SUMMARY OF RESEARCH

The purpose of the study was to determine whether there are different spousal abuse predictors among mid-aged (44 – 59) as compared with older-aged (age 60 and above) adult couples by using two cross-sectional data from the 1999 and 2004 Canadian General Social Survey. Adjustment for survey weights was conducted to merge the data in order to increase statistical power for the comparison of predictors associated with spousal abuse, including physical/sexual and emotional/financial abuse as dichotomous variables. The sample consists of 342 mid-age adults and 971 older-age adults. The predictors were categorized into (1) respondents' personal characteristics (i.e. socio-demographic and health variables); (2) relationship between respondents and their spouses (i.e. age, educational and income differences) as well as spouses' characteristics (i.e. alcohol consumption); and (3) environmental characteristics (i.e. rural/urban).

Mid-age adults experience both higher prevalence of emotional/financial abuse (9.1%) and physical/sexual abuse (2.4%) when compared to older-age adults (6.9%,1.0%). Regardless of age, respondent's long-term health problem, spouse's drinking patterns and living in high crime neighborhood increase the likelihood of reporting all forms of abuse. Active social participation is associated with all forms of abuse among older adults, while for mid-age adults medication usage is associated with physical/sexual abuse and being male is associated with emotional/financial abuse. Age difference between spouse is associated with physical/sexual abuse among older adults and emotional/financial abuse for mid-age adults. The similarities and differences in predictors of spousal abuse underline the importance of conducting separate analyses by age group.

PRACTICE & POLICY IMPLICATIONS

Developing abuse awareness programs and reduce social isolation is important to address elder abuse. By increasing social networks and awareness, older adults can become more educated about abuse and recognize cases of victimization. Given the differences in predictors of spousal abuse, the "one size fits all" approach may not apply to abuse and victimization of older adults. In particular, there is a lack of intervention for the prevention of elder spousal abuse, especially for those who may have experienced a continuation of spousal abuse into older age. To promote research on programs that prevent elder spousal abuse partnerships with the academic community, health and social work practitioners, law enforcement agencies and advocacy groups are needed.

FURTHER READING


