

What's in a name?
Family violence involving older adults

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Abstract

Purpose: This paper reviews terminology used to describe family violence involving older adults in order to stimulate a discussion that may assist in the use of more appropriate and clearer terminology

Design: Different definitions of terms used to describe violence are considered and the contexts in which they are used. Two cases are described to illustrate the use of overlapping terms, the assumptions that lie behind them, and the different actions that they lead to.

Findings: The authors argue that legal, relational, health (physical and mental) and social perspectives are all useful and integration contributes to a fuller understanding of violence.

Originality/ value: The importance of terminology used to describe family violence involving older adults has been neglected in the past yet it influences understanding about violent incidents and shapes responses to them.

Key words

adult family violence; domestic abuse; elder abuse; intimate partner violence; violence

Pre-publication draft

Recently we studied domestic homicide reviews involving older adults as victims and/ or perpetrators. In doing so we came across a range of literature using a variety of terms that might be applied to some of the homicides involved. In this paper we reflect on some of the different terms used and the implications of using those terms. We reflect on possible ways of dealing with a confusion of terminology and nomenclature that sometimes, in our view, may bias risk assessment and obscure or minimise the potential for risk and harm. We do not consider here honour-based violence or female genital mutilation, both of which may involve older adults.

Domestic violence/ abuse and intimate partner violence/ abuse

Domestic violence and abuse is defined by the Home Office as

'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional' (Home Office, 2018).

This definition includes violence between intimate partners (which is sometimes referred to as intimate partner violence or abuse, or partner violence/ abuse) and violence between family members who are not intimate partners. Spousal abuse is another term that is sometimes used, but intimate partner abuse allows for a range of partner relationships without making assumptions about gender or formal relationship status. In practice the term domestic abuse is also sometimes preferred to domestic violence in order to acknowledge that abusive behaviours may not involve physical violence.

The World Health Organization has taken a different approach. It published its first *World report on violence and health* in 2002 and defined violence as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (World Health Organization, 2002) (page 5),

and argued that this definition broadens the concept of violence to include acts that result from a power relationship (including threats, intimidation, and neglect/ acts of omission). The same Report defined intimate partner violence as:

any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes: acts of physical aggression – such as slapping, hitting, kicking and beating; psychological abuse – such as intimidation, constant belittling and humiliating; forced intercourse and other forms of sexual coercion; various controlling behaviours – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance. (page

89, punctuation modified above)

If a homicide results from intimate partner violence, the term intimate partner homicide may also be used. If the intimate partner is an older adult then violence might be seen as elder abuse, e.g. Yon et al. (2017) subsume intimate partner violence in older women into elder abuse, noting (possibly erroneously) that with increasing age intimate partners may be less physically capable of perpetrating the more 'traditional' forms of intimate partner abuse.

Coercive control

The Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in intimate or family relationships, and the Home Office statutory guidance defines coercive control as:

Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. (Home Office, 2015)

Similarly Home Office domestic violence and abuse guidance defines it as follows:

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. (Home Office, 2018)

The guidance addresses "the ability and willingness of the individual victim to recognise or report abusive behaviour", and gives examples of how perpetrators may exploit specific victim vulnerabilities in order to maintain control: one example given is of older persons. The new cross-governmental definition of domestic abuse (quoted above) refers to controlling, coercive behaviour and is applicable across the age range. Our experience is that coercion takes place in relationships between older adults and their adult children, but is not always understood in those terms, either by health and/or social care professionals, or by the older adults involved. Parents may regard it as their adult children bullying them, but often reject the use of the terms domestic abuse and parental abuse.

Adult Family violence/ abuse

With regard to violence/ abuse between family members who are not intimate partners, a variety of other terms are also used. Adult family violence has become a term applied to a range of abusive behaviours between adult family members and may or may not be defined to include intimate partner violence within adult family violence: for example the Department of Justice, Government of Canada, defines it as follows:

Family violence is when someone uses abusive behaviour to control and/or harm a member of their family, or someone with whom they have an intimate

relationship. (Department of Justice Government of Canada, 2017)

Thus adult family violence would potentially encompass a number of other terms (see Table 1). Adolescent-to-parent abuse or child to parent abuse are terms used when children or adolescents abuse parents, but in older adult settings health and social care professionals may encounter parent abuse involving adult offspring of all ages and this may be subsumed under the definition of elder abuse. If adult family violence results in a homicide the term adult family homicide may be employed, but there are also terms used for homicides that specify the relationship, e.g. matricide when a child kills their mother and patricide when a child kills their father.

Elder abuse

Where adult family violence involves a family member in abusing an older person the term elder abuse may be used. The World Health Organization defines elder abuse as:

a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect. (World Health Organisation, 2017)

This definition includes the requirement that the relationship carries an “expectation of trust” but this in itself is difficult to define and most family relationships might be regarded as including an expectation of trust. Another complication is that there is no consensus on criteria to determine whether someone is an elder or older adult. The DHR study used the age criterion of age 60 and over, but lower and older age cut-offs are used in other contexts.

Older adults who are carers may experience intentional or unintentional harm from the person they are trying to support, and this is sometimes referred to as carer abuse (although the term, confusingly, is also used in the context of carers who abuse the person they are caring for.)

How is terminology important?

Nixon investigated practitioners’ constructions of parent abuse: she drew practitioners from three domains, youth justice, domestic violence and child protection. She notes that practitioners draw on their respective professional fields of knowledge, which reflect varied and different contexts. Extrapolating to an older adult context, social care practitioners and healthcare practitioners may draw on different beliefs and understandings in working with abuse/ violence involving older adults, and their constructions are likely to differ from criminal justice/ legal constructions of abuse/ violence in older people. How an individual understands and contextualizes abuse/ violence is likely in turn to affect how they

describe and respond to that abuse/ violence. Nomenclature may then assist or block professionals' ability to channel referrals to the most appropriate agency, especially if that agency fails to understand the terms/descriptors used. Researchers may have yet another and different perspective and there are bodies of literature applying to each of these categories. Matters are further complicated by the views of family members involved who might reject the attribution of abuse by health and social care professionals.

Thus, in an analysis of 30 domestic homicide reviews (Benbow, Bhattacharyya, & Kingston, 2018) 16 involved intimate partner homicides and 14 adult family homicides. Twenty-four Reviews involved homicides of older persons and may be regarded as elder abuse. Twelve adult family homicides involved parents (parental abuse): nine matricides and three patricides. Grand-parental abuse was involved in the remaining two.

About 20 years ago Brammer and Biggs drew attention to the importance of definitions in influencing structural arrangements and flow of resources which in turn shape agency responses to (in this case) elder abuse. They reflected on four definitions of elder abuse and noted that by using the term 'abuse':

the impact of the act in question is undermined or softened in such a way the expectations as to the consequences of the act are reduced. (Brammer & Biggs, 1998) p. 290

They note that a distinction between abuse and a criminal act is not recognized in criminal law. So is the term 'abuse' a weasel word? Should its use be avoided as vague, unhelpful and minimizing any act it is applied to? A slap is an assault not physical abuse. Rape is a crime not sexual abuse. Financial abuse may well be fraud or theft. Do these acts become labeled as abuse if perpetrated by a family member whereas they would be crimes if perpetrated by a stranger? By labeling them as abuse, is the seriousness of those crimes down-played?

Examples of cases from the DHR study

We outline below two cases from our DHR study (Benbow et al., 2018). We consider what terminology might be used in relation to them and how helpful it might be.

Case 1: An 87 year old woman living in a residential home and thought to have vascular dementia was found apparently dead on her bathroom floor by staff. Her step-grandson (aged in his early 30s) had been seen in her room when she was taken her lunch not long before that. The resident's assistance bell had subsequently been activated and, when a staff member went to the room, the bathroom door was closed and a male voice said that everything was ok. The staff member alerted a nurse who sent the staff member back to check on the resident. The step-grandson was seen running away and the resident was found on the bathroom floor not breathing.

The step-grandson told police that it was a “mercy” killing. He was charged with murder and remanded in custody. Whilst in prison he attacked a fellow inmate. Psychiatric reports found that he had paranoid schizophrenia at the time of both incidents, and he was placed on a hospital order with a restriction order under the Mental Health Act. The DHR found evidence that the step-grandson had shown signs of mental health problems for some time prior to the homicide.

The homicide of the grandmother meets the definition of a domestic homicide in that it involved two family members. It could be subsumed into adult family violence/ homicide (and indeed that is how we categorized it in our DHR paper). It would also fall within the definitions of parricide (see Table 1) and elder abuse. The police charged the step-grandson with the crime of murder but he was found to have a serious mental disorder that impaired his responsibility for the act. If we take a legal perspective on the case then we may see the main response as punishment: a crime has taken place. If we take a health perspective we note that the grandson was diagnosed with, and needs treatment for, a serious mental disorder and that the diagnosis was not picked up at earlier contacts with mental health services (for a number of reasons). A social perspective might focus on how vulnerable residents in care homes are safeguarded and whether policies and procedures might contribute to keeping them safe.

Case 2: This case involves a couple, married for over 30 years and originating from outside the UK. The wife was aged 80 and the husband 69. They lived separately in two flats after dividing the family home five years before the homicide. Family members were aware that the husband had been aggressive and violent towards his wife throughout their relationship. For several years before the homicide family members noted that the husband’s mental health deteriorated. He changed his Will and told different people on a number of occasions that his wife and other family members were going to murder him. The GP was told about the husband’s “paranoid ideas” and became aware that the wife was subject to physical violence. The husband had hip pain and after X rays was told that this might be caused by cancer. The day after being told this, the husband bought petrol cans and petrol.

A few days later neighbours called police and fire services to the house because of a fire. The wife’s body was found in the downstairs kitchen with head injuries consistent with blunt force trauma. Her throat had been cut and she was covered with a petrol soaked blanket and towel. Smoke alarms had been disabled and gas taps turned on. The husband’s badly burned body was found in his flat. A note revealed that he believed he had cancer.

This homicide meets the definition of domestic homicide as well as intimate partner homicide. It might also be regarded as elder abuse. A legal perspective would be that the husband was the perpetrator of his wife’s homicide and investigations after the incident revealed a long history of domestic violence and coercive control in their relationship. A health perspective would raise questions about the husband’s mental health as well as his physical health and treatment of

both. From a social perspective, his wife attended appointments with him both to interpret for him and to support him, and may have been regarded as fulfilling a caring role in this respect.

Conclusions: finding a way forward

One way of looking at domestic violence and homicides would be to combine legal, relational, health (physical and mental) and social perspectives and to regard them as complementary, in that bringing them together contributes to an understanding of violence. Combining the different perspectives might open up a range of possibilities for intervention. Has a crime been committed? What physical and mental illnesses (if any) affect the persons of concern and could any interventions be offered? What is the social context and what relevant interventions might be offered?

A variety of professionals work with those at risk of or experiencing violence. They come from different contexts, draw on different theoretical understandings and use different language. They may not be able to agree: for example the police officer may say that no crime has been committed whereas the social worker is clear that someone is experiencing abuse/ violence. Despite their different (yet equally valid) perspectives those involved need to work together in the interests of service users and their families. The conclusion of one professional should not necessarily invalidate the conclusion of another. However this varied use of terminology could potentially be even more confusing for the public than it is for those in the services involved.

Despite the variation in nomenclature and approach, all health and social care professionals need to be alert to a range of family violence involving older adults and respond by considering safeguarding and/ or involving multi-agency partners. Professionals will need to agree to disagree on terms, whilst, at the same time, agreeing on an intervention or interventions to address the situation, including actions necessary and who will perform them. Making Safeguarding Personal (Lawson, Lewis, & Williams, 2014) offers a potentially useful framework for managing these situations.

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