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# Access to Justice for Victims/Survivors of Elder Abuse: A Qualitative Study

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*Elder abuse can be conceptualised as a social problem, a crime problem and a human rights issue. This article presents the findings from an evaluation of the 'Access to Justice' Pilot Project for victims/survivors<sup>1</sup> of elder abuse, which was launched in 2010 as part of the Welsh Government's six-year integrated strategy for tackling domestic abuse. It was designed to address the needs of older people in domestic settings and facilitate their access to criminal and civil justice options. Between April and July 2012, case study data were obtained for 131 individuals. A total of thirty-three interviews and a focus group were conducted with service providers, potential service users and practitioners drawn from relevant statutory and third sector groups. The article explores multi-agency responses to elder abuse and addresses the victim–perpetrator dynamic. Reactive and proactive types of perpetrator<sup>2</sup> behaviour are identified and interdependence is described as a feature of the victim–perpetrator relationship.*

**Key words:** Elder abuse, perpetrators, justice, domestic violence, human rights.

## Introduction

Elder abuse is not a new phenomenon. A number of short articles on 'granny-bashing' (Burston, 1975) and 'granny-battering' (Baker, 1975) first appeared in medical journals in the UK in the mid-1970s. One of the earliest published prevalence studies was at the end of that decade in the USA and looked at abuse by informal carers (Lau and Kosberg, 1979). Since then, national surveys, epidemiological studies and community-based prevalence studies have been conducted in a number of countries, including Canada (Podnieks, 1992), India (Chokkanathan and Lee, 2005), Spain (Iborra, 2008) the UK (O'Keefe *et al.*, 2007) and the USA (Laumann *et al.*, 2008). According to the conclusion of one systematic review of studies designed to estimate the prevalence of elder abuse, one in four vulnerable older people are at risk of abuse and more than 6 per cent of respondents report having experienced 'significant abuse' (Cooper *et al.*, 2008: 159). One UK study of older people, with capacity, living in their own homes, estimated that over one third of a million older people were subject to some kind of abuse or neglect (O'Keefe *et al.*, 2007).

Over the years, a number of definitions of elder abuse have emerged and been reformulated in the light of the accumulation of research findings, changing societal attitudes and developments in policy and professional practice (Baumhover and Beal,

1996; Payne, 2002). In 1993, the charity 'Action on Elder Abuse' defined elder abuse as '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', a definition subsequently adopted by the World Health Organisation (2002a). A broader view, within the policy context of the protection of vulnerable adults, describes abuse as 'a violation of an individual's civil or human rights by any other person or persons' (National Assembly for Wales, 2000: 14). However, the definition of elder abuse remains problematic. The very term is seen as failing to reflect the diversity of the phenomenon and the 'mistreatment of older adults' is preferred (Lithwick *et al.*, 1999). It has also been suggested that older adults are less likely to engage with interventions if they have to identify themselves as being 'abused' rather than 'mistreated' (Smyth, 2011).

Despite the array of definitions, there is widespread agreement on the types of mistreatment that characterise elder abuse (Penhale, 2008). These can be broadly described as physical, psychological/emotional, sexual, financial/material and neglect. Payne (2002: 540) describes some forms of abuse as 'a crime of omission' on account of the fact that the perpetrator does not treat the older person with the respect she or he deserves. Within each of the broad categories, mistreatment and abusive behaviour may take on different forms and individual victims may experience more than one type of abuse.

It is important that elder abuse should be recognised as a form of domestic violence, in that some perpetrators can use coercive methods as a strategy for exercising control over their victims. However, there may be differences in terms of causality (Penhale, 2003). For example, the use of coercive control techniques may feature less prominently where abusive behaviour is a consequence of unintentional neglect or the emotional and situational stress experienced by the carer. There is also the question as to whether or not the gender profile of victims is similar to that found in recorded domestic abuse cases involving younger age groups, where it is estimated that nine out of ten victims are female (Hester, 2009). Interestingly, Smith (2012) provides evidence of a shift in the gender balance in elder abuse victimisation, with men aged sixty-five and over recorded as being victims in two out of five cases of intimate partner violence.

### **Elder abuse: social problem, crime problem and human rights issue**

From the early 1990s, elder abuse in domestic settings has been increasingly acknowledged as a significant social problem both in the UK (Department of Health, 1993; House of Commons Health Committee, 2004) and in other countries (United Nations, 2002; World Health Organisation, 2002b). The policy response in the UK has been one which has conceptualised elder abuse within a welfare rather than a criminal justice framework (Brammer and Biggs, 1998). This is in contrast to the situation regarding domestic violence, where, following the introduction of Crime and Disorder Partnerships towards the end of the 1990s, local domestic violence multi-agency fora were established in which a criminal justice discourse was prioritised (Home Office, 1998; Harvie and Manzi, 2011). Although elder abuse very often involves behaviour that is criminal in nature (Williams, 2010), criminal investigations, and ultimately prosecutions, are rare. In Wales, over a twelve month period (2011 to 2012), only 2.4 per cent of referrals resulted in prosecution, and 1.2 per cent resulted in a caution (Care and Social Services Inspectorate Wales, 2013: 21). The figures for England are similarly low, with 1 per cent of all completed referrals resulting in prosecutions or police cautions for each of the age groups sixty-five

to seventy-four, seventy-five to eighty-four and eighty-five and over (NHS Information Centre, 2013: 47). Failing to address the issue of criminality in cases of elder abuse can effectively deny older people their ordinary civil or human rights (Fitzgerald, 2006).

A welfareist approach to the abuse of adults at risk may encourage a view that not prosecuting cases is in the 'public interest' because it avoids exposing victims to the criminal justice system. While it has been acknowledged that the majority of victims may not want to criminalise perpetrators who are family members (Kelly, 1999; Mirrlees-Black, 1999), victims of elder abuse should not be denied access to justice-seeking opportunities. This gives rise to the question as to whether older victims of abuse are denied access to justice as a result of pervasive ageist assumptions, paternalism and a particular social construction of older age. Indeed as Lowenstein (2009) notes, the concept of intergenerational equity or intergenerational justice is particularly relevant when discussing elder abuse and this raises broader issues of human rights.

Elder abuse engages with a number of human rights and freedoms identified in the European Convention of Human Rights (Council of Europe, 1950). According to Article 14, the 'enjoyment of the rights and freedoms . . . shall be secured without discrimination on any ground', and this includes age. Article 2 refers to the right to have life protected and article 3 to the right not to be subjected to inhuman or degrading treatment. As regards access to justice, article 6 of the Convention provides a right to a fair hearing. The European Court of Human Rights has recognised the need for the State to be extra vigilant in protecting individuals who may be vulnerable (see for example, *A v. United Kingdom*, 1999). Although typically the right applies to those who are accused of criminal offences or civil wrongs, it also applies to those who may be victims or witnesses of wrongdoing (see *Doorson v. Netherlands*, 1996; Bates, 1999). However, despite the growing awareness of elder abuse and recognition of the need for victims to be better protected and given access to justice (Griffiths *et al.*, 1997; Williams, 2002), little would appear to have been achieved. This may be because of 'the lack of a clear definition of elder abuse which is compatible with English law' (Brammer and Biggs, 1998: 299), and/or uncertainty as to what elder abuse is, and a reluctance to 'interfere' in the lives of older people for fear of eroding their autonomy (Glendenning, 1997). Furthermore, there has also been a tendency by agencies to give priority to article 8, (specifically the rights to family life and private life), which is a qualified article, without considering the rights under articles 2 and 3 (Council of Europe, 1950). To say that the article 8 right always means that a victim of elder abuse remains in the abusive environment ignores the duty of the State to ensure the safety of that person. A very careful and sensitive balancing exercise must be performed when making such a judgment; blanket assumptions that autonomy always prevails over safety should be avoided, although autonomy must not be lightly overridden. It is also necessary to consider the extent to which the victim is being coerced by the abuser into making a 'choice' not to allow intervention (Williams, 2002).

Accessing justice is not only a human right but in some instances may be the only effective way of protecting the individual. The use of criminal or civil justice processes and the provision of welfare support are not incompatible or mutually exclusive interventions, but can complement each other as long as an appropriate balance is achieved which recognises the wishes of the individual. It is essential that service providers adopt a person-centred approach when discussing the criminal, civil and welfare options available. Victims need to be fully informed about these options before they give consent for information to be shared with the appropriate statutory and third sector agencies.

## Addressing elder abuse in Wales

### *Policy context*

From a general policy perspective, the first phase of the Welsh Government's ten-year *Strategy for Older People in Wales* (Welsh Assembly Government, 2003) raised the idea of an Older People's Commissioner. Wales was the first country to pass legislation to create the post of a Commissioner with legal powers and statutory responsibilities to safeguard and protect the interests of older people; the first Commissioner was appointed in 2008. In the second phase of the policy strategy (2008 to 2013), the Adult Protection Advisory Group was given the remit of identifying the causes of elder abuse, ascertaining the extent of the problem, and considering how victims might be supported (Welsh Assembly Government, 2008).

Prior to the *Strategy for Older People* policy initiative, *In Safe Hands* (National Assembly for Wales, 2000) helped to establish a multi-practitioner response procedure. Towards the end of the decade, in a review of domestic abuse in Wales conducted by the Communities and Culture Committee (2008), it was noted that older people who were victims of domestic abuse did not always receive the appropriate levels of service, and in some cases were not considered as victims under the *In Safe Hands* guidance. A review of this guidance has concluded that it is in need of revision as it is only partially effective, no longer appropriate in some important respects, and not sufficiently robust (Magill *et al.*, 2010). Furthermore, it is becoming apparent that domestic abuse and adult protection policies and practices would benefit from a more integrated approach (Clarke *et al.*, 2012). While the recent All Wales Overview of Adult Protection (Care and Social Services Inspectorate Wales, 2010) noted that issues of empowerment and justice are central to any comprehensive adult safeguarding service, current adult protection policy does not create sufficient opportunities for this sentiment to be fully realised in practice (Health and Social Care Committee, 2013: paras, 174–80).

In 2010, the Welsh Government introduced a six-year integrated strategy for tackling violence against women and domestic abuse, entitled *The Right to be Safe*, in which it stated that there are 'few more basic human rights than that of being protected from violence or exploitation' (Welsh Assembly Government, 2010: 4). One of the initiatives to emerge from this overall strategy was the 'Access to Justice' pilot project, which was designed to address the needs of older people who were victims of domestic abuse, and facilitate their access to criminal and civil justice options. More generally, the pilot project sought to 'reflect the UN Principles for Older People, to tackle discrimination against older people whenever it occurs, promote positive images of ageing and give older people a stronger voice in society' (Access to Justice, 2011: 3).

The pilot scheme aimed to heighten professional practitioners' awareness of the significance of the risk of harm to older, vulnerable people who experience domestic abuse and establish whether the needs of this group differ from those of victims of domestic violence in general. In this context, an older, vulnerable person was defined as someone aged sixty years or over, living in the community, who was not in a position to protect her or his own well-being, property or other interests on account of illness, disability or for some other reason, and was considered to be at risk of harm from abuse. Cases involving crimes perpetrated by strangers were excluded, as were harmful actions committed outside a domestic context. To encourage a co-ordinated, multi-agency response, the pilot programme identified referral pathways following the disclosure of

abuse. The pathways varied according to whether or not the victim gave consent to share information, had mental capacity and was presented with the necessary information to make an informed decision about whether or not to pursue a justice option. The multi-agency pathways were designed to promote more effective risk management, enhance client safety and secure more rapid and appropriate responses from agencies where elder abuse was detected or disclosed. The intention was to ensure that existing services, such as adult protection and domestic abuse, were better integrated to help victims make informed choices regarding civil or criminal justice options.

The Access to Justice strategy was launched in March 2010 with the establishment of a working group comprising representatives from Age Cymru, the Office of the Older People's Commissioner, South Wales Police, Crown Prosecution Service, Legal Services Commission, Victim Support, Disability Wales and Cardiff Women's Safety Unit. Swansea, an urban area in south west Wales, was chosen as the site for the pilot initiative. The area has a population of around 231,300, a quarter of which comprises people aged sixty years and over.

## **An evaluation of the 'Access to Justice' pilot**

### *Methodology*

Between March and December 2010, practitioner awareness-raising sessions on identifying and recording domestic violence were conducted in both statutory and third sector settings. Practitioners were provided with a template for the case management records (CMRs) to encourage consistency and reliability during the data collection period, which took place between 3 December 2010 and 31 January 2012. This produced information regarding the following: personal and biographical details of the victim and any mental capacity issues; the nature and type of abuse suffered; the relationship of the victim to the perpetrator; level of risk; referrals to support services; use of criminal or civil justice sanctions; practitioners' assessment of the abuse profile at case closure; feedback from clients and agencies on their perceptions of the impact of service provision.

In evaluating the Access to Justice pilot, a multi-method research design was adopted, which employed both qualitative and quantitative methods of data collection and analysis (Clarke *et al.*, 2012). This involved an analysis of secondary data from 152 CMRs completed by practitioners as follows: police (98), adult services (48), hospital (3), Age Cymru (2) and GP (1). For the purposes of this article, attention is focused on exploring the dynamic between perpetrator and victim and examining the referral process, with particular reference to establishing informed consent and discussing justice options with victims.

A preliminary analysis of both the quantitative and qualitative information provided helped to inform the construction of the semi-structured interview schedules and vignettes for use in a focus group with service managers and practitioners. Also, data from the CMRs were used to produce process maps to illustrate the different routes through the referral pathway and the end points reached by clients. In addition to this, twenty qualitative interviews were conducted with policy-makers, service managers and practitioners from eleven statutory and nine third sector agencies. The number of interviewees from each specialist area was as follows: health (5), adult services (1), criminal justice system (3), the Multi-Agency Risk Assessment Conference (MARAC) team (1), domestic abuse (4), older people (2), mental capacity (2), disability (1) and black and minority ethnic (1).

While interviewing a sample of older people who participated in the pilot would have yielded important information, there was neither the time nor resources to develop ethically sound procedures for obtaining informed consent, providing counselling support post-interview where necessary and monitoring the well-being of participants. However, as it was considered essential to the integrity of the research that older people's views were included, the research team engaged with the Older People's Ageing Network (which was established to raise the profile of ageing research) to recruit thirteen older people to interview. From a methodological perspective, it should be noted that the intention was not to obtain a representative sample of older people, but to ensure that the study benefited from being informed by the views of people in the same age range as the target group for the Access to Justice initiative.

In the context of qualitative interviews, vignettes were used to explore views and opinions regarding the use of justice and/or welfare options for tackling elder abuse in domestic contexts. Vignettes are 'stories about individuals, situations and structures which can make reference to important points in the study of perceptions, beliefs and attitudes' (Hughes, 1998). Recurrent themes identified in the content analysis of the case management records were used to construct elder abuse vignettes.

The focus group, which was undertaken during the final stages of the fieldwork, was designed to explore the major themes emerging from the ongoing data analysis. The group facilitator used the elder abuse vignettes to systematically analyse the different stages in service user routes through the referral process, from initial contact to case closure. The following is a brief outline of one of six detailed vignettes:

The adult son or daughter is alcohol and drug dependent. Although living separately, he/she is constantly asking the older person for money to fund their dependency. If the mother/father does not provide the money, the alleged perpetrator becomes aggressive and the parent fears for their own safety. They do not want to see their child prosecuted.

The group consisted of three representatives from adult services and four from domestic abuse services and was held in a neutral setting. The primary purpose was to explore multi-agency responses to elder abuse.

Both quantitative and qualitative data were obtained from the CMRs. The interviews and focus group were audio-recorded and fully transcribed. Two of the researchers independently conducted an initial coding of the transcripts. A collaborative coding exercise was then undertaken to produce a coding scheme which was thematically organised and the analytical categories refined. The data were subjected to a systematic, thematic analysis using the qualitative software package NVivo.

## Findings

### *Profile of victims*

During the data collection period, 145 separate incidents of abuse were recorded. CMR data were available for 127 older people (in four of these cases a second victim was identified but a separate case record was not generated). Of the 131 victims, ninety-five (73 per cent) were female and thirty-six were male (27 per cent). Although the majority of victims were female, the gender imbalance is less pronounced than that normally found in police recorded data of domestic violence incidents across all age groups. For example,



while it is estimated that in a twelve-month period over 90 per cent of recorded cases involve female victims (Hester, 2009), over one quarter of victims of elder abuse in the current sample were men. Data from the USA suggest that in the case of intimate partner violence the percentage of male victims increases significantly after the age of sixty-five years (Smith, 2012). However, there is much controversy in the literature regarding the gender profile of victims of elder abuse. What needs to be borne in mind when considering aggregate data and comparing the gender of victims of *intimate partner violence* across age cohorts is that given women have a greater life expectancy in comparison to men, they are more likely to be living alone and consequently not 'at risk' from partner violence. In comparison, older men tend to live with a spouse or partner, thus increasing their relative exposure to the possibility of abuse (Barnett *et al.*, 1997). Importantly, elder abuse is not always 'spouse abuse grown old' (Nerenberg, 2008) and there is an increased likelihood that elder abuse is perpetrated by other family members. Thus, the narrowing of the gender differential in older age groups is surprising given the relative differences in male and female longevity.

The Access to Justice pilot was developed for older vulnerable people aged sixty years and over. The majority of victims in the sample fell within the sixty to ninety-one-year-old age group; however, four victims were in their late fifties. When comparing the number of male and female victims in each of the seven five-year age bands, from sixty to sixty-four years to ninety to ninety-four years, there is a gradual stepwise reduction in the number of female victims from band one through to band seven. The age distribution for males shows a different pattern; there were fewer male victims in the seventy to seventy-nine age range, with numbers rising in the eighty to eighty-four and eighty-five to eighty-nine-year-old age groups. While generalisations about the relationship between age and gender in the context of elder abuse cannot be drawn from a sample of 127 cases, the figures suggest that the relationship between age and gender in elder abuse requires further investigation.

Thirty-two per cent of females and 29 per cent of males were recorded as having a disability; this was equivalent to nearly one-third of the total sample of victims. Five victims were from minority ethnic backgrounds (comprising 4 per cent of victims). Ten older people were described as lacking mental capacity: physical abuse was recorded in eight of these cases. Details of these cases are presented in Williams *et al.* (2013).

### *Types of abuse*

The CMRs listed five types of abuse: physical, sexual, financial, neglect, psychological/emotional. A total of 104 victims (79 per cent) were recorded as having experienced only one type of abuse. In twenty-seven cases, victims suffered two or more types of abuse. Where only one type of abuse was documented, the two most frequently cited types were emotional and physical, which has also been reported in other studies (Lithwick *et al.*, 1999; Lundy and Grossman, 2004). There were only seven reported cases of financial abuse, three of neglect and one of sexual abuse. In contrast, in the interviews with practitioners, there was a perception that financial abuse and neglect occurred far more frequently than was revealed by data from the CMRs.

For female victims, in over one half of the cases (53 per cent) the abuse was emotional and in just under one-third of cases it was physical. In comparison, for males, physical abuse was more prevalent than emotional abuse and accounted for 54 per cent and



43 per cent of cases, respectively. This may reflect gender differences in the willingness to disclose emotional abuse given prevailing cultural norms and stereotypes.

Given the diversity of experiences of abuse and neglect of older people, it is essential to have an understanding of the links between the type of perpetrator and the nature and context of the type of abuse, in order to establish the types of services particular victims need.

#### *Perpetrator characteristics*

Data on the gender of the perpetrator were available in relation to 123 individual victims. In a very small number of these cases, the CMR identified two perpetrators. While the majority of perpetrators were male (71 per cent), the gender distribution was much less skewed than that found in studies of domestic violence in general, where it is estimated that over 90 per cent of perpetrators recorded by the police are men (Hester, 2009: 2). In the current study, only 30 per cent of male perpetrators were in, or had been in, an intimate relationship with the victim, and one-third of female perpetrators were wives. In nearly 65 per cent of all cases, it was reported that the abuser was a relative other than a spouse or ex-spouse. In the case of male perpetrators, fifty (46 per cent) were sons and twenty (18 per cent) were grandsons. Of the forty-four female perpetrators, twenty-one (48 per cent) were daughters and one was a granddaughter. The fact that the largest proportion of abusers of older people appear to be adult sons and daughters has been noted in other studies (Cyphers, 1999; Lundy and Grossman, 2004). In a recent study in the US, in three out of ten cases of reported violence against older people the perpetrator was the child or grandchild of the victim (Smith, 2012).

#### *Perpetrator–victim relationship*

An analysis of the CMR data in respect of the nature and circumstances of the abuse and the perpetrator–victim relationship revealed a number of interesting patterns that warrant further investigation using a larger sample. First, where the victim was the mother, the perpetrator was more likely to be the son and the type of abuse primarily emotional, with financial abuse a secondary feature. Second, in cases where the father was the victim, sons were the most likely perpetrators and the abuse was more likely to be emotional than physical. Third, sons were more likely to have issues with substance misuse than any other type of perpetrator. Fourth, where daughters (and daughters-in-law) were perpetrators, in all but one case, they had a co-perpetrator. Finally, where the victim was a spouse or ex-spouse, the abuse tended to be physical. While some of these cases revealed evidence of long-term intimate partner abuse, in one half of those cases where perpetrators were female, practitioners attributed the mistreatment to ‘carer stress’, a term used to describe the physiological, psychological and emotional symptoms that can result from the ongoing strain of caring for a dependent adult. However, detailed analysis of the case files revealed practitioners were far more likely to assume carer stress as a causal factor where the perpetrator was female, despite the fact that the data showed evidence of coercive control characteristic of traditional domestic violence. This clearly has implications for access to justice, as ‘[t]he caregiver-stress theory leads to elder abuse being labeled a social services issue rather than a crime’ (Brandl, 2000: 43).

Data from the CMRs and qualitative interviews were used to explore the perpetrator–victim dynamic and two broad types of perpetrator behaviour were identified: reactive perpetrator behaviour and pro-active perpetrator behaviour. While the two types of behaviour are not mutually exclusive, they capture a range of motivations which, according to the perceptions of practitioners, can in some cases shift towards greater premeditated activity over an extended period of time. This distinction is very similar to the perpetrator motivations identified by Davies *et al.* (2011) in their smaller study of vulnerable adults' experiences of the adult protection system, which used six case studies, involving thirteen victims drawn from institutional and domestic settings.

Reactive perpetrator behaviour describes abusive behaviour resulting from perpetrators responding negatively to their own general life circumstances and/or being unable to cope with caring for an older person on a daily basis. Some reactive perpetrators also had mental health needs and/or substance misuse issues. Of the sample of fifty sons and twenty-one daughters, 48 per cent of sons and 40 per cent of daughters fell into the reactive category; in the majority of cases this was on account of their dependence on alcohol or drugs. Sons and daughters were often reported as using verbal threats and emotional abuse to obtain money from their parents. In addition, there were also examples where the adult child had mental health needs and as a consequence was unable to cope effectively with everyday life, especially when this provided the additional challenge of caring for an elderly parent. Adult children who abuse or mistreat their elderly parents may encounter a number of personal and social problems which may contribute to episodes of abusive behaviour or undermine their capacity to provide care (Pillemer and Finkelhor, 1988). In this context, the abuser is seen as financially and/or emotionally dependent on the older person, which contrasts with the common myth of the elderly victim being dependent on the care-giver (Pillemer, 1986; Ogg and Munn-Giddings, 1993).

Abusers who were grandchildren, of whom there were twenty-one in the sample, tended to be more reactive than pro-active in terms of perpetrator motivation. In a number of cases, episodes of abusive behaviour occurred following a breakdown in the relationship they had with their parents, which led them to seek out their grandparents while in a highly charged emotional state. Grandchildren would often physically attack property, rather than physically abuse the grandparent. Where the abuse was financial, many grandchildren appeared to be opportunistic, rather than premeditated, when it came to stealing money from their grandparents.

While dependency is recognised as a significant factor in elder abuse, as Pillemer and Frankel (1991) assert, it is not always clear who is dependent upon whom. An exploration of the situational context and personal circumstances of the 131 victims in the study revealed something of the complex nature of the interdependency between perpetrator and victim. This was particularly noticeable where the abuser was a son, daughter or grandchild. In this context, there were examples of cases where victims had requested help for the perpetrator. As one practitioner commented:

They [the parent] wish to see the relationship continue because they want to support their son. They are being victimised because their son needs to support his drug addiction. They think they are caring for their son. The mother is caught in this dilemma, wanting to support her son, and the dilemma that reporting her son will further criminalise him, and if they do highlight these abuses they are likely to suffer further abuse for having done so. So, when they say they are happy living this existence, are they saying it honestly and truthfully? You have to try and

understand the motives of the mother . . . a solution needs to help both of them, because they are so interdependent. (Criminal justice manager: interviewee 2)

Similarly, the sample of older people who were interviewed also recognised this interdependency and the need for support for both the perpetrator and the victim.

By far the majority of cases of intimate partner abuse (73 per cent) involved pro-active perpetrator behaviour, which had been taking place over a number of years. These cases displayed the highest level of physical violence in the whole sample. Information gleaned from the CMRs suggested a pattern of long-term domestic abuse. Practitioners described these perpetrators as using a range of strategies, such as avoidance of appointments, hostile and abusive behaviour towards practitioners and the threat of litigation, in order to conceal the abuse and isolate the victim from contact with external agencies. While the experiences of older women as victims of domestic violence have received relatively little attention in the literature (Beaulaurier *et al.*, 2005; Straka and Montminy, 2006), Harris (1996) notes that many of the risk factors present in abusive intimate partner relationships apply irrespective of age.

#### *Are empowerment and justice central to adult safeguarding practice?*

Both the criminal and legal justice systems provide the means by which victims of elder abuse can seek protection and gain access to justice. On an individual level, obtaining legal redress can lead to victims feel a sense of justice. Taking a broader perspective, a legally imposed solution illustrates that the State has fulfilled its human rights obligations. This is not to suggest that the recourse to law is appropriate in all cases or that it is always successful when used. However, the use of criminal and civil law procedures remains low in cases of elder abuse generally. In *two-thirds* of all relevant cases in the sample, there was no evidence in the case records that criminal or civil justice options had been discussed with victims. This failure to address the options available was attributed to a variety of factors by interviewees. For example, in the case of civil justice remedies it was suggested that practitioners might feel they do not have the knowledge and training required to adequately advise victims.

there are a wide range of sanctions and I think there are enough civil sanctions to protect subjects of domestic abuse, elder abuse or whatever, but they are not being used. Frontline workers should know what the options are, they don't explore them with the victim; more training is needed. There is a perception that they [civil justice options] are expensive, difficult, they are not . . . The law is there, we just need to use it more. (Senior criminal justice manager: interviewee 3)

A common explanation given by interviewees as to why formal justice options might not be discussed was that practitioners assumed that the experience of seeking justice would be detrimental to the general health and wellbeing of the older person. Such misplaced paternalism and ageist stereotyping constitutes a failure to acknowledge the human rights of the older person.

A total of eleven perpetrators were charged under the criminal law, ten of which resulted in convictions. Of those convicted, five were grandsons, four were sons and one

was a wife. In eight of these cases there was evidence of illicit drug use and/or alcohol misuse. The most frequent type of abuse recorded was of a financial nature. In many cases of financial abuse, obtaining evidence may be easier than in cases of physical abuse. There were only four cases where the civil law was used and all involved female victims; carer stress was recorded as a factor in all four cases. In three of these cases, the perpetrator was the son of the victim and in the other case the perpetrator was the elderly mother whose daughter was in her sixties and had learning difficulties. Of the four civil cases pursued, three were successful: one involved an injunction against the perpetrator and in two cases an order of the public guardian was issued.

## **Conclusion**

The aetiology of elder abuse is complex and involves a multiplicity of factors. One conclusion to be drawn from the findings presented here is that it is essential to understand the links between the type of perpetrator and the nature of the abuse, especially if victims are to receive the support they need. Different protection strategies may be required when dealing with reactive and proactive patterns of perpetrator behaviour. These behaviour typologies are not mutually exclusive and further investigation is needed in order to understand the full relevance of this conceptual distinction to our understanding of the perpetrator–victim dynamic in the context of different types of elder abuse. Knowledge of the micro-dynamics of perpetrator–victim behaviour in cases involving people over sixty years of age is in its infancy, and more research is required to help inform the development of policy and practice.

While elder abuse can be usefully compared to intimate partner abuse and viewed as long-term domestic violence grown old, not all forms of elder abuse fall into this category. This is not to suggest that issues of power and control are not important in understanding the form and content of the abusive behaviour suffered by older people, but these issues need to be seen in relation to wider familial obligations and the interactive nature of intergenerational relationships. For example, the majority of male perpetrators identified in this study were sons and grandsons. In circumstances such as these, the essential interdependence of familial relationships can influence the way in which victims respond. For example, practitioners reported that where the perpetrator had alcohol or substance misuse problems, the parent or grandparent wanted them to receive the help they needed. This requires a multi-agency, holistic response designed to address the needs of both victims and perpetrators.

Although elder abuse is recognised as a social problem, for a long time the harm inflicted on older people within the domestic sphere has been perceived by society at large to be a private matter rather than something that should be of concern to the wider community. What is more, ageism and the negative stereotyping of older people can greatly influence how ‘abuse’ and ‘protection’ are understood and responded to by statutory bodies and third sector agencies. Situating elder abuse within a wider framework of universal rights not only challenges inherent ageist perspectives but promotes an approach to service provision that recognises the importance of older people having some choice and control over the services they receive. From a policy perspective, it is essential that statutory powers are used to ensure a person-centred case management approach is much more rigorously pursued.

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## Notes

1 We use the terms 'victim' and 'victim/survivor' to highlight the need to adopt the same terminology as used for people *under* sixty years of age who experience domestic abuse.

2 For purposes of this article, the term 'perpetrator' is used to include both alleged and known perpetrators.

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