

# Practitioner Understandings of Older Victims of Abuse and Their Perpetrators: *Not Ideal Enough?*

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This article reports data from interviews with 66 professionals working across safeguarding, health, criminal justice and specialist domestic abuse services exploring their views about older victims' experiences of domestic abuse. The findings reveal that older victims, despite embodying many of the criteria of Christie's ideal victim, are not *ideal enough* as they fail to conform to the stereotype of the young, female victim of intimate-partner abuse. Similarly, their perpetrators, whether older partners or younger sons/other family members, fall short of the necessary criteria to be seen as legitimate offenders—they are *not quite* ideal—meaning domestic abuse against older adults is frequently repackaged as a health issue, with significant implications for professional practice.

**KEY WORDS:** ideal victims, domestic abuse, older victims, perpetrators, ideal offenders, ageism

## INTRODUCTION

Despite advancements over the last four decades in understanding the nature and extent of domestic violence and abuse (DVA), the experiences of older adults remain relatively under-explored, with some notable exceptions (see [Roberto et al. 2013](#); [Gerino et al. 2018](#); [Meyer et al. 2020](#) for reviews). Indeed, older age, as a variable in its own right, has seldom been a feature of this kind of work, with research predominantly focussing on the differential prevalence, risks and experiences of (younger) adults and young people across the different intersections of sexuality and gender identity ([Kimmes et al. 2019](#); [Callan et al. 2021](#); [Kim and Schmuhl 2021](#)), ethnicity ([Ragavan et al. 2020](#); [Kim and Schmuhl 2021](#)), religion ([Mitchell 2019](#); [DeRose et al. 2021](#)), and (dis)ability ([Breckenridge 2018](#)). Even less work has paid attention to the role of professionals in responding to DVA among older populations, despite the critical role professionals play in safeguarding and supporting victims and offenders ([Peckover and Golding 2017](#)).

This article reports on the findings from qualitative interviews with 66 professionals working across safeguarding, health, criminal justice and specialist domestic abuse services in the United

Kingdom, exploring their views and experiences of older victims and perpetrators of domestic abuse. This data is examined through the prism of Christie's ideal victim and offender framework, providing new insights into how ageist stereotypes intersect with wider sexist, racist and classist constructions of who domestic abuse victims and perpetrators are. This analysis reveals that for these practitioners older victims and offenders fall short in meeting Christie's conceptualisation, with implications for prevention and intervention. This is discussed further in what follows.

The paper falls into five parts. The first reviews what is known about domestic abuse against older adults. The second part considers the literature within the conceptual framework offered by Christie (1986) and draws out the implications of this in relation to the notion of the 'ideal victim' and the 'ideal offender'. The third discusses the methodological approach taken in conducting this work. In the fourth part of the paper the empirical findings from the qualitative interviews with professionals conducted as part of this project are considered in the light of Christie's framework. The final part of the paper challenges this framework, arguing that two of the ideal victim attributes that are core to Christie's concept of creating ideal victim status—vulnerability and age—can have the reverse effect in relation to older victims of domestic abuse. It is argued that the concept of ideal victims and offenders needs rethinking when it comes to older victims and their offenders.

## DOMESTIC ABUSE AGAINST OLDER ADULTS: VICTIMS AND PERPETRATORS

The 'elder abuse' field, which has existed since the 1970s is well established, whereas, criminological, victimological and feminist analyses of abuse of older adults is sparse (Brandl and Raymond 2012; Holt and Shon 2018). This lacuna in part reflects social and cultural attitudes towards ageing and older adults, particularly older women, who are seen as socially and culturally unimportant (Featherstone and Hepworth 2005, cited in Westwood 2016) and can be situated within an anti-ageing culture where older people—particularly older women—are invisible (Clarke 2010). Older adults are welfarised and pathologized, reinforcing prejudicial stereotypes of elderly people as a 'dependent' group separate from and different to the rest of society (Arber and Ginn 1991). Criminologists have been called out for the 'adolescent limited' developments in the discipline (Cullen 2011) with research on older victims of crime limited (Wahidin and Cain 2006; Bows 2019b). In relation to domestic abuse, most research has largely ignored elderly women (Calasanti and Slevin 2013) reflecting a preference for the term 'elder abuse', as a distinct field of academic enquiry. This preference has resulted in the victimisation of older people being firmly situated within a medical and social care framework which seeks to identify, prevent and respond to these 'problems' as problems of ageing (Harbison 2016).

Some of the founders of the 'elder abuse' field have acknowledged that the continuous expansion of the concept has led to the term being used as a catch-all for all crimes against the elderly (Anetzberger 2012), ultimately undermining any potential value of the term. The 'bracketing off' (Holt and Shon 2018) of elder abuse from domestic abuse suggests these offences have unique characteristics warranting an emphasis on age, and feeding into ageist theorising around the burdensome older victim and care-giver stress (Whittaker 1995; Wolf 2000). However, this is not supported by the majority of research (Bows *et al.* 2022).

Notwithstanding these problems, the elder abuse field remains the primary source of data on abuse of older adults. This work suggests that approximately 1 in 6 adults aged 60 and over and living in the community experience some form of physical, financial, sexual or psychological abuse each year (Yon *et al.* 2017). This equates to some 2 million older adults in the United Kingdom each year. Furthermore, most elder abuse research reports that this abuse is largely perpetrated by partners or family members (Jackson 2016; DeLiema *et al.* 2018) bringing it within the statutory

definition of domestic abuse in England and Wales ([Domestic Abuse Act 2021](#)) covering the full range of abuse delineated in that legislation. Studies examining intimate-partner violence (IPV) against older adults report similar findings to the elder abuse literature, although an obvious limitation is that this work does not include violence from (adult) children and other family members. In a systematic review of studies examining IPV against adults aged 60 and over, [Warmling et al. \(2017\)](#) found the prevalence of psychological violence ranged from 1.9 to 36.1 per cent, physical violence from 1.8 to 5.9 per cent and 1.2 per cent for sexual violence. In relation to fatal DA, adults aged 60 and over account for at least 1 in 4 domestic homicides in the United Kingdom, despite constituting only 18 per cent of the population ([Bows 2019a](#)). Older women are also disproportionately at risk of being killed by their (adult) children ([Holt 2017](#)) and this dynamic accounts for half of all domestic homicides of older adults ([Bows 2019a](#)). There has been limited specific research on domestic abuse by adult sons and daughters towards their parents ([Nguyen Phan 2021](#)) but a recent rapid review reports that they account for up to half of all perpetrators of abuse against older adults ([Bows et al. 2022](#)). This dynamic creates specific complexities that differ from IPV ([Nguyen Phan 2021](#)). Although there is limited (adult) child-to-parent violence (CPV) literature, studies examining adolescent or young CPV indicates that parents—particularly mothers—face a ‘double stigma’: the stigma from a victim of domestic/family violence combined with the stigma of being the parent of a ‘difficult’ or ‘troublesome’ child ([Holt 2011](#)). However, CPV is often missed by professionals who apply a child protection lens or blame the parent for the ‘problem’ child and their failure as a parent to control them ([Holt 2016](#)).

The existing literature 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](#); [Lee et al. 2014](#); [Guedes et al. 2015](#)). 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 some of the complexity here. Yet, as [Meyer et al. \(2020\)](#) point out, while previous studies 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.

Poor health, dependency on others for care, limited financial resources and social isolation have been found to characterise victims of elder abuse ([Lachs and Pillemer 2004](#)). These social and economic vulnerabilities are situated within a broader political context which has imposed austerity over a sustained period, with a dismantling of the welfare state and decline in public social support services ([Sanders-McDonagh et al. 2016](#)). This has had detrimental impacts on victims of domestic abuse and older people, with rising mortality among older adults linked specifically to reductions in spending on income support for poor pensioners and social care ([Loopstra et al. 2016](#)). Such issues compound the already existing experiences of older people within cultural contexts characterised by ageism and it is evident that some of these experiences have been exacerbated by the pandemic ([Benbow et al. 2020](#)).

In summary, while previous studies and reviews have provided some insight into the prevalence and nature of abuse of older, most work has been conducted outside of a domestic abuse framework and our knowledge on the victimisation of older adults remains limited. Furthermore, 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. Importantly, few theoretical advances have been made, particularly within a criminological or victimological framework. Yet, there is without doubt greater awareness of victimisation of older adults and it is at this juncture that [Christie's \(1986\)](#) concept of the ‘ideal victim’ becomes pertinent.

## IDEAL VICTIMS AND IDEAL OFFENDERS

For Christie (1986: 18) the ideal victim is ‘a person or category of individuals, who—when hit by crime—most readily are given the complete and legitimate status of being a victim’. Gaining legitimate victim status is conditional on satisfying several criteria. For Christie there are five attributes of the ideal victim: (1) the victim is weak—sick, old or very young are particularly well suited as ideal victims; (2) the victim was carrying out a respectable project; (3) the victim cannot not be blamed for where they were—in the street during daytime hours; (4) the offender is ‘big and bad’; and (5) the offender has no personal relationship with the victim. In other words, an ‘ideal victim’ conjures an ‘ideal offender’. For Christie, the ideal victim would therefore be an old lady who, on her way home from caring for her sick sister, is hit on the head by a man who is significantly bigger than her, and who robs her in order to buy alcohol or drugs. How these terms (ideal victim and ideal offender) are understood is, by implication, loaded with stereotypes and myths about how ‘real’ crime or ‘true’ offenders look and behave. As Eelmaa and Murumaa-Mengel (2022: 264) argue, ‘the values, power dynamics and conflicts interwoven into these myths are presented as natural, thus hiding the socially constructed nature and socio-culturally situated historical development of these myths’. Importantly, the ‘ideal victim’ and ‘ideal offender’ are rarely reflected in real victims and offenders, the majority of whom do not share the characteristics outlined by Christie.

Much has been written about the construction of the ‘ideal victim’ and the reality of domestic abuse frequently stands in stark contrast with these terms: the parties know each other intimately, abuse takes place routinely in the home, and while abuse can, and often is, physical, it is also frequently non-physical. The domestic abuse victim can therefore never be ‘ideal’; accordingly, they are routinely discredited, disbelieved or blamed for failing to fit the mould (Nancarrow 2019; Goodmark 2023). In some respects, older victims of domestic abuse embody many of the ‘ideal victim’ attributes—they are old, and consequently presumed and portrayed to be inherently weak and vulnerable (Makita *et al.* 2021). As Walklate (2011) indicates, a hierarchy of victimisation exists and the assumed vulnerability of older people places them at the top of it. Indeed, it is the vulnerability of the older person that is central to constructions of older rape victims (Bows and Westmarland 2017). Additionally, older victims of domestic abuse are most likely to be female (Roberto *et al.* 2013; Gerino *et al.* 2018) while the offender is most often male. Yet, despite satisfying several of the criteria to be assigned legitimate victim status, as the data in this paper suggests, older victims and perpetrators of domestic abuse are typically not *ideal enough*, for they fail to achieve all the requirements of the ideal domestic abuse victim in the eyes of the practitioners reported on here.

## METHODOLOGY

The findings presented here are drawn from a study examining victims and perpetrators of domestic abuse against older adults, involving three stages: a rapid evidence review (Bows *et al.* 2022), interviews with professionals working across public and third-sectors with experience of domestic abuse among older adults; and case-file analysis of safeguarding (s42 enquiry) reports. In this study, ‘older’ adults refers to adults aged 60 and over, in keeping with the wider literature on domestic and sexual abuse of older adults (Bows and Westmarland 2017; Bows 2019b) and reflecting the previous age cap of 59 imposed on the Crime Survey for England and Wales (DVA module).

The overarching research questions were:

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?

This paper draws on data produced through the second phase: interviews with 66 professionals working across four sectors: safeguarding; criminal justice; health and social care; and specialist domestic abuse agencies. The interviews focussed on all three research questions. Although our first research question was focussed on perpetrator profiles we asked professionals about the profiles of both victims and perpetrators in their services/case files as some organisations worked directly with, or had direct contact with, victims and perpetrators whereas other professionals had only indirect experience of perpetrators through their work with victims.

Qualitative, structured interviews, conducted either by telephone or video-conferencing software such as Zoom and Teams, were undertaken between January and March 2022. Support for the research was provided by several organisations in promoting the research and encouraging participation among their staff and wider networks. Social media (Twitter) was also used to promote the research to invite interested professionals with relevant experience to make contact and take part.

Professionals who expressed interest in the study were sent the information sheet, consent form and, where requested, interview questions ahead of taking part in the research. 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 study was given ethical approval from Durham University Faculty of Social Sciences and Health Ethics Committee.

The anonymized/de-identified transcripts were analysed by three researchers using thematic analysis—a process used to identify patterns and themes within qualitative data (Braun and 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 and Clarke (2006), involving generating initial codes, developing themes, reviewing themes and agreeing them within the team and writing up. In what follows two main themes from this data are presented: older victims—as not *ideal enough* and their offenders—as *not quite ideal*.

## OLDER VICTIMS—NOT IDEAL ENOUGH

Although Christie (1986) identified the older woman as the ‘ideal’ victim of crime, the ideal victim of domestic abuse in policy terms is assumed to be young, and the causes of domestic abuse are often associated with youthfulness. Such constructions inform public and professional understandings of domestic abuse victims and as a consequence older people are less likely to be seen as victims. As Corrie, a Specialist Perpetrator Practitioner explained, older victims do not feature in the common understandings of who is at risk:

There is something about the patriarchy and misogyny that sort of just says, oh, these women are done, they’re not experiencing any of this now, you know. That they’re not going to experience domestic abuse, they’re not going to experience sexual violence and they’re sort of forgotten about.



The devaluing of older women as they age and their subsequent invisibility in society—and policy—means they are culturally written off. Socially, domestic abuse continues to be understood as a young persons' problem maintained through stereotypes and biosocial explanations of abuse as a result of traits associated with immaturity—perpetrator's jealousy and obsession with their young, socially attractive partner and youth (testosterone) (van der Meij *et al.* 2022). These wider cultural assumptions of ageism and sexism render older people not *ideal enough* victims.

Similarly, Vicky, an Independent Domestic Violence Advocate (IDVA), described how the focus of training is always on younger adults who are considered the main victims of domestic abuse:

In 2016, I did my domestic abuse training with the county. And it didn't even recognise that victims in that older age group were victims; everything was focused on the highest age group for risk being 16 to 24.

Safety campaigns and messages directed at informing women about risks and strategies for safety, as well as campaigns aimed at offenders, often reinforce the ideal victim stereotype. As has been highlighted elsewhere, the typical images used in these materials are of young, white, able-bodied women who are at risk of physical abuse from their young, intimate male partner (Bows and Westmarland 2017; Bows 2019b). This issue—of safety awareness being limited due to advertising of services and campaigns for domestic abuse being aimed at younger adults—was highlighted by several practitioners. For example, Nadia (Community Connector, local council) said:

I'm trying to think of maybe awareness and publicity in places that are frequented more by the over 60s perhaps. Yeah, I think often these victims that I've worked with, they don't really realise it's necessarily domestic abuse.

With Penelope (Community Response Officer) adding:

I think that's why they find it so difficult to identify domestic abuse sometimes. So it's kind of like a systematic invisibility of older people experiencing domestic abuse. I think that kind of makes it more difficult to support in the long run because you're kind of fighting against people that don't think they will be supported by anybody.

In other words, these professionals described how their training as well as wider awareness campaigns and materials reproduce constructions of the ideal (female, young, attractive) domestic abuse victim. Whilst these narrow depictions of victims (and in turn, offenders, discussed later in this paper) have been widely criticised by scholars as being racist, classist and 'constructed against the backdrop of heteronormativity' (Shannon and Smith 2017: 249) the 'ideal' age of the victim (and offender) has rarely been included in these critiques (see Wydall *et al.* 2018).

Archie, an IDVA, highlights how this can be further complicated when the victim is older and also a man, and how this impacts victim's perceived notions of victimhood and how they fit into that:

I would say older, particularly older males, probably, are less likely to speak to anyone. In fact, the problem is actually getting, getting older males to perceive themselves as victims in the first place, and that's before they consider talking to anybody. Older people are less likely to perceive themselves as victims and to report it or to ask for help, and I think within that age group, it does seem to be males that are least likely.

Professionals told us that perpetrators would sometimes rely on ageist stereotypes about older people as having capacity or memory issues to undermine the credibility of the victim and deflect attention from their abuse:

When it comes to actually challenging someone on, you know, ‘this is what’s been disclosed to you by your mum’, I—it’s always been met, in my experience—generally with a sense of, ‘but I love my mum. I would never do that’ or ‘you don’t know my mum. She’s—she’s hysterical making that up’ (Cassandra, Perpetrator Coordinator)

Long (2021: 348) drawing on Christie (1986: 20) notes that for an individual to successfully claim the legitimate status of victim, they must have both sufficient power to make their case known, and not be prevented from being heard by what Christie described as the ‘counter-powers’. In some cases, these counter-powers can be the perpetrator, who relies on ageist stereotypes to undermine disclosures and deny the abuse. Bernie, an IDVA, for example, informed.

The accusation of, you know, dementia, that they don’t know what they’re doing, they can’t control their finances, we need to help, we’re going to do this, we’re going to be power of attorney, etc. And look after the money for you, mum. I would think that that’s maybe a little bit more of a unique-ish factor for the for the elderly.

Several interviewees felt that where the victim had actual or suspected dementia, their disclosures were commonly not believed, and the direction of the professional response was influenced accordingly. Janine, a DA Interventions Service Manager, told us that one of the ‘prime differences’ in the way DA among older adults is treated compared with younger adults is that ‘a lot of people put it down to dementia’. Claire, a Safeguarding Clinical Specialist, had similar reflections:

We do get disclosures from people with dementia. I would say nine times out of ten, with a social worker investigating it, it appears that the person with dementia isn’t believed and it’s put down to confusion or it’s put down to the other way around, it’s the person with dementia abusing the husband...you know, the other person, the victim. But is that true? (Claire, Safeguarding Clinical Specialist).

Thus, the assumed inherent weakness and vulnerability of older people makes them ‘ideal’ in Christie’s model, yet these attributes are frequently used to discredit them as victims or blame them for their victimisation. Their assumed frailty and dependence is a distraction, with attention diverted away from domestic abuse to conditions of ageing, again rooted in stereotypes about older age (Harbison 2016). In that sense, this stereotyping (by perpetrators, practitioners or peers) acts as a counter power to older adults disclosing abuse.

### OFFENDERS—NOT QUITE IDEAL

As outlined earlier in this paper, Christie’s ideal victim requires an ideal offender or ‘enemy’ who is the antithesis of the vulnerable, weak, blameless, respectable female victim—he is male, physically large and strong, is a stranger and commits the crime in the context of a socially recognized and denounced wrong—typically involving physical force or violence. In the context of domestic abuse, perpetrators are never strangers, but the other attributes—male, strong and overpowering the victim, perpetrating physical and/or psychological violence—are prerequisites to being perceived as an offender.

Professionals described how the stereotype of the offender as big and thuggish continued to dominate understandings:

There are still many people out there, 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 (Selina, Manager in Health and Social Care setting).

In our study, professionals described three groups of perpetrators of domestic abuse against older adults, all of whom fail to meet the ideal offender construct and are therefore (re)constructed as non-offenders: the nice, old man; the vulnerable old man; and the vulnerable familial perpetrator.

### The nice old man

The first is the middle-class older man who is respected in the community and therefore disregarded as a potential abuser. Melody, a DA Prevention Advocate said:

They [are] 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.

Both Christie's generalist 'ideal' offender, and the more specific domestic abuse offender stereotype is constructed as a heterosexual, male villain (Ramsey 2015). Yet globally, the evidence has consistently shown that perpetrators of domestic abuse are 'ordinary' men (and women), in the sense that they are often known, loved and valued by those in the community (Flood and Dembele 2021). Thus, when ageist assumptions are added into this mix further issues emerge associated with perceptions of the trustworthiness of the older population as opposed to the risk these 'nice old men' might pose to their partners (Yorston 1999; Bows and Westmarland 2018). This was described by professionals in this study in the following way:

I think society doesn't like to see the bad in the older people, so possibly that is hidden a little bit (Janine, DV Interventions Service Manager).

Anna (Specialist Safeguarding Nurse) similarly described how professionals, especially police, have a tendency to assume that

If somebody's a nice, gentle-looking or grey-haired or gentleman, that, you know, we can afford to manage that differently, but actually what I would like is to see some education around how, you know, older perpetrators of domestic abuse can cause as much injury and sometimes more than their younger counterparts.

In a small number of cases, professionals had worked with older male victims who were being abused by their (also older) female partner. In these cases, professionals felt there was a triple jeopardy, for the victim failed to meet the gendered 'ideal' victim stereotype of domestic abuse—female, weak (compared to the perpetrator), and were additionally old, not young, and the perpetrator was female, not male. Previous studies have highlighted how men (in particular, black men) are the perpetual suspect, whereas women are the perpetual victim, meaning male



victims are quickly constructed as the aggressors and treated accordingly by professionals, particularly criminal justice agencies (Long 2021).

## THE VULNERABLE OLD MAN AND THE VULNERABLE SON/ GRANDSON

The second two, more common groups of perpetrators, are the older perpetrator who has their own health needs and vulnerabilities, and the younger offspring or other family member, typically a son or grandson, who has a 'chaotic' lifestyle. While the first group—the middle-class, healthy older man, falls outside of the ideal perpetrator construct because of his age, it is the vulnerabilities and relationship factors in the second two groups which render them the *not quite* ideal perpetrators in the data discussed here.

### The vulnerable old man

The construction of the ideal offender, both in Christie's concept and the domestic abuse stereotype as physically strong, was frequently the opposite of what professionals described in their practice with older victims of abuse. Older intimate-partner perpetrators, and adult son or daughter perpetrators, were described by participants as often being disabled, frail and/or dependent on the victim for care and support. Claire (Safeguarding Clinical Specialist) said:

I'd say more often than not, the perpetrator is more disabled than the victim, so they can't get around very well or they've got a lot of health issues.

This was also described by Genevieve, an IDVA:

The vulnerabilities of the perpetrator is often a key issue, so if they are the carer for the perpetrator, and they feel that if I leave, his life will be much, much worse, and maybe his care needs won't be well met, then that can be a factor for them staying with the perpetrator.

Lynne (Community Mental Health Nurse) similarly felt that one of the distinguishing features of domestic abuse in later life is perpetrator is likely to be as frail and dependent as the victim:

I suppose perhaps the physical frailty of both the perpetrator and the person being abused [are key issues]. Because of people's age they are both quite frail quite often.

It has been acknowledged in the older sexual offending literature (Bows and Westmarland 2018) and broader grooming literature (McAlinden 2013) that older adults are often overlooked as potential offenders and the risk downplayed because of their age, to date the impact of such ageist stereotypes (the nice old man and/or the vulnerable old man) have not been explored in the context of domestic abuse. Yet it is clear from our interviews that old men (and likely, old women) fail to fit the 'ideal' offender model. In particular, older perpetrators are often frail and disabled and thus the risk of domestic abuse is downplayed or the focus shifts to the needs of the perpetrator.

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, Specialist Perpetrator Practitioner)

This also reflects broader stereotypes about abuse being physical; several studies have identified that the nature and dynamics of abuse can change across the life course and older people

may experience more coercive control and psychological abuse (Lundy and Grossman 2009; Yon *et al.* 2017) than physical abuse (though the latter still occurs, including fatal abuse—Bows 2019a). Yet, the physical health and ability of the vulnerable older perpetrator means they are overlooked as perpetrators as it is assumed they are not capable of physical abuse.

### The vulnerable son/grandson

Several studies on both domestic abuse and elder abuse victimisation have reported that adult sons or grandsons, and a smaller proportion of adult daughters or granddaughters, are perpetrators in around half of all abuse against older adults (see Bows *et al.* 2022). Similarly, adult sons and grandsons account for half of all domestic homicides involving older victims in the United Kingdom (Bows 2019a). Yet the nature of the abuse and profiles of adult offspring perpetrators has not been the focus of research to date, despite an increasing awareness of, and corresponding literature on, adolescent CPV. In this study, professionals identified that adult sons (and, less often, adult daughters or grandsons/granddaughters) were often responsible for the abuse but were infrequently labelled as abusers, in part because they failed to meet the ‘ideal’ spouse or partner stereotype, but also because they typically had significant vulnerabilities. Professionals told us of adult sons struggling with drug and alcohol dependencies leading to financial difficulties. Mental health issues were also mentioned by most professionals as a key issue where the abuser is a son or grandson. For example, Mary (IDVA) explained:

I would say 80 per cent 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 per cent, to be honest.

Housing issues were also mentioned as a concern for (adult) child perpetrators, and despite mothers being subjected to domestic abuse, they still felt a sense of responsibility to support and care for their child. Katie (IDVA) describes the typical abusive behaviour:

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.

Recent research examining mother’s experiences of abuse by their adult children has highlighted the complexity of the relationship between victim and abuser where the relationship is parental/child and, in particular, the identity of being a mother at the same time as a victim of abuse by your (adult) child (Nguyen Phan 2021).

‘Chaotic lifestyles’ was also mentioned by Louisa (Housing Worker), who described a combination of housing, addiction and mental health issues as common with (adult) children who abuse their parent(s):

I would, in my experience I think younger perpetrators that I’ve seen abusing older people, will have some element of their own vulnerability, be that substance misuse, mental health, like I say a chaotic lifestyle sometimes.

These perpetrator vulnerabilities meant that domestic abuse may be missed, either because the victim and/or professional is focussed on these issues as being the *cause* of abuse, or because ageist stereotypes mean the abusive son or grandson is seen as caring for the victim:

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 (Sandra, CEO of DA Service)

The result of such perpetrator vulnerabilities was that they were not seen as 'real' or 'ideal' perpetrators—they were not strong, unknown men attacking older women in public places, but instead complex individuals, related in some way to the older victim, with multiple complex health and/or social care needs. Professionals were thus sympathetic and concerned about the perpetrators as much, or sometimes more, than the victim.

### IMPACTS ON PROFESSIONAL PRACTICE

The social construction and popular understanding of domestic abuse victims and offenders shaped these professional understandings of what such victims and offenders look like. Consequently, they have real impacts. For example, many older victims are never 'seen' by professionals because they fail to conform to the stereotype of who a 'real' victim of domestic or sexual abuse is. Thus, domestic abuse may either be completely missed or packaged as something else—abuse in a *domestic context*—or abuse as an *age(ist) issue*. These are discussed separately in this section but there is considerable overlap between them, and often the reason abuse was seen as abuse in a domestic context rather than domestic abuse was because it was fundamentally seen as a problem related to the age of the victim (or perpetrator, or both).

#### Abuse in a domestic context

Corrie (Specialist Perpetrator Practitioner) told us that when a perpetrator has health difficulties this often 'blindsides' professionals. Stereotypes about older people, frailty and vulnerability mean that professionals do not recognize the older person as a perpetrator because they do not conform to the young, physically healthy and strong male 'ideal' perpetrating physical abuse:

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.

Other professionals often spoke about it being difficult to 'locate' the abuse when the offender had their own health issues, and described how it could be challenging to distinguish between abuse in a *domestic context*, or *domestic abuse*. Cher, a Mental Health Practitioner, said:

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.

Consequently, professionals relocate the abuse as a health issue, rather than domestic abuse:

Social services, or they'll come back to you and say this is a mental health need, you'll need to deal with that within your service. We get the same response usually, they'll ring us back and then tell us what they offer but they'll say that we don't really offer anything for this particular

situation. I've never I've never got anyone from [service provider] to follow up on any of our referrals. (Sarah, Director of DV Service).

As a result, referrals for older victims into domestic abuse services are generally low. For example, Katie talked about the lack of referrals her service gets from adult social care, an agency which she expects would be likely to see cases of domestic abuse regularly:

We don't get that many from adult social care. The police, or health really. 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 (Katie, IDVA)

In other cases, professionals may miss them because they do not fit the 'ideal' model of a young woman embedded in existing tools and processes. For example, it was commented that risk assessments designed out older victims. As Nadia, a Community Connector at a local council explained:

It's very targeted at a partner relationship and I understand that that's more common but it still needs to cover more in terms of abuse from other perpetrators other than partners and I think because the over 60s more often fall into that category perhaps, I mean I know my colleagues have worked with victims of partner domestic abuse over 60 but I just don't think DASH is really geared up to covering all of those different elements that we encounter.

### Abuse as an age(ist) issue

Arianne (Senior Social Worker) described a general reluctance to label abuse as domestic abuse, seeking excuses relating to the perpetrator's age and presumed impact of health

I think that there is a tendency for services to minimise the abuse, looking for alternative explanations for why it's happening, especially within the police and things like that. It'll be, oh well, you know, it's because of their mental health or it's because of, you know, a- a- a cognitive decline. We- we- there's a tendency for people to try and look for something that's medical that's causing it.

As Christie noted, 'offenders who merge with victims make for bad offenders' (Christie 1986: 25) and as a result, professionals are likely to miss them or construct the abuse as a health issue. Even where the abuse involves significant physical violence, there is a reluctance among professionals to criminalise older perpetrators by attaching the label of domestic abuse. Archie, an IDVA, reflected:

One thing I have noted, and it-it's, it's something that kind of goes both ways, really. It's, it's the issue of where there's much older spousal abuse, there's sometimes more of a reluctance to accept that it's straightforward domestic violence, and that, oh it must be something to do with their age, cognitive decline, which actually then interferes with how agencies deal with it. I don't think that police and social services, adult services know what to do with older perpetrators.

In other cases, professionals described perpetrators using ageist stereotypes to their advantage. For example, one professional reported a case involving an elderly female perpetrator which relied on presumptions of dementia and capacity issues in later life to minimise and conceal the abuse against her husband. Similarly, Archie (IDVA) described how, in his experience,

the police and other professionals are reluctant to use the label domestic abuse and will often make excuses for the perpetrator, assuming the behaviour is linked to physical or mental health conditions:

They don't want to arrest them and keep them in a cell, they don't want to bail them to go and have to find somewhere else to live, they don't want to prosecute, and there, there's a resistance, and often a making excuses for older perpetrators that, you know, well it's their age, it, they must, you know, must be Alzheimer's or they're going senile or something like that, and in more cases than not, that isn't the case. [Actually] it's, because they are violent people. It's not because of any age-related factors.

Grant (Domestic Abuse Worker) also described difficulties in getting the criminal justice system to pursue domestic abuse against older adults:

But the investigating officer's roles with elderly clients, I find that is very, very quickly, we'll get the feedback, it's- it's no further action, with 'we can't get this in front of the CPS' or 'we can't get it through our kind of threshold gatekeeping processes cos we, you know, the- the perpetrator is so elderly'. They'll say it's not within their, what's the phrase? Public interest.

Other participants described instances where they had been told by the police that they were treating a case differently because of the victim and offender's age. For example, Arianne shared:

I've had police officers say to me previously, 'we'd probably treat this very differently if it was somebody who was forty-five-year-old rather than eighty-five-year-old'. And that's just kind of probably based on assumptions of, you know, what domestic violence looks like in older adults, that- that it is caused by something else, you know, medical [chuckles] rather than- rather than social.

Anna (Specialist Safeguarding Nurse) also said that the police response to cases involving older offenders is 'completely different' to what it would be if the offender was younger:

It's my experience, really going back through cases in the past where the police, even where we've got a victim who's really suffered quite serious and significant injuries, the police have been really reluctant to arrest an older man and put bail conditions in place.

## DISCUSSION

The concept of the 'ideal victim' has become a core empirical and theoretical, if contested, pillar in victimological literature (Duggan 2018). Research has consistently shown that few victims achieve the requirements to be 'ideal', particularly in the context of domestic abuse. However, the impact of age—and how this intersects with other discriminatory stereotypes—has been seldom explored. Moreover, the relationship between ideal victimhood and the ideal offender when seen through the lens of older age has been invisible. This is the first study to explore the views of those supporting a large and diverse sample of domestically abused older adults. Ageist and sexist myths were crucial to understandings of domestic abuse against older adults for these professionals. The myths that the domestic abuse victim is a young female and her perpetrator is a young, male, partner are embedded and maintained through the training, policies and practices undertaken by professionals in this study and ultimately reinforced through the absence of research on older victims and perpetrators of domestic abuse. In other words, absence of older



people in research, policy and practice is taken to mean absence of (the existence of) domestic abuse against older adults.

Key to the ideal victim and offender vs non-ideal victim and offender binary is the extent to which 'one can be constructed as embodying culturally loaded perceptions of vulnerability and innocence, versus strength and culpability' (Cohen 2018: 282). Through interviews with 66 professionals across the core statutory public services, this paper has shown how older victims embody many of the 'ideal' victim attributes—they are old and perceived as inherently vulnerable—yet in the context of domestic abuse they are *not ideal enough*, for they fail to meet several of the criteria required for the 'ideal' victim of domestic abuse or the ideal offender. In fact, whilst the older domestic abuse victim may have what van Wijk (2013: 174) described as the 'right attributes' for an 'ideal victim' (being old, female, and perceived as inherently vulnerable), the attributes that make her ideal may also serve to undermine her credibility. In the data presented here professionals described instances where the perceived credibility of the victim because of dementia or other health conditions became the focus of the case, and domestic abuse was either missed or dismissed. Similarly, perpetrators may weaponize ageist stereotypes that older people lack capacity, and their accounts cannot be relied upon, to downplay domestic abuse or hide it altogether. Ageist stereotypes underpinning assessments of vulnerability thus act as counter-powers to older victim's legitimate claims to victim status. We therefore agree with Kuosmanen and Starke (2015) that the 'vulnerability' element of Christie's concept is more complex and nuanced than is sometimes presented, and it may be more useful to consider the ideal victim on a continuum where various characteristics can both enhance or reduce the ideality of the victim and offender, depending on the context.

The ideal offender is a necessary component for the 'ideal victim' construct to be successfully established. As Christie (1986) argued, the roles co-constitute each other. Older adults who perpetrate domestic abuse are frequently dismissed as offenders as they fail to meet the ideal attributes of physical strength and power, usually because of their age and health vulnerabilities. In this context, aggression or control is often assumed to be a symptom of dementia (whether dementia has been diagnosed or not), triggering a health and social care response minimising or dismissing the existence of domestic abuse. These stereotypes provide the foundations for the medical-ageing concept of 'elder abuse' that positions abuse as a health-related issue (Harbison 2016). In this context, dementia acts as a shield for offenders, pathologizing their violence and reframing it as a health and social care issue whilst simultaneously it is a sword for victims, who are frequently overlooked as victims or undermined when disclosures are made based on ageist assumptions that they have dementia (whether diagnosed or not) or for other reasons their vulnerability makes them less credible.

On the other hand, older offenders who are not viewed as vulnerable but instead as well-respected members of the community, often living comfortable lifestyles and in good health, are constructed as *not quite* ideal because they are social *insiders*, the antithesis to the monster, social *outsider* 'ideal' offender of domestic abuse (Christie 1986; Kinney 2015). As other studies have observed, older adults are considered inherently good, posing no risk to individuals or the community (Bows and Westmarland 2018). Thus, class, age and gender intersect here to offer protections to the older offender whilst undermining the credibility of victims and minimising the seriousness of domestic abuse.

A third group of perpetrators identified by professionals were also constructed as *not quite* ideal. In this group, the perpetrator was primarily an adult son, grandson or occasionally a daughter or granddaughter. Although the statutory domestic abuse definition, and previous government definitions in England and Wales have included partners and other family members as perpetrators, most domestic abuse research and policy narrowly focuses on intimate-partner violence (IPV). The 'ideal' domestic abuse offender is a young, male partner, thus abuse by other family members is typically reframed as 'elder abuse' or 'familial violence', despite research consistently reporting that at least half of domestic

abuse, including fatal abuse, experienced by older adults is perpetrated by an adult offspring or other family member (Bows *et al.* 2022). The son–mother relationship is significant here invoking additional presumptions concerning motherhood (Nguyen Phan 2021). Space, however, dictates that we are unable to cover this issue in detail.

Older victims and their perpetrators therefore unsettle the (imagined) division between victim and perpetrator. The consequences of the not *ideal enough* older victim and *not quite* ideal offender on professional practice are significant. Professionals told us that abuse is often missed, that the health or social care needs of the offender take priority or ‘blindsides’ professionals, that there is a general reluctance to use the label of domestic abuse where the perpetrator is also old and that the risk posed by perpetrators to victims is often minimised because the offender is not the ideal strong, bad, intimate-partner male (Christie 1986). This reflects a broader reluctance to prosecute the ‘barely alive’ (Drumbl and Fournet 2022: 5). Victims are often denied victim status, with the abuse reframed as abuse in a *domestic context* rather than domestic abuse, and the causes pathologized based on ageist assumptions about victim and/or offender capacity. A lack of appropriate risk assessments and suitable perpetrator programmes for both older spousal perpetrators and younger, familial perpetrators leaves little opportunity to work with perpetrators to reduce offending behaviour.

## CONCLUSION

In extending Christie’s ‘ideal’ victim and offender this work moves beyond the current victimological focus on the ‘victim’ component of the ideal framework by integrating an analysis of both victim and offender constructions alongside the interdependent impact that these have on practitioner understandings and responses to domestic abuse against older adults. Additionally, this analysis challenges Christie’s ideal victim criteria insofar that the vulnerability of the victim identified by Christie as a feature that increases the likelihood of achieving victim status can have the opposite effect in the context of domestic abuse against older adults. This study reveals that the (often assumed) vulnerability of older victims is a limiting factor, often meaning domestic abuse is missed, or reframed as a health or social care problem, denying them not only the status of victim but also the professional support that is dependent on that status being achieved. Future research on domestic abuse against older adults is urgently needed, and whilst this requires specific focus, there is also a need to include older adults and their perpetrators in broader domestic abuse research and theory, bringing them from the margins into the mainstream. In relation to the ideal victim/offender concept, the vulnerability and weaknesses criteria have become accepted as ‘enhancing’ criteria, but further critical analysis of the effect vulnerability has on constructions of victimhood is now needed. Perhaps it is time to re-examine what makes victims—and their offenders—‘ideal’ as part of a wider excavation and victimological reframing (Walklate 2018) of what we understand ‘victims’ and ‘perpetrators’ of domestic abuse to be.

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