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## Intimate Partner Violence in Late Life: An Analysis of National News Reports

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### Abstract

Intimate partner violence (IPV) in late life takes various forms including physical harm, sexual assault, and murder. Using national newspaper reports of IPV among elders, we identified the types of violence reported most frequently in media and examined how the abuse was conceptualized by reporters. We found that most cases of IPV reported involved murder, with men as perpetrators and women as victims. Caregiving stress and health problems were frequently cited as contributing factors in the cases. Interpreting these findings from a feminist perspective, we suggest implications for practitioners working with older adults.

### Keywords

domestic violence; elder mistreatment; intimate partner violence; media reports; older women; public perceptions

## INTRODUCTION

Intimate partner violence [IPV] is abuse that occurs in the context of an intimate relationship, including abuse by a current or former spouse, boyfriend, or girlfriend. IPV knows no boundaries, as it occurs in all kinds of intimate relationships regardless of age, sex, race, ethnicity, socioeconomic status, or sexual orientation. Generally researchers categorize IPV by four types of abuse: physical abuse, sexual abuse, verbal abuse (e.g., yelling), and psychological or emotional abuse (Zink & Fisher, 2007). It frequently takes the form of murder, sexual assault, theft, and other assault (Catalano, 2007). Although either gender may be a perpetrator or victim, in most reported cases women are the victims of IPV and men are the perpetrators.

National age-aggregated data available suggest that a significant number of mid-life and older women experience IPV. Of the 7,450,260 IPV victimizations against women recorded between 1993 and 1999, 118,000 (2%) victimizations (i.e., assault, intimidation, homicide, and forcible sex offense) were committed against women aged 55 or older (National Crime Victimization Survey as cited in Rennison & Rand, 2003). The National Crime Victimization Survey estimated that 671,110 women over the age of 65 were abused by an intimate partner in 1999 and accounted for 21% of victims of homicide committed by an intimate partner (Rennison, 2001). One type of IPV, murder-suicide, is rare in the general population, but is found at higher rates among older adults than younger or middle-aged adults. Cohen (2000) theorizes that there are at least three types of murder-suicide among older adults: (a) couples characterized by dependency where one or both members of a

couple are sick and the man is dominant in the relationship, (b) couples characterized by a history of intimate partner violence, and (c) couples characterized by “extreme interdependence” (p. 196).

Current statistics specific to the prevalence and incidence of IPV experienced by older women are difficult to ascertain, primarily because the elder abuse literature typically does not single out older partners as a separate study group (Payne, 2008). Data from an Administration on Aging sponsored survey of Adult Protective Services (APS) revealed that in the 10 states that track this type of information, approximately 11% of the substantiated reports of abuse of persons aged 60 and older with a known perpetrator involved a spouse or intimate partner (Teaster, Dugar, Otto, Mendiondo, Abner, & Cecil, 2006). Data for women aged 50 to 79 showed 2% experiencing physical abuse and 10% reporting verbal abuse by an intimate partner in the year prior to the study (Women’s Health Initiative as cited in Mouton et al., 2004). With the aging of the baby boom generation, the incidence and prevalence of IPV in late life is expected to increase significantly.

The purpose of this study was to investigate public reports of IPV among older adults. We examined news stories collected by the National Center of Elder Abuse [NCEA] for prevalence and focus of IPV stories reported in the national print media. The media is influential in shaping people’s perceptions and public policy (Beard & Payne, 2005; Nerenberg, 2008), as it often selects and promotes news items that mirror the cultural values and interests of their readership. When relatively “invisible” and less palatable topics such as elder abuse are brought to public attention, the social biases and assumptions embedded in the reporting style influence the public’s response and future consideration of the issue.

Public awareness of elder abuse and IPV in particular is limited (Beard & Payne, 2005). Faith leaders interviewed about their perceptions of elder abuse in their community said that they would take action against elder abuse if they suspected it, but most felt a need for more information and educational materials (for themselves and congregants) concerning elder abuse and best practices for handling situations where they suspected abuse (Podnieks & Wilson, 2003). Only one of these faith leaders believed that they had a role in speaking out against elder abuse in the pulpit; most reported that their religions taught respect for elders, and therefore they did not need to explicitly speak about it. Similar barriers are reported in health care settings. Physicians reported that they perceived barriers for helping older women who were experiencing abuse, such as older women were reluctant to ask for help and normalized their husbands’ abuse (Zink, Regan, Goldenhar, Pabst, & Rinto, 2004). They also report that they did not have the time or knowledge to deal appropriately with older women who experience IPV (see also Garimella, Plichta, Houseman, & Garzon, 2000) and perceived that other agencies, such as APS, should take more responsibility (Zink et al., 2004). Similar to other community leaders, APS workers in Virginia reported that they needed more training on recognizing and intervening when they suspected intimate partner violence among older couples (Payne, 2008). Collectively, these findings suggest that health and human professionals and other community members may find it difficult to appropriately recognize and respond to IPV between older partners. They may be reluctant to draw attention to potentially abusive relationships if they do not know strategies to handle the situation; moreover, they may be confused about what qualifies as abuse in long-term or late life relationships.

## CONCEPTUAL BACKGROUND

Two concepts from Johnson’s (2008) work on family violence provide an initial platform for examining media reports of violence in late life intimate partnerships. He delineated between intimate partner terrorism and common couple violence. Intimate partner terrorism

refers to relationships in which one partner uses whatever means necessary, including physical and psychological violence, to assert and maintain control over the other partner; common couple violence refers to instances in which physical violence breaks out between a couple when an argument escalates, and these episodes are infrequent (Straka & Montminy, 2008). The emphasis here is on whether or not the intentions behind the acts of physical or psychological violence are used to assert power and control as a dynamic of the intimate partnership.

One critique of these characterizations of family violence is that it does not take into account power relations that are internalized by a couple. For instance, if a couple both believed in the husband's authority in the home and it was never challenged when the couple was younger, then it is possible that the man never had to resort to intimate partner terrorism. It could be that he controlled his wife as a matter of course, because they both believed he was entitled to do so. Our use of a feminist perspective calls attention to the possibility that couples may internalize power relations to such a degree that they are relatively invisible until something happens to challenge the status quo. Physical and cognitive decline in late life may be the something that happens (Montminy, 2005). Thus, looking at *age* as a specific organizing principle of intimate relations, age relations "intersect with other power relations" (e.g., gender) and have consequences "for people's abilities to enjoy the good things in life" (Calasanti & Slevin, 2006, p. 5; Crichton, Bond, Harvey, & Ristock, 1999; Hightower, 2004; Penhale, 2005; Vinton, 1999). We use a recent study on caregiving, which becomes exceedingly common in late life relationships, to illustrate.

Calasanti and King's (2007) qualitative study on caregiving found that older men in their study took a gendered, masculine approach to caregiving for their wives with Alzheimer's disease. Specifically, the authors noted that men approached their role as caregiver with an occupational mindset: for these men, caregiving was a job with tasks and responsibilities they could master. They tended to prioritize the job of caregiving over their wives' feelings. The men sometimes "enforced compliance," (p. 522) such as using force or coercion to get their wives to take a shower, or "active restraint" (p. 522), such as one man buckling his wife into their car to prevent her from wandering while he mowed the lawn. Though women caregivers faced the same sort of challenges (e.g., husbands not wanting to take a shower), they avoided the strategies used by men because they did not want to further threaten their husbands' autonomy, often leading to more caregiving stress because they could not resolve conflicts between the duties of caregiving and incontinent partners (Calasanti & King, 2007).

These findings suggest that older men and women may have gendered strategies for coping with stressors in late life. As stressors become more out of control (e.g., multiple health problems), some people, particularly older men, may rely on rational extremes of their gender identity in order to take control of problematic situations in late life—resulting in instances of IPV. That is, some men may resort to extreme physical violence, such as murder, in an attempt to solve the problem of their wives' suffering or need for constant care. In addition, mental health problems, excessive alcohol consumption, and financial strains may exacerbate already stressful situations. Although IPV is a complex issue, and not reducible to a few causative factors, we sought to understand how perceptions of stressful situations played a role in reports of IPV in late life.

## METHODS

Using a feminist intersectional frame we conducted a content analysis of the news stories seeking to understand what types of IPV were reported and how the abuse was conceptualized. We analyzed newsfeed articles for one year (N = 100; November 2008 –

October 2009) focusing on stories that described IPV. The newsfeed service is supported by the Administration on Aging's National Center on Elder Abuse (NCEA). The stories are collected by the National Association of Adult Protective Services (NAPSA), which tracks media reports daily of elder abuse through Google and Yahoo Alerts (a process that scans billions of national and local newspapers' Web pages). The newsfeeds are distributed via the NCEA listserv Monday through Friday. The newsfeed averaged 333 articles per month, with a range between 266 and 398; 3% ( $n = 121$ ) focused on IPV. It was common for stories to include descriptions of more than one form of abuse. Nine articles were follow-up stories on previously reported cases (e.g., an initial report on Mr. & Mrs. Smith, then a follow-up article with more details), and we grouped these stories together which brought the story count to 112. There were four articles about IPV in late life generally, but not about specific cases: these were excluded from analysis. Finally, eight articles that described IPV in countries other than the US were excluded. After these exclusions, we analyzed 100 cases described in newspaper stories.

We operationalized our feminist perspective by focusing on gender and age-related issues, such as poor health and caregiving, during content analysis of the stories (Bazeley, 2003). The first and third authors designed a spreadsheet to document and compare variables from each story, such as gender of victim and perpetrator, motive behind IPV, and so forth. Three research team members, including the second and third authors, independently read the news reports. The second author read all news stories twice, cleaned the data, verified the coding, and added story details that would be useful for the analyses. There were no discrepancies among the coders as the variables were straight-forward with little or no room for interpretation (e.g., gender, motive, etc. were given by reporters). Most of the information we sought was available for the majority of stories. An exception concerned the couples' socio-economic status (SES). We tried to ascertain the SES of couples, but concrete information, such as former employment, was rarely given. However, it was not uncommon for newspapers to print a picture of the home where the violence had taken place. Typically the houses appeared to be modest, middle-class homes, and the pictures were juxtaposed against the shocking headlines of violence. Although motives behind IPV were not always known, we recorded what information was mentioned in the articles (e.g., if the reporter discovered a protective order; comments from neighbors, or more rarely, from family members; police speculations about the role of drugs and alcohol).

## RESULTS

Most stories (73%) dealt with violence against women by a male perpetrator (see Table 1). Fifteen percent of the stories described violence against men by a female perpetrator. There were 12 reports in which it was unknown by the reporter who was the perpetrator and who was the victim (e.g., "Mr. and Mrs. Smith found dead in home. The incident appears to be murder-suicide."). Half of all cases were about murder-suicide. Newspaper reporters, neighbors, or family speculated that the health of the victim (42%;  $n = 21$ ) and/or the perpetrator (32%;  $n = 16$ ) played a role. In five of the murder-suicide cases, survivors also speculated about financial problems. Infrequently stories included other details (e.g., comments from neighbors describing the couple's daily routine), but it seemed as if reporters tried to assess whether or not a history of IPV played a role, because they reported whether or not neighbors knew if the couple had problems, or if there had been legal documentation of IPV. Neighbors usually described the couple as loving or "normal," and expressed shock. Only sporadically had a community member noticed odd or aggressive behavior on the part of the perpetrator prior to the violence. Family members, for the most part, had declined to speak of the case.

## Murder-Suicide

It is important to note that many cases in which it was initially not known who perpetrated a murder-suicide, in follow up stories it was almost always the man who had killed the woman and then killed himself. In fact, of the 15 IPV cases in which older men were victims, only 3 of them were murder-suicide cases; whereas of the 73 cases of IPV in which women were victims, nearly half (n= 37) were murder-suicides, and another 6 cases were attempted murder-suicide (each partner survived), or murder with attempted suicide (emergency responders arrived before the offender died). Thus, 41 of the 73 cases (56%) were murder-suicide related. Four stories discussed the possibility that financial problems may have played a role in the murder-suicide, and, as noted above, 16 stories briefly mentioned that the male caregiver had recently had complications with his own health.

## Older Female Victims of IPV

Sixty-four of the 73 cases (88%) involving older women as victims were murder-related. In addition to the murder-suicide cases previously described, the other prominent type of IPV was murder (without suicide; 19%; n = 14) or attempted murder (10%; n= 7). Six murder or murder-suicide cases were speculated to have been related to a recent divorce or separation. Alcohol was suspected to have played a role in three of these murder-related cases. Also, 3 murder cases were related to extreme neglect on the part of the male caregiver. In one of those cases the woman had fallen and her husband left her lying in the floor for 10 weeks, because she reportedly told him she did not want any help. Only when he noticed that she was not breathing and did not have a pulse did he call for help. In these cases we speculate that mental health problems could possibly be an issue because of the bizarre nature of their actions; moreover, in one of these stories, a police officer interviewed said he suspected the man had been drinking heavily. Likewise, in one of the murder cases the man said he had no idea why he killed his ex-wife because he was “drunk out of his mind” at the time. Notably, in the 2 attempted murder or attempted murder-suicide cases, the women who were care recipients and cognitively able, said that they were unaware that their husbands wanted to “help” them by killing them, were shocked by his actions, and added that they did not wish to die.

The 9 non-murder-related cases with female victims mostly concerned physical abuse (n = 7). Two of these cases involved women in their 70s dating much younger men (> 20 years age difference). In both cases the middle-aged men controlled the older women (financially and socially), beat them, and threatened to harm them further if the women reported the abuse. One of these boyfriends had previously been arrested for possession of cocaine, suggesting he may have had substance abuse issues. The other 5 physical abuse cases gave few, if any, details: one simply reported that a woman sought a protective order from her 88-year-old husband. The other 4 reports gave little detail other than that the man had been arrested for assault or domestic battery.

Two non-murder cases involved charges of neglect that were not prosecuted. We included these stories because they represented cases which highlighted a dimension of caregiving that may be related to more overt forms IPV. In both cases the men were caregivers for wives with Alzheimer’s disease who were prone to wandering. One man kept his wife chained to himself so that if he was asleep he would know if she got up. The other man had returned home from running an errand to find his wife gone and waited a day before notifying authorities. When she was found, the state took custody of her and he was fighting to bring her back home. In both of these cases, the men were presented as devoted caregivers.

Similarly, in some murder cases, men had been long-term caregivers for wives with Alzheimer's disease. In one story, an 86-year-old man said he had been days without sleep before he killed his wife and plead guilty to involuntary manslaughter, for which he received probation. In another murder case the woman was in advanced stages of Alzheimer's disease and the man testified that he wanted to end her suffering. He was 82-years-old and sentenced to 2 years house arrest and 13 years probation. The court said that while it was sympathetic to the circumstances, it did not want to condone his actions. A picture accompanying the story showed a smiling prosecutor, presumably relieved that the man had received a light sentence.

### Older Male Victims of IPV

Violence against older men was reported less frequently and perpetrated differently than violence against older women. Contrary to previous research findings (Cohen, 2000), murder, including murder-suicide, was the most common type of violence (60%; n = 9/15). However, unlike murder among female victims, caregiving was never named as an issue by reporters. Rather, in 3 cases the female perpetrators were presented as acting in self-defense. One 76-year-old woman, who reported murdering her husband (age not provided) in self-defense, said that she was relieved he was gone because he raped her and continually wanted to have sex. She said she was "driven to her wit's end." This woman's attorney said that this woman had an anxiety disorder and showed signs of dementia. Police also mentioned that alcohol may have played a role, but the story did not specify if it was the older woman or man who may have been drinking. In 3 additional cases, it was noted that there had been a recent divorce or separation, and one of these women (she had committed murder-suicide) had a protective order against her husband. Physical abuse was the second most common form of violence against men (26%; n = 4). In one of these cases the woman claimed that an argument between the two had escalated and led to violence; in this case and another assault case the women were in their 50s and the men were in their 70s.

Lastly, there were 3 cases of financial exploitation, one of which included murder. One woman was accused of murdering her boyfriend, hiding his body, and cashing his social security checks. Reporters speculated that her motive was to get the money to finance a gambling addiction. The two other cases involved women in their 50s dating men in their 70s who had dementia, with intents to financially exploit them. In one of these cases, a woman began visiting a man in a nursing home, then took him out of the nursing home, married him, and drained his bank account. The man reported no memory of marrying her.

## CONCLUSIONS

In this study we investigated reports of IPV in late life that were reported in the national media. We found that over the course of a year, newspaper stories about IPV in late life accounted for about 3% of all stories on elder abuse. Most stories involved violence against women, with murder being the type of IPV most commonly reported. Additionally, caregiver stress, alcohol use, and the poor health of the victim in general were frequently named as factors contributing to violence in late life. Reflecting the findings of earlier research (e.g., Beard & Payne, 2005) these results should be interpreted with caution, since media may give more space to sensational stories which feature an unambiguous crime (i.e., murder-suicide) than stories about other kinds of intimate partner violence.

Interpreted with an intersectional feminist lens, we argue that both gender relations and age relations intersect to shape some types of IPV in late life (Crichton et al., 1999; Vinton, 1999). Given that so many murder and murder-suicide cases involved a woman in need of care, and a man giving care, we assert that some men use extreme violence to assert control over a seemingly impossible situation. This is consistent with research showing that across

age groups, most murder-suicides are perpetrated by men who have lost control over their intimate partner (Cohen, 2000), although typically it involved a divorce or separation when perpetrated by younger men (Eliason, 2009). In this study, we found that reporters and those they interviewed framed some cases as “mercy” killings or as “choosing” the right to die, but we question whose choice it was. Given that a couple of wives with chronic health problems who survived attempted murders said they did not want to die, such characterizations of choice and mercy are questionable at best (Cohen, 2000). Additionally, no cases where women were the perpetrators was health or caregiving stress named as a factor in the murders; rather, typically there was a history of IPV in the relationship (Zink, Regan, Jacobson, & Pabst, 2003). Thus, although intimate partner terrorism and common couple violence (Johnson, 2008) may be a useful rubric to understand family violence among younger couples, neither concept fully explains many of the cases of IPV reported by the media that we examined through a lens focused on intersections of age and gender. Alternatively, we suggest taking an intersectional feminist approach.

Using the intersection of age, gender, and health status as categories of analysis shows that relatively harmless gender norms (e.g., loving husband as family decision-maker) may have extreme consequences in later life, as older men make decisions under the stress of caregiving. If a husband is not in the habit of considering his wife’s autonomy, he may use an extreme approach to take control of the situation, such as murder, to deal with her perceived suffering and his increasing care burden (Beach et al., 2005; Cohen, 2003).

### Limitations and Implications

Although this study is unique in its reliance on the printed news media to assess portrayals of IPV in late life, it is not without limitations. Because reporters have relative freedom in what details they choose to report and in the sources they choose to use for information, some articles may be biased. Moreover, editors of newspapers decide which stories are news (i.e., which community events get published in their newspaper), and it is likely that in larger cities where stories are plentiful only the more sensational events get published. This could be related to the high rate of murder-suicide stories we found. However, other studies have suggested that murder-suicide is a common form of IPV in late life, especially IPV where a woman is the victim (Cohen, 2000; Eliason, 2009). Thus, it is safe to assume that murder-suicide is a real problem in late life that should be addressed by researchers and practitioners. More research is necessary to determine what factors lead some older men who do not match typical perpetrator profiles (e.g., aggressive, controlling) to use extreme forms of violence to deal with caregiver burden and other life stressors.

Another limitation of this study is that we could not account for the victim status of perpetrators of violence unless it was explicitly mentioned in the newspaper reports. It appeared that in many of the cases perpetrators had mental health problems, many of which were apparently related to caregiver stress and perceived loss of control (Cohen, 2000). Although we criticize gendered power relations, we also want to point out that perpetrators are likely suffering from mental health problems (Beach et al., 2005; Cohen, 2003). Thus, awareness needs to be raised about IPV in late life and the availability of prevention programs expanded. Typically marital and family education classes are directed at helping young couples with children, but more resources should be directed towards later life couples who may be dealing with multiple stressors including the health of a partner, their own health, financial issues, changing gender roles, and so forth.

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**TABLE 1**

Intimate Partner Violence News Stories November 2008-October 2009 qualitative study of older women's reasons for remaining in abusive relationships

Type of Story	No. of Cases	Victim's Gender	Perpetrator's Gender	Notes
Murder-Suicide	37	Female	Male	Typically spousal caregiving situation; speculation that health & financial problems were motives
	3	Male	Female	Two cases there was a history of domestic violence & the couple were separating; the other case named no motive
	12	Unknown	Unknown	
Murder	14	Female	Male	Majority were divorce or separation- related; three were related to caregiver neglect
	6	Male	Female	Half of the women said they acted in self-defense
Attempted Murder-Suicide or Attempted Murder	13	Female	Male	In two attempted cases, the surviving women said they were shocked by their husbands behavior
Physical Abuse	7	Female	Male	Three cases involved new boyfriends who were at least 20 years younger than the women; four cases were spousal violence
	4	Male	Female	Two cases were related to extreme neglect and abuse
Caregiver Mistreatment	2	Female	Male	One case a man chained his wife to himself to prevent wandering; one case a man left his wife alone and she became lost
Financial Exploitation	2	Male	Female	Presented as pre-meditated schemes perpetrated by a long-term significant other
Total Cases	100			