

RESEARCH PAPER

Not the 'golden years': Femicide of older women in Canada

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I Introduction

*“She was Toronto’s homicide No. 70 of 2019.
We only found out after her husband died of COVID-19 in jail.”*

The above headline appeared in the *Toronto Star* on April 19, 2021. No. 70 was 75-year-old Zohra Derouiche who had been fatally stabbed in her Scarborough home on Dec. 10, 2019. Her husband was charged with second degree murder when Zohra died 10 days after the stabbing. Until April 19, 2021, almost 1.5 years later, the public did not know about her death. The Toronto police did not release any information at the time of the stabbing. They did not issue a press release when she died or when her husband was charged. There was no coverage of her femicide. Her name was never made public. No one knew what she looked like because no photo of her in life was ever published. The *Toronto Star* only learned about the case because her 85-year-old husband died in custody in March 2021 after contracting COVID-19. His death will now be the subject of a coroner’s investigation. It is not clear if any investigation will ever occur into Zohra’s death. The Toronto police provided no specific reason for their failure to report Zohra’s death. It is likely that both sexism and ageism played a role.

This research paper is about women like Zohra – older women who are killed mostly by men, but also by acquaintances and strangers, and sometimes by those in professional caregiving roles.

In June 2017, a former female nurse in Ontario was sentenced to life for eight murders of elderly nursing home residents. Now regarded as one of the most prolific serial killers in Canadian history, her case highlighted how the elderly are vulnerable to various forms of victimization, a phenomenon often neglected in violence prevention research. The gender distribution of her victims – nine women and five men – is consistent with existing research that show elderly women are more likely to be victims of abuse than elderly men. This is not surprising since women also tend to live longer, and often do so in poverty with chronic health or disability issues, social isolation and other factors that exacerbate their marginalization, both in long-term care facilities and in community settings. And, with the ongoing impacts of COVID-19, the situation will likely only worsen. According to the World Health Organization, “violence against older people, who are already bearing the brunt of the pandemic, has risen sharply since the beginning of COVID-19 and related lockdowns (Storey, 2020) with added risks for older women (WHO, 2020). Typically, these added risks for women have been in the context of intimate and familial relationships, but with the catastrophic conditions facing many long-term care facilities, it is likely the risk of violence, abuse, and even death will increase in these contexts with their detection – when homicide – becoming more challenging.

The objective of this research paper is to shed light on a darkness which historically and still today shrouds the fact that, for many older women, the latter stages of their life are not the golden years. Instead many older women’s lives are rife with abuse and violence which sometimes ends in their deaths. But the deaths of older people, and particularly older women, often remain undetected, not only in Canada, but also globally, according to various international organizations (UNODC, 2019). And older women are often silenced in death as they were in life, like Zohra, whose death did not appear to matter enough to Toronto police for them to issue a public report. This is a

situation that likely reflects the negative outcomes and combined impacts of sexism and ageism which will affect ever increasing numbers in our population in the coming years.

Demographic trends show that the global population aged 60 and over is growing faster than all younger age groups and projected growth is expected to be unprecedented with significant economic, political, cultural, and social implications (United Nations, 2002, 2018, 2019). In Canada, for example, persons aged 65 years¹ and older represent almost one-fifth (17%) of the population (Statistics Canada, 2016). In fact, for the first time in Canadian survey history, Canada's seniors outnumber its children (Conroy, 2017, p. 66; Globe and Mail, 2017). Despite this, historically and currently, older populations remain relatively invisible, especially in research, policy, practice, and prevention related to violent victimization (Cullen et al., 2020; Rogers and Storey, 2019). Existing research is often discipline- or field-specific, located in, but not integrated from various bodies of literature whether it is elder abuse, sexual violence, family violence, domestic violence, and/or violence against women. This has produced knowledge silos and inaccurate information, precluding a comprehensive understanding of the risks and needs of the older adult population (Payne, 2002; Rogers, 2016; Rogers and Storey, 2019).

It is encouraging, then, that an interest in the abuse of older persons has begun to emerge and increasingly adopts an interdisciplinary focus, bringing together various bodies of related literature and research (Burczycka & Conroy, 2017; Ploeg et al. Walsh, 2013). With this emerging focus, and because of the lack of prior research, it is crucial to prioritize research that will inform emerging policies, the allocation of resources and provision of services, as well as more nuanced prevention initiatives for older persons who are vulnerable to various forms of abuse and violence.

Internationally, including Canada, elder abuse or the abuse of older adults refers to “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (World Health Organization 2002). Elder abuse can take the form of neglect, physical, sexual, emotional, or financial abuse (Public Health Agency of Canada, 2016; Burczycka & Conroy, 2017; Ploeg et al., 2013). In Canada, although underreported, similar to most countries, research suggests that four to 10 percent of seniors aged 65 years and older experience some form of abuse, yet only a fraction of these cases come to the attention of authorities (Conroy, 2017, p. 66; Public Health Agency of Canada, 2012). And this was before COVID-19 which has and continues to have disproportionate impacts on older populations, particularly in long-term care facilities, but also community settings.

While abuse of older persons has now been identified as a matter of global concern (Baker, Sugar, & Eckert, 2009; WHO, 2013), it continues to receive relatively little attention when compared to violence against other populations. For example, in the most recent Global Study on Homicide, older populations were mentioned only in passing to note that older persons are one group among various marginalized populations whose homicides often remain undetected (UNODC, 2019: 70). And the invisibility of older populations in this global study is reflective of the situation more broadly in homicide research, according to Rogers and Storey (2019), who recently conducted the first review of research-based evidence on elder homicide. This lack of research coupled with the projected unprecedented growth in older populations expected in coming decades – which has been referred to as the ‘senior tsunami’ (Riedel, 2013) – underscores crucial attention must be paid

¹ This is the lower-age threshold to designate a senior citizen in Canada.

to research, policy, and practice priorities if countries are to rise to the challenge of their increasingly older, and more vulnerable, populations.

As will be discussed further below, however, aging experiences are highly gendered. It has been well documented that, on average, women grow older than men and, because they live longer, they are often vulnerable to various forms of exploitation, abuse, and violence (Allen et al. 2020; Krienet & Walsh, 2010). This vulnerability is often exacerbated by social isolation as well as the continued stigmatization and marginalization of older populations that stem from ageism and related attitudes coupled with sexism. This is also true with respect to the most extreme form of violence against women – femicide – for which there is little existing research that has examined trends, patterns, and/or responses to this form of violence.

Given documented recording and reporting biases that lead to underestimates of violence more broadly – a situation exacerbated among older populations – this research paper focuses on the lethal victimization of older women as a lens through which to understand non-lethal forms of violence and abuse of older women in Canada. We use the term femicide to recognize that older women are often killed because of their sex/gender², which when coupled with their age, compounds their risk of violence and death; however, their victimization remains attributable to the fact that they are women.

The urgency to address the needs of the population of older women was recognized in the eighth volume of the United Nations Femicide series, *Abuse and Femicide of Older Women (2017)*. This volume underscored the ongoing dearth of research which, coupled with inadequate local and global responses, facilitates and exacerbates the negative life experiences for this vulnerable population. The report highlighted that it is only recently that violence against older women has been recognized as a widespread phenomenon with little prior targeted attention. For example, of 131 government reports on violence against women reviewed, only 13 recognized the risk of older women (Age International 2017). It was further noted that most countries with domestic violence legislation often do not specifically include older women. As such, it was concluded that violence and abuse of older women is one of the most widespread crimes worldwide, but the acts often remain undetected and/or unpunished.

While not exhaustive, five additional reasons it is crucial to focus on femicide of older women are:

- 1) It is recognized that older adults' risk of homicide victimization, including older women, is lower than their younger counterparts; however, older adults are often killed in different circumstances than younger groups which require different prevention initiatives (Roberts and Willits 2011).
- 2) It is recognized that violence is gendered at all stages of the life cycle (Johnson and Dawson, 2011) with women being killed for different reasons and often in different contexts than men and these differences must also inform prevention.

² Sex and gender are to capture the intricately connected biological differences between women and men (sex) as well as the socially defined differences (gender) between women and men.

- 3) Gender intersects with age such that older women face unique circumstances because of their sex/gender both separate from, and coupled with, their older age experiences.
- 4) The only existing review of elder homicide has shown that most victims are female and killed in the home by someone known to them (Rogers and Storey, 2019).
- 5) Older women continue to be one of the most invisible groups of women, and people, in theoretical and methodological literature across disciplines and globally. This has been particularly clear in studies of lethal and non-lethal violent victimization.

The next section briefly describes the global context and growing awareness of older women as an increasingly marginalized and vulnerable group for risk of violent victimization with specific emphasis on femicide. This section also introduces several definitional, conceptual, and methodological issues that will be expanded on in subsequent sections. For example, even with the narrower focus on fatal violence of older women, terminology that captures this phenomenon and what constitutes ‘older women’ still varies across research, disciplines, and sectors as will be discussed. Below, before turning to Section II, the way this research paper approaches two definitional issues is introduced for clarity and will be expanded upon on in the next section.

First, for the scope of this research paper, we define femicide as the killing of women primarily, but not exclusively, by men. This is a broad definition for femicide which captures female victim homicide and offers various benefits when reviewing research that crosses disciplines and countries, primarily the ability to compare across studies. It also recognizes that it may often be difficult to capture the narrower scope of ‘*women killed because they are women*’ or the sex/gender related motives and indicators (SGRMIs) often present, but not always consistently documented, in cases of femicide (Dawson & Carrigan, 2020). However, work has begun to progress in this area so we incorporate both the general and narrow definitions to capture the range of research studies and to identify the issues that are involved in identifying femicide as a distinct sub-category of homicide. Second, what defines the subgroup of ‘older women’ varies significantly; however, internationally, the most common lower-age boundary is 60 years of age (UN, 2013; WHO, 2002) and, as such, this parameter is adopted in this research paper.

II Background context

Defining the scope of the problem

A recent global systematic review of elder abuse estimates that globally at least one in six older people will experience some form of violence and/or abuse (Yon et al., 2017); however, other reviews report slightly higher estimates at one in four older people (Cooper et al., 2008). Homicide is the most severe form of elder abuse and more rare than other forms of non-fatal elder abuse. However, a comprehensive understanding of elder homicide, including an overview of common risk factors can help inform more nuanced violence prevention initiatives for both lethal and non-lethal violence against older populations. Despite this, it has been rarely studied. As noted above, the most recent Global Study on Homicide only mentions older populations in passing as one group among various marginalized populations whose homicides often remain undetected (UNODC, 2019: 70). Similarly, in the only known review of the state of knowledge on elder

homicide, Rogers and Storey (2019) identified just over 30 studies on this topic, half of which were conducted in the United States. Only one Canadian study was identified which was published almost 20 years ago and examined data drawn from a study of 901 adult homicide offenders incarcerated or on parole from 1988-1992 in the Prairie provinces (Ahmed and Menzies, 2002).³ This supports the contention that older populations are often invisible in violence and homicide research and, consequently, in violence prevention legislation, policy, programs, and practice.

Most existing research on homicides of older adults comes from two separate bodies of literature – elder abuse and domestic violence (Bows, 2019) However, differences across studies in what is perceived as ‘old age’ as well as varying methodologies and research designs impacts resulting prevalence estimates and precludes accurate comparability and generalizability of research findings. Furthermore, although findings with respect to homicide are viewed as more reliable than other types of violence, there is a growing awareness that the treatment of homicide as a homogenous type of violence is problematic in many ways. While further limitations will be discussed below, the breadth of terminology used to capture homicide of older populations makes retrieving relevant research challenging. For example, while not exclusive, among the terms used to refer to broad or narrow types of elder homicide, some emphasizing women, are:

- Geronticide (Brogden, 2001: 22)
- Eldercide (Kirenert & Walsh, 2013)
- Senicide (Chatterjee, 2017)
- Matricide (Heide and Frei, 2010)
- Granny dumping (Kawai et al., 2014)
- Lethal intimate partner violence in later life (Salari and Maxwell, 2016)

For the purposes of this paper, however, homicide remains useful as it is the most reliable indicator of violence against older populations currently available, but its limitations will be expanded upon below.

There are varying risk factors and contexts in which homicide occurs that are correlated with whether victims are female or male and this is the case across the life course for all age groups. Simply put, women and men are killed for different reasons and in different contexts. Older populations are also killed for different reasons and in different contexts which also intersects with the sex of the victim and the perpetrator. Put simply, sex and age combine to impact risk of violent victimization and studies have attempted to capture these distinctions with varying comparison groups. Throughout this report, we discuss differences in homicides of younger and older populations as well as in the femicide of older women compared to homicides of older men. Regardless of the comparison group, two of the most frequently cited risk factors identified for elder homicide are social isolation and frailty/declining mobility (Abrams et al., 2007; Addington, 2013; Burgess et al., 2005; Collins and Presnell, 2006; Krienert & Walsh, 2010; Roberts and Willits, 2011; Shields et al., 2004). And it is expected that these two risk factors will continue to be significant – and exacerbated – against the backdrop of COVID-19.

³ This does not include annual homicide reports or *Family Violence in Canada* releases by Statistics Canada which focus on homicide of older persons which are also discussed in this report.

Understanding aging as a gendered process

The recognition of Canada's aging population as representing a diverse group of individuals is important for appropriate prevention, intervention, and programming. If we view older persons as a homogenous group, we fail to account for the different challenges evident throughout the various life stages and across various separate and combined social identities (Grant & Benedet, 2016; Turcotte & Schellenberg, 2007). Old age and experiences of aging are culturally specific and socially constructed and, these aspects are significantly underpinned by sex and gendered elements, experiences, and processes (Bows, 2017; Grant & Benedet, 2016; Fileborn, 2016; Pinto, 2011). For example, given the longer life expectancy of women, the aging population is more often female than male (Yan and Brownell, 2015).

Given that older women are more likely to outlive their spouses, their experiences are likely to be exacerbated in various ways. They may be more likely to live in poverty and isolation, suffer ongoing health issues and challenges, as well as face limitations with their physical mobility and everyday life activities. These experiences can increase their marginalization and, in turn, increase their likelihood of facing violence, abuse and/or neglect along with limited access to supports, resources, and services (Yan and Brownell, 2015). This cumulative disadvantage can be further exacerbated, not only because of ageism, but also because of sexism. For example, women are often viewed as older at a younger age than men and, while an older male is often viewed as sexually attractive or distinguished (Crichton et al., 1999), older women are not equally viewed as such (Crichton et al., 1999). In fact, research shows that older women are often seen as asexual (Burgess, 2006; Fileborn, 2016; Solomon et al., 2011; Nyanzi, 2011) and even useless (Ron & Lowenstein, 1999). Further, the ongoing gender wage gap means that older women have access to fewer financial resources than older men.

It is only recently that researchers have begun to acknowledge the intersection of violence and aging (Bows, 2017; Brandl, 2000; Fisher & Regan, 2006; Fisher, et al., 2004; Vinton, 2003; Wilke & Vinton, 2003) and, even more recently, the intersections of violence, aging, and sex/gender. Older women have traditionally been overlooked in literature on violence against women, intimate partner violence, domestic/family violence, and sexual violence (Crockett et al., 2015; Fisher, Zink, & Regan, 2011; 2003; Zink et al., 2004). This is a significant omission since we know that experiences of violence are highly sexed and gendered across all age groups, including among older victims, which sees women bearing the largest burden of victimization in particular contexts (e.g. in private, by male partners, family members). Violence perpetration is also highly sexed and/or gendered given that perpetrators and across all victim groups are almost always male and victims are overwhelmingly female. In short, the sex of both the abused and the abuser are important because older women are more likely to be abused than older men and men (in particular, husbands and sons) make up the largest category of abusers of older women (Weeks et al., 2004).

In summary, while it has been documented that, in general, older women are more vulnerable than younger women to crime overall (Safarick et al., 2002), their risk is exacerbated because of their declining health conditions, restricted or diminishing mobility and strength, changes in cognitive and other mental processes, increases in loneliness and isolation, and growing dependence on informal and formal caregivers (Jeary, 2005; Safarik et al., 2002; Simmelink, 1996; Soares et al.,

2014). Furthermore older women are less likely to be able to engage in self defence and are more likely to incur serious injuries if involved in physical altercations, even if violence was not intended by the perpetrator (Cartwright, 1987; Eckert & Sugar, 2008; Jones et al., 2009; Muram, Miller & Cutler, 1992; NCALL, 2010; Payne, 2000; Ramsey-Klawnsnik, 2003). Despite these well-documented findings about older women's increased vulnerabilities, they may continue to underestimate their vulnerability to abuse (Hussein, Manthorpe, & Penhale, 2007) and/or fail to recognize abusive experiences when they do occur (Naughton et al., 2013). This is compounded by their historical and relative ongoing invisibility in legislation, research, and policy as it relates to violent victimization and prevention discussed next.

The invisibility of violence against older women

Globally, research, policy, and practice discussions often exclude older women despite evidence that violence persists across women's lifespan, and, in particular, they bear the largest burden of intimate partner violence (ACUNS, 2017; Crockett et al., 2015). As a result, the violent experiences of older women as well as how their age, or the aging process, including related stigmatizing attitudes, impacts their help-seeking efforts, perceptions or recognition of abuse and violence. Their experiences, and responses to their experiences, also impacts how they work to recover from violence-related trauma. How and to what extent this occurs and differs from other groups of women is not well understood, however. It is argued that this has occurred, in part, because violence against older women has fallen through the cracks between two fields – domestic violence and elder abuse – or, arguably, three fields when one considers the largely separate body of literature on sexual violence (Dawson and Peirone, 2018).

For example, while underreported, older women report lower rates of physical and sexual violence than younger women; however, the prevalence of other non-physical forms of abuse (e.g. verbal, emotional, psychological) does not decrease with age, but remains relatively constant (Dunlop et al. 2005; Stöckl and Penhale, 2015), impacting the health and wellbeing of older women (Fisher et al. 2011). It has also been shown that abusers change their patterns of violence and abuse as they age, perhaps no longer needing to use physical violence, maintaining control through economic, verbal, and psychological abuse (Mezey et al. 2002; Stöckl and Penhale, 2015). Beyond this, we know little about these impacts, or the victimization and perpetration patterns over time, and particularly among older women. To some extent, this invisibility and resulting research gaps stem from a lack of definitional clarity about when one is defined as older or what constitutes old age as discussed next.

What do we mean by older women?

There is a lack of agreement on what constitutes old age (Bows, 2017, 2017b; Fileborn, 2016; Grant & Benedet, 2016) because defining 'older' and who is 'old' or 'elderly' varies culturally, socially, and historically (Kleinschmidt, 1997; Pinto, 2011; Tyyska et al., 2012). Chronologically, somewhere between 45 and 65 years old appears to be the most common lower thresholds for old age (Grant & Benedet, 2016), with most using 55 years to 65 years of age. However, some researchers use physiological indicators (e.g. for women, menopause), socio-cultural indicators (e.g. for both women and men, retirement) or define old age as gradations across multiple

categories (e.g. young-old, mid-old, and old-old) (Aciemo et al., 2010; Brozowski & Hall, 2010; Del Bove et al., 2005; Fileborn, 2016; Jones et al., 1999; Ondeck, 2002; Pinto, 2011).

In Canada, the age at which one becomes an older adult has been the subject of debate (Turcotte and Schellenberg, 2007). The older age category has typically been defined, at least officially by federal/provincial/territorial governments, as 65 years of age and up (Department of Justice, 2015), designating this group as ‘seniors’ or ‘senior citizens’. Drawing from international research, we selected 60 years of age as the lower-age threshold for this report given it is the most common lower boundary, but highlight select studies which use younger age boundaries where appropriate. Further, we use the term ‘older women’, recognizing that any term to refer to a particular group may stigmatize and/or marginalize the population being focused upon (Grant & Benedet, 2017). It is acknowledged that this is not a homogenous group of women which will be reflected below. However, regardless of their differences, while the ‘golden years’ are often portrayed as a time of serenity and leisure, it is often the opposite for many with experiences of new inequalities or the exacerbation of inequalities that have existed throughout the life course for women.

III Theoretical Perspectives

Various theoretical perspectives and frameworks have been used to understand violence across the life course more generally that are useful, especially when integrated, for contributing to a more nuanced understanding of abuse and femicide of older women.

Framing femicide of older women using a social ecological lens

While older populations may be victimized less often than younger populations, they often possess unique or extended vulnerabilities that arise from contributors at multiple levels and/or because of experiences from overlapping layers of discrimination and oppressions. For example, older populations more often have cognitive and mental health problems and/or various disabilities, face external attitudes that stigmatize them because of their age, and/or internalize belief systems that lead to self-blame and/or resignation which prevents them from seeking help (Rogers and Storey, 2019). Both external and internal attitudes are also gendered with women more often being subject to, or holding, such attitudes and beliefs than men.

There is increasing recognition that violence and abuse are multifaceted phenomenon that arise out of the interplay of individual, family, community, and socio-cultural factors. In other words, such acts as well as the relative risk of violent victimization and perpetration cannot be explained by a single factor (e.g. mental illness, substance abuse, childhood maltreatment or poverty) or multiple factors at a single level (e.g. an individual’s sex, age, race/ethnicity, employment, etc.). As such, more, or at least equal, attention needs to be paid to risk and protective factors at community and societal levels which is the goal of the social ecological framework. Because of its holistic and integrative approach, the social ecological perspective has frequently been applied to the study and understanding of older adult abuse (Malley- Morrison & Hines, 2004; Schiamberg & Gans, 2000). This has led to the identification of various pathways through which structural forces and ideologies determine how regulatory policies and practices, community supports, relational and individual processes interact. This lens, as a result, has helped to highlight root causes, environmental conditions, and individual elements that contribute to violent victimization

and perpetration. The social ecological framework identifies multiple layers, all or some of which have been identified in various applications that stemmed from its early formulation (Bronfenbrenner 1977, 1979) and more recent descriptions by the World Health Organization (2002) which work to make the ecological theory more accessible to a broader populations. Below, drawing from this literature, the multiple levels are described, followed by a discussion as to how intersectionality can be integrated with the social ecological model to complement our understandings of violent experiences, particularly for older women.

Personal history/biography: At the centre of the social ecological model are individuals who have unique personal history and biological factors (e.g. childhood exposure to violence, experiences of other forms of maltreatment throughout the life course, varying education levels, individual histories of mental illness and/or substance abuse, and so on). This first level focuses on the characteristics of the person which may increase the likelihood of being a victim or perpetrator of violence or, alternatively, protect against such outcomes. For example, many older women were socialized in an era that prioritized traditional gender roles that may impact their ability to recognize their own victimization and, if they do, to reach out for help.

Relational/microsystem: The second level is the relationship-level (also referred to as the microsystem) which includes immediate or proximate factors which determine experiences of violence and abuse. This level of the model captures social relationships with family, friends, intimate partners, and peers which may also increase, or protect against, risk of violence. At this level are complex relations between a person and their environment in what is represented as their immediate settings (e.g. home, school, workplace, etc.). These relationships or interactions all have the potential to shape a person's behaviours and actions as well as their range of experiences and responses to their experiences. Building on the above example, older women who worked in the home throughout their lifetime may have fewer connections to others outside that environment. This may impact their levels of isolation in the later years.

Mesosystem: Related to the above, a 'system of microsystems' has been referred to as the mesosystem which is the level that captures the interrelations among major settings (e.g. family, school, work) that are relevant to the person at a particular point in time. It has been argued by some that this is the most significant layer in the social ecological framework because it captures the cumulative interaction of all layers upon an individual. This level comprises the interrelations among the major settings (above e.g. microsystems) containing the individual at a particular point in time in their life (e.g. interactions among family, school, peer group and, for some, may include church, workplace, etc.). It is often referred to as a system of microsystems that captures the relations between settings or the interactions between settings. This level highlights the possibility that events in one setting may influence the individual's behavior and development in another setting. For example, the experience of an older man in his peer group may change his pattern of activities and interactions with his female partner or a son with his elderly mother at home or vice versa. This level also considers the joint impact of two or more settings or their elements on the individual.

Community-level/exosystem: The community level, or exosystem, captures formal or informal institutions or community contexts in which social interactions occur or in which social relationships are embedded (e.g. neighborhoods, identity groups). These factors characterize the

settings associated with being victims or perpetrators of violence (e.g. communities with high-residential mobility, highly diverse populations, and/or high population densities). This level is an extension of the mesosystem which captures specific social structures, both formal and informal, which do not contain the individual but rather impact upon or encompass the immediate settings in which the individual is located. These structures include the major institutions in society such as the neighborhood, the community, mass media, agencies of government (local, state, national), the distribution of goods and services, communication and transportation facilities, and informal social networks. This level recognizes that research must go beyond the immediate setting containing the individual to examine larger contexts, both formal and informal, that affect events within the individual's immediate setting. For example, it has been well documented that many rural communities in Canada have more conservative and patriarchal attitudes that support more traditional and entrenched gender roles (Jeffrey et al., 2019). As such, older women who have spent their lives in such communities may be less likely to reach out for help than older women in more urban centres which research has also shown has more available helping resources.

Societal-level/macrosystem: The societal level, or macrosystem, refers to factors that reflect the larger societal influences on rates of, or experiences with, violence such as general societal attitudes, beliefs, and stereotypes as well as social and cultural norms, including gender norms, that permeate one's everyday life at large. These factors can influence acceptance or rejection of violence as well as influence social structures and processes, including institutional policies and practices that produce harmful or unintended outcomes. This level captures, not the specific contexts affecting the life of an individual, but rather to the specific prototypes that exist in culture or subculture that set the patterns for the structures and activities occurring at the concrete level.

Referred to as the blueprint for society, these factors can be recorded laws, regulations and rules; however, most macrosystems are informal and implicit, carried unconsciously in the minds of society's members as dominant ideologies that are made manifest – and legitimated – through custom and practice in everyday life. Examples are overarching institutional patterns of the culture or subculture such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exosystems are the concrete manifestations or outcomes. Macrosystems are the carriers of information and ideology that both explicitly and implicitly bestow meanings and motivations to specific agencies, social networks, roles, activities and their interactions. With respect to older populations, and older women specifically, sexist and ageist attitudes often lead to stereotypes, prejudices and discrimination towards older women because of their sex and age.

Chronosystem: Recognizing that changes occur over the life course of individuals, the *chronosystem* level captures the “environmental events and transitions” that occur during a person's life, including socio-historical events. These transitions may include changes in roles and settings as a function of the person's maturation, events in the life cycle of others responsible for the individual or who regularly interact with the individual. In short, this level helps to incorporate the life span or life course perspective. This level is particularly relevant in the context of older populations who move from being perceived as active members of society – although this varies by sex/gender – to being perceived as or feeling like a burden on society. This transition can limit the amount of help that older women seek as they deal with their perceived diminishing value as they transition from primary caregiver to primary care receiver in many cases.

Intersectionality

Complementing the social ecological framework, an intersectional perspective (Crenshaw, 1991; Hill Collins, 2019) highlights that individuals do not hold just one identity, but rather possess multiple identities that impact their life experiences, including violence. Older women and their perpetrators cannot be viewed through a one-dimensional lens that considers only their sex or age, but rather must focus on their identity as comprising both their sex and age along with other relevant characteristics that influence their life experiences. For example, an individual is not only a woman, an older adult, an immigrant/refugee, or someone who lives in poverty; rather the individual is a poor, older immigrant woman. It is these overlapping identities, or layers of oppression, that one must consider to comprehensively assess risk and to understand how these identities might work together, not just separately, in compounding one's level of risk and safety.

The above two frameworks are important for understanding abuse and femicide of older women because they possess multiple social identities or oppressions and, therefore, their risk at the community (e.g. lack of mobility, lack of access to services, language barriers) and/or the socio-cultural level (e.g. sexist and ageist attitudes, colonization, discrimination) may be equally, if not more, important than their individual or relational characteristics. At the very least, the impacts of individual and relational characteristics will largely depend upon community- and societal-level factors. Further, intersectionality underscores that life experiences, including violence, are about more than vulnerability; it is also about recognizing the multiple and overlapping axes of oppression faced by individuals that lead to their marginalization and, in turn, increase their vulnerability (Crenshaw, 1989).

An example of how this works can be illustrated by focusing on one key institution – the family unit – which historically and, still often today, is perceived as a private domain and largely immune to violence. As a result, when family violence occurs, including abuse of older women by partners or children, this ideology of the family as private works to obscure the violence (Duffy & Momirov, 1997). Further, older women's denial of their experiences of abuse also often stems from their inability to violate this familial ideology, having been socialized to believe in the same ideology. Therefore, the fact that older adult abuse remains hidden is understandable since current cohorts of older adults and, particularly older women, have been socialized during the height of the familial ideology. With legal and social transformations in the past several decades, this situation may be changing, but currently the extent to which this may change remains unknown.

Along with familialism, older adult abuse is also the outcome of unequal power relations (Harbison & Morrow, 1998; Walsh et al., 2007) like most forms of violence and abuse experienced across one's life span. When ageism is added as a layer of oppression, power imbalances become more significant. "Stereotypes that sustain the image of older adults as frail and unproductive members of society are embodiments of ageism working in combination with the other ideologies" (Norris et al., 2013). For example, capitalism plays a key role in the devaluing of older adults" (Harbison & Morrow, 1998). If someone is no longer seen as a contributing member of society because they do not participate in the job market, for example, their worth appears to diminish (Norris et al. 2013). The impacts of this perceived lack of worth are reinforced through ageism and related negative societal attitudes towards older people, facilitating beliefs that older adults are less powerful and, consequently, more vulnerable to abuse. Their vulnerability increases in a culture

where assumptions about older populations are accepted without questioned, even by those most impacted as they internalize these beliefs over time. However, ageism combines with sexism to compound the situation for older women given that women's work has often been largely unrecognized and undervalued as highlighted by feminism.

Feminism

With respect to older women, ageism can intersect with patriarchy, leaving many older women at greater risk of abuse because of the double jeopardy of sex and age (Daro et al., 2004). The feminist perspective is largely responsible for our understanding of the links between women's experiences of violence and patriarchy by extending analyses beyond individualized and interactional theories to broader social structural understandings which acknowledge the ways in which social ideologies, and particularly patriarchy, create and sustain violence in our culture. This has led to a more comprehensive understanding of the causes of violence against women and girls, primarily by men. For example, differential access to power within the family is viewed as a direct embodiment of patriarchal assumptions about sex and gender and as legitimizing male perpetration of violence against women. However, the unique issues related to the abuse of older women have been largely absent from this discourse until recently (Harbison & Morrow, 1998; Straka & Montminy, 2006).

In summary, while there are various individual and situational factors that contribute to violence and abuse of older women, which will be discussed further below, it is necessary to equally emphasize the origins, root causes, or contributors to violence which are often located at the community or societal level, but less often studied. This issue will be discussed further in the final section on *Recommendations for moving forward*. The above sections have identified various considerations in examining abuse and femicide of older women and described three frameworks that are required as lenses through which to examine what we know about this phenomenon. Keeping these issues in mind, we turn to a summary of the state of knowledge about abuse and femicide of older women.

IV What do we know about femicide of older women?

Below, we draw from prior research to document what we know about femicide of older women. We focus on the estimated prevalence and incidents of femicide of older women, followed by what research has shown about the most common characteristics of victims, perpetrators, and incidents as well as social and legal responses to their deaths. In each section, we focus on the often limited Canadian research coupled with what is known internationally to identify gaps in Canadian research or to underscore consistency of Canadian findings with studies from other countries.

Estimated prevalence of femicide of older women

Despite homicide being one of the most reliable measures of violence, it is still subject to underreporting and under-recording for various reasons, particularly for older populations and older women. As discussed by Sever (2009), although not exhaustive, some of these reasons include the fact that older women may more often be:

- Mentally or cognitively impaired which prevents them from reporting;
- Physically disabled which may prevent them from being able to report if they live with or rely on their abuser;
- Fearful that others will not believe them if they do disclose;
- Fearful that they will be institutionalized if their abuser is their caregiver;
- Embarrassed or ashamed, especially if their abusers are intimately related to them such as a spouse or child;
- They do not recognize their victimization or do not know how to speak about it if they do;
- Their material consequences do not allow them to report because of economic dependence on spouse or children which may be their abuser(s);
- Family attachments which make them protective of husband, children if they are abusers;
- Their primary identity as mothers, wives, or caregivers for which their ethic of care prevents them from disclosing;
- Fear of strained relationships with other family members; and,
- Social norms about expectations of privacy within the family.

The above factors can be further exacerbated in institutional settings, especially when caregivers do not have enough professional training and/or are assigned to older adults with complex needs. Furthermore, the caregivers' often isolating and frustrating conditions of work (e.g. low wages, lack of support), which also include experiences of violence, may prevent them from reporting when they do become aware of abuse of those in institutionalized settings. These factors are even more concerning in the context of the COVID-19 pandemic.

Many of the above factors are a result of generational factors that may impact how older women, not only experience violence, but whether and how they recognize and report their experiences (Crockett et al. 2015). For example, as noted above, older women may not be as comfortable or familiar with the concepts or language that they would need to talk about their experiences (Cook et al. 2011) or have the capacity to do so. As such, some question the reliability of older women's reporting of abuse given that historical and social developments may affect their ability (or inability) to understand that they have experienced interpersonal violence, abuse, and trauma (Cook et al. 2011; Stockl & Penhale, 2015). Put another way, the history of violence against women suggests that those least represented in the research will be those women who are most likely to be socialized during a period which did not fully, or legally, recognize women's experiences of violence, including intimate partner violence. If they do find their voice to report

the violence, ageist attitudes or mental health issues may prevent frontline responders from believing them without the appropriate training to recognize the signs.

Given problems in underreporting and under-recording, coupled with differing definitions of abuse and violence, as well as varying age groups used in studies, it is difficult to compare across studies. Further, as noted above, elder abuse remains largely a hidden crime, relative to other forms of violence or victims (UNODC, 2019). Keeping these challenges in mind, some estimates are provided. For example, a 1989 national survey of seniors showed that four percent of seniors who responded had experienced some type of abuse in the home or private residence (Podnieks et al. 1990). A decade later, in 1999, the Canadian General Social Survey reported that, of those adults 65 and older, seven percent reported either emotional or economic abuse by an adult child, spouse or caregiver within the last five years (Sever, 2009). Only a small percentage reported either physical or sexual abuse (1%). However, despite its perceived rarity – the truth of which remains unknown – when it does occur, it is often severe. For example, those who reported physical violence reported being assaulted (54%), threatened with a weapon (21%), or assaulted with a weapon (13%) (Uniform Crime Reports, 2000).

Focusing on more recent statistics, the *Family Violence in Canada* (2019) annual figures reported that:

- In 2018, there were 12,202 victims aged 65 and older in figures based on police-reported violence in Canada.
- Between 2009 and 2018, the rate of family violence against seniors increased by 11 percent.
- Rates of family violence were reportedly higher for senior females (74 per 100,000) compared to their male counterparts (60 per 100,000); however, the opposite was true for non-family violence with senior males experiencing a rate almost double that of senior females (178 and 98 victims per 1,000,000 respectively (FVP, 2019: 45).
- Between 2008 and 2018, the rate of family-related homicide among seniors increased 32 percent (from 2.8 victims per 1 million seniors to 3.6). An increase (34%) was also recorded in rates of non-family homicide against seniors (3.2 victims per 1 million seniors in 2008 to 4.3 in 2018).
- In 2018, there were 22 senior victims of family-related homicide (Table 3.11).

Beyond the above, there is little other national information on homicides involving seniors, and specifically women, in Canada. For example, it does not appear that Statistics Canada's Homicide Survey has reported age-related homicide trends since 2012 so current trends remain unknown other than what is reported above. In 2014, however, Canada's Chief Public Health Officer noted that, for older adults, a spouse was most likely to be accused of the crime when older women were victims of family homicide and adult children were most likely to be perpetrators when older men were victims (FVP 2014). The public health report further noted that responses to at-risk populations such as women, children and youth, older adults, Indigenous communities, the LGBTQQI2S community or people with disabilities were minimal, not evaluated, and/or required

more evidence about their effectiveness. However, when priorities for action were identified in this same report, none of the action items listed targeted to older populations, including women.

More recently, the Canadian Femicide Observatory for Justice and Accountability (CFOJA) reported that older women represented about one-third of all women and girls killed by violence in Canada during the period 2018-2020 (Dawson et al. 2020) and were overrepresented as victims, compared to their representation in the population in 2019 (Dawson et al. 2019). The Observatory indicated this population should be a priority for monitoring, research and prevention, given their growing numbers nationally.

Despite recognizing that older women are not a homogenous group, few studies have examined how other identities such as, for example, race/ethnicity, disability, and sexual orientation, may compound one's risk of femicide. However, it is expected that prevalence would vary significantly across population subgroups. With respect to Indigeneity, for example, Dumont-Smith (2002) reported that little information exists on the Aboriginal elder population and especially elderly women. However, given the documented higher rates of victimization in Aboriginal compared to non-Aboriginal populations, it is expected that this exists across the life span including older Aboriginal populations. For example, one 1997 study reported that over half of the Aboriginal female elders reported they had been, or were, victims of one or more types of abuse (Dumont-Smith, 1997). In part, this was reported to stem from loss of their respectful standing in the family or community as result of colonization and, particularly, the residential school system, higher risk of poor socioeconomic conditions that result in family tensions in areas with few mainstream or culturally specific health and social services (Dumont-Smith, 2002).

Information on prevalence of homicide/femicide of older populations, and specifically women, in other countries or world regions is limited. In South Africa, for example, focusing on what the researchers refer to as 'eldercide' of those aged 60 years and older, Buthelezi et al. (2017) found that in Johannesburg for the period 2001 to 2010, a total of 557 eldercides were recorded by the National Injury Mortality Surveillance System (NIMSS). Significantly higher than in Canada for all homicides rates, this was the case as well with eldercide with an average annual rate of 23.1 per 100 000, disaggregated by sex as 42.4 per 100 000 for male victims and 8.9 per 100 000 for female victims.

Below, findings are drawn from the limited studies that compare victim, perpetrator and incident characteristics for older women to various other groups (e.g. older men, younger women). Specifically, results from one of the only existing Canadian studies⁴ (Dawson, 2017) – using Ontario data (*see Appendix A, Table 1*) – are reported, along with national CFOJA data where possible. When available, results from research conducted in other countries is described to underscore the consistency (or not) in findings and to highlight gaps in national and global research. It is important to note that some of the differences between older and younger populations identified below are expected given life course stages and transitions and some are not. Regardless, the identification of any differences, expected or not, is crucial to the development of appropriate and nuanced violence prevention initiatives for older women.

⁴ Include description of Ontario study.

Characteristics of victims

- *Sex*: Consistent over time and across cultures, males are more often the victims of homicide than females; however, this varies across age groups. In Canada, focusing on 2016-2017, the CFOJA reported that, of the 1,192 homicides documented, 288 were female victims (24%) and 904 were male victims (76%) (Dawson et al., 2020). However, these data also showed that the distribution of female and male victims varied across age groups. For example, male victims outnumber female victims in age categories up to and including those aged 25-34 years of age whereas, for those aged 35-44, female and male victims were equally distributed. However, for those aged 45 and older, female victims outnumber male victims for the remaining older age groups. This consistent with other studies internationally. For example, in a review of elder homicide studies from 1982-2018, Rogers and Storey (2019) found that elderly victims were more likely to be female than their younger counterparts, meaning that the proportion of victims that were male was lower in older age groups.
- *Age*: In Canadian (Dawson, 2017; Dawson et al., 2021) and other research (e.g. Schwab-Reese et al. 2020), the proportion of female victims, compared to male victims, increases as age increase (e.g. in Schwab-Reese et al. 2020 from 70%, 77% to 86% in the 65 years old and up) as did the proportion of males as perpetrators (92%, 94% and 97%).
- *Marital status*: For both older and younger victim groups in Ontario, the majority were married and/or living with their partners (57% and 55%, respectively). The next largest group for older women was widowed (32%) compared to divorced/separated (21%) and single/ never married (17%) for younger victims.
- *Children*: The majority of older and younger victims had children (91% and 78% respectively), although significantly more older women did so.
- *Employment status*: Only a small proportion of older victims were employed in formal occupations (14%), compared to almost two-thirds of the younger victims who were employed, fulltime or part-time (62%). Other than the three percent of unemployed older victims in Ontario, most of the remainder were out of the labour force altogether (84%; e.g. homemakers, students, retired, disabled).
- *Race/ethnicity*: While both older and younger victims were most often white (77% and 66% respectively), there were higher proportions of Indigenous (10%) and visible minority populations (10%) among younger victims (Dawson 2017).⁵ It is important to note that this variable had a high proportion of missing information which make patterns unreliable. Like Canada, however, in their global review, Rogers and Storey (2019) found that few studies examined differences across race/ethnicity which likely also stems, in part, from data gaps similar to the Ontario study (Dawson, 2017). Also consistent with the Ontario study, when this variable was examined, it was demonstrated that elderly victims were more likely to be white

⁵ Used by Statistics Canada and defined by the Employment Equity Act, the term “visible minority” refers to “persons, other than Aboriginal/indigenous peoples, who are non-Caucasian in race or non-white in colour” and consist mainly of the following groups: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese, and Korean (see <http://www.statcan.gc.ca/eng/concepts/definitions/minority01>).

overall and more likely to be white than their younger counterparts, although this information was not disaggregated by sex of the victims.

- *Criminal and mental health histories*: Although few victims had prior criminal records in either group, significantly fewer older women in Ontario had criminal records (less than 1%) than younger victims (8%). Similarly, psychiatric histories were also uncommon in both groups (9% compared to 6%) (Dawson 2017).⁶

Characteristics of perpetrators

- *Gender*: In Ontario, among cases in which an accused was identified, sex of the perpetrator was male in most of the cases. This is consistent with other research that showed perpetrators were predominantly male, regardless of sex of the older victim (Buschmann et al., 2016; Coelho et al., 2010; Collins & Presnell, 2006; Krienert & Walsh, 2010).
- *Age*: The average age of the perpetrators in Ontario femicides of older women was 48 years whereas perpetrators in cases involving younger women were, on average, 36 years old. In the review of elder homicides, Rogers and Storey (2019) concluded that most studies found the mean age of perpetrators was considerably lower than that of their victims, regardless of sex of victims.
- *Marital status*: Similar to the victims, most perpetrators were married and/or living with a partner (60% and 53%), but there was a higher proportion of divorced/separated perpetrators in younger victim cases. Single/never married perpetrators were significantly more common in femicides of older women (33%) compared to younger victims (21%).
- *Children*: In the Ontario study, about three-quarters of all perpetrators had children.
- *Employment status*: While 22 percent of perpetrators were formally employed in older victim cases, a significantly higher proportion were working fulltime or part-time (63%) in cases involving younger femicide victims. Similar to the victims, and likely reflecting life stages, about five times the number of perpetrators were out of the labour force in older compared to younger victim cases.
- *Race/ethnicity*: Like their victims, the majority of perpetrators were white (70% and 64%), but there were higher proportions of Indigenous and visible minority perpetrators in the younger victim group (7% and 12%, respectively).
- ❖ *Criminal and mental health histories*: Where information was available, one in 10 perpetrators (10%) who killed older women had a prior violent record and an additional seven percent had non-violent records. About one quarter had a history of psychiatric treatment. In contrast, more perpetrators in femicides involving younger victims had prior records for violent (19%) or non-violent crimes (13%) compared to cases involving older femicide victims, but a much lower

⁶ It is important to underscore once again that these two variables – criminal record and psychiatric history – were missing information in more than half the cases so numbers are underestimated.

proportion had a history of psychiatric treatment (12%). Although differences were not as vast as some of the other characteristics, they remained significant.

Victim-perpetrator relationship

Victim-perpetrator relationship has long been recognized as a key factor in understanding homicide and femicide and this is also the case for understanding the killing of women compared to the killing of men. Women are more often killed by people they know, primarily male partners and family members. In contrast, men are more often killed by acquaintances and strangers, also primarily male perpetrators (Allen et al., 2018). These patterns remain similar for older populations in Canada and globally (Statistics Canada, 2019; Rogers & Storey, 2019). Consistent with global research over time (UNODC, 2019), the majority of femicides of older women in Ontario were intimate partner femicide (34%), but typically by current male partners (32%) rather than former partners (2%). As such, there were two striking differences in the proportion of intimate partner femicides among younger and older victims.

- (1) Almost twice as many younger victims (62%) were killed by a male partner compared to older victims (34%) (Dawson 2017); and,
- (2) While both younger and older victims were more likely to be killed by current partners (42% and 32% respectively), younger victims were 10 times more likely to be killed by estranged partners than older victims (20% and 2% respectively). Other relationship types that were common among older victims: one in 10 perpetrators (11%), primarily male (94%), were children of the victims as well as other kin (12%) and strangers (11%) (Dawson 2017).

And, like the Ontario patterns, although the proportion varies by world region, intimate partner femicide – women killed by current/former male partners – typically represents the largest proportion of cases for all women killed globally (UNODC, 2019). When comparing females by age group, consistent with the Ontario data, older women were less likely than younger women to be killed in an intimate partner femicide, but more likely to be killed by a family member than younger women (see also Bows, 2019).

Characteristics of the incidents

- *Types of previous violence:* The Ontario study did not document in detail the types of previous violence experienced by femicide victims and so it is unclear if this varied across older and younger female victims in Canada at this point. However, other studies have examined varying types of violence experienced by women before their deaths. One of the most detailed examinations was conducted in Italy where Sorrentino et al. (2020) compared types of previous violence experienced by femicide victims across three age groups. They showed that all types of violence were evident across the life course with the most common being controlling behaviours followed by stalking for adult women (aged 25-64) and physical violence for older victims (aged 65+). The adolescent/young victim group (aged 15-24) experienced higher levels of stalking and controlling behaviours than the two older groups of victims. It is not clear if this is because these behaviours are more recognized today as violence and abuse whereas older age groups may not be as likely to recognize them as such.

One type of abuse that has not been examined historically and for which there is only limited data currently is financial abuse which is argued to be more common among older victims. One Canadian federal government official described it as “one of the more insidious forms of abuse against seniors (Morin, 2012). Because they often have fewer financial resources throughout their life course, compared to men, many older women are more greatly affected by financial abuse. This is often compounded by their general lack of financial literacy which may not be as much of an issue today than in recent decades, but this has not been examined to any degree.

- *Number of victims and perpetrators:* In Ontario, femicide victims, regardless of age group, were most often the sole victim killed (77% and 80%) and their cases almost exclusively involved lone perpetrators (98% and 95%). However, more recent CFOJA data show that when women are killed by violence in Canada (2016-2017), their cases more often involved multiple victims than male-victim homicides (Dawson et al., 2021). With respect to multiple perpetrators, the recent review of elder homicide found that female victims were more likely to be killed by multiple perpetrators, typically involving burglary or purse snatching by young men (Rogers & Storey, 2019; Kennedy & Silverman, 1990).
- *Presence of witnesses:* Although relatively uncommon in younger and older age groups, at least according to the information available, witnesses were more often present for older rather than younger femicide victims (Dawson, 2017). Further, when witnesses were present, children were more than four times as likely to be witnesses in femicides of younger victims, suggesting that adult witnesses may be more likely in cases involving older victims.
- *Substance use:* While about 15 percent of older women were known to be using substances, primarily alcohol, at the time of their killing, almost three times as many perpetrators had been doing so (42%) (Dawson 2017). In contrast, substance use appeared to play a greater role in cases involving younger femicide victims with more than twice as many victims (38%) and a much greater proportion of perpetrators (54%) using alcohol/drugs at the time of the killing. Similarly, in the review of elder homicide, the presence of alcohol or substance use/misuse at the time of the incident was less common in elder homicides, for both victims and perpetrators, compared to their younger counterparts (Rogers and Storey, 2019). In fact, their presence was very rare for elder homicides period, but findings were not disaggregated by sex of the victims.
- *Location of killing:* Both older and younger victims were most likely to be killed in their own homes or homes that they shared with their killers (80% and 65%) and most often the killings occurred in their bedrooms. However, significantly fewer young women were killed at home, suggesting that their deaths may be more public in nature, at least as compared to older femicide victims. Similarly, in the review of older victim homicides, it was found that older victims, particularly female victims, most often die in their own homes or other residential settings (Rogers and Storey, 2019) with some studies indicating that this occurs with much higher frequency than for their younger counterparts (Ahmed and Menzies, 2002).
- *Killings in long-term care facilities and homes:* Although proportions were small for both groups, compared to older women in Ontario, fewer younger victims were killed in institutions,

including LTCs. Among older victims, most were killed in nursing homes, hospitals, or group homes. Long-term care facilities (LTCs) or what used to be referred to as nursing homes, have long been the subject of reports of physical violence, abuse, neglect, and other crimes (e.g. theft) (Riedel, 2013). Despite this situation, there does not appear to have ever been a systematic study of the prevalence of abuse in Canadian LTC facilities which, given the current situation has been exacerbated by COVID, this is a research priority, an issue discussed further below. There have been studies examining the violence perpetrated against, not by, LTC workers and other caregivers which is also a crucial focus for research (Banerjee et al. 2012; Brophy et al. 2019), particularly during and coming after COVID-19. However, it does underscore the gap in research about violence and abuse experienced by the LTC residents themselves, most often older populations.

- *Method of killing:* In Ontario, older victims were most often beaten to death (26%) or stabbed (25%) and one in five were shot (21%; primarily using long guns). In contrast, the most common method used in the killing of younger victims was stabbings (30%), followed by shootings (26%) and then beatings (16%). In the global review of elder homicides, the same three most common causes of death were highlighted: use of sharp instruments/stabbing; use of a firearm; and blunt force trauma (Rogers and Storey, 2019). Outside of the US, where firearms were more common, sharp force/stabbing was the most common method.
- *Sexual violence:* In Ontario, there were significantly more cases that involved sexual violence among younger victims (24%) than older victims of femicide (13%). Similarly, a greater proportion of younger victims was left nude or partially unclothed (35%) compared to older femicide victims (19%). However, it is unclear whether there is a consistent ability to detect or recognize sexual violence of older women (Chopin & Beauregard 2020; Dawson et al., 2020) or, arguably, the role of sexual violence in cases of femicide more broadly (Dawson et al., 2020). The role of sexual violence in the killings of older women is believed to be rare and, as such, research is limited. However, focusing on Canada and France to examine motive and commission of sexual homicides, Chopin and Beauregard (2020) compared 56 cases involving victims aged 65 and older with 513 cases involving those aged 16-45 years. They found that the crimes differed across the two age groups, driven by four types of motivations and patterns that were like those found in non-lethal sexual assaults. Specifically, they found that:
 - Most victims of sexual homicide were female, regardless of age.
 - Sexual homicide of older victims was more often occurred in the victims' own homes.
 - Sexual homicide of older victims was more often perpetrated by acquaintances of the victims.
 - Sexual homicide of older victims was more often violent, with excessive violence or 'overkill' often being documented.
 - There were no differences in vaginal penetration across the two age groups, but there was an overrepresentation of unusual or bizarre acts (e.g. foreign object insertions, postmortem sexual activity) in sexual homicides of older victims.

While the above findings did not disaggregate by sex given small numbers, only six of the 56 older victims were male and so the findings are driven largely by sexual femicide. This is also evident in the typology discussed by the authors which identified four groups: sexual (usually female while sleeping), robbery (mainly female), sadistic (mainly female), experimental (both male and female).

- *Excessive violence*: Consistent with the concept of ‘overkill’ noted above, in Ontario, multiple methods (i.e. beating and stabbing) or repeated use of one method (i.e. multiple stab wounds) were almost equally likely in both types of femicides (37% and 39%) in Ontario. In their study of the Canadian prairies, Ahmed and Menzies (2002) found that elderly victims were more likely than non-elderly victims to have sustained moderate-to-severe injuries and three times more likely to be killed during a crime. Some research suggests that older women killed by strangers often involve excessively brutal means (Jordan et al., 2010).
- *Motive*: There are multiple typologies of homicides and homicide perpetrators, but few relate to the killing of older adults more specifically. One exception is highlighted in the review of elder homicide by Rogers and Storey (2019) which identifies five types of elder homicide (Soos, 2000, as cited in Payne, 2006). They include:
 - (1) *Relief of burden killings* which occur when victims are considered a burden by the perpetrator.
 - (2) *Murder for profit killings* occur when perpetrators kill for perceived benefits or rewards.
 - (3) *Revenge killings* in which perpetrators seek out revenge for some reason (e.g. jealousy, hurt, betrayal).
 - (4) *Gerontophilia* which is an act that is sexually motivated.
 - (5) *Eldercide* which entails the killing of an elderly person and is underpinned by a prejudice against older persons.

In the review of elder homicide, various motives were noted across the studies with an increased likelihood of crime-related homicide (e.g. killings that occur in the context of burglary, robbery, sexual assault, etc.) in the case of older victims compared to younger counterparts.

In Canada, early work found similar patterns. For example, Kennedy and Silverman’s (1990) analysis of incident-level Canadian homicide data showed that the likelihood that a homicide was theft related was higher for older rather than younger victims, even after controlling for various other characteristics. Furthermore, focusing on the Prairie provinces, Ahmed and Menzies (2002) compared incarcerated or paroled males in Canada who were convicted of elder homicide to those who were convicted of non-elderly homicide. They found that, among elderly victims, almost one-third were killed during a property crime while more non-elderly victims were killed during a domestic argument. Some have argued that this may stem from

the greater likelihood that elderly victims will die during the incident due to their physical vulnerability or frailty (Carcach et al., 1998).

Supporting the *relief of burden killings*, Bourget et al. (2010) found that several victims in cases of domestic homicide-suicides (90% of which were female; 93% of perpetrators were male) had pre-existing mental illnesses, indicating that the offenses may have been committed by individuals who were caregivers to chronically ill spouses. Further at the time of the offense, most of the perpetrators had a mental illness, usually depressive disorder, but few had received psychiatric help. It should be noted here that homicide-suicides, and particularly domestic homicide-suicides, are almost exclusively perpetrated by males, an issue discussed further below. Similarly, in Italy, focusing on a 10-year period, Sorrentino et al. (2020) found that older women, compared to adolescent/young and adult women, were more likely to be killed due to the victim and/or perpetrator's mental and/or physical illness. Similarly, other research concluded that significant fatal risk factors for femicide among older people were mental illness or breakdown and mercy killing.

There is a heavy reliance on mental illness as a motive or typology that explains femicide of older women that does not appear to be supported empirically with studies failing to define mental illness consistently or at all. They also often do not identify the origins of this diagnoses (e.g. medical diagnosis before the killing, family diagnoses) or the data sources used. This is coupled with a total absence of a consideration of femicidal motives – or sex/gender related motives or indicators – that may be linked to the older woman's intersecting identities resulting from her sex, age, and other unexamined factors. While this situation may be more pronounced for older women due to their age and related ageist assumptions, it is also a relevant critique of the literature related to femicides more generally (Dawson and Carrigan 2020).

- *Concealment of killing*: In Ontario, fewer perpetrators in femicides of older women (15%) attempted to conceal their crimes compared to younger victim cases (24%) and, relatedly, more perpetrators in older victim cases remained at the scene (57%) and confessed to the killing at some point (92%) compared to perpetrators in younger victim cases (41% and 85%).
- *Suicide*: Homicide-suicides are almost exclusively perpetrated by males, and the vast majority involve males killing female partners (and sometimes others) and then dying by suicide (Salari & Sillito, 2016). In Ontario, just over one in four perpetrators of older women (26%) committed suicide following the femicide compared to one in five (20%) of the perpetrators in femicides of younger victims. In Quebec study, focusing on a 15-year period, Bourget et al. (2010) examined domestic homicides involving individuals killed by an older spouse or family member (65 years or older) and found that the homicide was frequently followed by the suicide of the perpetrator. However, focusing on Ontario, Dawson (2005) found that when controls were introduced that held all else constant, older offenders were no more likely to commit suicide following an intimate partner femicide than younger offenders. However, jealousy and sickness/life stressors were significant indicators of suicide following the femicide, distinguishing older and young perpetrators, but whether determinations of these motives were conditioned by ageist attitudes was not examined.

Another more recent U.S. study examined how individual and contextual factors contributed to homicide-suicide between young adults, middle-aged adults, and older adults. They found similarities between the young and middle-aged groups which were distinct from homicide-suicides among older adults (Schwab-Reese et al. 2020). Specifically, mental health and depressed mood found to be more common among older adult perpetrators whereas jealousy, fights, and substance use issues were less common, relative to younger perpetrators. Escalating intimate partner violence and caregiving/health-related issues, including caregiving strain, housing transitions, and financial problems, were argued to be the primary contributors.

Criminal justice outcomes

An examination of outcomes of other outcomes in Ontario femicide cases, beyond those that ended in the suicide of the perpetrator, demonstrated a clear pattern in criminal justice responses to killings of older and younger femicide victims as shown below:

- *Unsolved*: Similar proportions (7%) of both groups of femicide cases remain unsolved.
- *Charge*: Consistent with other types of homicide, most cases in both groups resulted in an initial charge of murder, either first- or second-degree, but significantly more perpetrators who killed younger victims were charged with the more serious first-degree murder (51%) compared to those who killed older victims (39%) (Dawson 2017).
- *Convictions*: While perpetrators of younger women were less likely to plead guilty (51% compared to 60% of perpetrators in cases involving older women), they were more likely to be convicted of murder, either first- or second-degree, most commonly the latter (42%). In contrast, in cases involving older victims, convictions for second-degree murder (28%) and the lesser offense of manslaughter (29%) were more common, as were perpetrators who were found not fit to stand trial or not criminally responsible by reason of mental disorder (30%).
- *Sentences*: In Ontario, the average sentence length was 12 years compared to 14 years for those convicted in cases involving older and younger femicide victims, respectively.

Section Summary

There is a dearth of reliable research on homicides or femicides of older women with existing research being largely U.S. based (Rogers and Storey, 2019). Given the breadth of approaches to the study of femicide of older women (e.g. different age and/or comparison groups, data sources), consistency in findings is difficult to identify. However, existing data shows that that the lethal victimization of older women differs significantly from that of younger women in the characteristics of those involved, the circumstances surrounding their deaths and the criminal justice responses. While some patterns are similar, there are significant differences in the degree of variation in, or presence of, most of the variables examined. As argued above, some of these differences are attributable to different life stages or changing relational lifestyles more common among younger generations. Others are not.

In general, research shows that older victims, including older women, are often isolated at home and they will most often be killed by someone they know. However, homicide of older victims at home is also often by perpetrated by strangers in the commission of a crime such as robbery, burglary or theft (Kennedy and Silverman, 1990). One popular explanation for crime victimization and perpetrator is routine activities theory (RAT; Cohen & Felson, 1979) which argues that crime is most likely to occur when there is a viable victim, a motivated perpetrator, and an absence of capable guardians. However, this theory poses conflicting expectations about the victimization of older populations, including women because, historically, ‘staying at home’ was not considered an ‘activity’. When it is considered as such, RAT can still support the role of older victims’ isolation, coupled with perpetrator motivation, and the absence of guardians, if socially isolated or at home during the day when most others people are at work. Therefore, the safety of home is offset by the vulnerability to attack during a crime and the difficulty of recovering from a beating. Routine activity theory has also not traditionally recognized that, for women, home is often not a safe space (UNODC, 2019).

Based on the above, femicide of older women has distinct characteristics that can inform prevention initiatives going forward.

To briefly summarize, in general, existing research shows various patterns when comparing older homicide victims from younger homicide victims, supporting the focus on older women:

- Elder homicides are more likely to take place in the home.
- Elder homicides are more likely to involve female victims and their proportion increases with age. Female victims outnumber male victims in older age categories whereas opposite is true in younger age categories.
- Elder homicides are more likely to involve male perpetrators, regardless of sex of victim.
- Two most frequently cited risk factors were social isolation and frailty/declining mobility.

Building on the above findings, more specific research shows that there are differences in the killings of older and younger women that are important to recognize if more nuanced and appropriate prevention efforts are possible. Some of these are recapped briefly below:

- Both older and younger women are most often married or living with partners; however, the next largest group for older women was widowed, compared to divorced/separated and single/never married for younger women.
- Younger female victims and their killers were more likely to be employed than older victims and their killers.
- Although data quality is low, most female victims were white; however, compared to older women, there were more Indigenous and visible minority female victims and perpetrators.

- More perpetrators in femicides involving younger victims had prior records for violent or non-violent crimes compared to cases involving older femicide victims.
- When comparing females by age group, older women were less likely than younger women to be killed in an intimate partner femicide, but more likely to be killed by a family member than younger women. Older women are more likely to be killed by current, rather than former, partners.
- Witnesses were more often present when older women were killed compared to younger women, although rare for all femicides.
- The presence of alcohol or substance misuse/abuse was much less common in femicides of older women than younger women by both victims and perpetrators.
- Psychiatric histories were twice as common among perpetrators of older rather than younger women, although data quality remains low.
- Both older and younger victims were most likely to be killed in their own homes or homes that they shared with their killers; however, significantly more older women are killed in their homes compared to younger women.
- Although rare, there are several differences in sexual homicides of older and younger, including that sexual homicide of older women more often involved perpetrators who were acquaintances, excessive violence, and a higher representation of bizarre sexual acts.
- Convictions for second-degree murder and the lesser offense of manslaughter as well as lighter sentences were more common for cases involving older female victims as were perpetrators who were found not fit to stand trial or not criminally responsible by reason of mental disorder.

Although likely not exhaustive, the above differences are captured by some Canadian and international research, but each requires further exploration going forward as discussed next. And, it bears repeating that, even though some of the above are expected given life stages and transitions, they are differences nonetheless that need to be incorporated into legal and social responses.

V Research and Data Priorities in the Prevention of Femicide of Older Women

It is evident from the findings highlighted in this research paper that our understanding of the abuse and femicide of older women remains in its infancy. While this can be viewed as a limitation, it can also be an opportunity to identify early the core elements required for a comprehensive research agenda that can move prevention efforts forward effectively. As noted at the outset of this paper, a public health model should be adopted which captures both the social ecological and intersectional frameworks as well as the diverse expertise needed, including but not limited to feminist and life course perspectives, to understand and respond to the victimization of older women. This also means integrating key insights from various bodies of literature related to domestic violence, intimate partner violence, sexual violence, and elder abuse. These efforts have begun, and this must continue in Canada and globally.

As this integration continues, it is key that we continue to recognize and underscore that older women are not a homogenous group and, as such, the vulnerability and risk for different groups of older women will be important to identify. For example, while not an exhaustive list, older women's experiences of life, and violent victimization, will differ by their relative age in the 'older' age category as well as by their race/ethnicity, sexual orientation, ability, culture, language, religion, geographic location and so on. Understanding how these identities work together and whether they lead to overlapping oppressions that exacerbate situations of older women will be key to improving our responses.

Second, and not examined here due to the high proportion of missing data and the complexities involved in understanding this factor, more concerted efforts need to identify the motivations behind, or circumstances surrounding, the killings of older (and younger) women. A significant body of literature has shown that it is not possible to identify a priori motivation or intent for criminal acts (e.g. Campbell and Runyan 1998). Recently, however, given that several Latin American countries have established legislation identifying specific punishments for femicide and, in some jurisdictions, have established femicide as its own offense, efforts have been made to identify whether and what gender-based indicators can distinguish femicide from homicide. Specifically, the Latin American Protocol for the Investigation of Gender-Related Killings of Women (Femicide/Feminicide) documents in a detailed and comprehensive manner how a femicide might be identified, including gender-related motives.

Further, with respect to precursors or motivations for older femicide victims, some research has shown that femicide-suicides among older couples are more often premeditated, and motivated by ill health, compared to cases involving younger couples, in which the perpetrators may more often be motivated by jealousy, leading to a loss of control (Dawson 2005). While there are valid critiques of this 'crime of passion' argument which views complex acts too simplistically (Dawson 2006), it does underscore that different life stages may also lead to different motivations for femicide – and assumptions about motivations – that require further exploration.

In the next section, select findings and related research priorities are discussed in more detail to underscore their relevance for informing prevention efforts in the short- and long-term. Where relevant, significant data gaps that require more immediate efforts to improve reliability and validity of information to begin to address these priorities are identified. A key theme will be underscored throughout drawing from the reality of 75-year-old Zohra Derouiche whose killing was never reported to the public by the Toronto police. Recall that this occurred even though all other 69 homicides in 2019 were publicly reported. While it is likely that the decision by the particular investigating officer involved was motivated, at least in part, by ageist and/or sexist attitudes, little existing research has documented what stereotypes, attitudes and beliefs are held by Canadians, both professionals and public, about older people and, specifically, older women. However, we know that one of the key challenges to violence prevention is changing damaging, and most often unsupported, stereotypes, beliefs, and attitudes. If we don't know what these are, we cannot begin to change them. Underlying many of the priorities in this section and recommendations that follow in the final section is the recognition that ageist and sexist attitudes prevail in our society and that, for older women, the outcomes are often violence and death that goes undetected, unreported, and/or unpunished.

Femicide of older women by strangers

While most women are killed in their homes by someone they know, the above studies are consistent in the finding that older women are more likely to be killed by strangers – also often in their homes – than their younger female counterparts. This suggests that older women’s risks of victimization by strangers are not restricted primarily to public spaces, but also to their enhanced vulnerabilities in private, typically seen as the domain of abusers known to them. Research has shown that many older women often live alone, in poverty and isolation, and with chronic illnesses/disabilities and, therefore, are also likely more limited in resources and the ability to protect themselves. “Older women have a reason to be concerned about being killed in their homes by partners or strangers” (Allen et al. 2018: 171). Some speculate that killings of older women by strangers may be motivated by ageism and sexism or simply be crimes of opportunity. There may also be situations where older women die from beatings or altercations that occur in the commission of the crime because they are frail, and not because it was initially intended by the perpetrator (Allen et al., 2018).

Related to the above, it was also shown that most perpetrators of femicide cases are married and/or living with their partners, who are also often their victims, but a significantly higher number of older women (33%) compared to younger women (21%) were killed by perpetrators who were single/never married which may be strangers or children. These findings underscore the fact that, although older women still have more to fear from male partners than any other type of perpetrator, prevention efforts need to recognize the more varied relationships that older women often share with their killers – for example, strangers as well as their, primarily male, adult children. We expand on this issue below with respect to children as perpetrators of femicide.

Femicide of older women by children

While women are most often killed by male partners, in Ontario as noted above, and in international research, children, and mostly sons, have been identified as another group of perpetrators of femicide of older women (Allen et al. 2018; Pillemer, 2005; Steinmetz, 2005). Such killings are hypothesized to be primarily perpetrated by “dependent offspring” (Pillemer, 2005) or the result of caregiver burden among adult children (Steinmetz, 2005). There are, however, a number of other complex motivations that may work in combination, including financial elements, that might increase older women’s risk, and particularly mothers, who may be alone and isolated with the exception of their caregivers, and primarily children. In fact, as noted in the 2019 *#CallItFemicide* report (Dawson et al, 2019), the killing of one’s parent – or what is broadly referred to as parricide – is an understudied phenomenon, in part, due to the rarity of cases (Miles & Condry 2015) and the same is true for matricide – the killing of mothers by children. However, existing research estimates that between one and four percent of reported homicides in Western countries such as England, the United States and Canada fit the parricide classification (Boots & Heide, 2006; Fedorowycz, 2001). For example, in Canada, 3.8% of homicides between 1990-1999 involved the killing of parents (Fedorowycz, 2001).

According to CFOJA data, in 2019, at least 13 mothers were killed and their sons were the accused which is one in every 10 killings for that year (11%), with victims ranging in age from 50 to 88 years old (Dawson et al. 2019). During the four-year period examined in this same report (2016-

2019), at least 42 of the 427 women and girls killed involved their sons as the accused/offender, demonstrating consistency over time in femicide by sons (10% of the total sample). Along with a dearth of research on parricide, there is also increasing concern about gaps in research on elder abuse which would include parricide, particularly involving mothers. Research shows female parents who are killed are typically older than male parents (Heide 2013, 2014).

Race/ethnicity and femicide of older women

While not often the focus of research, largely due to poor quality data, the results demonstrated that most victims and perpetrators in cases of femicide were white. However, this was significantly more evident among older victims; there were greater proportions of Indigenous and visible minority populations involved in femicide of younger victims. The reasons for this are unclear, but likely stem in part from two demographic patterns, at least in the Canadian context:

- (1) Indigenous women and men are a younger population; and,
- (2) The increasing diversity of the Canadian population, particularly in Ontario, which may be more clearly reflected in younger generations.

With respect to the first potential explanation, age has been linked to victimization with rates being higher among young adults and declining as age increases (Perreault, 2015). It has also been documented that the Indigenous population in Canada is considerably younger than the non-Aboriginal population (Statistics Canada 2015). As such, it would be expected that the proportion of Indigenous victims and perpetrators may also be higher in cases involving younger femicide victims.

With respect to the second potential explanation, Canada is also witnessing a rapidly changing population in recent decades due to declines in fertility and increases in immigration. Changes in the population have not been experienced evenly across the country, however (Statistics Canada 2010). Ontario, and particularly its urban centre of Toronto, is one region that has experienced a growing diversity of racial/ethnic groups or visible minorities. Arguably this diversity would be more clearly reflected among younger populations (Statistics Canada 2010), so it would also be expected that victims and perpetrators in femicides involving younger women would also be more diverse as shown in this study. As such, prevention efforts that seek to reduce violence against women, and particularly femicide, must increasingly attend to the growing diversity of the population. While older women may currently be less represented among racialized populations, compared to younger women, this will not remain so over time.

Older women have more to fear from current rather than estranged partners

There has been much attention recently to the role of separation and estrangement as one of the most common risk factors for intimate femicide and rightly so – it consistently ranks as one of the top risk factors worldwide although often conditional on other factors as well (Stöckl et al. 2014). However, findings reviewed above suggest that the role of separation/estrangement appears to be conditional depending on the age group examined because, on the surface at least, older women appear to have more to fear from current rather than estranged partners. It is possible that some of

these cases occurred because the woman stated her intention to leave or was trying to do so when killed and, as such, separation may have played a role. However, the same could be argued in cases involving younger victims, but they remain at much greater risk from estranged partners.

For older women, then, prevention efforts that continue to, or more often, recognize that some women are currently in relationships with their abusers and may want – or need – to remain in these relationships is crucial. It has already been argued that prevention needs to recognize that leaving a relationship is not always the only, or preferred, option and this is perhaps more relevant for older women. However, further research would have to explore this contention further. For example, relevant for all women, but particularly older women, if they wished to leave, do they have the economic support or avenues to do so. Some research has shown that financial abuse is often more common among older women because of their lack of financial literacy or independence, as discussed above.

Intimate partner femicide-suicide of older women

Homicide-suicide has grown among older adults in recent years (Langley, 2018) and, although rare compared to other types of killings, there is lasting trauma for families and communities (Schwab-Reese et al. 2020). Further, it is almost exclusively the case that homicide-suicides are perpetrated by men, typically when they kill their current or former female partner and/or their children (Allen et al., 2020; Salari & Sillito, 2016). In addition, it is often the case that these cases do not necessarily present the same risk factors or warning signs, such as known history of domestic violence, as other intimate partner homicides (Salari & Sillito, 2016). However, it is acknowledged that, with both the victim and perpetrator deceased, it is often difficult to know for sure given that much domestic violence goes unreported and older generations, specifically female victims, are even less likely to report their victimization.

This research paper contends that there may be ageist and sexist assumptions that often underpin explanations for these killings that have yet to be empirically supported, particularly when it involves older couples. For example, Marzuk and colleagues (1992) concluded that older adults (almost exclusively males) perpetrated what they referred to as ‘mercy killings’ or were motivated by stressors associated with their and their female partners’ poor health more often than younger adults. This representation of primarily white, male perpetrators actions and motivations continued through the 1990s and 2000s in literature that emphasized caregivers’ strain or burnout and/or significant poor health of the victims and perpetrators as contributors (Cohen et al., 1998; Malphurs & Cohen, 2005; Salari, 2007). In many cases, however, these factors as contributors were documented by police, family and friends trying to make sense of the situation, and others who may possess ageist and sexist attitudes about gender norms, relationships, and violence. However, more recent analyses have begun to highlight that older male homicide-suicide perpetration, while also possibly experiencing suicidal intent related to health issues, can be and often are also motivated by power and control (Salari & Sillito, 2016), a characteristic that likely existed throughout the life of their relationship with the victim. In short, ‘mercy killings’ were often the “selfish act completed without the consent of the victim” (Salari & Sillito, 2016).

Mental illness and femicide of older women

Mental illness is, or appears to be seen as, a more significant factor in femicides of older women. Although based on limited data, psychiatric histories were found to be twice as common among perpetrators of older rather than younger women. Perpetrators in cases of femicide of older women were also almost three times more likely to be found not criminally responsible (or unfit to stand trial) compared to those who killed younger women. Given these patterns, future research should identify what relationships these perpetrators had with their victims and, if primarily male partners, what prevention efforts can be enhanced when perpetrators have sought treatment. In addition, health care professionals who may be in contact with older women with older male partners should be more attuned to the role of mental illness in increasing their risk of victimization, particularly if the male is the primary caregiver (Salari 2007). However, more information about mental health is required before more concrete conclusions can be reached. For example, how is mental health and/or mental illness defined and measured?

Arguably, providing the most potential for prevention efforts to reduce the risk of older women to femicide, more detailed knowledge about the psychiatric histories of those involved is needed. Even though data are limited, they do suggest that those who killed older women had significantly greater histories of psychiatric treatment and, supporting this pattern, were also more likely to commit suicide following the femicide. However, understanding whether there has been an official diagnosis, for what type of mental illness, and what level of treatment the perpetrator had received are important questions, particularly for those interested in prevention. In addition, if the victim was an intimate partner, whether she was fully aware of the mental health issues and/or had been provided information about her potential risk and how she might protect herself are key prevention elements to be considered.

Discounting older femicide victims in the courts

Unexpectedly and concerning is what appear to be lighter sentences for those who kill older femicide victims. First-degree murder charges were significantly more likely in cases involving younger compared to older victims. It might be argued that initial charges are less important than subsequent convictions and sentences if not for the fact that initial charges often determine later outcomes. For example, the higher proportion of first-degree murder charges may, in fact, explain at least in part the fewer perpetrators who pled guilty in cases of femicide involving younger victims. In other words, more serious charges may deter some from pleading guilty because, even when pleas are negotiated, penalties often remain severe. In addition, despite their greater likelihood to plead not guilty, perpetrators in cases involving younger victims were significantly more likely to be convicted of murder and to receive longer sentences than those who killed older women.

One might speculate, in the Canadian context at least, that the greater presence of sexual assault in cases of younger victims can partially explain this difference because sexual assault as part of a homicide is to automatically lead to a first-degree murder charge. In fact, some researchers have suggested that the role of sexual violence in killings of women might explain what has been found to be a 'female victim effect' (e.g. Richards et al., 2014). That is, penalties in cases involving female, rather than male, victims are often more severe which may have less to do with gender of the victim and more to do with the role of sexual violence as an aggravating factor. However, given the emphasis in much of this research on capital sentencing in the United States, until further

research examines the role of sexual violence in conviction and sentencing, its role in the perceived downgrading in seriousness of femicides of older women must remain speculation. In relation to the perceived role of mental illness in femicides of older women, the potential overrepresentation of perpetrators who were found not criminally responsible should also be explored. What types of mental illnesses were evident? What evidence was presented to support the claim of not criminally responsible?

Below, addressing the above priorities, various recommendations are put forth for moving forward in the prevention of abuse and femicide of older women, although many can also be used to improve the lives of older populations more generally.

VI Recommendations Moving Forward

On December 13, 2019, the Prime Minister of Canada issued mandate letters to each of his ministers to outline objectives to be accomplished as well as pressing challenges and priorities. Among the top priorities for both the Minister of Justice and Attorney General of Canada and the Minister of Seniors was the following:

“...to create a national definition of elder abuse, invest in better data collection and law enforcement related to elder abuse, and establish new offences and penalties in the Criminal Code related to elder abuse.”⁷

On January 15, 2021, in supplementary mandate letters, both the Minister of Justice and Attorney General of Canada and the Minister of Seniors were again instructed to: *“...to establish new offences and penalties in the Criminal Code related to elder abuse and neglect.”*

Drawing from research reviewed in this paper, older populations are often subject to abuse, violence and homicide/femicide, and more often than documented given that many acts go undetected and unreported. This paper further demonstrated that the victimization of older persons is most often attributable to their age and associated contexts that exacerbate their existing marginalization and vulnerabilities or lead to new ones. Existing research also shows that such crimes often go unpunished or result in less severe sanctions compared to younger victims of violence (although this varies depending on other characteristics). As such, there is considerable support for changes to the *Canadian Criminal Code* that would explicitly recognize and denounce such acts as a first step to preventing such crimes. Without greater awareness and education about the severity of elder abuse and neglect, such acts will continue to be undetected, downplayed and ignored and, therefore, the following is recommended.

Recommendation #1: That the Government of Canada establish a specific offence(s) for elder abuse and neglect which would include a stipulation that the victimization of older persons would be considered an aggravating factor at sentencing.

⁷ To access Mandate Letters from the Prime Minister of Canada, go to: <https://pm.gc.ca/en/mandate-letters>.

It is emphasized that the above recommendation will only be as effective as the commitment to implement it in practice, but if combined with actions on other recommendations discussed below (*see also Appendix B*), some progress towards prevention may be possible.

With respect to the other elements of the Prime Minister's mandate letters:

- It is not clear whether the repeated emphasis for new offences and penalties related to elder abuse and neglect in the supplementary mandate letter underscores a renewed urgency or that some progress has already been made on the other objectives so they did not need to be restated. There are definitions of elder abuse and neglect contained on federal government websites. For example, both the Government of Canada website (focused on elder abuse) and the Department of Justice Canada website (focused on elder abuse and neglect) provide definitions, but it appears no modifications have occurred on the websites since 2016 and 2015 respectively which predates the 2019 and 2021 mandate letters.
- It was also not possible to determine if there had been improvements to data collection efforts and, if so, where, and how, this information can be found. If changes have occurred to the data that are collected about elder abuse and neglect, what were those changes, where are these data being collected, by whom, and how is it being used for prevention? These are all questions that need some clarification.
- It is not clear from the literature reviewed in this paper whether any research supporting the notion that there have been improvements to law enforcement (and arguably other sectors) responses to elder abuse and neglect. Perhaps it was not repeated in the supplementary letter because improvements depend, first, on identifying specific offenses for this type of violence. However, until that happens, the population continues to age, and their risk of ongoing or specific types of violence continues to require attention. In the short term, establishing a baseline for how sectors respond to these types of abuse and violence would be beneficial in understanding progress when changes are finally made.
- It is also not clear from the mandate letters whether the distinctly sexed and gendered aspects of aging, and related differential experiences of aging for women and men, is considered and accounted for in working toward these goals. Since 1995, and repeatedly underscored since that time is the fact that the Government of Canada is committed to “*using GBA+ (Gender-based Analysis Plus) in the development of policies, programs and legislation* (since 1995). It is evident from this research paper that sex and gender must be a central focus in the literature examining abuse of older adults (Weeks et al., 2004) to highlight the unique contexts in which the abuse and femicide of older women occurs (ACUNS, 2017).

Therefore, given the emphasis on elder abuse and neglect in the federal government mandate letters, coupled with the lack of clarity about progress and next steps, particularly as it relates to older women, it is worthwhile to examine what has been achieved for older women since 2012. That year, the third report of The Standing Committee on the Status of Women, entitled *Abuse of Older Women*, was presented to the 1st Session of the 41st Parliament of Canada (Morin, 2012). During a series of meetings held to compile this report, it was indicated that key themes were

increasing awareness, identifying forms of abuse, and mechanisms for preventing and responding to the abuse of older women. The report contained 15 recommendations and requested that the government table a comprehensive response to the report. As a starting point, then, since almost a decade has passed, this research paper recommends:

Recommendation #2: That the federal/provincial/territorial governments conduct audits of progress made in response to recommendations contained in the Report on the Standing Committee on the Status of Women entitled, *Abuse of Older Women*, in 2012.

In doing so, the sexed and gendered aspects of elder abuse and neglect can be underscored to inform the federal/provincial/territorial ministers' work around defining elder abuse and enhancing data collection efforts as well as improving the protection of, and responses to the violence experienced by, older populations, especially women, who bear the largest burden when it comes to fatal violence. Specifically:

Recommendation #3: In the development of better data collection surrounding the abuse and neglect of older populations, it is recommended that measures are selected which better reflect the specific contexts in which abuse and femicide of older women occurs to directly inform prevention. In doing so, these data must be disaggregated by key social identities to recognize that older women are not a homogenous group (e.g. sex, age, race/ethnicity, gender identity, ability, sexual orientation, geographic location and so on).

Recommendation #4: In working to improve law enforcement, and other sector responses, to elder abuse and neglect, it is recommended that evidence-based research adopts sexed/gendered and intersectional lenses to capture the separate and combined effects of ageism and sexism. It is further recommended that the impacts of racism and other forms of discrimination are examined which may act on their own, or in combination, to further disadvantage older women.

If Recommendation #1 leads to specific criminal code offences that capture elder abuse, neglect and homicide, Recommendations #3 and #4 would be facilitated more easily, although still largely limited to police-reported data. However, other recommendations discussed below would help to address some of these gaps and, specifically, contribute to accomplishing additional objectives outlined for the Minister of Seniors both in 2019 and in 2021 that would “*provide Canadian seniors and future retirees greater security and a better quality of life.*”

Most importantly, these would be recommendations that move us away from focusing on the individual to place more emphasis on what can be changed at the community or societal level. It is clear from this research paper that most studies continue to focus on individual, relational, and situational risk factors for violence experienced by older women and, arguably, this is true of violence research more generally. This continues despite the increasing emphasis on the public health framework which includes the social ecological model and emphasizes equal attention to the way in which these factors *are embedded in, and compounded by, community and societal level contexts*. This is a significant gap in the research because these broader contexts facilitate and maintain violence against specific groups and, for the purposes of this paper, older women. As a result, violence prevention efforts, including research and data collection, must begin to attend to

the multiple level contributors, rather than simply contributors at single, and primarily individual, levels.

Underscoring the above, the remaining recommendations are organized below using the Spectrum of Prevention which is a framework for developing multi-faceted approaches and recommendations for injury and violence prevention (Cohen & Swift, 1999; Rattray et al. 2002; Wirtz et al., 2010). The Spectrum of Prevention includes seven strategies: (1) influencing policy and legislation; (2) mobilizing neighbourhood and communities; (3) fostering coalitions and networks; (4) changing organizational practices; (5) educating providers; (6) promoting community education; and (7) strengthening individual knowledge and skills. Organized by these strategies, the recommendations emphasize what can be grounded most clearly in the empirical evidence summarized in this research paper about the abuse and femicide of older women. As such, they should not be considered exhaustive given the significant research and data gaps also noted, but as a foundation for moving forward effectively as our population continues to age.

Influencing policy and legislation

For society to respond effectively to social problems, members of the public, including professionals, need to recognize the seriousness of the problem. Legislation and policy are often considered both practical and symbolic in achieving such recognition. In fact, they are argued to be among the most effective strategies for achieving broad prevention goals because they can affect the behaviours and attitudes of large numbers of the population. Recommendation #1 would be considered one of these strategies, but could be supported by the following:

Recommendation #5: It is recommended that case reviews of femicide of older women need to be examined and/or conducted to better understand the circumstances in which they occur.

Domestic homicide reviews and serious case reviews should treat elderly cases as distinct and use population specific instruments to assess risk (Rogers and Storey, 2019). In various provinces and territories, there are both domestic violence death review committees and/or geriatric review committees which may or may not recognize the combined impacts of ageism and sexism on the experiences of violence of older women. As a starting point, then, a scan of recommendations that have been generated by such committees should be compiled and, second, a review of whether those tasked with implementing recommendations have done so. If they have not done so, why not? If they have done so, what has been the impact? With the impacts of COVID-19, such reviews, particularly in long-term care facilities, will become increasingly important. Findings from such reviews could develop a good practice model for the implementation of reviews in jurisdictions in which they may not exist.

Recommendation #6: It is recommended that access to affordable housing for older women must be identified as a basic necessity as well as a human rights' issue.

While affordable housing should be recognized as a human rights' issue for everyone, it is particularly crucial for older women who often end up living on their own after experiencing decades of inequality when it comes to income and employment. The result is that they are less

able to care for themselves financially and often will be dependent on others. This increases their marginalization and vulnerability to abuse and violence. For example, Statistics Canada cites that 16 percent of senior women live in poverty which is likely an underestimation. Older women who are also racialized, First Nations and/or live with disability are even more likely to live in poverty.

Mobilizing neighbourhood and communities

The most effective responses to social problems are often generated from the mobilization of communities and neighbourhoods. As such, in responding to abuse and violence of older women, governments must be willing to work with communities and prioritize their concerns which will share some similarities but may also be distinct across communities. To do so increases the buy-in and capacity of communities to support their older populations.

Recommendation #7: It is recommended that identifying and optimizing alternative living arrangements or communities of care for older women become a priority.

The variety of living situations that are available to older women needs to be examined with a focus on what types of arrangements increase their independence and quality of life. In doing so, the types of living arrangement that appear to be conducive to their abuse and neglect needs to be examined further (Weeks et al., 2004). For example, becoming a widow may increase an older woman's risk of abuse and neglect if they are left with no other option due to limited financial resources to move in with children or other family members. This may lead to financial abuse from family members who see an opportunity to control or access her finances or other forms of abuse if family members are frustrated with the unexpected burden of her care. However, some older women may opt for less conventional living arrangements with other older women or find communities of care that are distinct from the traditional types of long-term care facilities that have become the norm. Understanding the ability to find such arrangements and how they work would be key to expanding the options open to older women and governments could work to support individual women who chose such options. This is particularly crucial and timely given that the public has become increasingly aware of the breakdown of our systems of long-term care facilities in Canada. Mobilizing such communities of care can be done at the neighbourhood level, specifically.

Recommendation #8: It is recommended that the specific barriers faced by older, rural women experiencing abuse and violence needs to be better understood and addressed.

The above recommendation can be addressed, in part, through initiatives that develop from Recommendation #7. However, other challenges will require other approaches such as a lack of accessible, affordable public transportation. Many non-urban regions of our country do not have public buses or public transportation is limited to specific hours. This means that if older women who are no longer able to drive must rely on others for meeting her basic needs such obtaining groceries, health, legal and other social services. This reality increases isolation of older women and creates power differentials that may be exploited by those they rely on for assistance. Mobilizing alternative arrangements for transportation that are easily accessible and affordable can be done at the neighbourhood level, specifically.

Recommendation #9: It is recommended that home security incentives be made available to older populations, and particularly older women, who live alone or are alone during the day if they live with family.

Given vulnerability to crime-related femicide/homicide that has been documented in this paper, there are clear policy and practice implications for home security, and the potential for technology to address isolation and to increase safety (Carach et al., 1998). Building awareness of needs of older women and supporting safe home systems in rural communities should be explored and emphasized. This recommendation could also be part of policy solutions but is included here as communities and neighbourhoods can ensure such incentives are available, particularly if in higher-crime areas. This could be best achieved through the fostering of coalitions and networks discussed next.

Fostering coalitions and networks

Community organizations, policy makers, private sector, health providers and community residents, working together, can be powerful advocates for legislation and organizational change at the societal and community levels. They also provide the ability to ensure that “the voices of all community sectors are represented in public health prevention programs” (Rattray et al. 2002).

Recommendation #10: It is recommended that the formation of community networks be supported with the singular goal of ensuring that older populations regularly interact with others in neighbourhoods and communities.

While social isolation is likely experienced by many, and not exclusively older populations, various factors exacerbate the levels of social isolation that might be experienced by older women. A key factor that has seldom been considered and makes social isolation a gender-specific factor is fear of crime. If home security incentives are provided, communities could also ensure that coalitions or networks were responsible for checking on older populations and/or arranging activities that would allow for interactions between the community and its older residents. For example, local schools and daycares could arrange for visits to occur on a consistent basis as part of the curriculum which would also increase interactions between older and younger populations and break down the ageist attitudes and stereotypes.

Changing organizational practices

This strategy works to change or modify “internal policies and practices of agencies and institutions” (Rattray et al., 2002). This can achieve both local, regional, and societal-level change.

Recommendation #11: It is recommended that the types of screening for abuse and violence of older women currently in place are explored with the goal of ensuring that screening occurs at the points of contact that are most common for older women.

Older populations are likely to have contact with health-care providers more than any other service provider (Desmarias & Reeves, 2007) and, as such, regular screening questions should be a matter of protocol. Other possible points for screening should also be identified by understanding who and where older women are most regularly in contact with beyond family members and friends. If older women are living in isolation, regular visits by home care programs or other initiatives should be regularly supported and offered.

Recommendation #12: It is recommended that a more consistent and rigorous screening of caregivers both in long-term care facilities and in the community be implemented and supported by sufficient resources to alleviate the current pressures on these systems.

While it is likely that some type of screening does occur at various points, the effectiveness of such screening is unknown and, more recently, COVID-19 has made it clear that screening is not consistent. Screening caregivers may serve to identify individuals who have mental health and substance abuse issues – two factors revealed to be prominent characteristics of individuals who perpetrate femicide against older women (Sutton & Dawson, 2017). Both residents (or patients) and staff may be perpetrators and victims of violence in long-term care facilities or other group-living facilities for older people (Morin, 2012). Further, abuse by staff has its roots, in part, in insufficient training or inadequate resources provided to them to meet the needs of residents or patients. More comprehensive examinations of the needs of those working in these settings is required.

Recommendation #13: It is recommended that risk and safety instruments or assessments must consider the combined impacts of age and sex/gender as well as other social identities that compound older women's risks for abuse and violence.

Identification checklists or risk assessment tools need to include questions that are aimed at older victims, and older women specifically. This is a starting point for amending risk assessments for these groups (Bows, 2019). The lack of identified risk factors for elder violence and homicide reflects the knowledge gap and dearth of policy and practice with respect to risk and elder homicide. Threat assessment and safety planning tools should also take into consideration the range of relationships (e.g. intimate partner, caregiver, family members) in which femicides of older women occur.

Educating Providers

This strategy is meant to target that core group of people across sectors who have daily contact with large numbers of people at high risk for injury and disease – in the context of this paper, those who work with older women. By educating providers to identify and intervene in public health issues such as elder abuse and neglect, these individuals can become the necessary advocates for older women. They can help with the implementation of some of the above recommendations such as screening for abuse, educating the community (discussed next) and advocating for appropriate for policies and legislation.

Recommendation #14: It is recommended that professional education and training that considers the challenges and barriers faced by older women is provided consistently and regularly across sectors.

In part the result of an increasingly overburdened system – even pre-COVID 19 – professionals often receive little training and, as a result, negative attitudes towards seniors often go unaddressed and may even be reinforced which impacts the older person’s access to opportunities, resources and respect. Appropriate training and education allow professionals to examine the combined and separate effects of ageism and sexism (Vinton, 1999; Wilke & Vinton). Public education should include the prevalence of violence perpetrated against older women, their unique vulnerabilities, as well as the types of supports available and wanted by older women facing abuse.

Promoting community education

A community education approach “aims to reach groups of people with information and resources for improving” responses to violence and can be aimed at groups or population at larger (Cohen & Swift, 1999). Often referred to as primary prevention, the goals are to reach the greatest number of individuals possible with education messages and to build populations who can all contribute to improving the issues that face them. The use of mass media to shape the public's understanding of various issues is an important part of community education campaigns.

Recommendation #15: It is recommended that public awareness and education is a priority for governments with messages grounded in evidence-based research to address damaging attitudes and beliefs about older populations and older women.

Recommended in the 2012 Standing Committee report was a need for greater awareness of elder abuse. As part of this, it was noted that children and youth need to become more aware of the issues facing older populations as they will change the face of elder abuse by challenging beliefs it is acceptable and deconstructing the stereotypes that stem from ageism. This report underscores this as a primary target for public education.

(1) Strengthening individual knowledge and skills

The final strategy represents the most traditional approach to prevention which sees those with the appropriate training and education working directly with older populations in the home, community settings or in clinics. This strategy is concerned with building information and knowledge about how to prevent violence across a variety of settings and individuals, whether this is the victim of violence herself or service provider responding to a particular situation (Cohen & Swift, 1999).

Recommendation #16: It is recommended that research, government, and community engagement occur with older women who can inform the development of preventions designed to assist them.

This recommendation recognizes the important role and knowledges held by older adults in identifying what they need and appropriate approaches to delivering what they need. In other

words, they are the experts of their own lives, to an extent, whose voices must be valued and heard. This would include participation of older women in future research and the dissemination of research findings to older women, individuals, and groups. This can also empower older women to recognize actual and potential abuse in their lives and help them and those around them and to take proactive measures.

Recommendation #17: It is recommended that existing services identify innovate and effective ways to increase engagement with older women.

Older women are likely to be engaging with services that have been trained to recognize signs of domestic violence in younger, but perhaps not older, women (Bows, 2019). It is critical that services which are likely to be in contact with older people including age-related organizations, health and social care services are aware of signs and risk factors for domestic violence and homicide. Further, older women typically underuse police as well as other services such as shelters (Salari & Sillito, 2016). Therefore, identifying their points of contact and levels of comfort for discussing experiences of violence and with whom is, therefore, essential. The result will be services who more regularly engage with older women and who are able to screen for experiences of abuse.

Recommendation #18: It is recommended that caregiving is recognized as a gendered responsibility, including the recognition of the greater role that some men may take on in later years to care for older women in their lives for which they may not be adequately equipped.

As documented in this paper, older men often die by suicide following the femicide and this has often been attributed to caregiver burnout and the lack of essential skills, such as reaching out for help, that will enable more ease with caregiving responsibilities.

The above recommendations will only begin to scratch the surface of some of the changes that need to be made to address the growing recognition that older women are often living with abuse and violence. The seven strategies around which the recommendations are organized are meant to underscore that without progress at one level, or with respect to one strategy, progress at the other levels will also be minimal. Underscoring all recommendations and stated at the outset is the need to continually challenge the damaging, and most often unsupported, stereotypes, beliefs, and attitudes about our older populations, and specifically older women. To challenge them, we need to identify and understand them. This requires recognizing that ageist and sexist attitudes prevail in our society and that, for older women, the outcomes are often violence and death that goes undetected, unreported, and/or unpunished.

In 2019, the Canadian Femicide Observatory for Justice and Accountability reported that the largest victim age group was women aged 65 years and older – 20% of the victims or one in every five women and girls killed (Dawson et al., 2019). In 2020, this number decreased to 11 percent; although, if including women aged 55 and older, the proportion remained at about 30 percent of those killed by violence (Dawson et al., 2021). These are considered minimum estimates because not all women were, or could be, counted based on the data sources reviewed. For example, 75-

year-old Zohra Derouiche was not counted in 2019 figures until this year given her death went unreported by Toronto Police. It may have gone uncounted indefinitely if not for the media. These numbers also depend on whether or not the case is officially classified as a homicide which often does not occur until later and sometimes never occurs. Regardless of the exact numbers, what is clear is that becoming older is not always a positive experience, particularly for that much larger group of older women who live with abuse and violence on an ongoing basis, since their experiences do not always end in their death. These are not the 'golden years' for many older women in Canada.

Appendix A

Table 1: Victim and perpetrator characteristics and type of victim-perpetrator relationship in cases involving older and younger femicide victims (Ontario, 1974-2012)

| Variables | Older Women (N=335) | Younger Women (N=1,690) |
|---|--------------------------------|------------------------------------|
| <i>Victim characteristics</i> | | |
| Age (mean) | 72 years | 35 years |
| Married and/or living with a partner | 57% | 55% |
| Widowed | 32% | 2% |
| Divorced/separated | 8% | 21% |
| Single/never married | 3% | 17% |
| Children/dependents | 91% | 78% |
| Employed, full or part-time | 14% | 62% |
| Unemployed | 3% | 17% |
| Out of labour force | 84% | 22% |
| White | 77% | 66% |
| Prior criminal record | < 1% | 8% |
| Psychiatric history | 9% | 6% |
| <i>Perpetrator characteristics</i> | | |
| Male | 92% | 98% |
| Age (mean) | 48 years | 36 years |
| Married and/or living with a partner | 60% | 53% |
| Divorced/separated | 7% | 26% |
| Single/never married | 33% | 21% |
| Children/dependents | 76% | 73% |
| Employed, full or part-time | 22% | 63% |
| Unemployed | 25% | 27% |
| Out of labour force | 53% | 10% |
| White | 70% | 64% |
| Prior criminal record – violent | 10% | 19% |
| Prior criminal record – non-violent | 7% | 13% |
| Psychiatric history | 25% | 12% |
| <i>Victim-perpetrator relationship</i> | | |
| Current/former spouse/partner | 34% | 62% |
| Estranged partner | 2% | 20% |
| Parent | 11% | 2% |
| Other family/kin | 12% | 4% |
| Strangers | 11% | 6% |
| Friends | 7% | 4% |
| Housemates/roommates | 6% | 1% |
| Neighbours | 4% | 1% |
| Acquaintances | 4% | 4% |
| Other | 11% | 16% |

Appendix B

Recommendation #1: That the Government of Canada establish a specific offence(s) for elder abuse and neglect which would include a stipulation that the victimization of older persons would be considered an aggravating factor at sentencing.

Recommendation #2: That the federal/provincial/territorial governments conduct audits of progress made in response to recommendations contained in the Report on the Standing Committee on the Status of Women entitled, *Abuse of Older Women*, in 2012.

Recommendation #3: In the development of better data collection surrounding the abuse and neglect of older populations, it is recommended that measures are selected which better reflect the specific contexts in which abuse and femicide of older women occurs to directly inform prevention. In doing so, these data must be disaggregated by key social identities to recognize that older women are not a homogenous group (e.g. sex, age, race/ethnicity, gender identity, ability, sexual orientation, geographic location and so on).

Recommendation #4: In working to improve law enforcement, and other sector responses, to elder abuse and neglect, it is recommended that evidence-based research adopts sexed/gendered and intersectional lenses to capture the separate and combined effects of ageism and sexism. It is further recommended that the impacts of racism and other forms of discrimination are examined which may act on their own, or in combination, to further disadvantage older women.

Recommendation #5: It is recommended that case reviews of femicide of older women need to be examined and/or conducted to better understand the circumstances in which they occur.

Recommendation #6: It is recommended that access to affordable housing for older women must be identified as a basic necessity as well as a human rights' issue.

Recommendation #7: It is recommended that identifying and optimizing alternative living arrangements or communities of care for older women become a priority.

Recommendation #8: It is recommended that the specific barriers faced by older, rural women experiencing abuse and violence needs to be better understood and addressed.

Recommendation #9: It is recommended that home security incentives be made available to older populations, and particularly older women, who live alone or are alone during the day if they live with family.

Recommendation #10: It is recommended that the formation of community networks be supported with the singular goal of ensuring that older populations regularly interact with others in neighbourhoods and communities.

Appendix B (continued)

Recommendation #11: It is recommended that the types of screening for abuse and violence of older women currently in place are explored with the goal of ensuring that screening occurs at the points of contact that are most common for older women.

Recommendation #12: It is recommended that a more consistent and rigorous screening of caregivers both in long-term care facilities and in the community be implemented and supported by sufficient resources to alleviate the current pressures on these systems.

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Recommendation #18: It is recommended that caregiving is recognized as a gendered responsibility, including the recognition of the greater role that some men may take on in later years to care for older women in their lives for which they may not be adequately equipped.

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