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### Abstract

Research from the most reputable national studies of elder mistreatment indicate that family members are the most frequent perpetrators of elder abuse. Of these family members, many have problems with substance abuse and mental health and are socially isolated. However, perpetrators of elder abuse range from spouses and adult children to professionals in all types of arenas that interface with elders to sweetheart and telephone scammers. In addition, suggestions for next steps in the prevention of those who perpetrate mistreatment as well as suggestions for intervening in the perpetration while maximizing outcomes for both the perpetrator and the victim are provided.

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### Keywords

Perpetrators · Elder abuse · Mistreatment · Prevention · Intervention

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## Introduction

Older adults who experience abuse typically know their perpetrators. Most often, the abuse occurs at the hands of family members including, but not limited to, the victim's spouse, adult children, grandchildren, nieces, and nephews. Trusted others, those individuals upon whom older adults may rely upon for assistance and services, such as friends and neighbors, paid caregivers, financial advisors, legal guardians, home repair workers, and the like, are also known perpetrators of elder abuse. Outsiders often perceive these alleged perpetrators as primary sources of support for older adults rather than individuals who are causing them harm. In some situations, older adults themselves are the perpetrators, inflicting physical or psychological harm to their caregivers or acting aggressively toward their peers.

This chapter focuses on the personal characteristics of known perpetrators of elder abuse and the relationships they have with the older adults they abuse. Abuse perpetrated by strangers (e.g., telemarketing scams, home repair scams, Internet phishing) is also of growing concern, but is beyond the scope of this chapter. The chapter begins with the latest prevalence data on perpetrators of elder abuse available nationally and internationally, followed by a theoretical framework for unraveling the complexities associated with the perpetration of elder abuse. After a discussion of perpetrator characteristics and relationships with elders whom they abuse, the chapter concludes with recommendations for interventions aimed at perpetrators and directions for future research. Within the field, the use of the term abuse versus mistreatment is hotly debated, an issue also beyond the scope of this chapter discussion. For the purposes of this chapter, the terms abuse, incorporating the

varied types of mistreatment including physical abuse, sexual abuse, psychological abuse, caregiver neglect, and financial exploitation, and mistreatment are used interchangeably and reflect their use in the literature and concepts cited.

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## Prevalence of Elder Abuse and Perpetrators

In the United States, the older adult population (aged 65+) is expected to double by 2030 (Federal Interagency Forum on Aging-Related Statistics 2016). The fastest-growing segment of the population is persons aged 85+, adults who are at highest risk for needing augmented support or assistance while experiencing physical and/or cognitive changes. These vulnerabilities can leave some older adults unduly susceptible to perpetrators of elder abuse.

Three national studies provide findings about the prevalence of elder abuse and identify perpetrators. Laumann et al. (2008) used the National Social Life, Health and Aging Project to query older adults about recent experiences of mistreatment by a family member. Data from 3,005 community-residing participants aged 57 to 85 indicated that 9% of older adults reported verbal mistreatment, 3.5% financial mistreatment, and 0.2% physical mistreatment. A greater percentage of spouse/romantic partners (26.2%) verbally mistreated the older adults than did their children (14.5%), or parents (2.0%). Conversely, a greater percentage of children financially exploited (34.0%) and physically mistreated (24.8%) older adults than did spouses (9.6%, 19.6%, respectively). Parents did not engage in either financial or physical abuse of the older adults. Collectively, the percentage of “others” including ex-spouses, romantic partners, stepchildren, in-laws, and siblings, as well as friends, neighbors, co-workers, and paid helpers, constituted 57.3% of perpetrators of verbal mistreatment, 56.4% of financial mistreatment, and 55.6% of physical mistreatment of the older adults. Odds of verbal mistreatment were higher for women and those with physical vulnerabilities and were lower for Latinos than for Whites. The odds of experiencing financial mistreatment were higher for African Americans and lower for Latino Americans than for White Americans.

Acierno et al. (2009) estimated prevalence and assessed correlates of emotional, physical, sexual, and financial mistreatment and potential neglect of adults aged 60 years or older in a randomly selected national sample using random digit dialing across geographic strata. Data from 5,777 respondents revealed a 1-year prevalence of 4.6% for emotional abuse, 1.6% for physical abuse, 0.6% for sexual abuse, 5.1% for potential neglect, and 5.2% for current financial abuse by a family member. One in ten respondents reported emotional, physical, or sexual mistreatment or potential neglect in the past year, with the most consistent correlates of mistreatment being low social support and previous traumatic event exposure. Perpetrators were known to victims and were family members in over half of the cases. In regard to emotional mistreatment, romantic partners/ex-partners constituted 25% of perpetrators, 18% were children or grandchildren, and the rest were acquaintances. As for physical mistreatment, 76% of

perpetrators were family members, half of whom had problems with substance abuse, a third had problems with mental health, a third were without employment, and nearly half were socially isolated. For victims who were sexually assaulted, 52% were family members and 40% were spouses. Related to neglect, 28% of partners were neglectful, 39% of children were neglectful, and 23% of acquaintances were neglectful (Acierno et al. 2009).

The most recent prevalence study by Burnes et al. (2015) examined past year prevalence of elder emotional abuse, physical abuse, and neglect for households in New York. Similar to that of Acierno, the study used random digit dial sampling and direct telephone interviews. Findings from 4,156 community-dwelling, cognitively intact individuals aged 60 and older revealed a 1.0% prevalence of elder emotional abuse and a 1.8% of physical abuse and of neglect, for an aggregate prevalence of 4.6%. The authors conceded that perpetrators could well be reporting elder mistreatment when answering the study questions. In nearly a third of cases (31.2%), a spouse or partner perpetrated emotional abuse and was over a third of the time (36.8%) the perpetrator of physical abuse. Adult children (29.9%) or home care providers (28.0%) were the most common perpetrators of neglect. Emotional and physical abuse were associated with being separated or divorced, living in a lower-income household, functional impairment, and younger age. Neglect was associated with poor health, being separated or divorced, living below the poverty line, and younger age (Burnes et al. 2015).

With the aging of the world population, elder abuse is gaining recognition across the globe. Lowenstein et al. (2009) conducted the First National Survey on Elder Abuse and Neglect in Israel during 2004–2005 in order to examine abuse and neglect from the perspective of the victim, develop profiles of those at risk, and gather data on the prevalence and severity of various types of abuse. Data were collected through a nationally representative sample utilizing personal interviews of older Arab and Jewish older adults who were 65 years of age and older and living in the community. Findings indicated that 18.4% of the older adults were exposed to at least one type of abuse during the past 12 months, with verbal abuse being the most common form, followed by financial exploitation. Women were more often exposed to physical violence, with physical, emotional, verbal, and sexual abuse and limitations on freedom occurring most often among partners. Financial exploitation was typically perpetrated by adult children. Partners who were perpetrators had more chronic health problems and physical and mental disabilities than those who did not. When children were perpetrators, they were often living with the victims and were unemployed, experienced mental health and substance abuse problems, and were in the process of separation or divorce.

A study by Soares et al. (2010) used 4,467 randomly selected women and men from community settings in 7 urban areas in Europe: Stuttgart, Germany; Athens, Greece; Ancona, Italy; Kaunas, Lithuania; Porto, Portugal; Granada, Spain; and Stockholm, Sweden, to understand elder abuse. For people 60–84 years of age, 19.4% experienced psychological abuse, 2.7% physical abuse, 0.7% sexual abuse,

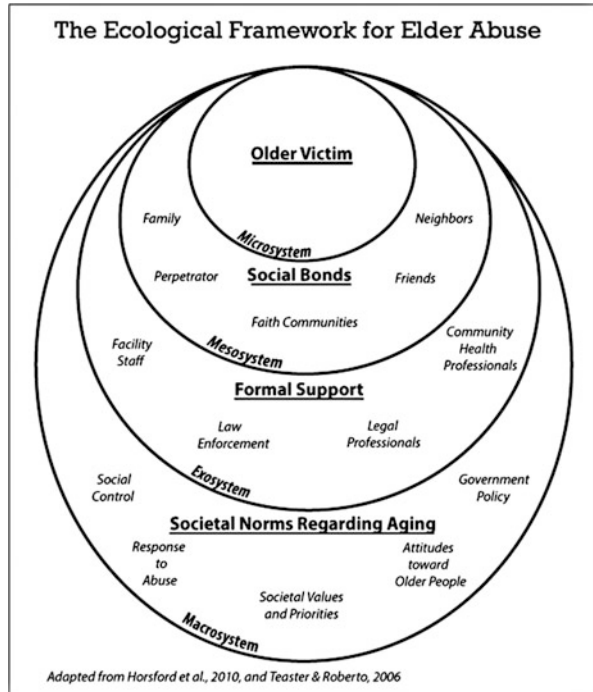
and 3.8% financial abuse. Across all the countries, spouses/partners were the most common perpetrators of emotional/verbal abuse (34.8%) and physical abuse (33.7%). Friends and acquaintances were the most common perpetrators of sexual abuse (30.3%), and others, such as care staff, were most commonly perpetrators of financial abuse (61.7%).

National and international prevalence data paint only a portion of the elder abuse picture. Numerous cases of elder abuse, perhaps as many as 90%, go unreported. Reasons for not reporting abuse include the following: older adults are isolated by perpetrators; older adult victims may not recognize perpetrator behavior as abusive, neglectful, or exploitive; the older adult may stay silent because of shame, self-blame, fear of retaliation, and/or further loss of independence; and an older adult may fear the loss of even the minimal support he or she receives from the perpetrator. Victims may also feel sympathetic and protective of the perpetrator, especially when codependence, substance abuse, mental illness, or a combination thereof are involved (Roberto 2017).

## Framework for Studying Perpetrators of Elder Abuse

People who are abused, neglected, or exploited experience multiple levels of opportunities and barriers in an attempt to maintain their health and well-being in later life. The Ecological Systems Framework (Bronfenbrenner 1986) and its adaptation by Roberto and Teaster (2017) is particularly useful for understanding elder abuse. This organizing framework includes a focus on the elder victim and four influencing systems (Fig. 1). Within the microsystem are the elder victim and his or her environment. Important are the conditions with which we find the older adults who may be susceptible to perpetrators of elder abuse – income level, chronic illness, mental health issues, and cognitive problems. Found in the mesosystem is the current relationship and the history of the relationship between the victim and the perpetrator. Here may reside answers to why the perpetrator lives with the elder. The exosystem consists of environments that are external to the victim and perpetrator (e.g., APS, community services, law enforcement) that influence how abuse is addressed at the local level. This system unpacks the heavy responsibility of APS as it interfaces with the perpetrators and numerous other agencies and organizations. Finally, the macrosystem comprises broad societal ideological values, norms, and cultural and institutional patterns (e.g., state/federal programs and regulations/policies or a lack thereof). Issues of society attitudes toward older adult victims and perpetrators determine how the problem of elder abuse is addressed. The contextual and broad perspective that this framework permits contributed to significantly increasing the understanding of the complicated issues surrounding elder abuse by perpetrators. Identifying and understanding perpetrators' personal characteristics and their relationships with their older victims is critical for and central to prevention and intervention efforts.

**Fig. 1** The ecological framework for elder abuse



**Personal Characteristics of Perpetrators of Elder Abuse**

Abuser characteristics play an important role in predicting and preventing elder abuse. Yet, little information is available about the perpetrators of abuse. Much of the research on risk factors and motives for committing elder abuse relies upon small, cross-sectional studies that do not differentiate the type(s) of abuse or address how personal characteristics and life circumstances may converge to place perpetrators in situations that heighten the likelihood of their doing harm to older adults. This is not to suggest that persons who abuse older adults are not responsible for their actions – they are – but this points to complexities of individual lives and personal relationships.

**Age and Gender**

Perpetrators of elder abuse range in age from teenagers to older adults. The types of abuse they perpetrate are as varied as those who commit it. Older spouse and partner perpetrators and their victims are often of similar age. Adult children who abuse their parents are frequently middle-aged. The ages of grandchildren who abuse their grandparents are more variable. Young adolescents who engage in abusive behaviors are often being raised by their grandparents, whereas adult grandchildren often seek

refuge in the homes of their grandparents when they encounter difficult times (e.g., unemployment, encounters with the law) and are looking for help and support.

Though studies include the age of the perpetrator as a descriptive variable, little attention has been given to age as a differentiating factor. One exception is a recent investigation of older adult sex abusers and child sex abusers (Browne et al. 2018). Perpetrators of older adult sex abuse were younger than the child sex abusers, indicating that young age may be an aggravating risk factor for this type of offense. Many of the sex abusers of older adults had some previous attraction to older persons or previous offenses, suggesting a prolonged interest in sex offending against older females. They often spend little time thinking and planning their actions, acting quite spontaneously.

It is a commonly held belief that men are more frequently the perpetrators of abuse than women, but empirical evidence supporting this claim is limited, and the gender of the perpetrator appears to be associated with the type of elder abuse under investigation. For example, investigations of late life intimate partner violence consistently show that men were more likely than women to be abusers (Gerino et al. 2018). While most studies of financial abuse report that male and female relatives are equally likely to exploit older adults, the MetLife national studies of media reports of elder financial abuse (2009; 2011) revealed that financial abuse was 2.5 times more likely to be committed by sons than by daughters. When sexual abuse of older adults is the focal type of abuse examined, men were more likely than women to be the perpetrators. Males were more commonly offenders of sexual abuse of older family members living in communities and older residents in care facilities (Roberto and Teaster 2005).

## **Race, Ethnicity, and Culture**

Perpetrators and victims of elder abuse frequently share the same racial or ethnic heritage. Belonging to a racial or ethnic minority group is a frequently identified risk factor for elder abuse. Early and small-scale studies suggested that this may be because of differing perceptions and beliefs about what constitutes abuse. More recently, race- and ethnicity-based differences in the perpetration of abuse failed to be found in the analysis of national elder abuse prevalence data.

Cultural influences may interact with race and ethnicity, as well as acculturation, to influence beliefs about power, authority, and rights within relationships. For example, different perceptions of elder abuse have been found among members of different racial and ethnic Latino groups (Enguidanos et al. 2014). Beliefs about elder abuse may also vary in different types of communities. When Shielding American Indian Elders were asked what it meant to be treated well and poorly by family, they responded that good treatment included “being taken care of, having one’s needs met, and being respected whereas poor treatment was defined as financial exploitation, neglect, and lack of respect” (Jervis 2014, p. 78). Traditional and patriarchal views of the family, economic stressors, and the value placed on self-sufficiency often found in rural environments may inadvertently facilitate elder abuse (Teaster et al. 2006).

## Personality

Perpetrators of elder abuse often are viewed by outsiders as charming and attentive to the needs of the older adults whom they abuse and exploit. They exhibit excellent persuasion skills, which allow them to convince older adults that they are worthy of their trust and to gain control over them. Conversely, perpetrators also show a distorted sense of reality, an inability to empathize, a lack of impulse control, and an inability to handle frustration (Anetzberger 2013).

Several typologies of perpetrators of elder abuse based on personality and other characteristics have been proposed but have yet to be empirically validated. For example, specific to elder financial abuse, Tueth (2000) described two subtypes of perpetrators. Passive/opportunistic perpetrators were characterized as dysfunctional, psychosocially stressed individuals with low self-esteem and substance abuse problems, whereas active/predatory perpetrators actively sought out vulnerable older adults in order to manipulate them by using threats and intimidation.

Through her clinical practice, Ramsey-Klawnsnik (2000) identified five perpetrator personality types. Overwhelmed perpetrators were well intentioned and qualified to provide care, but they were stressed, resulting in harm to the older adult. Impaired perpetrators tend to have low intellectual abilities, physical impairment, mental illness, and/or substance dependence, often associated with psychological and physical abuse and neglect when the person is placed in a caregiving role. Narcissistic perpetrators met their own needs by using threats of physical violence so that they could gain control over the older victims' lives. Exhibiting explosive behavior, domineering perpetrators exert coercive control over older victims. They feel entitled to inflict harm and believe that the victim "deserves" the abuse, employing psychological and physical abuse, and in some cases, sexual abuse, to control victims and resources. Sadistic perpetrators humiliate, terrorize, and inflict pain on older victims; they recognize and enjoy their abusive behaviors.

Jackson (2014) proposed a four-class typology of perpetrators that falls within a continuum of malicious intent: Ignorant Abusers who are unable to perform caregiving duties, Reluctant Exploiters whose motives are non-malicious, Ready Exploiters who take advantage of an opportune moment, and Bad Actors whose abusive behavior is premediated and deliberate. DeLiema et al. (2017) also identified profiles of elder abuse perpetrators based on a continuum of malicious behavior: Caregiver, Temperamental, Dependent Caregiver, and Dangerous. Caregivers are lowest in harmful characteristics, whereas Dangerous Perpetrators have the highest levels of aggression, financial dependency, substance abuse, and irresponsibility.

## Substance Abuse and Mental Health Conditions

Many perpetrators of elder abuse have substance abuse and/or mental health conditions. These perpetrators share a prominent characteristic – they are dependent upon on their older victims. They frequently have a history of intermittent or underemployment (Amstadter et al. 2011), shared residence with their victims (Jackson and



Hafemeister 2012), small social networks (Amstadter et al. 2011), and involvement with the criminal justice system (Chopin and Beauregard 2018). These characteristics may alter interactions and overall quality of the relationship between potential perpetrators and victims and increase the risk of abuse.

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## Relationships Between Perpetrators and Victims of Elder Abuse

Relationships between older adults who experience abuse and their perpetrators range from an intensely close and long-lasting relationship, as in cases where perpetrators are intimate partners or adult children, to no relationship other than residing in the healthcare facility in which the perpetrator lives or is employed. Perpetrators use multiple tactics, often over extended periods of time, when abusing their older adult victims.

### Community Settings

The setting of the abuse can provide important clues to the type of perpetrator and the type of abuse. It is commonly accepted that more abuse occurs in community versus facility settings because substantially more older adults live in community settings than facility settings. Additionally, elder abuse occurring in community settings is more frequently investigated by researchers because more older adult respondents are cognitively intact and can consent to interviews and because all Adult Protective Services programs throughout the country can investigate reports concerning older adults living in the community.

**Intimate Partners.** Abuse of a spouse/partner in late life may be long-standing or a recent occurrence within a single relationship that may begin with a new relationship. Spouse or partner perpetrators use coercive tactics, such as isolation, threats, intimidation, manipulation, and violence, to gain and maintain power over their victims. In long-standing relationships, physical violence tends to decline with age. Instead, perpetrators use new or intensified types of psychological and emotional abuse (Teaster et al. 2006). Police reports of partner violence revealed that incidents of abuse and violence where women were perpetrators mainly involved verbal abuse, some physical violence, and limited use of threats or harassment. Abusive behaviors used by men who abused their partners were more severe, invoking fear and control of their female victims.

**Adult Children.** Anetzberger (1989) conducted one of the first studies about perpetrators of elder abuse, which focused on abusive adult offspring. The perpetrators typically inflicted multiple types of abuse upon their frail elderly mothers with whom they had lived for several years. In addition to shelter, adult child perpetrators were often dependent on their parents for financial and emotional support (Jackson and Hafemeister 2012). Underlying the dependency could be addiction to alcohol, pain medications, or recreational drugs; a history of mental or emotional illness; and chronic unemployment. These relationships could become abusive when the older

parent declines or refuses to provide money or other types of support to a dependent adult child and she or he becomes increasingly desperate.

**Other Relatives.** As with adult children, grandchildren and other relatives who abuse their older family members often depend on them for shelter, money, and emotional support. For example, professionals have expressed concern about the vulnerability for elder abuse within homes where grandparents are raising their grandchildren (Bullock and Thomas 2007). Instances of abuse by grandchildren raised by their grandparents include reports of punching, hitting, throwing objects, stealing money or prized possessions, destroying possessions, and threatening the grandparent with weapons. Grandchildren were also among extended kin (i.e., nephews and nieces, siblings, cousins) engaged in financial abuse of their older relatives (MetLife Mature Market Institute 2009).

**Family Caregivers.** The majority of older adults with functional and cognitive limitations who live in the community receive care from a family member. Most caregivers provide appropriate care for their loved ones and do not harm or hurt them. However, as function and memory decline and dependency on family caregivers increases or becomes more intense, the stress, strain, and burden of providing care for a loved one often escalate and can lead to potentially harmful or abusive behaviors. Well-intended caregivers often report the use of psychologically aggressive and physically abusive caregiving strategies, while other caregivers may be neglectful in their caregiving duties. It is not uncommon for abusing family caregivers to inflict multiple forms (i.e., polyvictimization) of elder abuse on their care recipients.

As an example, some caregivers of older relatives with Alzheimer's disease use violence as a conflict resolution strategy. Verbally abusive tactics (e.g., shouting, insulting, or swearing) are reported more frequently by caregivers than are physical strategies (e.g., grabbing, hitting) (Yan 2014). In some instances, abusive behaviors by persons with dementia toward their family caregivers may provoke abuse behaviors by some caregivers. Depressed caregivers were more likely to engage in violent behavior than were those who were not depressed, and caregivers who abused alcohol and who were providing care to violent older adults with dementia were more likely to engage in violent behavior than caregivers who did not abuse alcohol. Also, compromised cognitive status of family caregivers may contribute to potentially harmful and abusive behaviors and adversely influence the quality of care provided to older relatives (Roberto and Deater-Deckard 2018).

The relationship between abusive family caregivers and their older relatives with dementia is often complex and fueled by issues of control, dependence, and interdependence. For example, older husbands often blamed persistent and increased stress for their use of violent, abusive, and neglectful behaviors to manage the care of their wives with Alzheimer's disease (Roberto and Deater-Deckard 2018). Adult child caregivers who are abusive are frequently dependent on their parents for housing, financial assistance, and emotional support (Jackson and Hafemeister 2012) – needs that arose due to drug and alcohol addiction and chronic unemployment (Jackson and Hafemeister 2014). Cultural values and

normative expectations also shape perceptions about caregiving and beliefs about what constitutes abusive behavior (Moon and Benton 2000). For example, in cases of financial abuse, adult children, grandchildren, and other relatives with caregiving responsibilities used the older adults' money to which they believed they were entitled (i.e., saw as their inheritance), to meet their own needs or desires rather than to provide care for their family members (MetLife Mature Market Institute 2011).

**Trusted Others.** Most persons in positions of trust initially extend helping hands to the older adults, but some gradually appear overcome by greed. For example, trusted professionals (e.g., financial professionals, attorneys, fiduciary agents; in-home caregivers) collectively are most likely to be perpetrators of financial elder abuse than are other categories of perpetrators, including family members (MetLife Mature Market Institute 2009). They often believed that, in return for providing assistance and care, whether needed by the older person or not, they were due continual compensation (e.g., money, possessions). For instance, most allegations of abuse by guardians for adults involved financial exploitation and misappropriation of assets (Government Accounting Office 2010). Guardians exploited the protected persons for whom they were responsible by engaging in schemes that financially benefited them but were financially detrimental to the person under their care.

## Residential Settings

Over 1.4 million vulnerable adults in the United States resided in a nursing home in 2014 (Center for Medicare and Medicaid Services 2015). Most residents had at least a moderate level of cognitive impairment (61.4%) and four or more functional impairments (63.1%). An additional 835,200 persons were living in licensed residential care communities, which provide residents with room and board, around-the-clock on-site supervision, and help with personal care tasks (e.g., bathing, dressing) and medication management. Almost 40% of these residents have a diagnosis of Alzheimer's disease or other dementias. Thus, older adults who need to live in care facilities are vulnerable to abuse at the hands of the individuals who care for them as well as their peers with whom they see and interact daily.

**Staff.** The National Ombudsman Reporting System logged 15,444 complaints in FY 2016 that involved abuse, gross neglect, or exploitation (Administration for Community Living n.d.). Of these, approximately 25% were for physical abuse, 18% were for verbal or psychological abuse, 16% were for gross neglect, 9% were about financial exploitation, and 7% were for sexual abuse. A state-wide survey in Michigan found that families who reported that their relatives were subjected to at least one incident of physical abuse by nursing home staff identified physical abuse (e.g., forced use of restraint (forced feeding, toileting)), physical mistreatment (e.g., hitting, beating, kicking), and sexual abuse as the most frequent types of abuse experienced by their loved one (Schiamberg et al. 2012).

Work-related stressors have been associated with the perpetration of elder abuse by nursing home staff. Staff members who abuse residents often report poor job satisfaction (i.e., thinking of quitting), perception/belief that residents are “like children,” strong feelings of burnout, and high levels of conflict with residents (Pillemer and Moore 1989). Behavioral problems frequently associated with dementia (e.g., provocative verbal or physical outbursts) were a significant predictor of physical abuse by staff (Schiamberg et al. 2012).

Some researchers have argued that perpetrators may seek employment in long-term care settings in order to gain access to vulnerable women, suggesting that being in a position of power and control over residents enable them to perpetrate with relative impunity in many circumstances. Staff who perpetrate sexual assault often target older women with cognitive impairments, as these women are less likely to be viewed as credible. As a result, the member of staff may be more able to hide, deny, or otherwise cover up his or her actions (Fileborn et al. 2018).

**Residents.** Resident-on-resident abuse (RRA) in nursing homes is defined as “negative and aggressive physical, sexual or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient” (Rosen et al. 2008, p. 78). About one-fourth of resident-to-resident abuse involves sexual or physical abuse (Administration for Community Living n.d.). One of the first studies to uncover resident-to-resident abuse found that the most frequent perpetrator of sexual abuse was a facility resident (Teaster et al. 2000); the abuse involved instances of sexualized kissing and fondling and unwelcome sexual interest in an older female resident’s body.

More recently, the phenomenon of bullying of residents by other residents has come to light as a form of elder abuse. Resident-to-resident bullying is generally through verbal assaults rather than physical ones. Apparent gender differences exist related to how resident perpetrators typically bully others. Men tend to use more direct forms of bullying, such as verbal insults, whereas females use more indirect or passive-aggressive behaviors, such as gossiping and spreading rumors (Bonifas and Frankel 2012).

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## Interventions for Perpetrators of Elder Abuse

It is common practice throughout communities nationwide to approach elder abuse from the victim’s perspective. Older adults are warned about the potential for abuse and provided strategies to prevent becoming victims. Interventions, in the form of information or resources, are in place for older adults who experience abuse to help them manage their situation or eliminate contact with an abuser. To address the complexities of elder abuse, it is highly important to move beyond a historical focus on victims and incorporate strategies that also focus on perpetrators. While this approach to intervention is still nascent, a few strategies and considerations seem viable.

## Supporting Care Arrangements

Because most older adults live in community settings, the bulk of interventions should be focused on the home situation. Burnes (2016) suggested that if more than one person could live with an older adult, his or her presence might serve to mitigate abuse. In the ideal situation, perpetrators who are overwhelmed caregivers would have 24/7 in-home support available to them that would reduce, and possibly eliminate, encounters with the justice system because their lack of expertise or abilities create a situation in which they unwittingly neglect older adults who rely on them for care. Interventions of this type would require that support received for caregivers of older adults extends beyond other family members to members of their community, such as volunteer organizations and faith communities.

Similarly, care facility settings should uniformly reduce staff-to-resident ratios so that staff has enough time to provide care for residents and respond to their unique needs. In addition, hiring and training staff appropriately and periodically will help them better understand the needs and behaviors of the residents and develop strategies for providing person-centered care. Enhancing the work environment and relationship between staff and residents will contribute to the retention of knowledgeable, caring staff and ultimately reduce the risk of abuse for residents.

## Choosing and Monitoring Appropriate Surrogate Decision-Makers

Older adults needing surrogate decision-makers are especially vulnerable because they rely on others for care and/or are unable to advocate for themselves. The issue of abuse by surrogate decision-makers has recently been highly visible nationally, with reports by the Government Accountability Office (2010; 2016), recent testimony before the US Senate Committee on Aging and Social Security Administration (Teaster, 18 April 2018), and a flurry of media attention, in particular an article published in *The New Yorker* by Aviv (2017) entitled “How the Elderly Lose Their Rights.” Very little is known about the scope and frequency of abuse by surrogates, but with a rising older adult population, it is, now more than ever, important to know the identity of the surrogates and, just as important, to support them in their efforts to assist the older adults and to monitor their conduct in order to do so. There are multiple opportunities for intervention, including but not limited to family table discussions to incorporating these discussions in encounters with healthcare professionals and members of the clergy.

## Expressing Preferences for Care

Making plans for future care is another way to intervene in the perpetration of the abuse of older adults. Older adults need to discuss their preferences for care and care provision with families and friends so that they are prepared to act should the need

for assistance arise. Care provision should not fall to one person or be a remedy for a family member who is unsuccessful in other arenas in his or her life. Conducting a discussion with those who might be providing care may prove to be an effective and preventive intervention before circumstances become dire. Such preferences may be articulated through a recording as simple as a video made on a mobile phone, written in a values history, or executed more formally in advance care documents (e.g., power of attorney for finances and healthcare, advance directives).

### **Holding Perpetrators Accountable**

For far too long, perpetrators of elder abuse who committed crimes were not held accountable or were held lightly accountable, either because legislation did not contemplate evidentiary issues of such crimes or because victims were more often blamed for the abuse than were perpetrators. To address this issue, many states have enacted enhanced penalties for the abuse of an older person. So too, courts have recognized that older adults can and should have accommodations in order for them to participate. Across the country, elder courts have developed in order to bring to justice perpetrators who have abused older adult victims. It is imperative that courts and associated bodies make accommodations for older adults to appear in court so that justice can occur more easily for all age groups, not just for those who can walk into court.

### **Recognizing of What Constitutes Elder Abuse and Why It Is Not Ethical or Moral**

A burgeoning population of elders and a concomitant need for caregivers, particularly for persons in advanced old age, is one impetus for a societal recognition of elder abuse and the need for effective prevention and intervention efforts. Another impetus has been the recognition that stealing from older adults costs all of society, not just an older person (MetLife 2009). Barely addressed and highly underfunded less than three decades ago, important legislation – notably the Elder Justice Act of 2010 – has permeated not only federal and state government but also broader society. Equally as important has been the expansion of celebrations of World Elder Abuse Awareness Day, the brainchild of elder abuse researcher and advocate Dr. Elizabeth Podnieks of Canada. Since its first observation in 2012 at the United Nations in New York, this event, held annually on June 15th, has garnered worldwide attention at meetings and conferences and raised visibility of elder abuse around the world.

### **Specifically Identifying Ageism as a Contributor to Elder Abuse**

Fear of growing older, expressed in ageism, has implications, among other things, for the glacial pace of enactment and funding of legislation concerning crimes

against older adults, and reflects a tacit acceptance and tolerance of the abuse of older adults (i.e., the “I don’t blame him for acting that way” attitude about abusive caregivers). The growing understanding that mistreatment of older people robs society of its resources both now and for the future is an important driver of social awareness and change of regarding the issue and problem of elder abuse. In particular, a scholarly and practical focus on elder financial exploitation has proven to be a rallying point against which ageism can be combatted and elder abuse reduced.

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## **Directions for Future Research**

A field of inquiry now approaching 40 years, the phenomenon of elder abuse is replete with many important directions for future research. The purpose of this chapter was to highlight both the past and the future for research and practice, especially concerning the perpetrators of elder abuse. A challenge to research is that far less is known about perpetrators than victims; both administrative data and primary data are lacking. Gathering data about perpetrators is quite challenging. Convicted perpetrators are rightly afforded special protections – protections that can impede or halt the progress of research entirely. Research on perpetrators is likely not for the faint of heart, but amassing an understanding of perpetrators can inform important prevention and intervention efforts and should proceed with alacrity.

## **The Role of Socioeconomic Status**

Particularly as it concerns health throughout the life course, the role that socioeconomic status (SES) plays in the perpetration of elder abuse is an untapped and important area of inquiry. A historic determinant of overall health, inquiries into SES are necessary to illuminate pathways to clarifying the perpetration of elder abuse. Various and creative influencers (better healthcare or the presence of a mentor) or access to educational opportunities (access to post-secondary education) may prove to be significant interventions.

## **The Role of Mental Health Status**

Many perpetrators of the abuse of older adults are persons who have suffered from either adult-onset or lifelong (and frequently unaddressed) mental health problems. Untreated, the mental health problems can affect the lives with whom the adults interact, often leaving older people vulnerable to abuse. It is especially crucial to identify and address the mental health needs of older adults and their caregivers sooner than later so that elder abuse is prevented before mental problems contribute to its occurrence.

## **The Role of Substance Abuse**

The role of substance abuse, in particular the effects of the opioid epidemic now plaguing much of the United States, in the perpetration of elder abuse requires immediate and deeper investigation. While there are anecdotal reports that the opioid crisis is exacerbating the abuse of older adults, no published data exist at present that have established the connection. Sorely needed are both cross-sectional and longitudinal studies to determine the influence of these and other drugs on the abuse of older adults.

## **The Role of Interdependence**

Research has identified interdependencies between perpetrators and victims, particularly when the elder is in need of care. Challenges associated with caregiving can trigger potentially harmful or abusive behaviors from even well-intended caregivers. It is likely that various subtypes of abuse may have different sequelae, depending on the victim-perpetrator relationship, individual characteristics, and surrounding context. Research is needed to uncover patterns among these variables in order to identify what triggers “harsh caregiving” or care that is psychologically, emotionally, or physically hostile, lacking in warmth, and abusive when severe or chronic (Roberto and Deater-Deckard 2018, p. 607) to develop interventions to reduce the propensity for abuse under stressful situations.

## **The Role of Education**

One of the ways to prevent abuse of older adults is to reduce the number of potential perpetrators. As with other public health interventions, prevention of the problem may well start in early childhood. Attitudes and behaviors toward older people modeled appropriately will, theoretically, dispel the specter of ageism and promote the right treatment of older people, thus minimizing occasion to abuse. Longitudinal research is needed to examine the role of consistent, research-based education about aging as well as “educational booster shots” modeling right behavior and teaching units on the topic at elementary, secondary, and collegiate levels.

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## **Key Points**

- The Ecological Framework and the Contextual Theory of Elder Abuse hold promise for understanding the phenomena of elder abuse.
- Both men and women perpetrate elder abuse, although men are more often the perpetrators of certain subtypes, such as sexual abuse, than are women.
- Personality typologies can be associated with the type of abuse perpetrated. Perpetrators with a deep need to control or who are sadistic are often more abusive and dangerous than are other personality types.



- Substance abuse by perpetrators may exacerbate a tendency to abuse older adults.
- Dependencies between perpetrators and victims may result in heightened susceptibility to elder abuse.
- Older adults in care facilities are extremely vulnerable to elder abuse because of their increased dependence on others to provide care for them. Staff members of facilities may “cover” for abuse caused by other staff members.

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## Summary and Conclusions

To conclude, elder abuse is a growing problem because of the sheer increase in numbers of older adults. To be sure, more people are aware of the problem than ever before due to the consistent efforts of researchers and practitioners. The past 10 years have seen the metamorphosis of state and national laws to address the problem as well as the gradual institution of World Elder Abuse Awareness Day, now held annually around the world. Much of the past 40 years of research and intervention into the problem has focused on the victim. It is time to widen the lens of research to perpetrators. Prevention and intervention efforts that address reasons why people perpetrate elder abuse can have a high payoff, ultimately reducing the number of people who became perpetrators and the number of older adults who experience abuse.

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## Cross-References

- ▶ [Caregiving and Elder Abuse: A Complex Relationship](#)
- ▶ [Intimate Partner Violence in Later Life](#)
- ▶ [Poly-victimization: The Co-occurrence of Intimate Partner Violence with Other Forms of Aggression](#)
- ▶ [Recognizing the Trauma Experienced by Community-Dwelling Older Victims of Financial Abuse Perpetrated by Trusted Others](#)
- ▶ [Systems Responses to Older Adult and Elder Abuse](#)

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