



**PERPETRATORS OF DOMESTIC ABUSE
AGAINST OLDER ADULTS**
CHARACTERISTICS, RISK FACTORS AND PROFESSIONAL
RESPONSES

**Dr Hannah Bows, Bridget Penhale, Paige
Bromley, Merili Pullerits, Natalie Quinn-
Walker & Asmita Sood.**

Citation: Bows, H., Penhale, B., Bromley, P., Pullerits, M., Quinn-Walker, N. and Sood, A. (2022) Perpetrators of Domestic Abuse Against Older Adults: Characteristics, Risk Factors and Professional Responses. Durham: Durham University.

Table of Contents

Executive Summary	2
Key findings	2
Introduction	5
Terminology, definitions and conceptual frameworks	6
'Elder' and 'elder abuse'	6
Domestic abuse	8
Research design and methods	10
Phase 1: Rapid evidence review (sub-RQ1).....	10
Phase 2: Analysis of s42 safeguarding referral case files (sub-RQ1-3)	12
Phase 3: Interviews with professionals across multiple agencies (sub-RQ1-3).	13
Findings	14
Research Question 1: Who are the perpetrators of domestic abuse against older adults? What are their profiles?	14
Summary.....	22
Research Question 2: What are the long-term causes of domestic abuse against older adults? 24	
Perpetrator and victim risk factors.....	24
Environmental, cultural, structural factors	26
Research Question 3: How do statutory services identify, risk assess and respond to cases of domestic abuse involving older adults? Do current tools and interventions adequately apply to perpetrators of abuse against older adults?	29
Identifying domestic abuse.....	29
Risk assessments.....	32
Perpetrator interventions/capacity – gaps in services	33
Approaches in s42 enquiries, outcomes and closure decisions	36
Policy implications and recommendations	42
References	44
Appendices	49

Executive Summary

This report presents the findings from a rapid four-month study examining perpetrators of domestic abuse against older adults. The research aimed to address three questions:

1. Who are the perpetrators of domestic abuse against older adults? What are their profiles?
2. What are the long-term causes of domestic abuse against older adults?
3. How do statutory services identify, risk assess and respond to cases of domestic abuse involving older adults? Do current tools and interventions adequately apply to perpetrators of abuse against older adults?

We used a mixed-method approach across three work phases to address these questions: Phase 1 involved a rapid evidence review using a systematic methodology to assess the current state of knowledge in relation to perpetrators of domestic abuse against older adults; In Phase 2, we conducted an analysis of 69 s42 enquiry case files held by a large safeguarding partnership; In Phase 3, we conducted qualitative, structured interviews with 66 professionals across a number of sectors who held responsibility for safeguarding and/or responding to domestic abuse, either working with victims, perpetrators, or both.

Key findings

Who are the perpetrators of domestic abuse against older adults? What are their profiles?

In total, 75 papers met our inclusion criteria, with the majority examining 'elder abuse' or abuse/mistreatment of older adults and a small number looking specifically at this through a domestic abuse/intimate partner violence lens.

1. There are very few studies focusing specifically on perpetrators against older adults. In fact, we found just two papers, out of 75, which had this focus. Similarly, s42 case files held very limited data on perpetrators.
2. Of the 75 papers we reviewed which had some information on perpetrators, most told us only about the sex/gender of the perpetrator, and a smaller number also presented data on the relationship to the victim.
3. There is very limited knowledge on perpetrator backgrounds, including health, drug/alcohol use, criminal history and previous violence, employment, education etc.
4. From the available evidence, perpetrators of domestic abuse of older adults tend to be male and are typically sons, followed by spouse/partners.
 - a. We found evidence of female perpetrators and they were also most likely to be daughters, and a much smaller proportion were spouse/partners.
 - b. These findings were supported by our interviews with professionals who described domestic abuse falling into either intimate-partner violence or adult-family violence categories, with a similar proportion in both.
5. Poor mental health and drug/alcohol abuse by the perpetrator were common findings in the literature, and this was supported by our interviews with professionals who described these as particular problems in cases involving adult son/daughters as perpetrators as well as in our s42 case file analysis.
6. Similarly, professionals told us that a criminal history was also common, particularly when the perpetrator was an adult son (or daughter) but less common in

spouse/intimate-partner violence. We found evidence of a criminal history in about a quarter of s42 case files.

Recommendation 1: Increase research and evidence on perpetrators of domestic abuse of older adults

Recommendation 2: Routine data collection by agencies (safeguarding and other related organisations)

What are the long-term causes of domestic abuse against older adults?

The papers included in our rapid review were not focused on risk or causes. Consequently, we provided a short summary of the literature on risk – and causes (which are not necessarily the same thing) – for domestic abuse perpetrator and victimisation in later life. These can be grouped into different levels, namely the individual, relationship/family, community and society, reflect what is commonly described as a socio-ecological model of risk.

1. Our interviews and s42 case file analysis revealed many of these known risks were also commonly observed by professionals. These include:
 - a. Poor physical and/or mental health of victims and/or perpetrators;
 - b. Dependency by victims and/or perpetrators;
 - c. Generational attitudes, norms and beliefs;
 - d. Ageism and negative opinions and attitudes towards older people.

However, it was clear that very little information about risk factors/causes was held by the professionals we interviewed and in the s42 case files we analysed.

Recommendation 1: Increase research and evidence on perpetrators of domestic abuse of older adults

Recommendation 2: Routine data collection by agencies (safeguarding and other related organisations)

How do statutory services identify, risk assess and respond to cases of domestic abuse involving older adults? Do current tools and interventions adequately apply to perpetrators of abuse against older adults?

1. Interviews and s42 case file analysis indicates that abuse of older adults was often invisible and infrequently picked up by services, and there was a tendency to see abuse in a domestic context rather than domestic abuse. For example, of the 119 general s42 case files we assessed, in our opinion 35 cases (29 per cent) contained elements of domestic abuse (DA), but had not been specifically flagged as DA by the local authority.
 - a. In interviews, professionals often attributed the invisibility to generational norms, lack of awareness among the community as well as professionals, and policies and tools that do not fully consider older adults.
 - b. Stereotypes of perpetrators as young, male partners/spouse continue to influence society and professional understandings of domestic abuse which

may render invisible abuse by other family members, particularly adult sons/daughters.

- c. Additionally, where perpetrators were old themselves, professionals told us that this meant they were often considered vulnerable and assumed incapable of being abusive, meaning victim's weren't always believed or automatic assumptions about risk being low were made.
2. From the S42 case file analysis, it was apparent that there were very few instances of risk assessment use being recorded in the documents seen. Only 6 records (of 69 – 9 per cent) were found with direct reference to risk assessments having been undertaken and within these records, reference to use of specific risk assessment tools was limited.
 - a. Some professionals raised concerns about the applicability of existing domestic abuse risk assessments for older adults, particularly when the perpetrator was an adult son/daughter.
3. Few professionals had direct experience of working with perpetrators. Most focused on victims. Perpetrators were often an after-thought and professionals told us there were very few options in terms of perpetrator interventions or programmes.
 - a. Professionals were also considered about the relevance of existing perpetrator programmes/interventions to older perpetrators and those who abused their parents, as most existing perpetrator models were designed for young adult men who abuse their partners.
4. Responses to domestic abuse victims, and perpetrators, varied across sectors. In the s42 case file analysis, we found references to meetings and discussions within the team about the case/s informing decision making, but few records of multi-agency meetings.
5. In the s42 analysis, we found that a multi-agency and partnership approach to the work was often used within enquiries, although it was noted that in many cases the police referred the matter on to adult safeguarding and did not investigate as potential criminal offences.
 - a. Care agencies were commonly relied on to provide ongoing monitoring and flag potential abuse with the safeguarding contact/s. This could perhaps serve to assist in preventive as well as protective functions, and highlights the importance of these agencies having appropriate training and resources to exercise this function.

Recommendation 3: Ensure that risk assessment of (potential) victims and/or perpetrators reflect full life course

Recommendation 4: Expand understandings of domestic abuse to incorporate (adult) child-to-parent violence

Recommendation 5: Policy and practice must move away from being solely victim focused and increased provision for perpetrators is urgently needed

Recommendation 6: Public awareness raising and training for professionals, as well as policies and guidance, must be inclusive of older adults and challenge existing stereotypes

Introduction

Despite increased research on issues related to ageing and older age, abuse of older adults (defined as 60 or over in this study) is a neglected area of academic study. Available data and research literature spans multiple disciplines (gerontology/elder abuse, violence against women and domestic abuse/intimate partner abuse) which have evolved separately and remain largely distinct (McCreadie, 1996; Whittaker, 1996; Penhale, 2003) making it difficult to extract and establish firm knowledge on victims and perpetrators. Most of the available evidence is currently found within the elder abuse field; although there is no agreed definition of elder abuse, most incorporate abuse by perpetrators outside of the family (such as carers, people in positions of trust and in some cases strangers) meaning evidence on spouse and family member perpetrators is subsumed within these studies.

Until 2017, the main source of data on domestic abuse (DA) prevalence and characteristics (in England and Wales the Crime Survey for England and Wales (CSEW)), had an upper-age cap of 59, meaning no national data on older adults had ever been collected. However, other sources of data drawn mainly from the elder abuse field indicate that, globally, at least 1 in 6 older people living in the community experience some form of abuse each year (Yon et al., 2017). This equates to approximately 2 million older adults each year in England and Wales. As most studies have found that elder abuse is perpetrated by a spouse/partner or family members (with most of these indicating an almost equal split between the two perpetrator groups), the majority of the abuse falls under the definition of DA in England and Wales. Indeed, studies which specifically look at domestic abuse have also reported that at least 1 in 6 older people experience abuse each year, with several studies reporting higher rates of prevalence. For example, in a systematic review of studies examining intimate-partner violence against adults aged 60 and over, Warmling et al. (2017) found the prevalence of psychological violence ranged from 1.9-36.1 per cent, physical violence from 1.8-5.9 per cent and 1.2 per cent for sexual violence. Looking at geographical distribution, they found the highest prevalence for psychological violence was in China (36.1 per cent) and the lowest was the USA (1.9 per cent). Furthermore, in relation to fatal DA, adults aged 60 and over account for at least 1 in 4 domestic homicides, despite constituting only 18 per cent of the population (Bows, 2019b).

Over the last decade, several studies have specifically examined DA among older adults. Most of this work has focused on victimisation, specifically estimating prevalence and assessing victim characteristics and demographics (Gerino et al., 2018, Meyer et al., 2020, Warmling et al., 2017). Briefly, this work has generally identified that older women are at a higher risk of abuse, particularly physical and sexual abuse, and men are disproportionately the perpetrators (Breiding et al., 2008; Guedes et al., 2015; Lee et al., 2014; Yon et al., 2017). However, one study by Afifi et al. (2012) found higher intimate partner violence prevalence among older men (4.9 per cent) compared with older women (3.3 per cent) underscoring the importance of examining domestic abuse against all older adults. Most studies focus on prevalence in the community, with few undertaken in institutional contexts; however, an analysis of studies conducted in institutional settings found women, aged 60 and above, to be significantly more vulnerable to abuse, with psychological abuse as the most prevalent form of violence, followed by physical violence, neglect, financial and sexual abuse (Yon et al., 2019).

Several systematic reviews have examined existing knowledge about violence against older adults. Most of these have focused on the prevalence of different forms of violence within or across different countries (see for e.g. Warmling et al., 2017). However, as Meyer et al. (2020) point out, while these reviews have captured a wide range of types of violence, they have failed to consider the type of perpetrators or patterns of co-occurring types of violence. In fact, little is known about perpetrators of abuse relating to older adults, with only a handful of studies examining perpetrator characteristics, health, employment and education background and motivations (see for e.g. De Donder et al, 2011; Tinker et al., 2008). From the limited available evidence, it appears that perpetrators are usually men, approximately half are spouse/partners and the other third to a half are family members, and typically live with the victim (Biggs et al., 2009). Research examining domestic homicide reviews involving older victims indicates most perpetrators are male and alcohol misuse and mental health problems may also feature in the perpetrator's profile (Sharp-Jeffs and Kelly, 2016; Benbow et al, 2018). However, beyond these studies there is very little knowledge about perpetrators of domestic abuse against older adults.

In terms of professional responses to DA among older adults, concerns have been raised that this is often seen as elder abuse and is diverted away from specialist DA pathways, instead being dealt with as a safeguarding concern. For example, in 2017, out of 28,187 safeguarding adults cases involving an older person in England and Wales, only 12% were referred by the police to the CPS (Action on Elder Abuse, 2019). Furthermore, there are issues with the tools used to assess and manage risk. Emerging evidence in Wales indicates the standard DA risk assessment tool, Domestic Abuse, Stalking and Honour Based Violence (DASH), often results in lower scoring than might be expected in approximately 1 in 5 cases involving older victims (Older People's Commissioner for Wales, 2019), and research has found there is sometimes an unwillingness to use the DASH tool to assess older victims based on ageist assumptions and beliefs and apparent conceptual confusion between 'domestic abuse' and elder abuse (Clarke et al., 2012). There are further concerns about how DA is identified, and risk assessed, in relation to cases involving older victims, including concern that the DASH tool was designed to capture risk from intimate partner perpetrators, but amongst older adults at least half of domestic homicides are perpetrated by (adult) sons or grandsons (Bows, 2019b) and thus DASH is not suitable for approximately half of the highest risk, highest harm cases involving older adults.

In sum, DA of older adults remains a neglected area of research, policy and practice with exiting evidence about victimisation and even less known about perpetrators. Recent global and national studies on elder abuse indicate that abuse of older adults is a significant issue, but we are poorly equipped to identify and respond to victims and perpetrators as current interventions and associated tools and guidelines have been developed largely based on evidence that is limited to younger victims and offenders.

Terminology, definitions and conceptual frameworks

'Elder' and 'elder abuse'

Despite the ubiquitous use of the terms older, elderly and elder abuse, there is no shared agreement about the definitions of these terms. Across academic research, law and policy, the terms older, elder and elderly are used variably to describe those aged 50 and over, 55

and over, 60 and over and 65 and over (see Bows, 2019a; 2020 for examples of how the different terms have been used). Similarly, elder abuse is used to describe a range of abuses, contexts and dynamics. There is currently no single agreed definition of elder abuse (EA). The World Health Organisation (2002) defines elder abuse as:

“an act of commission or of omission ... either intentional or unintentional Of a physical, psychological, financial nature or other material maltreatment ... that will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and decreased quality of life for the older person.”

The further define 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 cause harm to an elder” (WHO, 2002, p. 2)

Similarly, many definitions adopted by organisations and policies in the UK will often refer to a relationship or expectation of trust as a key element (as suggested in the first UK definition proposed by Action on Elder Abuse in 1995), and some definitions also include crimes by neighbours, friends, strangers and acquaintances. These conceptualisations and definitions tend to position elder abuse within a gerontological framework which is concerned with the social and physical conditions of ageing and adopt a starting point that ageing is typically associated with vulnerability (Harbison, 2016). These broad definitions raise concerns about the value of using the term elder abuse and separating every incident that an older person might experience from that which younger people also experience, based solely on the victim’s age. For example, why label opportunistic street theft against an older person elder abuse when we would call it theft if the victim is younger? What are the benefits, and potential harms, of using a different term? (see Bows, 2020).

The concerns about broadening the definition of elder abuse have been raised elsewhere, in particular by some of the founders of the elder abuse field, as well as by the lead author of this report (Bows, 2020). It has been argued that the continuous expansion of the concept has led to the term being used as a catch-all for all crimes against older people (Anetzberger, N.D.), ultimately undermining any potential value of term. As Brandl and Raymond (2012) pointed out, grouping together these varying contexts and dynamics of abuse as a single collective issue is problematic, whilst Desmarais and Reeves (2007, p.377) argued that this grouping together led to an “overemphasis on types of abuse and perpetrators unique to elders” therefore effectively disregarding abuse occurring by partners.

Indeed, the most relevant question in relation to the value of the term elder abuse is what benefit it has when describing what is essentially domestic abuse. Why use the term domestic abuse to describe physical, sexual, financial, economic, psychological and/or coercive control by a spouse, or family member, when the victim is aged 50, but adopt the term elder abuse if the victim is aged 65? This ‘bracketing off’ (Holt and Shon, 2018) suggests that abuse against older adults involves unique characteristics that warrant an emphasis on age. However, this is not supported by most of the research. Furthermore, by focusing on the age of the victim, the issued is positioned as one to do with/resulting from the victim’s age (rather than gender,

class and/or other social demographics and identities) and in doing so may indirectly blame the victim for the abuse.

The latter point is particularly poignant when one considers the way age and ageing are viewed in society; as a process of diminution, decay and decline, and older people are devalued and often perceived as a burden on society, particularly in the UK within the welfare state. Older people are often presumed to be inherently vulnerable and in need of protection once they reach a certain age, and (even well intended) ageism underpins this view. It is of course true that older people can be vulnerable (as can younger people) and that older age may create particular vulnerabilities, but this largely reflects their circumstances and social situation (Penhale and Parker, 2007). As such, young(er) age can be vulnerable in many of the same, and different, situations, and other demographics, environments and lifestyles can independently and collectively render individuals and groups more vulnerable to violence and abuse (as well as other crime).

The application of an age-based conceptualisation (and resulting policies/practices) based on vulnerability theory has been sharply criticised for being paternalistic and disempowering (Kohn, 2012). Roulstone and colleagues (2011, p.358) state that “as a term, ‘vulnerable’ has connotations of weakness and is generally applied by members of a powerful majority to oppressed groups”. As Pain (2003) has argued, presumptions of physical vulnerability fuel stereotypical views of older people and their experience of crime, even though not all older people are frail and not all older people experience crime in the same ways. The damaging consequences of stereotyping groups as inherently vulnerable has been acknowledged in relation to other groups, including disabled people (Walters and Tumath, 2014). In the context of older people, Pritchard-Jones (2016, p.56) argues that “the association between ‘traditional’ vulnerability and old age, also mutually reinforces the stereotypical view of old age itself, as well as the need for care and support in old age, as something to be feared, something ‘bad’, or as a negative state of being”.

In summary, the lack of agreed and clear definitions and conceptual boundaries for ‘old’, ‘older’, ‘elderly’ and ‘elder abuse’, and the significant issues associated with the latter term create tensions between and across research, policy and practice. The differing frameworks inform research questions, study design, data collection and analysis, and reporting/outputs, which as Meyer et al. (2020) note, results in fragmented data and evidence.

Domestic abuse

The Domestic Abuse Act (2021) introduced the first statutory definition of domestic abuse (DA) in England and Wales, which is adopted in this study:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

- (a) A and B are each aged 16 or over and are personally connected to each other, and
- (b) the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;

- (c)controlling or coercive behaviour;
- (d)economic abuse;
- (e)psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

“Economic abuse” means any behaviour that has a substantial adverse effect on B's ability to—

- (a)acquire, use or maintain money or other property, or
- (b)obtain goods or services.

Furthermore, A's behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B's child), essentially recognising indirect victims for the first time.

In this study, we adopt this definition of domestic abuse but we also use the term financial abuse, which is a form of economic abuse. We recognise that economic abuse is a wider term used to describe a range of coercive and controlling behaviours that centre around restricting, monitoring and/or directly controlling access to, decision making and/or use of income, spending, bank accounts, bills, borrowing and other activities that involve the exchange of money (e.g. transport, daily essentials, and technology) (Surviving Economic Abuse, n.d.).

Research design and methods

This mixed methods study addressed three of the research questions detailed by the Home Office adapted to relate to the specific topic in focus (abuse of older adults) (RQ1, RQ2 and RQ5)¹.

The objectives of the research were to:

1. Enhance understandings of who the perpetrators of abuse against older adults are and what the causes and drivers of abuse are;
2. Identify best practice(s) as well as gaps in professional practice in identifying risk and responding to perpetrators and victims, including referrals to other agencies and interventions in cases involving older victims; and
3. Develop recommendations and guidance for policy, practice and research.

These objectives were addressed through the following sub questions:

1. Who are the perpetrators of domestic abuse against older adults? What are their profiles?
2. What are the long-term causes of domestic abuse against older adults?
3. How do statutory services identify, risk assess and respond to cases of domestic abuse involving older adults? Do current tools and interventions adequately apply to perpetrators of abuse against older adults?

These objectives and questions were addressed through three separate, but overlapping, phases within this study. Collectively, these methods facilitated the collection of data which provides in-depth evidence on the profiles, behaviours and professional responses to a large number of perpetrators of domestic abuse against older adults. To our knowledge, this the first study of its kind in the UK. These distinct phases and methods used are outlined in the following sections.

Phase 1: Rapid evidence review (sub-RQ1)

A rapid evidence review was conducted spanning all relevant disciplines (including but not limited to DA/intimate partner abuse, violence against women, elder abuse, health, social policy, social work and adult safeguarding) applying a systematic search methodology. Rapid reviews are particularly useful for producing evidence quickly but rigorously to inform research and/or policy. The review examined the following aspects: (a) the profiles of perpetrators (characteristics, health and criminal justice backgrounds) of DA against adults aged 60 and over (b) if there are differences in the offending behaviours and/or perpetrator profiles of intimate partner perpetrators compared with other family member perpetrators (c) the risk factors of offending among perpetrators of DA against adults aged 60 and over.

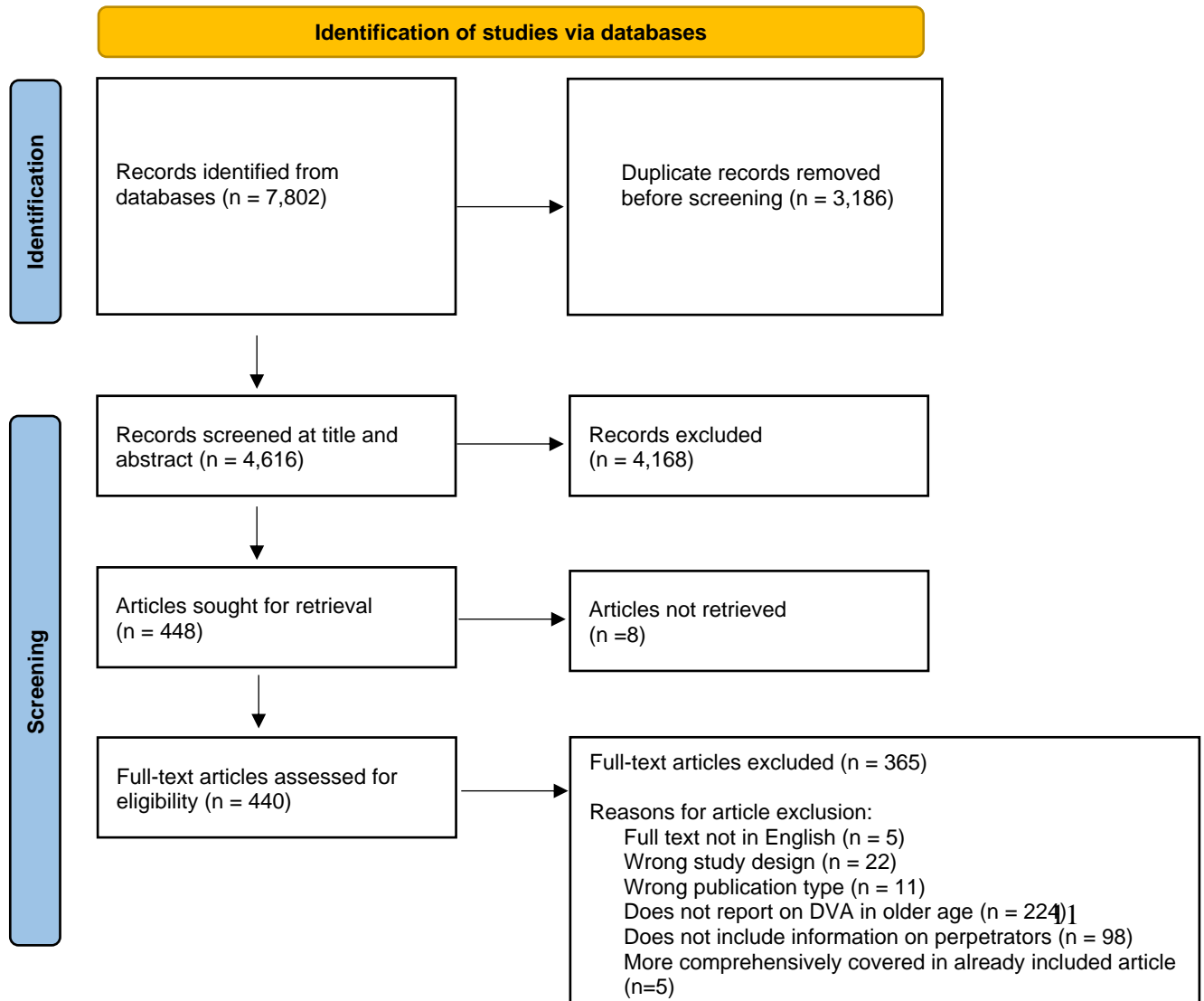
The following five electronic databases were searched: MEDLINE Complete, APA PsychInfo, CINAHL Complete, SociINDEX with Full Text, Criminal Justice Abstracts with Full Text, and Web of Science (Core Collection). The search strategy involved key terms related to or describing three concepts of:

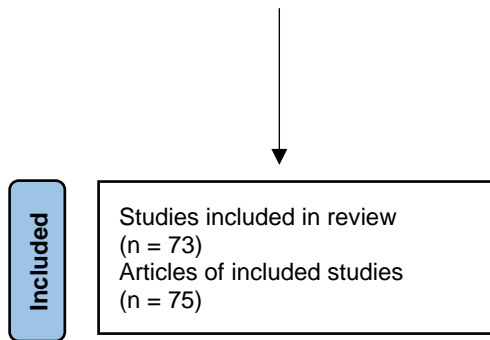
¹ Research Q1: Causes, drivers and aggravating factors of domestic abuse; Research Q2: Identifying perpetrators of domestic abuse; and Research Q5: Domestic Abuse Risk Assessment.

1. Domestic relationship: e.g. “domestic”; “intimate partner”; “partner”; “family”; “adolescent to parent”; “spouse”
2. Violence/abuse: e.g. “violence”; “abuse”; “homicide”
3. Age of victim: e.g. “older”; “old”; “elder”; “elderly”

Due to the lack of evidence in the field, the search strategy did not specify perpetrators as one of the core concepts in the searching strategy, instead aiming to include studies where the victims of violence are adults aged 60+ and then examining at full text stage what kind of information was available about the perpetrators and extracting this out from relevant studies.

Eligible studies were: peer-reviewed, published in English since 2010, and reported on characteristics of perpetrators of any type of domestic violence and abuse towards adults aged 60+. Citations were transferred to Zotero to remove duplicates. The de-duplicated citations were then uploaded into Rayyan for screening. At both abstract and full-text screening stages, all records were screened by a primary screener against the inclusion and exclusion criteria and more than 20% were screened independently by a second reviewer. Disagreements were solved by discussion or with reference to a third reviewer. A total of 75 articles (73 studies) met the inclusion criteria and were included in the review.





Adapted from: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71 For more information, visit: <http://www.prisma-statement.org/>

An Excel spreadsheet was developed and used to compile all relevant findings and quotations from the studies for thematic analysis. Three of the authors (HB, MP, NJW) extracted the data and coded the main findings from each study (n=73).

Phase 2: Analysis of s42 safeguarding referral case files (sub-RQ1-3)

The Care Act (2014) requires that local authorities must make enquiries, or cause others to do so, if it is believed an adult is experiencing or is at risk of abuse or neglect and is or maybe in need of care and support. These are known as section 42 (s42) enquiries and come within safeguarding adult multi-agency responses that have been developed.

A qualitative, deep dive content analysis of a sample of s42 referrals held within the Leicester, Leicestershire & Rutland Safeguarding Partnership (LLRSP) (who were partners in this project) involving an adult aged 60 or over and made between 1st January 2019 and 31st December 2019 (pre-Covid-19) was performed to assess perpetrator characteristics, nature of abuse and professional responses. By looking across s42 report categories, this research could identify cases where DA indicators or ‘flags’ may have been missed resulting in the referral being categorised differently (for example, neglect). Approximately 1,000 enquiries involving an older adult were recorded during this period of which around 200 were flagged as DA. A sub-sample of 34 domestic abuse cases was extracted (all cases involving a victim aged 60 and over during that period) and a further 119 general s42 referrals involving an older adult. Of those 119, in our opinion 35 cases (29 per cent) contained elements of DA, but had not been specifically flagged as DA by the local authority. The total sample analysed for the study was therefore 69 cases.

The case files were redacted by LLRSP and sent to the researchers using a secure file sharing/transfer process. Two researchers (HB and BP) read each file and used a data extraction form developed to pull out data on the victim, perpetrator and incident characteristics as well as the professional responses. This ensured the data was extracted consistently and facilitated swift analysis by the researchers. The completed data extraction forms were then analysed quantitatively (victim, perpetrator, incident characteristics and professional responses). Data was inputted into an Excel spreadsheet developed for analysis purposes. Some more qualitative discussion of the findings on professional responses, extracted from the analysis, is provided at relevant points in this report.

Phase 3: Interviews with professionals across multiple agencies (sub-RQ1-3).

Qualitative, structured interviews, conducted either by telephone or video-conferencing software such as Zoom, were undertaken with 66 professionals with responsibilities for safeguarding in a broad sense, working across health, criminal justice, social work/safeguarding, domestic abuse, housing and third sector. Support for the research was provided by a number of organisations at proposal stage who agreed in principle to promote the research and encourage participation among their staff and wider networks. Social media, in the form of Twitter was also used to promote the research and invite interested professionals with relevant experience to make contact and take part.

Interviews explored general experiences of working with older victims and perpetrators of DA, professional guidelines, policies and approaches, what risk assessment tools and strategies are used in DA cases involving older adults, how well these tools apply to, and capture, risk from perpetrators as well as referral pathways and outcomes. Following individual agreement to participate and the informed consent process, interviews were conducted by Teams or Zoom and lasted up to an hour. Participants were asked to choose a pseudonym to protect their identity. Interviews were recorded using the relevant function on each platform. Recordings were then sent to an external transcription company. Once transcribed, the recordings were deleted by the company and research team.

The anonymised/de-identified transcripts were analysed by three researchers (PB, AS, HB) using thematic analysis – a process used to identify patterns and themes within qualitative data (Braun & Clarke, 2006). The goal of thematic analysis is to identify those themes that are of particular importance or interest, but which goes beyond simply describing the data to interpreting the meaning and advancing knowledge about a particular issue or topic. We adopted the six-step process outlined by Braun & Clarke (2006), involving generating initial codes, developing themes, reviewing themes and agreeing them within the team and writing up.

The study was given ethical approval from Durham University Law School.

Findings

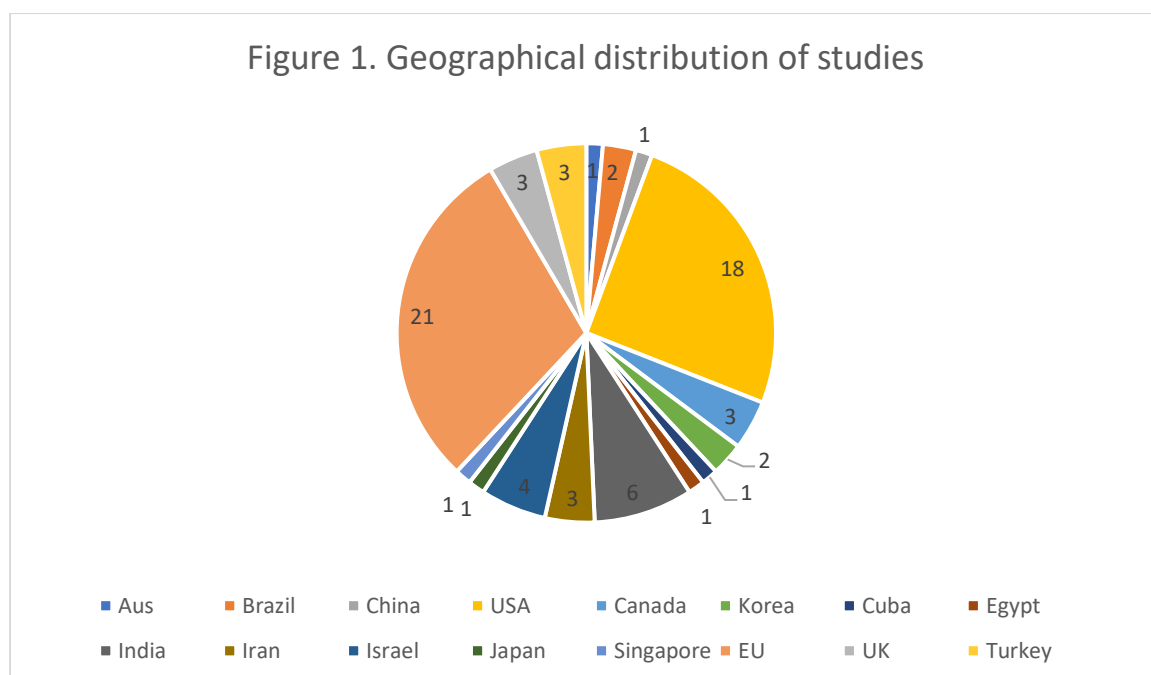
This section of the report provides an overview of findings from each phase and considers the similarities and differences that emerged from the different phases.

Research Question 1: Who are the perpetrators of domestic abuse against older adults? What are their profiles?

All three phases of data collection provided insights into the characteristics of perpetrators and their offending behaviour; however, across all three it was also clear that relatively little is known about perpetrators of domestic abuse against older adults.

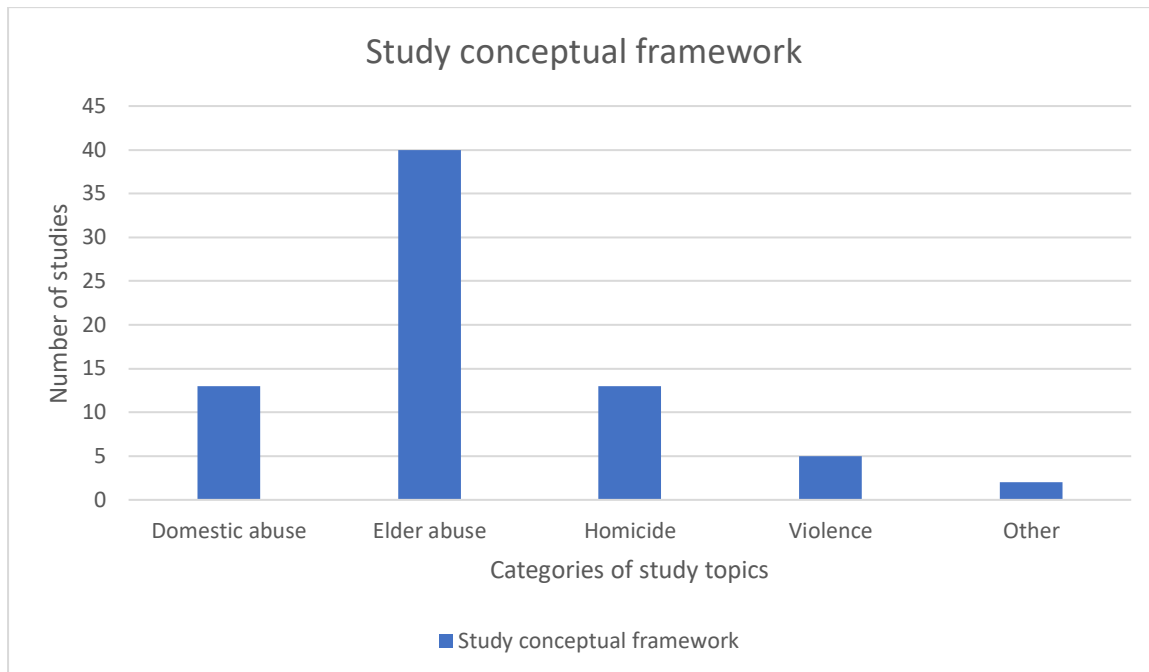
Although the systematic search resulted in a total of 75 articles (based on 73 different studies) which met the review inclusion criteria (i.e. included some information on perpetrator characteristics), the majority of these focused on victims or victimisation and typically provided limited data on perpetrators. There was only one paper which focused specifically on perpetrators (De Donder et al., 2011), although this was based on a fuller community prevalence study which clearly had a key focus on victimisation.

Most of the studies included in the review were based in Europe (excluding UK) (n=21, 28 per cent) and the USA (n=18, 24 per cent). Only three studies were based in the UK. Thus, there is currently very limited published academic research on perpetrators of domestic abuse in the UK and therefore our knowledge of perpetrators in this country is partial and incomplete (Recommendation 1).



NB. Some studies focused on multiple countries

The majority of the studies were based within the field of elder abuse (n=40, 55 per cent). Only 13 studies (18 per cent) specifically focused on domestic abuse of older adults and/or framed the study as domestic abuse. Most of our knowledge about perpetrators therefore comes from research which is situated within a gerontological framework (see section on Terminology, definitions and frameworks).



A large proportion of the included articles reported only on the type of domestic relationship between the victim and the perpetrator and did not provide further information about perpetrator characteristics. Thus, most of the findings from the rapid review are restricted to this element. Out of the studies which included more than one perpetrator characteristic, the majority are quantitative in approach. The articles which have been included in the table (**Appendices -Table 1 and Table 2**) are those which focus on more than just the type of perpetrator relationship, or which report on at least two elements of perpetrator characteristics (e.g. the sex/gender of the perpetrator and the type of domestic perpetrator relationship).

Similarly, analysis of 542 case files provided rather limited insight into perpetrator characteristics other than the sex/gender and relationship to the victim. Thus, where meaningful data could be extracted from the redacted files we describe it in this section, but there are several characteristics (e.g. perpetrator backgrounds) we were generally unable to retrieve information on from the case file analysis (**Recommendation 2**).

Sex/gender

The sex or gender² of the perpetrator was available and reported in 32 studies (Table 1 and 2). Some studies only provided partial data, for example Carmona-Torress et al. (2020) conducted a multi-country study on domestic abuse against older adults in Spain, Portugal and Bolivia, but only reported on the perpetrator sex data in relation to Spain. Similarly, De Donder et al. (2011) examined abuse and violence against older women in five European countries, examining abuse by intimate partners and other family members, but only report on perpetrator sex in the child-perpetrator data.

² Across the studies, both gender and sex were adopted and were not typically defined by the researchers.

Overall, the quantitative studies (Table 1) report that perpetrators of violence and abuse against older adults tend to be male, ranging from 43.2 per cent (Avanci et al., 2017) to 100 per cent (Halicka et al., 2015; Stöckl et al., 2012). Several studies focused specifically on male violence against women and thus the findings in several studies are limited to this profile. Excluding studies that focused specifically on male perpetrators, the remaining studies generally report men to be the majority of perpetrators, ranging from 43.2 per cent (Avanci et al., 2017) to 97 per cent (Salari and Sillito, 2016). This variation reflected the nature of violence/abuse focused on in the study – for example, studies that considered homicide and/or homicide-suicide tend to report higher proportions of male perpetrators than female perpetrators (with the exception of Block 2013) whereas elder abuse studies tended to report higher proportions of female victims – for example in Abdel et al. (2012), 48 per cent of perpetrators were female.

Similarly, professionals told us in interviews (n=38, 61 per cent) that, in their experience, most perpetrators of domestic abuse against older adults were male, although several had worked on cases where the perpetrator was female. In the latter cases, the abuse was often financial and/or either controlling or neglectful behaviour. From the professionals’ perspectives, acts of physical abuse, coercive control and psychological abuse was more likely to be perpetrated by men.

Likewise, in our analysis of s42 files (n=69) the perpetrator was male/s in 47 cases and in a further 3 cases the perpetrators were both male and female. The remaining 19 cases had a female perpetrator/s (Table 3).

	Male victim	Female victim	Total
Male perpetrator/s	11	36	47
Female perpetrator/s	7	12	19
Male and female perpetrators	1	2	3

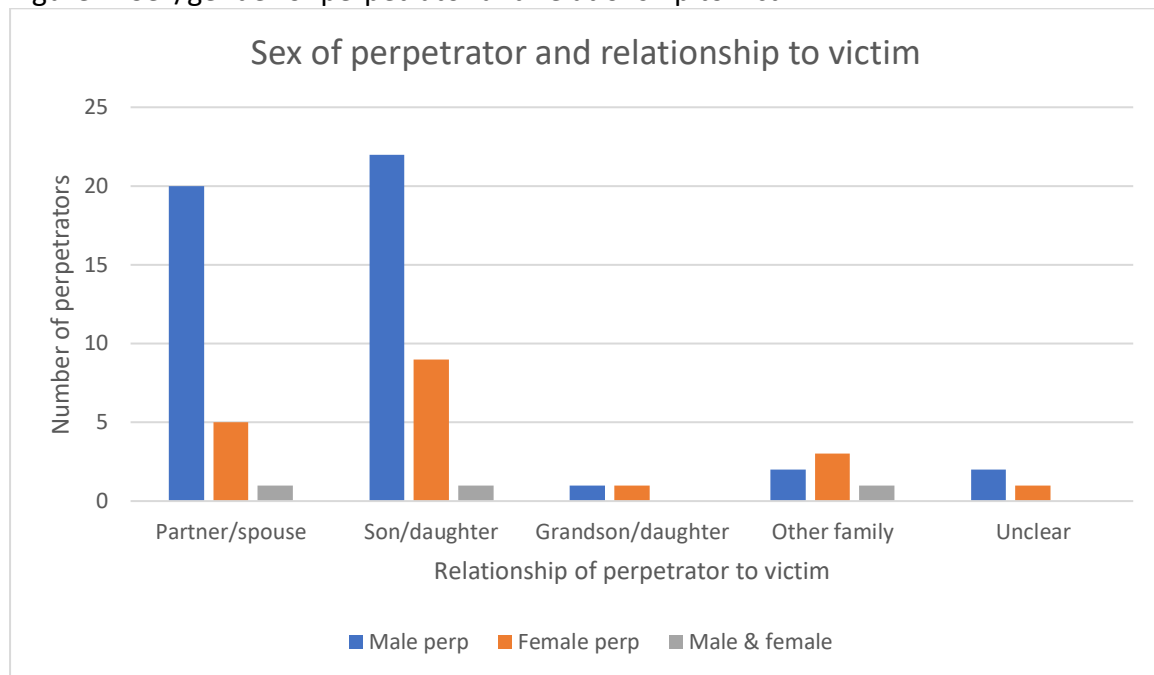
Relationship, perpetrator sex and type of abuse

In the s42 case files (n=69) we observed some patterns in relation to perpetrator sex, relationship to victim, and type of abuse, as follows.

In terms of perpetrator sex and relationship to victim, we found that where perpetrators were male, they were most likely to be a son (47 per cent) or partner (42 per cent). This was also true for female perpetrators, however a larger proportion were daughters (47 per cent) than partners (26 per cent). See also Figure 1 below. Thus, the existing evidence indicates that older adults of domestic abuse are equally, if not more, likely to be abused by an (adult) child/offspring. This has immediate implications for our understandings of domestic abuse – which often narrowly consider only intimate-partners – and our wider tools, particularly our

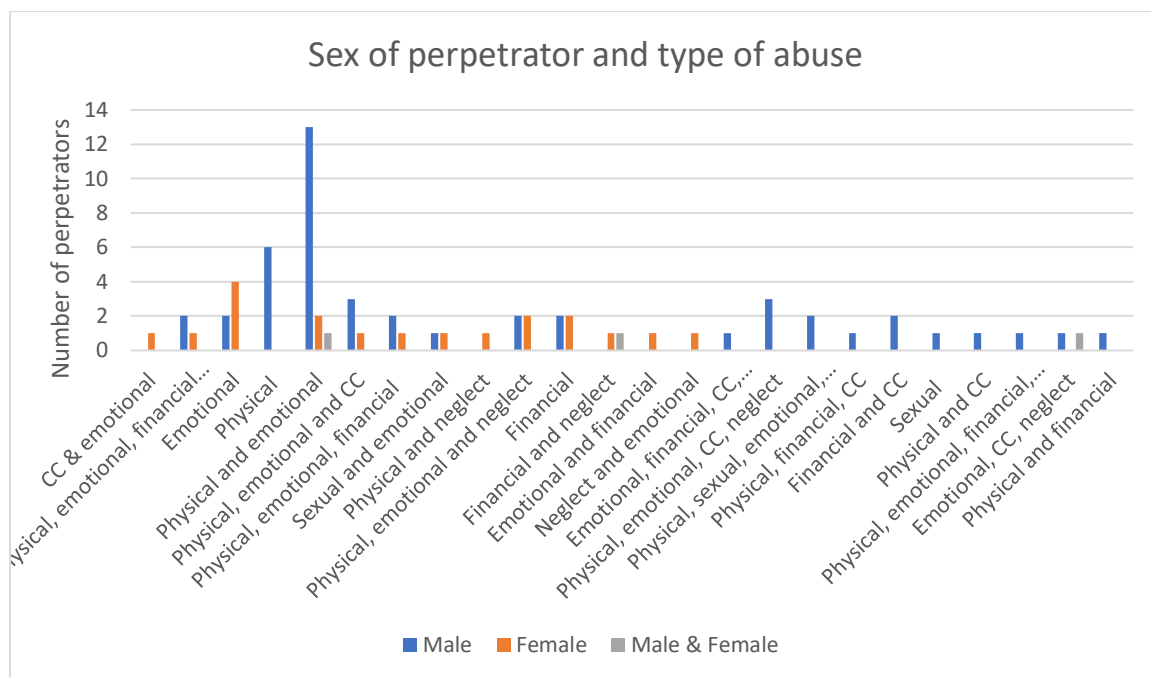
risk assessment tools, which have been designed to capture risk of domestic abuse by partners (**Recommendations 1, 3, 4 and 6**).

Figure 1. Sex/gender of perpetrator and relationship to victim



We also observed differences in the type of abuse by gender of perpetrator, specifically that physical abuse was more common in cases where the perpetrator was male, supporting what professionals told us in interviews. In cases where the perpetrator was female (n=19), the most common forms of single abuse were emotional (n=4) and financial (n=2). In 7 cases, physical abuse occurred alongside another form of abuse. Where the perpetrator was male, physical abuse accounted for the majority of cases, either as a single form of abuse (n=6) or alongside other forms of abuse (n=31), most commonly physical and emotional abuse occurred together/in the same case (n=13). Thus, in 79 per cent of cases involving a male perpetrator there was physical abuse, compared with 37 per cent of cases involving a female perpetrator. Furthermore, financial abuse was perpetrated more by female perpetrators (n=6, 32 per cent) than male perpetrators (n=10, 21 per cent). What is striking is that, in the vast majority of cases, there were at least two forms of abuse co-occurring (Figure 2). Thus, poly-victimisation was common in the sample we analysed.

Figure 2. Sex/gender of perpetrator and type of abuse



We were not able to extract data on perpetrator relationship and type of abuse in the majority of papers we reviewed in the rapid review (see Table 1 and 2). With regard to victimisation/perpetration of a single type of abuse or to multiple types, this was not consistently reported in the review articles we reviewed. In some cases, it was possible to see/determine that because victimisation to individual types of abuse add up to more than 100%, victims had experienced multiple types of abuse, but because they the papers did not explicitly report this it is not possible to extract any detail. Even where studies do report that some victims experienced multiple types of abuse, they did not tend to explicitly link this to the/a perpetrator, so it is generally not possible to know whether a specific type of perpetrators was responsible for perpetrating more than one type of abuse. Additionally, the majority of studies we reviewed do not provide information about type of perpetrator relationship and type of abuse, so there was limited information available and therefore it was not possible to extract this in a meaningful way (**Recommendation 1**).

Perpetrator age

Information about the age of the perpetrator was available in 11 of the quantitative studies reviewed in the rapid review, although the quality of information collected/provided varied and the age of perpetrators was also often directly linked to the focus of the study. For example, studies that focused on intimate-partner violence unsurprisingly reported that perpetrator age was generally older, ranging from 52-82 (Halicka et al., 2015) whereas studies that included other family members as perpetrators reported a bigger range. For example, the analysis of domestic homicides involving older victims between 2010-2015 undertaken by Bows (2019b) reported a perpetrator age range of 16-99, whilst Frazao et al.'s (2014) examination of alleged domestic violence against older victims with disabilities reported a perpetrator age range of 20-88 years.

Health, drug and/or alcohol abuse

Perpetrator alcohol and/or drug misuse was a common characteristic reported in the literature reviewed in the rapid review, regardless of the subject matter (e.g. elder abuse or domestic abuse). For example, in the quantitative studies, Drommi et al. (2021) who examined court cases concerning exploitation of older people in Italy reported that 63 per cent of perpetrators were affected by alcoholism, substance abuse or psychiatric disorders. Similarly, Frazao et al. (2014) who were concerned with domestic abuse against older victims with disabilities reported that 75 per cent of perpetrators had issues relating substance abuse (n=24), with 72 per cent specifically alcohol (n=13). Further, Halicka et al.'s (2015) study of intimate partner violence reported that all perpetrators had alcohol abuse problems and that 95.8 per cent were stated in reports to be under the influence of alcohol at time of the abuse. Stockl et al.'s (2012) conducted a large, cross-sectional representative survey and similarly found that almost 70 per cent of perpetrators were reported for heavy drinking. In the qualitative studies, Sandmoe and Hauge (2014) found that 8 out of 17 perpetrators had problems with alcohol and/or drug addiction while Rosen et al. (2019) reported that 18 per cent of perpetrators were acutely intoxicated with alcohol or illicit substances at the time of the violent (physical) incident.

Physical and/or mental health conditions of perpetrators were also commonly reported in the literature. Halicka et al. (2014) found that 38.6 per cent of perpetrators suffered from serious somatic diseases, 14.3 per cent were disabled, and 5.7 per cent had dementia, while Frazao et al. (2014) found that 72.7 per cent had psychiatric disorders (n=8). In Block's (2013) analysis of homicides of older adults by children or grandchildren, 18 per cent of offenders had a mental illness. In a qualitative study exploring elder abuse through interviews with 15 older couples, Band-Winterstein (2012) reported that the perpetrator had poor health in 8 of the 15 cases. Several studies (Band-Winterstein and Avieli, 2019; Band-Winterstein et al., 2014) have also specifically focused on abuse where the perpetrator has dementia or a mental illness.

Professionals interviewed in our study similarly reported that mental health and/or substance abuse were key issues for perpetrators in the cases they have experience of, particularly where the abuser was an (adult) family member – typically a son or grandson. This is illustrated by the following quotations from participants:

So with perpetrators, I can say at the moment with the caseload that I have, every single one of the perpetrators has mental health issues or some form of mental health (Melody, DA Prevention Advocate).

Often it would be a combination of issues. For example, Katie (IDVA) said:

The majority that I've seen is where it's the adult son, and a lot of the time, the adult son will have issues around mental health, or drugs and alcohol, and they'll have quite a chaotic lifestyle, and they will either be living with mum, or they will be turning up regularly wanting money, wanting feeding, wanting to stay, turning up with different associates who are also kind of maybe you know, drug users, having them in the address, financial abuse, so kind of like stealing their money, wanting funds, you know, kind of for their drugs or alcohol or what have you. Maybe not stealing really, in those

– in most cases. It would be putting pressure, making them feel sorry for them, manipulating them to give them that money.

Mary (DA Case Worker) shared similar thoughts:

Yeah. And I was just thinking and I would say 80% of the ones that I can think of that I've worked with where it's been child, grandchild abuse, I would say there has been mental health and drug and alcohol abuse as used as excuses for the assaults. I think, maybe even 90%, to be honest.

This was also the experience of Penelope (Community Response Officer):

I think with adult children; I have encountered people kind of talking about a history of substance abuse there. I think that's one of the only things that sticks, in my mind, is something that crops up quite regularly, whether that's kind of a history of substance abuse, and not necessarily in that current situation or something that's kind of continued to be an issue throughout.

Several professionals felt that the Covid-19 pandemic had likely exacerbated the (poor) mental health and/or socio-economic issues that perpetrators were experiencing and this had increased the likelihood of them being violent/abusive, particularly where the perpetrator was an adult son. Covid-19 had often resulted in adult sons moving back to live with parents and, for those already living together, had also reduced interaction with agencies and/or exacerbated already abusive relationships.

A big, big problem that we have here, I don't know if it's the same in other boroughs, is we have sons, predominantly, of older women who have mental health issues and moved in during COVID because they wanted somewhere to stay when they were locked down. Often these perpetrators were insecure, in, insecure housing, in and out of work, in and out of prison, in and out of, you know, not, not good situations. So, lots of these sons moved in with family members in COVID so they could be locked down with family members, and then they, then as time has gone on, many of those sons with enduring mental health issues have become abusive towards predominantly their mothers. We see this all the time, where mothers, understandably, survivors, understandably don't want to take action because they love their sons and, and they can see that their sons are unwell, and they can see that their sons require support. (David, Social Worker).

Our analysis of s42 case files also identified mental health and/or drug/alcohol abuse were common features in perpetrator profiles. In 47 case files where information was provided on perpetrator mental health, approximately 1 in 5 (19 per cent) had a recognised mental health problem, and in the 62 cases where data was available on alcohol/drug use, 12 had problems with misuse (19 per cent). Interestingly, only 4 cases where alcohol/drug abuse by the perpetrator was recorded also identified mental health problems, indicating that although

there is an overlap in some cases, mental health problems and drug/alcohol issues were also observed independently in the files³.

Criminal history/previous violence

Few studies included in the rapid review provided any data on perpetrator history of previous offending (see Table 1 and 2). Halicka et al. (2015) examined intimate partner violence against older female victims and reported that the majority of perpetrators had previously committed IPV and around a third had a related prior conviction. In an analysis of 254 court cases where a forensic medical report had been required, Karbeyaz and Celikel (2017) reported that 35 (of the 253 total) involved a victim who had already applied to the judicial authorities once due to domestic violence by the same perpetrator. In Mackowicz's (2019) analysis of 217 police records of violence/abuse involving a victim aged 60 or older, previous abuse was reported in 48.6 per cent of cases. In Rosen et al's (2019) analysis of successfully prosecuted elder abuse cases, a history of DV was present in 57 per cent of cases. The analysis by Salari and Sillito (2016) of homicides and homicide-suicides reported a smaller proportion of known/previous IPV in 14 per cent of cases.

Qualitative studies often focus on victim narratives and experiences, and do not necessarily include data on characteristics of perpetrators. It is also common for qualitative studies to select their sample purposively to focus very clearly on specific perpetrators or contexts (e.g. female victims of intimate partner violence by perpetrators with dementia, victims of abuse by children with mental illness). Qualitative studies do however provide contextual and background information which needs to be considered when researching violence against older adults and what might differ with this age group.

Domestic abuse in older age can be abuse which has been ongoing and which continues into old age/later life. This group has been referred to as: '...the elderly graduates of domestic violence...' (Homer and Gilleard, 1990, p.1361). Older age can make it more challenging for victims to cope with the abuse and also extrapolate themselves from the abusive relationship, both in cases where partners or where adult children are the perpetrators (Band-Winterstein, 2012; Band-Winterstein et al., 2014, Santos et al., 2019). There may be differences in the type of domestic abuse experienced by victims who were abused prior to entering old age and those who for whom abuse commenced in old age. Santos and colleagues (2019) found that about half of the older interviewees in their study experienced 'abuse grown old' (domestic abuse which existed prior to the victim entering old age and then continued into old age) while half experienced 'abuse after entering later life' (domestic abuse which began after the victim retired or after they 'perceived themselves to have entered old age'). Differences tended to be that 'abuse grown old' involved severe physical violence as well as psychological and financial abuse, and all cases of spousal sexual abuse were in this category, whilst 'abuse after entering later life' involved sporadic and/or no physical abuse and frequent psychological and financial abuse.

An issue which may be specific to domestic abuse perpetrators towards this older age group of victims is the potential role of illness in perpetrators. Qualitative interviews with female

³ The case files may not always have recorded mental health and/or drug or alcohol use by the perpetrator, either because the information was not available or because it was not recorded/was recorded elsewhere. Consequently, the data provided here is unlikely to be a complete reflection of perpetrator backgrounds.

victims of domestic violence by male spouses/partners demonstrated how the onset of dementia can result in the commencement of violence perpetration in partners who had never previously been violent, while violence of a different form resulted with those perpetrators who had an existing history of violence (Band-Winterstein and Avieli, 2019).

Within our interview data, professionals found that when perpetrators were adult children they often had histories of abuse against their partners, as well as their parents and/or others. In total, 28 professionals (42 per cent) said there was usually a criminal history. For example, Cassandra (Perpetrator Coordinator) reflected:

It's not uncommon at all that every single one actually, that I've worked with, they've initially come through because it's been intimate partner violence with a relationship of someone their own age but they're also offending against- against mum as well, or aunt, or- or generally a maternal figure

Sometimes the violence was more generally directed towards people in the community:

But, it's normally – yes, they've got a history of violence in the community (Gemma, Victim Support Worker).

In contrast, many practitioners (n=22, 33 per cent) said that, in their experience, intimate-partner perpetrators tended *not* to have a criminal history. However, other practitioners interviewed said that the background and criminal history of perpetrators was often unknown and this data was not routinely collected or shared amongst practitioners working with victims.

We don't have access to criminal history. We can ask the probation services if there is any open, kind of, court cases or any historical judgement. But to be perfectly honest with you, we don't normally do that because they only... They can only release that to us in certain circumstances. So, their criminal history, I don't really know most of the time. I think in terms of their services, we often have a conversation with our colleagues in the mental health services here, because we work very closely with them. So, they will often tell us if they've been open to their services or not. So, from a health perspective, we have a good idea sometimes of if the perpetrators have been open to services, but not so much from a criminal background perspective (David, Social Worker).

In the s42 case files we analysed (n=69) a history of violence was mentioned in just under a quarter (n=16, 23 per cent) of cases, although a previous conviction was noted in only 4 files (however, this may be because the data was not captured in the files, rather than being an accurate reflection of criminal history).

Summary

There are several marked and significant gaps in knowledge in relation to perpetrators. Due to the evident lack of perpetrator focused studies, specifically those which involve perpetrators themselves as the principal focus or as research participants, (for qualitative studies) the research does not provide sufficient information about perpetrator

characteristics other than some very general findings. This lack of data includes potentially useful information, for example, whether older perpetrators who abuse their partner also abuse their children (either historically or currently as adults) or whether children/offspring (as adults) perpetrators of domestic violence against their older adults also perpetrate violence against their partner. From our rapid review we found limited and comparatively little evidence relating to the perpetrator's history, current status (health and mental health/or employment related) income and so on. Most of the research that has been undertaken has a clear focus on victims and victimisation. Whilst this understandable in the previous studies, there is an urgent need to redress this and ensure focused studies on perpetrators are conducted to build a knowledge base from which policy and practice can be built (**Recommendation 1**).

Similarly, although professionals spoke about some of the need to understand the nature of the harm(s) experienced by individuals and to develop responses to mitigate and resolve these issues, the limited experience they had of working with perpetrators does not assist in attaining full appreciation and knowledge of the area. Our s42 case file analysis also revealed many of the characteristics observed in the rapid review were also present, which is currently notable in the cases that social workers had been involved in, but again the primary purpose and focus on s42 enquiries is on victims and thus the information available on perpetrators varied significantly and may not provide a reliable account of perpetrators generally (**Recommendation 2**).

Research Question 2: What are the long-term causes of domestic abuse against older adults?

The rapid evidence review provided a limited insight to the characteristics and, in a few cases, backgrounds of perpetrators and potential risk factors for abuse. This section of the report therefore presents a short summary of previous work undertaken, specifically examining risk factors for victimisation and/or perpetration of domestic abuse against older adults, alongside our data from the interviews with practitioners and s42 case file analysis.

Perpetrator and victim risk factors

Risk factors are important to identify because they help us to understand why elder abuse occurs (Anetzberger, 2013). Many of the studies that examine risk factors show relationships or correlations between them and abuse and/or determine that these may predict abuse; however, few studies are of a high enough quality to establish causal links. It is important that the difference between risk factors and causes is acknowledged, since these are not necessarily the same phenomena (Shader, 2019) – a risk factor may be associated with a particular outcome, in this case violence/abuse, but is not necessarily a cause of the abuse or abusive situation.

Previous systematic reviews and meta-analyses have suggested that the risk factors for perpetrators/perpetrating abuse include mental illness, substance abuse and dependency of the abuser on the victim (Pillemer et al., 2016; Storey, 2020). Johannesen and LoGiudice (2013) suggested that in using an ecological approach - as originally utilised in violence prevention work by the World Health Organisation (WHO), risk factors can be found to occur across individual victim, perpetrator, relationship, and environmental levels. In their specific study two relationship (family disharmony, poor or conflictual relationships) and one environmental (low levels of support) factors had the highest odds ratios of occurring (Johannesen and LoGiudice, 2013). More generally, in relation to perpetrators, Johannesen and LoGiudice found that caregiver stress, psychiatric illness or psychological problems were particular risk factors/potential causes of abuse of older adults, together with drug or alcohol abuse, financial difficulties, anti-social personality, cognitive impairment and history of behavioural problems. In a recent review, Storey (2020) examined risk factors related to perpetrators of elder abuse and reported that problems with physical health and mental health (particularly depression) and cognitive impairment were key risk factors. Interestingly, Storey (2020, p.4) suggest that substance abuse has 'been described as the single best predictor of elder abuse perpetration given its consistent association with elder abuse across many empirical studies and literature reviews'.

Other risk factors associated with perpetration include dependency (of the abuser on the victim, for example for accommodation, finance or emotional support), problems with stress and coping (e.g. caregiver stress/burden) as well as external stresses (such as unemployment) and/or attitudes/ageism, victimisation (previous experiences of having been a victim or abuse in childhood). More general problems with relationships and conflicts with others are also associated with perpetration. However, work that has established care giver stress/burden as a primary 'cause' of abuse of older adults has been widely criticised and it 'seems clear that early models that suggested that caregiver stress was the primary cause of elder abuse were overly simplistic (Hamby et al, 2016, p.226)'. Research since that time has established that there does not seem to be any direct causal link between caregiver stress and elder abuse;

rather situations of elder abuse would appear to be a complex and multi-faceted, multi-causal phenomenon with a number of different and interacting elements involved (Penhale, 2010).

Somewhat similarly, cognitive impairment, psychiatric illness/psychological problems, dependency, poor physical health, low income/wealth, trauma/past abuse and ethnicity are observed as have been found to be associated victim-related risk factors in previous studies. In a recent meta-analysis of chronic disease and elder mistreatment, neurological disease, endocrine disease, heart disease and other chronic diseases were all significantly associated with elder mistreatment (Wong et al., 2022). One of the few longitudinal analyses of the (potential) causal relationship between depression and elder abuse reported a bi-directional relationship – in other words, depression increases the risk of abuse as well as abuse increasing the risk of depression (Koga et al., 2020). Other work has examined childhood experiences and elder abuse and reported that poor socio-economic status of the family during childhood and suffering frequent physical punishment by parents were significantly associated with elder abuse victimisation (Chen and Fu, 2021).

Several studies have reported higher rates of violence/abuse victimisation among community dwelling older adults who have dementia (e.g. Sasaki et al., 2007; Yan and Kwok, 2011). In a systematic review of the literature, Fang and Yan (2018) reported contradictory findings in relation to dementia and abuse, most likely resulting from different abuse subtypes and cohorts studied. They found that some studies identified dementia as a risk type for some types of abuse but not others, some studies found dementia to be a risk factor more for older women than men, others the opposite, and some reported a negative association between dementia and abuse. As a result, it is not clear from the literature whether, or how, dementia may contribute to the causes of domestic abuse and the exact nature of its relevance as a risk factor.

In our interviews with professionals, dementia frequently came up as a key issue and potential risk factor, or explanation for, violence and abuse. Around a quarter (24 per cent) considered dementia to be an important feature. Typically, other forms of illness – chronic health or long-term conditions may also be associated with elder abuse or control would have been a feature – in several of the relationship previously and S42 cases analysed for this study, conditions like stroke, other neurological conditions such as epilepsy Parkinson's Disease or other forms of cognitive impairment were also detailed as affecting victims. Interestingly however, the perpetrator's diagnosis of dementia likely exacerbates this. For example, Jennifer (Nurse) explained:

abusive situations described in such cases did not necessarily relate to caregiving – or to stress related to caregiving, but rather to other factors such as substance misuse (drug and/or alcohol related), financial difficulties or mental health problems on the part of the identified perpetrators.

Clara (Nurse) described similar in her experience:

or the people who would say there's an issue of domestic abuse involved, that domestic abuse is there prior to the dementia diagnosis. But the dementia makes things worse

and it might not be that- that the abuse has come to light until that diagnosis has- happened.

Thus, many of the characteristics of victims and perpetrators described in previous studies and summarised in the rapid review, interviews with professionals and the S42 case file analysis conducted for this research, are also identified as risk factors for violence and abuse, with varying degrees of evidence supporting these claims.

Environmental, cultural, structural factors

Much previous research has primarily focused on risk factors associated with either the victim or perpetrator rather than broader socio-cultural and systematic issues. As Hamby et al (2016, p 226.) noted: ‘many of the most commonly studied risk factors are at the individual level of the “social ecology” that is, they are characteristics of the elders themselves’. However, some studies have considered wider environmental, cultural and/or structural issues, including ageism, attitudes towards ageing, generational norms and attitudes, and policies concerning violence and abuse (e.g. De Donder et al., 2016; Pillemer et al., 2021; Phelan and Ayalon, 2020).

Some of these issues also came up in our interviews with professionals, who gave a number of examples of wider structural problems, policies or processes which might contribute to the risk of violence/abuse among older adults. For example, the cost of living, poor housing options and Covid-19 were all cited as ongoing problems which may be a trigger for, or exacerbate, abuse by a perpetrator. As participant Melody (DA Prevention Worker) explained:

I'll give you one example, where obviously with the London house prices rising, it's becoming more unaffordable for people to move out and maybe buy a property or rent a property. So we have a lot more adult children who are living, and continuing to live with their parents, or move back to their parents' home, and you know, that's where the DV's escalating or happening. So, if there was more kind of support out there for perpetrators of abuse, whether it's, you know, accessing social services or mental health services or more intervention around that, then I think, you know, we could have a joint type of support that would increase the safety around that older person.

Several professionals mentioned in interviews that, in their experience, perpetrators tended to share housing and finances with the victim creating another avenue for control and making it more difficult for the victim to leave the abuse. This was the case in both spouse/partner and (adult) children relationships.

You Can't Teach an Old Dog New Tricks - Generational norms, behaviours and attitudes

Several studies have explored the causes of domestic abuse from the victim's perspective, either directly (e.g. Ludvigsson et al., 2022; Mysyuk et al., 2016; Nägele et al., 2010) or indirectly, for example by asking about barriers to leaving the relationship or reasons for not reporting or accessing support, which has illuminated some of the potential underlying causes of abuse (Yan, 2015).

In our interviews with professionals, generational norms, attitudes and beliefs were also identified as potential causes – and justifications for – abuse:

There is a kind of generational thing in the way that they will perceive abuse. I find with older victims that abuse becomes normalised, and that's a generational thing, and they don't think of being hit as domestic violence. They just kind of see that as part of being married (Archie, IDVA).

Several other practitioners also described generational attitudes either as potential risk factors or explanations for abuse, and/or presenting obstacles for identifying abuse by victims, perpetrators, or professionals:

I think it's about, it's just a generational attitude. I think that they're married and there's an expectation. We see it all the time actually, it's like, my husband slaps me, but he always has done but he's always okay, afterwards, the lower-level kind of stuff, I think it seems to be more accepted in the older population (Bob, Clinical Team Manager).

And then the last obstacle you've got sometimes is, if it's a long-standing abuse picture, so not the one that I was just explaining about, that situational abuse, but has been a very long standing, ingrained domestic abuse situation throughout the relationship. Actually, having a conversation around with the perpetrator understanding that their behaviour is not what is, it doesn't reflect a positive relationship, is really hard. Because if they've been living it for fifty, sixty years, well, I tell her what to do because that's my job. And she does this because that's her job, I know I'm being quite gender specific there, but just sort of saying, that is our main profile of situations (Mikhail, Social Worker).

So [tuts] so for those who are elderly now, for those who are kind of perpetrators now, where they've grown up in a world where, you know, if we- we think they were- they were young adults in the 1950s/1960s, then they're growing up in a changing world, but the- the UK didn't get its first refuge till the 1970s. You know, marital rape, bad marital rape wasn't challenged until the early 1990s, and it didn't become law until the 2000s. We've only just in 2020/2021, we've just got a domestic abuse DA Act. So to some degree, you- you know, there's things that are still part of our society, behaviours that are still part of our society (Grant, DA Worker).

Practitioners felt that these deeply held views and the wider normalisation of abusive behaviour for this generation presented challenges for interventions and work with perpetrators and created a need for timely, tailored work that took these generational factors into account:

It's them understanding their behaviour. I think it's a real difficult one when you're that age and it's what's happened for the last 50 years trying to get somebody to understand what they're doing and why they're doing it. I think they do know it's wrong. I think all of the cases I've been involved with when we talk about the perpetrator, they... when you ask them, do they think this is right or wrong, how do you think they feel about this, they always know they're not doing the right thing and it's trying to get them to understand, I think understand their behaviour and triggers

before it escalates but I think it's a very hard area because that behaviour's been there for such a long time. More support for perpetrators definitely to try and understand (Claire, Safeguarding Clinical Specialist).

For want of a better phrase, you can't teach an old dog new tricks. You know, that... that they're... they're kind of very ingrained in their ways and it's going to be very hard (Corrie, Domestic Abuse Perpetrator Specialist Practitioner).

Additionally, within the S42 case file analysis, in DA situations that incorporated partner violence (rather than abuse by adult children, or others) there were comments recorded in a number of the files about traditional attitudes towards marriage and division of labour within households and of husbands being dominant and the victim being expected to run that household and comply with partner's requests/demands and of increasing problems, including abuse and violence if they (the victim) could not comply with these. Further, both victims and family members interviewed during investigations in these cases indicated that such abusive situations had often existed for many years and were not likely to be easily open to change. Further, some victims were reported as stating that they knew how to manage the situation and did not want any further action by authorities, or for the investigations to continue. In a number of the cases that the researchers identified as incorporating DA (but where the local authority partnership did not necessarily designate the case as related to DA), it appeared that a victim requesting the investigation to cease, or otherwise refusing to cooperate led to case closure and this could perhaps be linked to an associated failure to fully consider DA.

In summary, the existing literature on risk factors indicate that these exist across multiple levels within a socio-ecological framework, with individual characteristics, interpersonal relationships, and social, economic, community and structural factors overlapping and intersecting to produce the conditions in which violence and abuse occurs. However, most research in concentrated at the individual level, with few studies examining risk at, and interconnecting with, other levels. Additionally, there is a paucity of high-quality research which moves beyond *identifying and assessing* risk factors to establishing *causal* factors that can be used to develop prevention and intervention work. This is critical to supporting professionals working with victims, and perpetrators, who are currently lacking sufficient evidence on what the risk factors and causal factors are which hinders identification of abuse, risk assessment and management, and perpetrator prevention and intervention programmes (**Recommendation 1 and 3**).

Research Question 3: How do statutory services identify, risk assess and respond to cases of domestic abuse involving older adults? Do current tools and interventions adequately apply to perpetrators of abuse against older adults?

This section presents the findings from interviews with professionals and analysis of s42 case files relating to how abuse is identified, responses to victims and perpetrators, and tools used to risk assess and deliver interventions.

Identifying domestic abuse

In interviews with professionals, several told us that abuse of older adults was often invisible and infrequently picked up by services. This was either because the victim and/or perpetrator had less contact with public services as they aged/the type of service changed (for example, midwives, schools and children's services that often have training to identify domestic abuse are less likely to be routinely involved with older adults) or because the perpetrator or victim 'hid' the abuse, or because the professionals were not trained to 'see' domestic abuse in later life. Sometimes, it may be because abuse in later life is not considered to be serious and/or the longevity of DA experiences in many situations meant it was dismissed by professionals as a feature of their relationship rather than a flag for domestic abuse:

I think it just would be, being more mindful as well I suppose of what actually... and so agencies being aware that that's... around the risk around that age group as well, cos I think a lot of people don't necessarily want to see it or they're... because they've been married for a very long time, or it's a son or it's... it just... it's kind of quite normalised and it's like, oh, they've always been like that, whereas, I think, if it's a younger victim, it's seen as, it's not as acceptable, whereas for some reason, I think with older people, it's just something... oh it's just sort of part and parcel of their relationship because they've put up with it for a long time because it's obv... normally it's something that hasn't been... if... it doesn't necessarily usually start in their... when they're in their eighties, it's something that's been happening historically for a very long time. They just haven't either reported it or no one's actually done anything about it (Steph, Police Investigator).

Similarly, Corrie (Domestic Abuse Perpetrator Specialist Practitioner) felt abuse among older adults was often not seen as abuse, even though the behaviour would likely be of concern among younger adults:

We do link in and we're sort of trying to work a lot with adult social care in terms of like improving their responses but also them identifying the abuse as well because often when we find it, they see things but they don't... they sometimes don't contextualise that as... or see that as domestic abuse

Some professionals felt there was a lack of scrutiny in older adult's relationships and ageist assumptions about older people *needing* help because of assumed inherent vulnerabilities meant that coercive control and violence/abuse was often missed or overlooked. For example, Sandra (CEO of DA Charity) said:

So, you know, certainly adult safeguarding or, or health, need to be much more alert rather than thinking oh that's great, aren't they great? They're doing such a good job

looking after their parent, when actually, behind that is a very controlling situation and, and you know, they haven't been asked you know, they haven't got... they haven't got a client voice. They haven't got the woman's voice in any of that. They're just kind of... and unwittingly colluding with the perpetrator.

This may also be linked to the fact that professionals in the caring professions/human services are trained in issues specifically related to health, care and welfare and therefore in their work with older adults consider concerns about abuse to be linked to these perspectives rather than DVA or IPV and are seen through a welfare lens. Approaches to violence and abuse are therefore perceived as about care and support rather than gender relations, power and control and are thus dealt with in that manner. This also results in responses and measures taken being oriented towards vulnerability and protection (which might mean the individual is viewed as needing to be removed from the situation 'for their own good') rather than empowerment and enabling the person to act to keep themselves safe. If such a perspective (of the situation concerning DVA) there is thus often a somewhat fragmented approach in relation to DA.

Katie (IDVA) reflected that, despite training delivered to professionals across different agencies, there had been no real increase in referrals for older victims and professionals were still not recognising violence and abuse against older people:

We don't get that many from adult social care. The police, or health really – they'd – they'd come from. But considering, you know, kind of – with adult social care, I mean, they must see a lot of it, or whether they just don't recognise it. We're not getting a lot of referrals through there.

Stereotypes about who is a victim and perpetrator of abuse came up in several interviews as reasons why older victims and perpetrators are often missed by professionals.

Quite often, the men haven't been necessarily physically violent. They usually fairly well-off men, you know, like, middle class held down a job, retired on a decent pension, members of golf clubs, that kind of thing. And that's why the victims often get missed, because, on the surface, they've got all the trappings. And domestic abuse agencies don't necessarily know how to deal with that (Melody, DA Prevention Advocate).

Selina (Perpetrator Service Manager) also mentioned the stereotype of who a domestic abuser was as a key reason why abusers of older adults are often missed:

Selina - There are still many people out there... out, who... who, if you're asking a domestic abuse perpetrator if they are... they will describe probably your man, probably your kind of a thuggish man, certainly a younger man, and certainly somebody who is quite violent. So we have to kind of move people's thinking, so that that kind of stereotype is challenged.

Another common stereotype of a perpetrator as a strong, heterosexual and young man meant older perpetrators – whether male or female – were often viewed as unlikely to be a risk,

particularly if they had health problems which meant the perpetrator was considered vulnerable themselves:

I think sometimes as well like it blindsides professionals when he has health difficulties himself. So when he's an older perpetrator, and he has health difficulties and they kind of... you know you have all those sorts of stereotypes about older people and frailty and, you know... and so, when she's saying, oh, well he did this or he did that, they're kind of looking at him and going, no, I don't think he could do that or... or thinking, you know, somewhere at the back of their mind, well he can't do that much harm but they're not considering that she's also quite... quite frail as well, you know. Like and I've had cases where he's like, you know, used his walking sticks to hit her and stuff and people are like, well he walks with a walking stick, what sort of damage is he going to do? (Corrie, Domestic Abuse Perpetrator Specialist Practitioner).

This may also mean that health and care professionals may only consider older perpetrators as potentially abusive if they are considered from the welfare orientation, stated above – there is an urgent need to challenge stereotypes of who victims and perpetrators of domestic abuse are and ensure training, policies and practices and inclusive reflect domestic abuse across the life course (**Recommendation 4 and 6**). And within such situations there may be some sympathy by professional(s) for a perpetrator if this accords with an identified professional narrative of carer stress/over-stretched carer who is unable to cope with the demands of caregiving, rather than consideration of perspectives linked to the relational and interpersonal violence/DVA contexts in which the situation has developed and taken place.

The health of the perpetrator was mentioned by several professionals as adding layers of complexity to cases of domestic abuse. For example:

And I would say of the cases that I've worked with, the majority would be child to parent violence, adult child to parent violence. So, where they're older adults, the adults the perpetrators are typically the children in those cases. That's not always the case, but that-that would probably make up the majority of the cases that I have worked with. If it's partner violence, the ones that I've seen and usually where they have some sort of [sighs] additional health issues, and that can pose a real challenge, because we don't know whether the abuse is located within, you know, the need to exert power and control or whether it's located in some medical condition (Cher, DA Coordinator).

In relation to risk factors for elder abuse, referred to in an earlier section, established evidence about risk factors concerning perpetrator difficulties – with mental health or substance abuse conditions, personality and/or dependency issues may be important considerations in the genesis and perpetuation of abuse towards older adults. If professionals are not aware of these risk factors, or fail to take them into account in a given situation then this may lead to a failure to adequately address the situations referred to their organisations

Risk assessments

In the professional interviews, participants primarily spoke about the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment which is widely used across statutory (and non-statutory sectors) to identify high risk cases of domestic abuse and refer into appropriate risk management and monitoring processes. Participants did not routinely bring up risk assessment, but when asked during the interview about how they approached risk assessment with older adults, confirmed this was the tool they tended to use (n=38, 61 per cent). Overall, 28 practitioners (45 per cent) felt the DASH was not currently used appropriately with older adults and/or raised concerns about the appropriateness of the questionnaire used as part of a DASH risk assessment. For example, Amy (Victim Support Worker) explained:

I mean, [sighs] okay, I would say. But some of the questions on this risk assessment, the standard risk assessment, they don't really tackle the chil... you know, abuse- abuse from the children because it kind of some of the questions says about separation, or in terms of the kind of indicate that they like intimate relationship between those par- par- partners, you know. But in that case there's no intimate relationship, it's obviously like a family abuse like between the child with their mum or dad. So some of the questions like we kind of... they're not really relevant. Not- not many of them, but s... but a few I would say.

The appropriateness of the questions contained within the DASH to assess domestic abuse against older adults has been raised in previous research (e.g. Clarke et al., 2012; Older People's Commissioner for Wales, 2019). It is important to recognise that DASH is a risk assessment tool which comprises multiple elements, of which the risk assessment questionnaire is only one part – indeed, the effectiveness of the risk assessment being dependent on professional knowledge and skill emerged as a key theme in our analysis, discussed by 21 professionals. Nevertheless, professionals raised concerns that the questions themselves may not capture the characteristics, dynamics and risk factors that exist for older people which may not be the same as those in younger cohorts. **(Recommendation 3).**

From the S42 case file analysis, it was apparent that there were very few instances of risk assessment use being recorded in the documents seen. Only 6 records (of 69 – 9 per cent) were found with direct reference to risk assessments having been undertaken and within these records, reference to use of specific risk assessment tools was limited. Two case files recorded use of a DASH assessment, one record referred to use of a Harm matrix and another to use of the VARM (Vulnerable Adult Risk Management) system, which includes a risk assessment tool. Two further cases mentioned/recorded that a risk assessment had been carried out without specifying the type of assessment or tool used. There was also a further small number of files (n=5) in which information about whether risk assessment had taken place was either not clear, or was alluded to, but any further related information was not provided. The remaining 58 case files (84 per cent) did not mention or record risk assessment at all.

It should be borne in mind here that for the purposes of this study, the researchers were only provided with secure access to redacted documents relating to the S42 processes and this did not include access to any other case file documents that might have existed for cases. It is

entirely possible that much more detailed information, including that relating to risk assessment(s) was contained in these documents – or equally in procedural documentation used within the authority, which was also not available. What was evident from the analysis was the comparative absence of relevant information concerning risk assessment(s). The lack of recording (and therefore probable lack of use) of DASH assessments may relate to the observation contained in the professional interviews and already referred to earlier, that the DASH tool is not considered to be useful for assessment of older adults, particularly for non-partner related violence. Likewise, it may also relate to a professional perception that such tools are only used (or of use) with younger individuals. Equally the apparent absence of use could even concern a lack of knowledge about the DASH (or other DVA) risk assessment tool(s) on the part of the professionals undertaking risk assessments relating to elder abuse.

Moreover, linked to this is an observation that an essential part of social work education and training concerns the acquisition and development of assessment skills – including assessment (and management) of risk and risky situations. Obviously other professions may also have a focus on these issues in both professional formation and practice, but as most of the safeguarding work was undertaken by social workers (with their long-standing orientation towards risk), it is possible that specific mention of such assessments was not made in the case records analysed because of an implicit assumption that anyone reading the record would know/understand that risk had been assessed and adequately considered. However, in the absence of explicit recording of this having taken place it is not possible to be certain that this was the case.

Some professionals felt that specific DASH/older victim risk assessments were needed:

I think I think that's something, you've put your finger on something there, because we've got the stalking, and we've got all sorts of other DASHs, and we do not have an elderly DASH. (Mary, DA Case Worker).

However, we would caution against this at this point, given the lack of current research on risk factors (see earlier section in this report) and the concerns about 'bracketing off' abuse of older people from that of younger people, without sufficient evidence that age creates material differences that require completely distinct approaches.

Perpetrator interventions/capacity – gaps in services

Very few professionals we spoke to had any direct work with perpetrators (**Recommendation 5**). Most had broader safeguarding and/or victim focused responsibilities and approached prevention from this perspective, namely preventing victims from revictimization. All professionals we spoke to felt that there was very limited work with perpetrators generally, primarily down to capacity and lack of specialist services:

I think there needs to be a lot more support offered, or a lot more intervention around perpetrators who are obviously perpetrating this abuse. It's- it's really difficult cos there... it's always comes... kind of falls down to capacity really, if somebody has the capacity to make their own choices then services tend not to get involved, and I think if there were more services out there maybe for perpetrators (Melody, DA Prevention Advocate).

Several commented on specific gaps for older perpetrators and perpetrators who were family members as most current interventions have been built on the research and evaluation evidence that has largely focused on young victims and perpetrators of domestic abuse:

Well there's no age group of perp... this is the thing with this particular aspect, you've got, you know, a defined age range for victims but the perpetrators could be young, right up to the same age, if not older than them and... and that's quite tricky to find something that works across... and whether that's about... thinking of... of this, not as a homogenous group, so perpetrators of older abuse and let's not go at... start thinking about this as... as they are homogenous and let's... let's think, is it worth thinking about whether this behaviour or what we're looking at or the dynamics, the characteristics are actually different if it's familial abuse, rather than intimate partner violence? (Selina, Perpetrator Service Manager)

Steph (Police Investigator) similarly agreed that current interventions are aimed at younger perpetrators and that these may not be suitable for perpetrators with age-related vulnerabilities:

I think a lot of services to deal with behaviour change for perpetrators don't really tend to cater for older adults and whether you would want to put them in that situation, where they're... as they are a bit more vulnerable. So, I think there needs to be a bit more thought around how that's done, whether that's done on a more one to one or whether there is something... a specific group.

Others commented on the need for interventions to tackle sexist and gender norms and attitudes which may be more deeply entrenched for older adults and intersect with ageist views and belief:

And in terms of the interventions, there's- there's nothing specific that I'm aware of- that I'm aware of that kind of really starts to unpick that- that around those older- the e-elder abuse and relationships (Cassandra, Perpetrator Coordinator).

I think the challenges that we've seen are more in relation to, as I mentioned before, looking towards the future, looking at hope, looking at changing something that possibly has been there for a very long time. You know, I think as you get older, you're we look at sort of, quite often people that perpetrate domestic violence or stalking, th-the-there is an element of distorted thinking, a sense of entitlement. And I think that becomes more ingrained, as you get older, particularly if you haven't, if you've never been in contact with the police and your behaviour has always been seen to be socially acceptable, or, you know, you've never been pulled up about your behaviour before. So, I think it's more ingrained. And I think, just thinking about one chap that we've been working with, you know, he's not necessarily gonna, he's not gonna necessarily change the way he is, you know, we can't come in and change sort of 30, 50 years of core beliefs or distorted beliefs (Serena, Forensic Practitioner).

As a result of the lengths of abuse and wider harmful sexist and ageist views, such interventions should be more timely:

All the victims that I have, that are older, it's been going on for many, many years, so there needs to be intervention earlier in the relationship (Genevieve, IDVA).

The S42 case file analysis contained scant information about interventions relating to perpetrators. This could largely be attributed to the over-riding focus of the documentation on victims/vulnerable adults. As mentioned earlier, very little information was obtained in the recorded documentation about perpetrator characteristics, and whilst understandably case record forms contained questions relating to the older victims and the specific incident that was being reported/referred as a safeguarding concern. There is a concern that this contributes to the apparent lack of understanding about perpetrators of elder abuse and further that the absence of a holistic approach that considers both victims and perpetrators means that knowledge and understanding of this aspect of the phenomenon is conspicuous in its absence and a full appreciation of elder abuse is not attained. In order to rectify this some consideration should be given to inclusion of a number of questions about perpetrators should be included in relevant forms and that routine information should be captured in order to contribute to the development of the knowledge-base in this area. However, as this case file analysis relates to one Safeguarding Adults Partnership in England, it would be necessary to undertake further, broader case file analysis across different areas of the country (England) in order to determine if this lack of recording of data relating to perpetrators is an artefact of the particular partnership studied, or if - as seems likely given the content of the professional interviews and the fact that interview participants came from different areas of the country – the issue of lack of information and data gathering/capture about perpetrators is of more general concern (**Recommendation 1 and 2**).

In conjunction with the lack of data capture about perpetrators in general terms, there was a distinct lack of questions or data capture concerning perpetrators – this included an absence, even on the case closure records, about any intervention(s) relating to perpetrators. Whilst there was some limited reference (n=2 cases, with 2 further cases that were unclear about this) to (alleged) perpetrators being assessed psychologically as part of the investigation process, the only information about perpetrator 'interventions' appeared to relate to criminal justice related activity, although even in the few instances when a perpetrator was reported as having been arrested, the case record did not necessarily contain additional information about what had subsequently happened with the case from a criminal justice perspective or what had happened to the perpetrator.

As stated above, it is possible that further information about such aspects could have been captured and be found within other files/documents relating to a case, but there was an evident lack of such detail in the S42 documentation, even in the recording of the outcome of the investigation and/or case closure record as these had a focus on whether the case had been substantiated (or not) and an emphasis on information about what had happened to the victim/vulnerable adult. This might also relate to the requirements of the Safeguarding Adults data collection process whereby local authorities make an Annual return to NHS Digital (which has a focus on outcomes), which is subsequently collated, analysed and reported/published, and the government guidance relating to the Care Act 2014 sections on

safeguarding. The associate guidance to the Act contains an emphasis on the centrality of the individual about whom concerns have been raised and the need to employ the Making Safeguarding Personal approach, which focuses on the individual who has (or may have) experienced harm, within safeguarding work (DHSC, 2022).

Approaches in s42 enquiries, outcomes and closure decisions

Once a referral had been accepted as meeting the threshold for a S42 enquiry/investigation further actions took place, generally in line with accepted practice in relation to such work from the preliminary stages onwards. In by far the majority of the cases (n=58, 84 per cent) reports contained itemisation of discussions held, including interviews as part of the investigations. In the remaining 11 cases (16 per cent) it is highly likely that similar discussions were held (otherwise a case would be unlikely to be able to proceed), but there may not have been explicit recording of such on the form, as recording practices undoubtedly varied between professionals who were completing a S42 form for a particular case. The range of discussions held varied across cases, depending on the nature of the situation but reports included references to discussions with the person/agency who had referred the older adult to safeguarding, the vulnerable adult/victim, family members (where appropriate), and a range of other organisations: police, health, social work and/or social care, care providers (both domiciliary care and care home), older peoples' support organisations (generally voluntary sector agencies), finance related organisations, including banks, finance/debt management organisations or those involved in appointee-ship arrangements, housing organisations and several domestic violence related agencies. The extent of the involvement of these organisations is detailed later in this section. Some organisations were involved throughout the course of a case, whilst others were contacted at a later point, beyond initial stages when protection or care plans were being developed.

Following initial discussions, case reports indicated that strategy meetings, used to plan the enquiry, were held in some cases (n=15, 22 per cent), although other reports contained references to meetings (n=3, 4 per cent) or Multi-Disciplinary Team (MDT) meetings (n=6, 9 per cent) that were held. In a further 5 cases (7 per cent) it was not clear if a Strategy meeting had been held or not. As only 4 cases (6 per cent) indicated that such a meeting was either not necessary or was not held, for the remainder of the cases (n=36, 52 per cent) it is not possible to know if the absence of explicit mention of a Strategy meeting is an artefact of the recording (or poor practice in this area), or if no such meeting was held. Irrespective of whether formal meetings were held/reported, case records then detailed further actions taken in terms of further discussion and interviews and referrals made to and/or contacts with other agencies. Only 2 cases (3 per cent) referred to a case conference being held as a further stage in the process, to consider the findings from an enquiry and determine the outcome and any further action or care planning required. However, an additional 4 cases (6 per cent) recorded that MARAC meetings were held (this is a specific type of case conference for risk management purposes - for cases where risk was higher). It is also possible that the references to MDT meetings may also be linked to a case conference type structure. Moreover, as previously stated the nature, extent, and quality of recording of such contacts during an investigation varied across case records. Some cases provided information in summary form whilst others contained much more detail of separate and discrete actions taken during an enquiry. At times the S42 closure forms repeated much of the information contained in the standard S42 form, with a short closing section added on.

In relation to outcomes of enquiries and case closure, the file analysis determined that these were not always straightforward to determine within cases. Although 11 cases (16 per cent) recorded that a Protection Plan had been developed for the individual vulnerable adult, even for 2 cases in which the older adult (alleged victim) had requested that the enquiry should cease, other cases contained recorded information suggesting that such a plan was in place, perhaps in a more informal sense (i.e., not formally called a protection plan). Thus 6 cases (9 per cent) recorded that monitoring of such situations had been put place – usually through care agency involvement and agreement to undertake this function and in one case in which a MARAC meeting was held, a system of daily checks on the older adult was put in place, but was not explicitly referred to as a protection plan. In a further small number of cases (n=3, 4 per cent) there was also reference to review meetings to be held for cases. And in additional 8 cases (11 per cent), transfer of a case to a locality or district team for ongoing work, including reviews, was reported. In 8 other cases, arrangements for admission to a care home were made, and in another case an emergency placement in a care home was instigated at an early stage in the enquiry to safeguard the individual. In a further case an older woman who had received treatment in hospital but had disclosed long-term and ongoing IPV from her husband decided that she would not return home and moved to live with a relative, at least for a temporary period whilst considering further how she wished to proceed; thus the risk to the woman was recorded as removed (but was not formally recorded as a protection plan). And in another DA related situation arrangements were made for an older woman to be admitted to a care home if her husband was discharged home from hospital, as there was a high (and increased risk of violence including sexual abuse by him) but in the event this was not required as her husband died and did not return home.

Given the complexity involved in many cases, the matter of case closure was therefore not straightforward. Since the records were redacted for research purposes it was not always easy or even possible to work out exactly what happened within enquiries, including at the point of closure. This was particularly the case if a number of individuals, for example multiple family members, were involved in situations (although not necessarily all as perpetrators). Generally cases contained recording of outcome in bold terms, in line with DHSC data collection requirements. The options in relation to the local partnership convention for data recording at closure were: Substantiated/Partially substantiated/ Inconclusive/ Not Substantiated. At national level the framing is of risk identification and whether action was taken or not. There is also the possibility (nationally) to record that an enquiry was ceased at an individual's request, and no action taken and where this was the case, this appeared to be recorded in the S42 cases in the sample. In broad terms, the closure forms (in relation to closure to safeguarding) contained some determination about a recording (as above), but it was not always clear what the full outcome was – particularly if the case was passed to locality/district level for further monitoring and review. At times it seemed that cases rather 'petered out' – although as already stated more information could have been contained in other case files related to the individual (particularly in cases with ongoing social work/social care support), nevertheless, or even in addition, recording could have been somewhat incomplete.

Finally, the length of time that cases were open for enquiries was, as might be expected, variable, with a range between 3 days, to several weeks to a substantial period of time (many months). As an example, one complex case relating principally to financial abuse and

exploitation (but encompassing the definition of DA) was open to safeguarding for over 7 months, including a police investigation and housing relocation. A further particularly complicated and high-risk situation comprising 3 separate referrals over a period of time (but effectively about the same familial relationship) extended to well over a year, with the final outcome unknown. This was due to the specific circumstances of the case including a prison sentence for the perpetrator and unknown outcome (at the point of data collection and analysis) relating to the final release of the perpetrator from prison and what might then transpire.

Criminal justice involvement and responses

In relation to police involvement in the S42 safeguarding processes, the file analysis established that this was not something that happened as a matter of course. Whilst this could relate to the perceived nature of a case and that not all abusive or neglectful situations necessarily constitute a crime, involvement of the police recorded within the case files was found in 40 cases (58 per cent). For the cases where the police were involved, determination of whether a crime had been committed was not routinely recorded in the S42 files – in 12 cases no report of this was made and in a further 18 cases (26 per cent) this was not clear. In 15 cases no crime was recorded/reported, but information stated that the case had been filed or closed; that the police had indicated that there was insufficient evidence to proceed or that No Further Action (NFA) was being taken – but without any further detail provided (perhaps because this was a summary recorded on the form). In one record a comment was provided that a police officer had stated that there were ‘No issues’ in relation to the particular case, whilst in another case file a police view that there was ‘No offence’ was reported. Further reference was made in another case that the case should go ‘to adult safeguarding’. Another case (justifiably) stated that since the alleged victim of financial abuse had stated that they had given their bank card to their son, there was no case to proceed with a police investigation whilst another file reported a police view that it was not possible for an investigation (of financial and emotional abuse) to proceed as the OPG were involved and conducting their own enquiry into the situation.

In a small number of cases (n=6, 9 per cent) the referral to local authority safeguarding was made by the police who had responded to information received and taken a decision to refer the matter on to safeguarding for investigation and possible action. This appeared to be following a determination that there was no need for a formal police investigation, albeit that this relates to a small number of cases. It is possible that these onward referrals by the police may perhaps have been after an initial determination that the situation did not involve a crime, but this was not recorded in relation to these cases. In one case, a referral about the same situation was made to safeguarding by both the police and another organisation (a care agency). It is important to note in addition, however, that as many of the cases were referred and dealt with during the course of the Covid-19 pandemic, it is not possible to know what possible restrictions/constraints there might have been in relation to police involvement during periods of lockdown and what policing priorities existed in relation to specific cases.

In one case the police declined to become involved in a safeguarding investigation, but on being sent a voice recording of a call made to an emergency line centre (cf. lifeline) that recorded verbal aggression from a son to his mother and possible sounds of a physical assault then decided to investigate. Another case file detailed that the police had declined to

investigate a reported sexual assault/rape of an older woman by younger (male) relatives; this was recorded on the S42 file as stated (by police) to be on the grounds that the case was outside of forensic timescales (for evidence collection) – and in addition the victim was subsequently referred for a mental health assessment, although the case file did not contain enough information to indicate a need for such a referral. This is perhaps suggestive that the woman’s testimony/report of the assault was doubted – and taken together, these reports may provide some evidence of poor professional practice in this particular case.

Non-statutory agency and professional involvement in S42 enquiries

In addition to investigation by the local authority safeguarding adults team, as the lead agency, it was clear from the case file analysis that a multi-agency and partnership approach to the work was used within enquiries. This approach has been advocated in adult safeguarding (which incorporates situations of ‘elder abuse’) since early government guidance from 2000 (DoH, 2000); it remains in line with the current requirements of the Care Act 2014. In addition to the involvement of police/criminal justice agencies, it is therefore relevant to consider the nature and range of agencies involved in such multi-agency work. In terms of the responses to and involvement in safeguarding investigations (S42 enquiries), the agencies involved most often in the cases analysed were found in similar proportions to the police; it is useful to note that these are statutory organisations – and that their involvement is mandated by the Care Act. Health service agencies (either primary or secondary healthcare) were involved in 39 cases (57 per cent), whilst social services (social work or adult social care) were recorded as involved in 49 cases (71 per cent) – this could be in relation to existing social work/social care involvement in cases, or of referrals to these parts of social services for ongoing involvement in cases once safeguarding involvement had ceased.

Of the non-statutory organisations involved, care agency providers were recorded in 27 cases (39 per cent), whilst care homes were reported as involved in 13 cases (19 per cent) – although a small number of cases (n=4) of abusive situations were referred in relation to individuals living in care homes but alleged to experience harm in that setting (not from care staff), the remainder of the cases (n=9) were involved through individuals being admitted to care homes during the course of the case, for either temporary periods or for a longer – possibly permanent – stay. The higher number of cases that involved care agencies may relate to the preferred outcome of enabling an individual to remain living in their own home (or with relatives) rather than admission to a care home. In addition, care agency involvement also not infrequently consisted of ongoing monitoring of individuals and situations, to establish if further abuse and/or neglect was taking place. Such monitoring could perhaps serve to assist in preventive as well as protective functions. In keeping with the interview findings about the lack of linkage of elder abuse situations to DVA, and DVA related processes, involvement of domestic violence related organisations (including counselling and refuge services) in the cases analysed was found to be rather limited (n=11, 16 per cent) and in one case it was a domestic violence organisation that made a referral to the local authority, as well as continuing its own involvement with the older woman concerned.

Older people’s service organisations (from the voluntary, or 3rd sector or NGOs such as Age UK) were involved in 12 cases (17 per cent) and these appeared generally to concern either referrals for support, or existing support provided. Other organisations were involved in cases to a much smaller degree and appear to a large extent much more related to specific

situations that had been referred to safeguarding for investigation. Thus, for example, Housing organisations were involved in 4 cases (6 per cent), particularly where individuals needed to be re-housed in order to move from a perpetrator/abusive situation, whilst finance organisations (including Banks and LA appointee-ship) were recorded in 5 cases (7 per cent) – specifically in relation to elder financial abuse cases and money/debt management. Occupational therapy, reablement and equipment services were recorded as involved in 5 cases (7 per cent), whilst the local emergency alarm service was also recorded in 5 cases (7 per cent); this was either in relation to referrals to such services for future provision/protection, or in 1 case, a safeguarding referral from the care centre operating the alarm system. The probation service, Office of the Public Guardian, substance abuse service, IMCA (independent mental capacity advocacy) service and a day care service were each recorded on one occasion (not the same cases), thus also reflecting the nature of individual situations and cases. Involvement of family members in investigations/enquiries was high, with reports of such involvement in 48 cases (almost 70 per cent); this meant that the proportion of families involved in investigations/enquiries was higher than any of the organisations, which in many, if not the majority of situations and cases is likely to be appropriate.

The most common action recorded as being taken within cases was that a home visit to the vulnerable adult/victim was undertaken. This was reported as taking place in 53 of the analysed cases (77 per cent, or just over three-quarters of situations referred); this included visits in 2 cases to care homes that individuals were living in, but were considered to be home visits in relation to an individual's normal place of residence/home. Other actions such as psychological assessment of either a suspect/perpetrator (n=2), or a vulnerable adult/victim (n=6), or a physical examination of a victim (n=3) were only reported in a small number of cases, which may also relate to the specific nature of cases referred. A police search of a home/premises was only recorded in one case, while in 2 further case reports this was unclear and although a seizure of weapon(s) from a property by the police was not recorded in any of the S42 case files, 2 case records were also unclear on this matter. However, this is considered likely to relate to the general nature of the abusive situations that were referred for S42 investigation(s), as only a small number appeared to relate to cases encompassing high levels of risk of physical violence to individuals.

In terms of the nature of the types of evidence that was recorded in the S42 documentation, oral evidence was predominantly reported and occurred in 64 cases (93 per cent). Oral evidence was not recorded as being obtained in the other 5 cases (7 per cent). Documentary evidence was reported in 8 cases (12 per cent) and recorded as consisting of a variety of written reports from social services/adult social care (3 cases); social support agencies (2 cases); police (1 case) and a domestic violence/counselling service (1 case). In one further case a family member who was alleged to have physically abused his mother provided a video recording that apparently showed her self-injurious behaviour. This 'evidence' was corroborated by the family GP, who indicated that in their opinion, the physical marks and apparent (minor) injuries that the older woman had sustained were likely to be related to both her long-standing medical condition and the behavioural sequelae/consequences of this. Finally, none of the case files analysed contained any report about forensic evidence being either obtained or shared with agencies involved in investigations.

Only one record in the file sample reported that a suspect/perpetrator had harassed or otherwise interfered with a/any witness, although 2 further cases were unclear on this matter.

Although it does not strictly concern professional responses, the reporting of the vulnerable adult/victim's stance towards the investigation/enquiry is also of some interest. Data on this aspect was therefore extracted from the information available in the case file samples. The highest number of responses was recorded as in the category of individuals: Mainly supportive (n=17, 25 percent) to the enquiry, with the next highest grouping indicated as Not supportive (n=13, 18 percent). Individuals stated to be partially supportive were reported in 12 cases (17 per cent), whilst those who were mainly reluctant comprised 10 cases (14 per cent). A category of 'Other' constituted 8 cases (12 per cent) – this generally comprised situations where an individual was held to lack decisional capacity so their attitude to the investigation could not be determined; in a further 6 cases (9 per cent) this was Unclear or not possible to determine. For instance, it was not clear in the case file how far the older person was or had been involved in the enquiry process or what they understood or had even been informed about the investigation. The smallest category of responses, reported in 3 cases (4 per cent), was of individuals who were Fully supportive of the investigation. It should be noted that these distinctions were generally derived during the analysis (although present in the data extraction template that was developed and used). Whilst some records were clear about an individual's stance towards and co-operation with the enquiry, it was not always possible to determine the degree of the person's level of involvement in the processes that took place, or what the overall level of understanding was (or what explanations were provided to individuals).

Further, as previously stated, it appeared that in some of the cases in which DA had not been flagged as the type of abuse, this related to the fact that the outcome had not been substantiated or was inconclusive. This could have been due to difficulties in obtaining information or completing the investigation/enquiry process, particularly if the vulnerable adult/victim requested that the process should cease and/or either stated their opposition to any continuation or indicated a clear wish to remain in their circumstances (perhaps with some additional support, although this was not always the case). This included situations of denial of the problem, withdrawal of a prior statement or information, or even perhaps a statement that they could manage the situation and risk(s) involved. However, the fact that it was not always possible to conclude an enquiry, or to fully substantiate that abuse had definitely occurred does not – and in our view should not – mean that a situation that encompasses the (government) definition of DA is not categorised (or is even down-graded from an initial classification of DA) as Domestic Abuse, even if it takes place within the context of older adults in the latter stages of life (**Recommendation 2 and 4**).

Policy implications and recommendations

The evidence will be used to develop policy briefings and make recommendations for perpetrator prevention, risk identification, management and assessment of domestic abuse in older adults.

Recommendation 1: Increase research and evidence on perpetrators of domestic abuse of older adults

The rapid review revealed there were only two specific papers focusing on perpetrators of domestic abuse against older adults and, although there is now a significant body of research on victimisation of older adults, few studies collected data on perpetrators beyond their sex/gender and, in a smaller number of papers, their relationship to the victim. Consequently, we know very little about perpetrators in terms of their characteristics and backgrounds, motivations for violence/abuse, risk factors and causes and the applicability and suitability of existing policies and interventions designed to prevent and respond to abuse. It is therefore critical that we **build a knowledge base through rigorous academic research, particularly that which focuses on establishing a comprehensive and holistic understanding of the phenomenon, and the risks and causal factors.**

Recommendation 2: Routine data collection by agencies (safeguarding and other related organisations)

Agencies who work with victims or perpetrators and/or those with wider safeguarding roles **should gather more data on perpetrators and specific questions should be contained in data gathering materials (forms used etc.).** This would help to develop knowledge about perpetrators of elder abuse – and to establish a more holistic understanding of the phenomenon. It would also contribute to further development of strategies for both prevention and intervention, for without a fuller understanding of perpetrator characteristics, risk factors for perpetration and how to respond to perpetration of abuse (in terms of intervention and/or treatment of perpetrators) it is unlikely that the overall strategic aim of prevention of elder abuse would/can be attained.

Recommendation 3: Ensure that risk assessment of (potential) victims and/or perpetrators reflect full life course

Risk assessment tools in relation to abuse of older adults appear to be lacking and perhaps under-developed (given the views of professionals about the lack of/need for an equivalent DASH tool for older people). Our research across all three phases indicates that in the majority of cases, the perpetrator is an (adult) offspring/child. **Current risk assessments are not designed to capture risk from perpetrators other than partners/spouse and this should be urgently examined to ensure this is captured within the risk assessment process.**

Work should be undertaken to review and develop such tools and to provide relevant professionals (and para-professionals such as the social care workforce) with adequate training in the application and use of appropriate risk assessment tools, particularly as related to safeguarding. We would caution against the development of new/standalone risk

assessments for domestic abuse in later life at this point until sufficient evidence on risk factors and causes of domestic abuse in later life has been established.

Recommendation 4: Expand understandings of domestic abuse to incorporate (adult) child-to-parent violence

Although the current statutory definition of domestic abuse in England and Wales is broad to cover both partners/ex-partners and wider family members including (adult) children, most research, policy and practice continues to focus on intimate-partner violence. Our research has shown that, in the majority of cases, abuse against older adults appears to be perpetrated by an (adult) son or daughter. Thus, while intimate partner violence still accounts for a large proportion of domestic abuse against older adults, it should not dominate our understandings and approaches. We must move towards seeing domestic abuse as a problem across the life course and one that can involve partners as well as wider families.

Recommendation 5: Policy and practice must move away from being solely victim focused and increased provision for perpetrators is urgently needed

It was clear from all three phases of the research that perpetrators are often an after-thought, both in terms of developing knowledge of domestic abuse in older adults, as in professional responses and associated policies. However, we will never fully address domestic abuse (against all age groups) if we do not tackle perpetrators. This requires a focus on and increased understanding of perpetrators as well as victims. It was clear from interviews with professionals that the provision of services for perpetrators is very poor, with few available options, and those which do exist are likely not well suited to older adults. We therefore need to introduce and significantly increase the availability of perpetrator programmes and ensure that these take into consideration age-specific factors, including generational norms and values, lifestyles, history and futures, and are adapted as more research is conducted into risk factors and causes (Recommendation 1).

Recommendation 6: Public awareness raising and training for professionals, as well as policies and guidance, must be inclusive of older adults and challenge existing stereotypes

Professionals told us that domestic abuse against older adults is still often missed, both by victims and perpetrators (who do not necessarily view the behaviour as abusive) and wider society and professionals. Stereotypes about perpetrators being young men who embody the gendered masculine characteristics such as being tall, powerful, physically abled continue to dominate understanding and influence responses. Our research has shown that domestic abuse is a life long problem, and in later life perpetrators can be male or female, spouse or other family members, and do not necessarily fit into the traditional model of who or what a perpetrator is. Public awareness raising of abuse should include images and examples of older adults as victims and perpetrators, and of male and female, spouse and familial perpetrators. Equally, professional training should include a range of case studies/examples of domestic abuse which reflect the various dynamics across the life course and challenge these stereotypes, and associated policies and guidance should be reviewed to ensure they are fully inclusive.

References

Action on Elder Abuse, 'New Definition of Abuse' (London: Action on Elder Abuse, 1995).

Action on Elder Abuse (2019) JUSTICE COMMITTEE PROSECUTION OF ELDER ABUSE SUBMISSION FROM ACTION ON ELDER ABUSE SCOTLAND. Available from: https://archive2021.parliament.scot/S5_JusticeCommittee/Inquiries/EA-Action.pdf

Afifi, T. O., Henriksen, C. A., Asmundson, G. J., & Sareen, J. (2012). Victimization and perpetration of intimate partner violence and substance use disorders in a nationally representative sample. *The Journal of Nervous and Mental Disease*, 200(8), 684-691.

Anetzberger, G.J. (2012). An Update on the Nature and Scope of elder abuse", American Society on Aging [online]. Available from: <https://www.asaging.org/blog/update-nature-and-scope-elder-abuse>.

Anetzberger, G. J. (2013). Elder abuse: risk. Wiley encyclopedia of forensic science [online]. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/9780470061589.fsa480.pub2>

Bows, H.(2019a) *Sexual violence against older people*, (1st edn); Oxon: Routledge.

Bows, H. (2019b). Domestic homicide of older people (2010–15): A comparative analysis of intimate-partner homicide and parricide cases in the UK. *The British Journal of Social Work*, 49(5), 1234-1253.

Bows, H. (2020). Is more law the answer? A review of proposed reforms to address victimisation of older adults. Edinburgh: Scottish Justice Committee. Available from: https://archive2021.parliament.scot/S5_JusticeCommittee/Inquiries/H_Bows_SPICe_Report_Addressing_older_victimisation.pdf

Brandl, B., & Raymond, J. (2012). Policy implications of recognizing that caregiver stress is not the primary cause of elder abuse. *Generations*, 36(3) 32-39.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Breiding, M. J., Black, M. C., & Ryan, G. W. (2008). Prevalence and risk factors of intimate partner violence in eighteen US states/territories, 2005. *American Journal of Preventive Medicine*, 34(2), 112-118.

Chen, M., & Fu, Y. (2021). Adverse childhood experiences: are they associated with greater risk of elder abuse victimization?. *Journal of interpersonal violence*, doi: 08862605211028328.

Clarke A., Williams J., Wydall S., & Boaler R (2012). An Evaluation of the 'Access to Justice' Pilot Project. Cardiff: Welsh Government.

Desmarais, S. L., & Reeves, K. A. (2007). Gray, black, and blue: The state of research and intervention for intimate partner abuse among elders. *Behavioral Sciences & the Law*, 25(3), 377-391.

De Donder, L., Lang, G., Luoma, M.L., Penhale, B., Alves, J.F., Tamutiene, I., Santos, A.J., Koivusilta, M., Enzenhofer, E., Perttu, S., & Savola, T. (2011). Perpetrators of abuse against older women: a multi-national study in Europe. *The Journal of Adult Protection*, 13(6), 302-314.

Donder, L. D., Lang, G., Ferreira-Alves, J., Penhale, B., Tamutiene, I., & Luoma, M. L. (2016). Risk factors of severity of abuse against older women in the home setting: A multinational European study. *Journal of Women & Aging*, 28(6), 540-554.

DHSC (2022) *Care and Support statutory guidance*, London: TSO – available from <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

DoH (2000). No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, London: TSO (repealed by the Care Act 2014 wef April 2015 – date of Care Act implementation).

Fang, B., & Yan, E. (2018). Abuse of older persons with dementia: a review of the literature. *Trauma, Violence, & Abuse*, 19(2), 127-147.

Guedes, D. T., Alvarado, B. E., Phillips, S. P., Curcio, C. L., Zunzunegui, M. V., & Guerra, R. O. (2015). Socioeconomic status, social relations and domestic violence (DV) against elderly people in Canada, Albania, Colombia and Brazil. *Archives of gerontology and geriatrics*, 60(3), 492-500.

Hamby, S., Smith, A., Mitchell, K., & Turner, H. (2016). Poly-victimization and resilience portfolios: Trends in violence research that can enhance the understanding and prevention of elder abuse. *Journal of Elder Abuse & Neglect*, 28(4-5), 217-234.

Harbison, J. R. (2016). *Contesting elder abuse and neglect: Ageism, risk, and the rhetoric of rights in the mistreatment of older people*. UBC Press.

Holt, A., & Shon, P.C. (2018). Exploring fatal and non-fatal violence against parents: Challenging the orthodoxy of abused adolescent perpetrators. *International Journal of Offender Therapy and Comparative Criminology*, 62(4), 915-934.

Homer, A.C., & Gilleard, C. (1990). Abuse of elderly people by their carers. *BMJ*, 301, 1359-1362

Lee, M., Stefani, K.M., & Park, E.C. (2014) Gender-specific differences in risk for intimate partner violence in South Korea. *BMC Public Health*, 14(1), 415.

Ludvigsson, M., Wiklund, N., Swahnberg, K., & Simmons, J. (2022). Experiences of elder abuse: a qualitative study among victims in Sweden. *BMC Geriatrics*, 22(1), 1-12.

Johannesen, M., and Logiudice, D. (2013). Elder abuse: A systematic review of risk factors in community-dwelling elders. *Age and Ageing*, 42(3), 292–298.

Koga, C., Tsuji, T., Hanazato, M., Suzuki, N., & Kondo, K. (2020). Elder abuse and depressive symptoms: which is cause and effect? Bidirectional longitudinal studies from the JAGES. *Journal of Interpersonal Violence*, doi: 0886260520967135.

McCreadie, C. (1996). *Elder Abuse: Update on Research*. London: Age Concern Institute of Gerontology, King's College, London.

Meyer, S. R., Lasater, M. E., & García-Moreno, C. (2020). Violence against older women: A systematic review of qualitative literature. *PloS one*, 15(9), e0239560.

Mysyuk, Y., Westendorp, R.G., & Lindenberg, J. (2016) How older persons explain why they became victims of abuse. *Age Ageing*, 45(5), 696–702.

Nägele, B Böhm, U, Görge, T and Tóth, O. (2010) Intimate partner violence against older women – Summary Report. Gottingen, Germany: ZOOM-prospektive.

Older People's Commissioner for Wales (2019). *Information and guidance on domestic abuse: Safeguarding Older People in Wales*. Cardiff: Older People's Commissioner for Wales.

R. Pain, "Old Age and Victimisation", in: P. Davies, P. Francis and V. Jupp (eds) *Victimisation: Theory, Research and Policy* (London: Palgrave 2003) pp.61-78.

Penhale, B. (2003). Older women, domestic violence and elder abuse: A review of commonalities, differences and shared approaches. *Journal of Elder Abuse and Neglect*, 15(3/4), 163–183.

Penhale, B. (2010) Responding and Intervening in Elder Abuse and Neglect, *Ageing International*, 35, 235-252L.

Pritchard-Jones, L. (2016). The good, the bad, and the "vulnerable older adult". *Journal of Social Welfare and Family Law*, 38(1), 51-72.

Penhale, B., & Parker, J. (2007). *Working with vulnerable adults*. Oxon: Routledge.

Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. (2016) Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *The Gerontologist*. 2016; 56(2); 194-205.

Pillemer, K., Burnes, D., & MacNeil, A. (2021). Investigating the connection between ageism and elder mistreatment. *Nature Aging*, 1(2), 159-164.

Phelan, A., & Ayalon, L. (2020). The Intersection of Ageism and Elder Abuse. In: Phelan, A. (eds) *Advances in Elder Abuse Research. International Perspectives on Aging*, vol 24. (Springer, Cham), pp 11-22.

Roberto, K.A., McPherson, M.C. & Brossoie, N. (2013). Intimate partner violence in late life: a review of the empirical literature. *Violence Against Women*, 19(12), 1538–58.

Roulstone, A., Thomas, P., & Balderston, S. (2011). Between hate and vulnerability: unpacking the British criminal justice system's construction of disablist hate crime. *Disability & Society*, 26(3), 351-364.

Sasaki, M., Arai, Y., Kumamoto, K., Abe, K., Arai, A., & Mizuno, Y. (2007). Factors related to potentially harmful behaviors towards disabled older people by family caregivers in Japan. *International Journal of Geriatric Psychiatry: A journal of the psychiatry of late life and allied sciences*, 22(3), 250-257.

Shader, R. I. (2019). Risk factors versus causes. *Journal of clinical psychopharmacology*, 39(4), 293-294.

Sharp-Jeffs, N., & Kelly, L. (2016). Domestic Homicide Review (DHR) Case Analysis: Report for Standing Together. London: Standing Together. Available from: http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf

Storey, J. E. (2020). Risk factors for elder abuse and neglect: A review of the literature. *Aggression and Violent Behavior*, 50, 101339.

Surviving Economic Abuse (n.d.) "What is economic abuse?" (online). Available from <https://survivingeconomicabuse.org/what-is-economic-abuse/>

Tinker, A., Biggs, S., Manthorpe, J., & Erens, B. (2008). First National Prevalence Study of elder abuse and Neglect in the UK: findings and some policy implications. *The Gerontologist*, 48, 205-206.

Walters, M.A., & Tumath, J. (2014). Gender 'hostility', rape, and the hate crime paradigm. *The Modern Law Review*, 77(4), 563-596.

Warmling, D., Lindner, S. R., & Coelho, E. B. S. (2017). Intimate partner violence prevalence in the elderly and associated factors: systematic review. *Ciencia & saude coletiva*, 22, 3111-3125.

Whittaker, T. (1995) Violence, gender and elder abuse: Towards a feminist analysis and practice. *Journal of Gender Studies*, 4(1), 35–45.

Wolf, R.S. (2000). Studies belie caregiver stress as key to elder mistreatment. *Aging Today*, 19(6), 8–9.

Wong, R. T., Cafferky, B. M., & Alejandro, J. P. (2022). Chronic disease and elder mistreatment: A meta-analysis. *International Journal of Geriatric Psychiatry*, <https://doi.org/10.1002/gps.5640>

World Health Organization (WHO) (2002). Toronto declaration on the global prevention of elder abuse. Retrieved from http://www.who.int/ageing/projects/elder_abuse/alc_toronto

Yan E. (2015) Elder Abuse and Help-Seeking Behavior in Elderly Chinese. *Journal of Interpersonal Violence*, 30(15), 2683–708.

Yan, E., & Kwok, T. (2011). Abuse of older Chinese with dementia by family caregivers: an inquiry into the role of caregiver burden. *International Journal of Geriatric Psychiatry*, 26(5), 527-535.

Yon, Y., Mikton, C.R., Gassoumis, Z.D., & Wilber, K.H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *Lancet Global Health*, 5, e147–156.

Yon, Y., Ramiro-Gonzalez, M., Mikton, C. R., Huber, M., & Sethi, D. (2019). The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis. *European Journal of Public Health*, 29(1), 58-67.

Appendices

Table 1: Rapid Review Quantitative studies

Author and year	Full reference	Country	Method and sample	Type of violence and abuse	Perpetrator relationship	Perpetrator sex/gender	Other perpetrator characteristics or relevant information	Victim characteristics
Abdel Rahman and El Gaafary, 2012	Abdel Rahman, T. T., & El Gaafary, M. M. (2012). Elder mistreatment in a rural area in Egypt. <i>Geriatrics & Gerontology International</i> , 12(3), 532-537.	Egypt	Cross-sectional survey of adults with a family caregiver 1,106 adults surveyed, 43.7% victims (n=483)	Physical, psychological, financial, neglect in last 12 months	57% daughter or son (n=273); 33% spouse (n=161); 10% daughter-in-law (n=49)	52% male (n=251); 48% female (n=232)	7% less than 30 years old (n=35); 22% 30-39 years old (n=105); 17% 40-49 years old (n=84); 54% 50+ years old (n=259) 3% had psychiatric illness (n=14)	35% male (n=168); 65% female (n=315) Aged 60+ 71% had physical illness (n=343); 12% had psychiatric illness (n=56)
Avanci et al., 2017	Avanci, J. Q., Pinto, L. W., & Assis, S. G. D. (2017). Treatment for cases of violence by Brazilian emergency services focusing on family relationships and life cycles. <i>Ciência & Saúde Coletiva</i> , 22(9), 2825-2840.	Brazil	Cross-sectional study carried out in emergency services 4,893 adults surveyed, 2.8% victims of DV aged 60+ (n=36)	Physical, negligence/abandonment, other	Children as main perpetrators (exact data not provided)	43.2% male; 39.9% female; 16.9% both	Perpetrator for male victims: 32.5% male; 33.1% female; 34.3% both Perpetrator for female victims: 50.8% male; 44.7% female; 4.4% both	42.6% male; 57.4% female Aged 60+ 26.2% reported a disability (7.3% of male victims, 41.4% of female victims)
Block, 2013	Block, C. R. (2013). Homicide against or by the elderly in Chicago 1965-2000. <i>Homicide Studies</i> , 17(2), 154-183.	USA	Analysis of homicides recorded to Chicago Police Department from 1965 to 2000 282 involved domestic perpetrators	Homicide	49% partner (n=138); 31% child (n=88); 6% stepchild (n=16); 7% grandchild (n=21); 7% child-in-law (n=19)	Data only for partners (n=138): 56% female (n=77); 44% male (n=61) 5 cases of same-sex relationship homicides	For homicides by children or grandchildren, 18% of perpetrators had mental illness (n=23)	56% (n=157) male; 44% (n=125) female Aged 60+
Bows, 2019	Bows, H. (2019). Domestic homicide of older people (2010–15): A	UK	Analysis of 221 cases of domestic homicide	Homicide	46% spouse (n=102);	In total: 81% male (n=180);	For IPH (n=102), perpetrators aged	33% male (n=73); 67% female (n=148)

	comparative analysis of intimate-partner homicide and parricide cases in the UK. The British Journal of Social Work, 49(5), 1234-1253.		data from police forces in UK, gathered by Freedom of Information requests		44% child or grandchild (n=97); 10% other relative (n=22)	19% female (n=41) For IPH: 78% male (n=80); 22% female (n=22) For parricide: 82% male (n=80); 18% female (n=17)	between 20-99, with majority aged between 60-69 (35%, n=36); followed by 70-79 (25%, n=26) and then 80-89 (22%, n=22). For parricides aged between 16-89, with majority aged between 40-49 (34%, n=33); followed by 30-39 (25%, n=24) and 50-59 (21%, n=20).	Aged 60+
Carmona-Torres et al., 2020	Carmona-Torres, J. M., Carvalhal, R., Gálvez-Rioja, R. M., Ruiz-Gandara, Á., Goergen, T., & Rodríguez-Borrego, M. A. (2020). Elder abuse in the Iberian Peninsula and Bolivia: a multicountry comparative study. Journal of interpersonal violence, 35(21-22), 4303-4326.	Spain, Portugal and Bolivia	Cross-sectional survey with elders recruited through health centres 610 respondents, 135 victims of DV	Physical, psychological, sexual, financial, neglect in last 12 months	Spain (n=13): 75% child; 8.4% spouse; 16.6% ex-spouse Bolivia (n=75): 73% child; 9% spouse; 19% ex-spouse Portugal (n=47): 48% child; 29% spouse; 13% in-laws; 11% nephews	Only available for Spain: 57.1% female	Only available for Spain: Average age 53.9 years	Both male and female (in Spain, 84.6% female; 15.4% male) Aged 60+ in Bolivia and 65+ in Spain and Portugal
Clarke et al., 2016	Clarke, A., Williams, J., & Wydall, S. (2016). Access to justice for victims/survivors of elder abuse: A qualitative study. Social Policy and Society, 15(2), 207-220.	Wales	Secondary analysis of 152 case management records completed by police, adult services, hospitals, Age Cymru and GP, relating to 131 victims	Physical, psychological/emotional, sexual, financial, neglect	34.6% spouse (n=49); 35.5% son (n=50); 14.8% daughter (n=21); 14.2% grandson (n=20); 0.7% granddaughter (n=1)	71% male (n=109); 29% female (n=44)	Out of abuse by children in which abuse was reactive, in majority of cases this was on account of dependence on alcohol/drugs	27% male (n=36); 73% female (n=95) Aged 60+, majority in the 60-69 age group 4% from minority ethnic

					Two perpetrators in very small number of cases Daughters and daughters-in-law had co-perpetrator in all but one case		(specifically with sons) ^a Where victim was mother, perpetrator more likely to be son perpetrating emotional or financial abuse. Where victim was father, perpetrator also likely to be son but perpetrating emotional abuse. With partner perpetrators, abuse likely to be physical.	backgrounds (n=5)
De Donder et al., 2011	De Donder, L., Lang, G., Luoma, M. L., Penhale, B., Alves, J. F., Tamutiene, I., ... & Verté, D. (2011). Perpetrators of abuse against older women: a multi-national study in Europe. <i>The Journal of Adult Protection</i> , 13(6), 302-314.	Finland, Austria, Belgium, Lithuania, and Portugal	Nationally representative survey as part of Abuse and Violence against Older Women in Europe study 2,880 respondents, 28.1% were victims	Physical, emotional, sexual, financial, neglect, violation of personal rights in last 12 months	All types of abuse: 41.4% current partner; 27.7% child (incl. in-law); 0.8% parent; 3.5% grandchild; 13.4% other relative (out of all perpetrators) Most common perpetrators were partners in violation of rights (59.3%), sexual (54.7%), physical (48.6%) and emotional (43.9%) abuse, and children (incl. in-laws) most common in neglect (41.6%).	Only available for child perpetrators: 22.2% daughter (inc. in-law); 18.1% son (inc. in-law) Neglect more common for daughters (27.5%) than sons (16.1%), while financial abuse more common for sons (18.1%) than daughters (13.6%)	Victims aged 60-69 four times more likely to be abused by their partners than victims aged 80+ Abuse by children (inc. in-laws) lower among those aged 60-69 than those aged 70-79 and 80-89 Relatively equal level of abuse by partner (23.6%) and child (21.5%) in lowest level of abuse severity, while in highest level of abuse	All female Aged 60+

					Similar rates for financial abuse (34.2% for partners, 29.1% for children)		severity, partner makes up 59.6% of perpetrators and child 34.2%	
Drommi et al., 2021	Drommi, M., Ponte, A., Ventura, F., & Molinelli, A. (2021). Elder abuse in Europe's "most elderly" city: an update of the phenomenon based on the cases reported to the Penal Court of Genoa from 2015 to 2019 and literature review. <i>Aging and clinical experimental research</i> , 33(10), 2865-2871.	Italy	Analysis of court cases concerning exploitation of elderly 156 total cases, 18 related to domestic violence (art. 572)	Physical and mental abuse (specifically art. 572 Maltreatment of family members and cohabiting persons)	84% child, living with the victim More than one perpetrator in very small number of cases ^a	18 out of 21 male	15 out of 21 aged over 40 years 63% of perpetrators affected by alcoholism, substance abuse or psychiatric disorders	Aged 65+
Filipska et al., 2020	Filipska, K., Biercewicz, M., Wiśniewski, A., Kędziora-Kornatowska, K., & Ślusarz, R. (2020). Prevalence and associated factors of elder psychological abuse—a cross-sectional screening study, based on a hospitalized community from Poland. <i>Archives of gerontology and geriatrics</i> , 90, 104152.	Poland	Cross-sectional screening study conducted on in-patients hospitalized in a Geriatrics Department Total of 200 adults, 39% who were victims (n=77)	Physical, psychological, sexual, financial in last 12 months	For any abuse: 51.9% partner (n=40); 5.2% sibling (n=4); 42.9% child (n=33); Partners most common for physical, sexual and financial abuse; sons and partners similar for verbal abuse	Only available for child perpetrators: 91% male (n=30); 9% female (n=3)	No additional information	About one third male; two thirds female Aged 60+
Frazao et al. 2014	Frazão, S. L., Silva, M. S., Norton, P., & Magalhães, T. (2014). Domestic violence against elderly with disability. <i>Journal of Forensic and Legal Medicine</i> , 28, 19-24	Portugal	Retrospective study analysing 70 medical forensic examination cases of alleged domestic violence against elderly with disabilities	Physical, psychological, sexual, financial	In total (n=70): 28.6% partner (n=20); 47.1% child(n=33); 14.3% child-in-law (n=10); 7.1% grandchild (n=5); 2.9% other relative (n=2) Among married	62.9% male (n=44)	Aged 20 to 88 (mean 52.5 years) 72.7% had psychiatric disorders (n=8) 75% had issues of substance abuse (n=24), with 72% specifically	62.9% female (n=44) Aged 65-95 years All victims had moderate or severe physical or mental disability (due to focus of research)

					victims (n=37): 48.6% partner (n=18); 32.4% child (n=12); 8.1% child-in-law (n=3); 8.1% grandchild (n=3); 2.7% other relative (n=1)		alcohol (n=13) 89.7% living with victims (n=52) (data not available for all cases, percentages out of cases with available data)	
Ghodousi et al., 2011	Ghodousi, A., Maghsoodloo, S., & Hoseini, S. M. S. (2011). Forensic aspect of elder abuse: risk factors and characteristics. <i>Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences</i> , 16(12), 1598.	Iran	Cross-sectional study examining data from victims examined in forensic medical centres following referral for suspected abuse	Physical, emotional, sexual, neglect	35.4% spouse/partner (n=23); 50.8% child (n=33); 13.8% other relative (n=9)	80.8% male (n=55) ^c In cases of child perpetrator (n=33): 90.1% male; 9% female	Mean age 39.6 years ^c 10.3% had mental illness (n=7) ^c 17.6% were users of drugs (n=12) ^c	About half female and half male Aged 60+
Gil et al., 2015	Gil, A. P. M., Kislava, I., Santos, A., Nunes, B., Nicolau, R., & Fernandes, A. A. (2015). Elder abuse in Portugal: findings from the first national prevalence study. <i>Journal of Elder Abuse & Neglect</i> , 27(3), 174-195.	Portugal	Nationally representative cross-sectional population-based survey 1,123 respondents, 86 victims	Physical, psychological, financial, neglect in last 12 months	Across all abuse (n=86) 22% (ex)spouse-partner (n=19); 22% child/stepchild (n=19); 2.3% grandchild (n=2); 4.7% child-in-law (n=4); 48.8% other relative (n=42) Financial abuse (n=35): 2.8% (ex)spouse-partner; 48.6% descendant; 48.6% other family Psychological abuse (n=58): 37.2% (ex)spouse-partner; 15.3%	In cases of abuse by child or grandchild with single perpetrator (n=21): 71.4% male (n=15); 28.6% female (n=6)	Several perpetrators in some cases, but unclear what the combination of perpetrators was	Both female and male ^b Aged 60+

					descendant; 47.5% other family Physical abuse (n=27): 63% (ex)spouse-partner; 26% descendant; 11% other family			
Habjanic and Lahe, 2015	Habjanič, A., & Lahe, D. (2012). Are frail older people less exposed to abuse in nursing homes as compared to community-based settings? Statistical analysis of Slovenian data. <i>Archives of Gerontology and Geriatrics</i> , 54(3), e261-e270.	Slovenia	Cross-sectional survey conducted with both nursing home residents and residents in community 300 respondents	Physical mental, financial in last 6 months	Percentage range across mental, physical and domestic abuse: 21.5-51.6% spouse 35.4-43.8% child 9.7-25.7% child-in-law 6-11% grandchild 3.5-11.3% other family	Available only in cases of abuse by child (inc. in laws) Mental (n=88): 50% male; 50% female Physical (n=31): 77.4% male; 22.6% female Financial (n=87): 67.8% male; 32.2% female	Type of domestic perpetrator make up depends on type of abuse: Spouse most common perpetrator in cases of physical abuse (51.6%) while child most common perpetrator in mental abuse (35.4%) and financial abuse (43.8)	Both males and females ^b Aged 65+
Halicka et al., 2015	Halicka, M., Halicki, J., Kramkowska, E., & Szafranek, A. (2015). Law enforcement, the judiciary and intimate partner violence against the elderly in court files. <i>Studia Socjologiczne</i> , 2 (217), 195-214.	Poland	Analysis of District Court Cases 70 cases of female intimate partner violence victims	Physical, psychological, sexual, financial, neglect, overbearing control, chasing out of home	Male husband in all cases 84.3% living with victim	Male perpetrators in all cases (n=70)	Aged 52 to 82 All had alcohol abuse problems; 95.8% under the influence of alcohol at time of abuse Majority had previously committed IPV, and about a third had a related prior conviction 38.6% suffered	All female Aged 60+ 42.9% suffered from chronic somatic illnesses (n=30), 7.1% were disabled (n=5), 2.9% had from dementia (n=2)

							from serious somatic diseases, 14.3% were disabled, 5.7% had dementia	
Karbeyaz and Celikel, 2017	Karbeyaz, K., & Çelikel, A. (2017). The elder physical abuse reflected in judicial authorities in Eskisehir. Archives of Gerontology and Geriatrics, 73, 284-287.	Turkey	Analysis of 253 court cases which required forensic medical report 233 cases of victims of domestic abuse	Physical	7.7% spouse (n=18); 51.1% child (n=119); 17.2% child-in-law (n=40); 24% other relative (n=56)	Male in majority of cases ^a In cases of abuse by child (inc. in-laws): 91.8% male (n=146); 8.2% female (n=8)	35 cases in which victim had already applied to judicial authorities once due to domestic violence by same perpetrator (repeat perpetrator spouse in 51.4% cases (n=18) and son in 48.6% of cases (n=17)	Both males and females ^b Aged 65+
Karch and Nunn, 2011	Karch, D., & Nunn, K. C. (2011). Characteristics of elderly and other vulnerable adult victims of homicide by a caregiver: National Violent Death Reporting System—17 US States, 2003-2007. Journal of Interpersonal Violence, 26(1), 137-15.	USA	Analysis of data from the National Violent Death Reporting System 68 cases of homicides by caregiver, 29 where domestic victims aged 80+	Homicide (by intentional neglect or by physical injury to victim) and homicide/suicide by a caregiver	44.8% husband (n=13); 37.9% son (n=11); 10.3% daughter (n=3); 3.4% stepson (n=1); 3.4% daughter-in-law (n=1)	86.2% male (n=25); 13.8% female (n=4)	No additional information	Majority female and White ^b Aged 80+
Kumar and Patra, 2019	Kumar, P., & Patra, S. (2019). A study on elder abuse in an urban resettlement colony of Delhi. Journal of Family Medicine and Primary Care, 8(2), 621-625.	India	Cross-sectional survey with 125 adults aged 60+ living in an urban resettlement colony. 12 respondents were victims of domestic abuse	Physical, verbal, sexual, financial, failure of designated caregiver to meet needs	6 cases son; 2 cases daughter-in-law; 3 cases both son and daughter-in-law	6 cases male; 2 cases female; 3 cases both male and female	No additional information	9 female and 3 male 3 aged 60-69; 9 aged 70+
Lino et al., 2019	Lino, V. T. S., Rodrigues, N. C. P., Lima, I. S. D., Athie, S., & Souza, E. R. D.	Brazil	Cross-sectional survey with 135 pairs of	Physical, psychological and neglect	All domestic caregivers	6.5% male (n=3)	Mean age 55 years	41.3% male (n=19);

	(2019). Prevalence and factors associated with caregiver abuse of elderly dependents: The hidden face of family violence. <i>Ciencia & Saude Coletiva</i> , 24, 87-96.		family caregivers and care recipients Abuse present in 34% of cases (n=46)		73.9% cohabited with elderly person (n=34)	93.5% female (n=43)	26.1% of perpetrators had problems with alcohol (n=12)	58.7% female (n=27) Mean age 77.3 years 89.1% had cognitive deficit (n=41)
Mackowicz, 2019	Mackowicz, J. (2019) Elder Abuse in the Family Environment. Implications for Education and Practice. <i>Revista Dilemas Contemporáneos: Educación, Política y Valores</i> . 6(51).	Poland	Analysis of 217 police records of victims aged 60+	Physical, psychological, sexual, financial	47.9% son; About 10% daughter; 27.6% partner 70.9% cohabited with victim	84.7% male	Previous abuse reported in 48.6% of cases Perpetrator under the influence of alcohol in one in four cases Age: 17% aged 40 or less; 27.6% aged 41 to 55 years; 21.6% aged 56 to 70 years; 12.4% aged 70+	83.3% female 45.1% aged 60-69, remaining aged 70+
Policastro et al., 2015	Policastro, C., Gainey, R., & Payne, B. K. (2015). Conceptualizing crimes against older persons: Elder abuse, domestic violence, white-collar offending, or just regular 'old' crime. <i>Journal of Crime and Justice</i> , 38(1), 27-41.	USA	Analysis of 294 adult protective services files in three social service agencies	Physical, financial, neglect	All abuse: 33.8% partner/spouse; 61.2% child Partner abuse: 48.3% experienced physical, 61.7% neglect, 5% financial. Abuse by son: 20.9% experienced physical, 20.9% financial and 53.5% neglect. Abuse by daughter: 16.1% experienced physical, 33.9% financial and	Available only in cases of abuse by child: 41.9% male; 58.1% female	No additional information	29.6% male; 70.4% female About a third of victims are Black and two thirds white 36.8% had Alzheimer's

					66.1% neglect.			
Salari and Sillito, 2016	Salari, S., & Sillito, C. L. (2016). Intimate partner homicide-suicide: Perpetrator primary intent across young, middle, and elder adult age categories. <i>Aggression and Violent Behavior, 26</i> , 26-34.	USA	News surveillance of cases of intimate partner homicide-suicide 728 events, 215 with victims aged 60+	Homicide/homicide-suicide	All intimate partners (due to focus of study) – most were current partners	97% male (n=208)	Known history of IPV in 14% of cases Primary motivation suicide in 52% of cases (n=111)	All female aged 60+
Sembiat et al., 2020	Sembiat, S., Dasgupta, A., Taklikar, C. S., Paul, B., Bandyopadhyay, L., & Burman, J. (2020). Elder abuse and its predictors: a cross-sectional study in a rural area of West Bengal, eastern part of India. <i>Psychogeriatrics, 20</i> (5), 636-644.	India	Cross-sectional survey with adults aged 60+ 246 respondents, 25.6% victims	Physical, psychological, financial, neglect in last 12 months	55% son (n=33); 6.7% daughter (n=4); 38.3% daughter-in-law (n=23)	55% male (n=33); 45% female (n=27)	No additional information	42.8% male (n=27); 57.2% female (n=36) Aged 60+
Stöckl et al., 2012	Stöckl, H., Watts, C., & Penhale, B. (2012). Intimate partner violence against older women in Germany: prevalence and associated factors. <i>Journal of interpersonal violence, 27</i> (13), 2545-2564.	Germany	Cross-sectional nationally representative survey 4,260 female respondents, 40 victims of IPV aged between 66 to 86 years	Physical, sexual	All current intimate partners (due to focus of study) All perpetrators married to their partners	All male partners	Heavy drinking: 41% perpetrator only 28% victim and perpetrator 4% victim only	All female Aged 66 to 86
Ventura et al., 2020	Ventura, F., Caputo, F., Micera, C. and Molinelli, A. 2020. Elder abuse: a retrospective analysis of autopsy cases from the department of legal medicine in Genoa from 2006 to 2017. <i>Journal of Elder Abuse and Neglect. 32</i> (4). 388 - 398	Italy	Analysis of autopsy reports 784 cases, 4 with domestic relation	Physical, psychological, financial, neglect	Out of 4 domestic perpetrators, all were children	3 sons and 1 daughter	2 of the 4 perpetrators had psychosis and 1 suffered from alcoholism	All 4 victims female Aged 79 to 91
Ziminiski et al., 2013	Ziminiski, C., Wigglesworth, A., Austin, R., Phillips, L. and Mosqueda.,	USA	Analysis of mechanism of injury of bruises of	Physical	9.4% spouse (n=6); 26.6% son (n=17);	50% men (n=31); 50%	9 of the 10 cases with head and neck bruises	28.4% male (n=19);

L. (2013). Injury Patterns and Causal Mechanisms of Bruising in Physical Elder Abuse. Journal of Forensic Science. 9(2). 84 - 91		67 adults who reported to Adult Protective Services		26.6% daughter (n=17); 28.1% other relative (n=18)	women (n=31)	involved male perpetrators	71.6% female (n=48) Aged 65 to 95 (mean age 76.7) 94% White (n=63)
--	--	---	--	--	--------------	----------------------------	--

Table 2: Rapid Review Qualitative studies

Author and year	Full reference	Country	Method and sample	Type of violence and abuse	Perpetrator relationship	Perpetrator or sex/gender	Other perpetrator characteristics or information	Victim characteristics
Band-Winterstein, 2012	Band-Winterstein, T. (2012). Narratives of aging in intimate partner violence: The double lens of violence and old age. <i>Journal of aging studies</i> , 26(4), 504-514.	Israel	Depth interviews with 15 older couples with women being treated for elder abuse by social services agencies	Physical, emotional, limitation of freedom, atmosphere of power and control	All spouses (due purposive sampling)	All male	Aged 66 to 82 All had history of longstanding IPV with victims with whom they took part in the study Poor health in 8 out of 15 cases	All females Aged 63 to 84 Poor health in 8 out of 15 cases
Band-Winterstein and Avieli, 2019	Band-Winterstein, T., & Avieli, H. (2019). Women coping with a partner's dementia-related violence: A qualitative study. <i>Journal of nursing scholarship</i> , 51(4), 368-379.	Israel	Depth interviews with 16 female victims of domestic abuse by spouse with dementia	IPV in all forms (physical, emotional, sexual etc)	All spouses (due purposive sampling)	All male	Aged 71 to 88 Due to focus of study, all perpetrators had dementia In some cases the onset of dementia also resulted in onset of violence, while for those with existing history of violence the onset of dementia resulted in violence of a different form	All females in caregiver role for their spouse Aged 63 to 84
Band-Winterstein et al., 2014	Band-Winterstein, T., Smeloy, Y., & Avieli, H. (2014). Shared reality of the abusive and the vulnerable: The experience of aging for parents living with abusive adult children coping with mental	Israel	Depth interviews with 15 parents who suffered abuse from adult children with mental illness	Physical, psychological, financial, neglect	All children (due purposive sampling)	Both male (sons) and female (daughters) but exact data not provided	14 had schizophrenia, the remaining had chronic depression 4 out of 15 suffered from drugs abuse in addition to mental illness Had resided with victim of abuse for 13 to 56 years	10 females and 5 males Aged 65 to 90

	disorder. International psychogeriatrics, 26(11), 1917-1927.							
Chan and Stum, 2021	Chan, A. C., & Stum, M. S. (2021). A Family Systems Perspective of Elder Family Financial Exploitation: Examining Family Context Profiles. Journal of Applied Gerontology, Online First.	USA	Qualitative interviews with 28 self-identified non-perpetrator/non-victim concerned family members of elderly victims of financial abuse	Financial	Across all context profiles: - 8 cases of child only - 2 cases of re-married wife - 5 cases of child and in-law - 4 cases of child, in-law and grandchild - 1 case of in-law and grandchild	Across all context profiles: 46% male; 54% female	Perpetrator and victim relationships are complex. Four family context profiles: Single victim - single perpetrator (n=7); Single victim - multiple perpetrators (n=12); Two victims - single perpetrator (n=1); Two victims - multiple perpetrators (n=3)	Victim information not provided
Dow et al., 2020	Dow, B., Gahan, L., Gaffy, E., Joosten, M., Vratsidis, F., & Jarred, M. (2020). Barriers to disclosing elder abuse and taking action in Australia. Journal of family violence, 35(8), 853-861.	Australia	Semi-structured interviews with clients of Seniors Rights Victoria (SRV) and analysis of victims' case notes	Defined broadly (exact definition not provided)	7% spouse (n=2); 89% child (n=25); 4% sibling (n=1) More than one family member perpetrator in some cases	66.7% male (n=18); 33.3% female (n=9)	64% living with victim at the time (n=18)	68% female; 32% male Aged 62 to 89 (mean age 75 years)
Roncallo et al., 2021	Roncallo, A., Barranco, R., Molinari, G., Drommi, M., & Ventura, F. (2021). Homicide-suicides in the Genoa District (North-West Italy): a retrospective study from 2007 to 2018. Romanian Journal of	Italy	Analysis of homicide-suicide cases 11 homicide-suicide episodes, 6 cases domestic aged 60+	Homicide/homicide-suicide	Husband in 5 out of 6 cases Brother in 1 out of 6 cases	Male in all 6 cases	Aged 70 to 89	All 7 victims female (two were sisters killed by brother) Aged 70 to 91

	Legal Medicine, 29, 20-27.							
Rosen et al., 2019	Rosen, T., Bloemen, E. M., LoFaso, V. M., Clark, S., Flomenbaum, N. E., Breckman, R., ... & Pillemer, K. (2019). Acute precipitants of physical elder abuse: qualitative analysis of legal records from highly adjudicated cases. <i>Journal of Interpersonal Violence</i> , 34(12), 2599-2623.	USA	Qualitative analysis of legal records of 87 successfully prosecuted elder abuse cases, with 88 victims	Physical	41% son; 18% spouse/companion; 16% grandchild (no further detail)	No information	Aged 16 to 65 (median 43 years) When focusing only on spouses/companions, range was 35 to 57 and median age difference between victim and perpetrator was 13 years History of DV present in 57% cases of victims and perpetrators 18% of perpetrators acutely intoxicated with alcohol or illicit substances	72% female Aged 60 to 98 Most were African American (43%) or White (39%)
Sandmoe and Hauge, 2014	Sandmoe, A., & Hauge, S. (2014). When the struggle against dejection becomes a part of everyday life: a qualitative study of coping strategies in older abused people. <i>Journal of Multidisciplinary Healthcare</i> , 7, 283-291.	Norway	13 depth interviews with 14 older victims required by the Protective Services for the Elderly or a domestic shelter	Physical, psychological, sexual, financial, neglect	All adult children (as a result of purposive sampling) Victim abused by two of their offspring in 3 out of 14 cases	No information	4 out of 17 perpetrators had chronic mental health problems 8 out of 17 perpetrators had problems with alcohol and/or drug addiction	12 female and 3 male (1 excluded from article due to logistical reasons) Aged 62 to 95
Santos et al., 2019	Santos, A. J., Nunes, B., Kislalya, I., Gil, A. P., & Ribeiro, O. (2019). Elder abuse victimization patterns: latent class analysis using perpetrators and abusive behaviours. <i>BMC</i>	Portugal	22 qualitative interviews with 24 adults aged 60+, focusing on experiences of abuse and narratives	Physical, psychological, sexual, financial	14 cases of offspring; 8 cases of spouse/partner 3 cases of two perpetrators: son and grandson; son and daughter; husband and stepdaughter	20 male; 5 female	Age: grandchild aged 22, children aged between 31 to 49, with 9 out of 13 children aged between 40 and 49 years Abuse varied by relationship: 3 cases of sexual abuse all involve husband. All cases involved	18 females and 6 males Aged 62 to 83, average of 71

geriatrics, 19(1), 1-11.						psychological abuse.	
-----------------------------	--	--	--	--	--	-------------------------	--