subsequently identified as abused.

Mrs B began to be physically abused by her husband after she became pregnant with her first child. Her husband beat her during all three of her pregnancies and also abused their children. Physical abuse had stopped 40 years before, after she took her husband to family court following a beating. He remained highly critical of her, however, and she felt emotionally abused.

Mrs C. Mrs C was a 72-year-old widow, who lived alone at the time. She was admitted to the emergency department at Vancouver Hospital with abdominal pain and was identified as abused. She had a history of ischemic heart disease. She had a myocardial infarction in 1991, followed by an embolic stroke 10 days later. During a subsequent admission to critical care for unstable angina, the charge nurse noted that the patient had angina related to tension in the family, but no further inquiries were made.

Mrs C came from a large family of 14 children. Abuse started at the age of 11, when she was sexually assaulted by her half-brother, who was 13 years her senior. Her husband started abusing her soon after they married. During the marriage she was beaten regularly, threatened with a knife, and raped repeatedly. Mrs C's daughter was physically abused by Mrs C's husband. Mrs C's daughter grew up to be abusive herself and married a man who abused her. Mrs C's granddaughter had run away from several foster homes and was a permanent ward of the Ministry of Social Services. The granddaughter had physically abused her grandmother by choking and pushing her and by taking away her medications. She had stolen her money and was threatening her regularly in order to get more money.

Mrs D. Mrs D was a 63-year-old woman who worked part time. She lived with her husband, who abused her physically and emotionally. She was brought by ambulance to the emergency department at the Vancouver Hospital with injuries sustained in a beating she had received

that evening from her husband. She was punched in the face, punched several times in the stomach, and hit with an ashtray over the head. She had multiple facial contusions and a 20-cm left parieto-occipital hematoma. She had had surgery for hysterectomy, cholecystectomy, and appendectomy.

Mrs D had been married previously, for 14 years, to an abusive man. She met her current husband more than 8 years before admission, and they became very good friends. They married after 5 years of friendship. Two months after they were married, her husband started abusing her. Mrs D was 60 years old at the time. She continued to receive severe beatings every few months, usually after her husband had been drinking heavily. Police intervention followed the last beating, and restraining orders were issued. Mrs D hoped this event would convince her husband to join Alcoholics Anonymous and also to seek counseling on abuse. She was very motivated to make her marriage work, as long as her husband stopped beating her.

Themes in women's stories

In spite of overwhelming sadness, anger, and confusion about their histories of abuse, the women interviewed were strong, courageous, and resourceful.

Marriage licence as a hitting licence. For three of the women interviewed, their relationships with their husbands changed and abuse started shortly after they were married. The following statement is a transcript from the interview describing how abuse began for Mrs D:

> I'd known [Jim] for 4 or 5 years before I even dated him.... We played on the same shuffleboard league,... and he was always happy-go-lucky.... I thought he was wonderful.... When [he] and I got engaged and decided to get married, that's when I gave up my place and I moved in with him. Two months before we got married,... this girl... got stuck for a place, so she asked if she could stay with us. And she was supposed to be with us for 2 weeks and it ended up [after we were married] that I had to tell her to leave;... anyway, we ended up having this argument over her and the next thing I knew, I was on the floor being slapped.

Violence in the family of origin. For two of the participants, who experienced violence starting during their childhoods, violence in the family of origin was important. They endured abuse from many family members during a time when little could be done about it. Not only did Mrs A experience abuse, one of her daughters did as well. She stated:

> The abuse went on with my husband, with my brothers, with my uncles, with my father – God damn my father. I still remember what he did. He sexually abused my daughter,... then on top of that – I didn't tell you – my mother came. Boy, oh boy, oh boy. It just seemed to never end. I took the abuse from her;... she was a cruel, vicious person.... Oh, she'd tie me to a chair, and she'd beat me. She was cruel, and I never loved her as a mother because I never knew her as a mother.

For some women, the abuse continued even after they made the break from their abusive marriage: "Actually, I think more or less, it's the struggle in life, but it doesn't stand out in my life now. It's gone, but it's repeated [with] my daughter, who is abusive." Mrs C, the 72-year-old woman who made this statement, was sexually abused as a child by her half-brother and married an abusive man. Mrs C's daughter abused her own daughter, and now Mrs C's granddaughter had begun to abuse her.

Powerlessness. Powerlessness was another salient theme. Women felt devoid of strength and resources, unable to act at certain times in their lives. They knew the "rules," and they learned to live by them: "It seemed to me only natural... for him to come home, throw his jacket on the floor, throw his tools down, and start demanding things... just like I knew his actions,... what he's going to do with his abuse."

Mrs A knew she was in an abusive situation but felt powerless to do anything about it. She had eight children and few resources. She commented:

> The situation was so different in our time.... My dad... went to this lawyer, who was a Liberal, the same as father, and he asked if we could do anything about [the beatings she received from her husband]. He said, "You can't do anything to that man until your daughter is dead." It was like... if he killed me,... then we can have a court case.

Police involvement was of no help:

> Where the hell are you going to get help? You're going to phone the police and say it's a domestic dispute? At one time,... when you called the police and the police appeared at your door, they were not supposed to step over your doorstep because that was your house. That was a man's castle.

Women treated as objects. The women thought their husbands wanted to control them. Mrs C stated:

> He was... very, very jealous. I couldn't speak to anyone. I was dancing with my cousin one night at a dance,... and my husband turned up [and] said, "I believe this is my dance," and he jerked my arm. I was pregnant, and he jerked my arm because I was dancing with my cousin.

Mrs D described her husband's efforts to control her:

> He raped me. If he didn't rape me once, he raped me five times. Like, I wasn't willing, like when I'm doing the washing or sewing;... I'm not thinking about sex. And he's standing there, exposed.... And if... I'm fully dressed and I'm cleaning the bathtub, let's do it backwards, and I say, "No, you're not."... It's funny what some men can do with their women.... I've learned you know, you're mine and I can do what I want with you.

Survival. Mrs B had been in an abusive marriage for more than 50 years. She had begun experiencing chest pains and was seeking help because she believed the abuse was affecting her health. While her husband was no longer physically abusive, he was extremely critical, demanding, controlling, and emotionally distant. To cope, she said, "I'll just go out.... I go downstairs, and I do a lot of crafts and stuff like that. It keeps me busy. The kids come over. I got nice kids, really nice kids."

The women learned how to survive in abusive relationships because there were many barriers to leaving. Mrs C noted: "You couldn't get a divorce in those times. It wasn't until 1968 that I [found] this attorney and [could] get a divorce. What you do to survive is he'd come home for dinner and you could tell he was in a bad mood."

Women were held responsible for keeping the home and family together:

> I guess I was feeling guilty because it just wasn't working right. And then, I don't know why I should be guilty, you know. I don't fight them back. I would never hit my husband. I think too much of them for that. And basically, I don't know how this makes me feel. Like I'm doing something wrong maybe, and in the wrong way. I don't know.

Mrs D took responsibility for the abuse. She considered herself the emotional caretaker of the relationship.

Barriers to leaving. The biggest barrier to leaving a marriage, as mentioned previously, was the inability to obtain a divorce. Frequently mentioned problems were lack of resources, the age of the women, and the effect on children. These factors appeared to be changing. Mrs B recognized divorce as an option: "I'm not going to put up with him. When he gets on his high horse, I say give me my share of the house and all the money and I'll leave. He won't." Nevertheless, Mrs B did not want to file for divorce, even though the current law would divide home and property equally. She was in her early 70s and feared living in poverty.

Memories linked to children's ages. The women recalled incidents of abuse that occurred 40 or 50 years ago. These memories were linked to the ages of their children. Mrs B remembered:

> When my... youngest boy was 5 months old, we bought this rooming house. You see, we had the three kids and one wage wasn't very much at that time, so... I decided to buy this rooming house, and when he came home from a meeting one night, quite late, he started banging me around the room,... and he ran to my clothes closet, and one of the kids' rooms was right beside our bedroom.... He took all my clothes and threw them downstairs, and my oldest daughter... was crying, and then my oldest son came out, and he was crying and [my youngest son] was crying. He would be about $3^1/2$ or 4, I guess. Anyways, he hit me so hard he knocked out my front tooth here.

Mrs C talked about having returned to her abusive husband for the sake of her child: "I finally came [back] when she was 5 years old, almost 6, to send her to school,... to protect her from kids asking, 'Where does your daddy work?' She has to have a daddy. You couldn't get a divorce in those times."

Community support. For all the women, receiving community support was the precursor to taking a stand within the marriage. This support took the form of witnesses to the abuse and assistance offered by friends, family, and other

community members. Mrs B, who ran the rooming house, spoke of her experience the morning after a beating:

> The next morning, the two men from the rooming house came down, and they said, "We heard what was going on here. You go to family court and if you don't, we will."... So anyway, that happened to be very traumatic for the kids and [me], so we went to see [my husband], who was sitting at the table, and they told him, "You better hold the peace, or else you'll be in big trouble."

Mrs B did go to family court regarding this incident, and that was the last time her husband hit her. However, for the next 40 years he continued to abuse her in other ways.

Mrs D received support from her physician: "And then with my leg, he slammed the car door on my leg. It was very painful, and of course I ended up back in the hospital. My doctor wanted me to lay charges against him, but I wouldn't. I told him that I would leave him, though." She left her husband after that incident.

Turning points. The turning points for the women differed. For one woman, it involved an injury so severe that she was hospitalized. For Mrs D it was the realization that she was being abused and the support she received from her doctor. Her doctor identified her experiences as abuse: "I guess I was married then about 10 years.... I'd been hit before, but I never figured it was real abuse until my doctor told me I was being abused."

Mrs D left her home. She returned to her husband only to leave again, for good, 4 years later. She remained single for 14 years. When she remarried, her second husband was also abusive:

> I love my husband. I'd like our marriage to work out. But I cannot take this any more unless he goes and he gets help. I'll go with him; I'll do anything. But he needs help.... I adore my husband, in fact. I mean, when I get admitted to the hospital, I don't need it any more.

The turning point for Mrs C came after threats to her child and after severe violence.

> He tried to kidnap her from school. He told her when she was 6 years old, "I will kill you."... He came to the store where I worked and he grabbed me by the chest, and he said, "You love that kid more than you love me;... you're going to find her dead in the ditch."... That was when I got a real, real beating one night. And again, he mauled me the whole night through. And I finally got out.

All the women who participated in this study explained that understanding the experiences of abuse was a process. Turning points in understanding and integrating their experiences appeared to stem from injuries they received and from the realization that the abuse they endured was very real.

Integrating and processing experiences. During the interviews, the women were trying to understand the meaning of their experiences of abuse. "To me, it's like being in a nightmare I don't believe."

Part of the process of understanding their experiences of abuse involved naming, or ending the silence of what they had endured. Mrs C explained:

> I was the first born in our family to ever have a husband deserter or beater or misuser. Now, I've learned since, that there was other years before that, during the Depression or years before that, there was such a thing as abuse. Most women got abused. You know,... the man went to town and sold his cord of wood and went on a drunk and come home with nothing. Wasn't that abuse?... We didn't know. We thought we had to take it. And me being the first to get into that situation,... it was a no. It was silent. It was kept in the family.

Mrs D talked about her understanding of abuse:

> I do an awful lot of reading, and to me there's a big difference between if you hit me one,... but if you make a habit of hurting me deliberately, physically, anger and beatings,... I think it's like a nightmare. I'm going to wake up and it's not really real. And then, I know it's reality. I lie to myself, I guess. It doesn't happen to me. It isn't real. It's stupid maybe;... I'm too old to have this.

Witnessing and helping other women. Participants wanted to tell their stories with the hope of helping others, as well as themselves. Mrs C stated: "I think maybe in my life I've always hoped to be able to help somebody else. It's one of the things where you think, God, you might be snuffed out tomorrow and never told somebody." Later she added:, "I didn't want to dig this old stuff up, but it's time I got it out."

Mrs B agreed to be interviewed because she, too, wanted to help other women: "It's about time it's out in the open."

Each woman asked whether or not "other women my age" go through this or "am I the only one?" The women all appeared relieved to share their words.

DISCUSSION

Abuse and violence are part of the daily lives of many women. The home, considered a place of safety and refuge, is instead the place where much of this violence occurs. Strauss and colleagues,[26] analyzing the results of a nation-wide study on violence in the United States, comment that "physical violence occurs at home between family members more often than it occurs between any other individuals or in any other setting, except war or riots."

Little has been written about elderly women who are battered by their partners. The most comprehensive Canadian study of this age group was recently completed by Podnieks.[17] Her study was a telephone survey of a random sample of 2000 elderly people in which 67% of the respondents were women. Elders living in institutions, those without phones, or those without English- or French-language skills were excluded. In that survey sample, 15% had experienced wife battering. In cases where battering occurred, 70% of the women had serious health problems; 56% were under great stress with concurrent mental or emotional problems; and 70% were dependent on their husbands for financial support.

Physicians are often unaware of abuse endured by many elder women. Through their stories we are able to learn how elderly women make sense of their experiences of battering. In *Table 2* we present 11 distinct, connected, themes in the narratives of the four women who were interviewed. Events, stories, and incidents overlapped, influencing the next set of events, stories, and incidents that each woman shared.

To our knowledge, several of the themes have not been characterized in previous discussions of woman abuse that have addressed abuse and violence experienced by younger women. Specifically, the theme of survival concerns women's long-term coping with serious abuse that greatly compromises the quality of their lives. Other themes identified here that do not appear to have been previously explored are memories linked to children's ages, community support, and turning points. The theme of community support is particularly relevant to family physicians working in their communities. It is important to note that community help and especially understanding, support, and intervention by physicians can greatly contribute to women's ability to cope with and finally reject abuse.

The fact that only four women participated in the study allowed depth in the information gathered. Nonetheless, as a study of four white women of working-class background, the histories presented are unique and should not be over-generalized. Consequently, while the themes we found could be present in other women's stories, it is also important to consider the experiences of women from other backgrounds.

Although health concerns were not the primary focus of this study, there is little doubt that the abuse endured by these women over the years contributed to their health problems. Moreover, health concerns increase the likelihood that elderly women will come to physicians' offices or to hospital emergency departments, rather than to women's shelters, in order to receive help in safe and relatively accessible settings. The prevalence, insidious nature, and devastation of long-standing abuse warrant increased attention by family physicians. It is, therefore, in their offices that efforts should be focused to routinely screen, identify, care for, and appropriately refer these women. Identifying the abuse will not only begin to stop the violence but will also help address the health needs of elderly women. ■

Acknowledgment

We thank Neil Hodgins, RN, for helpful comments on the manuscript. Support for this study was provided in part by a grant from Health Canada, which established the Domestic Violence Program at Vancouver Hospital and Health Sciences Centre, project #4887-10-91/117. The opinions in this paper are not necessarily those of Health Canada.

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