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Domestic abuse against older adults—What can s42 case files tell us?

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Abstract

The Care Act 2014 requires local authorities to conduct safeguarding enquiries whenever abuse of an adult with care and support needs is suspected or confirmed (Section 42 enquiries) and provides a useful data source for examining domestic abuse (DA) against older people in this context. This article presents data from a qualitative content analysis of 172 enquiries into abuse of an adult aged sixty or over carried out by a large safeguarding partnership during 2019. By looking across cases, we identified around one-third of potential DA cases had not been identified as such and this was particularly the case in non-partner family abuse. Key findings include older adults experiencing DA are equally, if not more, likely to be abused by an (adult) child/offspring, most adults at risk were female and suspects were male, and of particular note was that polyvictimization was more common than single type abuse. We consider the implications for social work policy and practice concerning risk and safeguarding enquiries.

Keywords: domestic abuse; older adults; safeguarding enquiries; s42 enquiries; safeguarding adults.

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Introduction

Over the last decade, several studies have specifically examined domestic abuse (DA) (we used the definition provided in the Domestic Abuse Act 2021 for this study) among older adults. This work largely sits separate to the elder abuse literature, which is concerned more generally with abuse of older adults that occurs within and outside of the family context (incorporating for example non-familial carer abuse, crimes by strangers and organized crimes including fraud) (for a critical review of the different frameworks see Penhale 2003; Bows 2019a).

Most of the DA specific research has focused on victimization, concentrating mainly on estimating prevalence and assessing victim characteristics and demographics (Warmling, Lindner, and Coelho 2017; Gerino et al. 2018; Meyer, Lasater, and Garcia-Moreno 2020) the impact of abuse, and victim experiences and barriers to disclosure and service engagements. In brief, this work has generally identified that older women are at a higher risk of abuse, particularly physical and sexual abuse, and men are disproportionately the perpetrators (Lee, Stefani, and Park 2014; Guedes et al. 2015; Yon et al. 2017) consistent with the wider evidence on DA. However, one study by Afifi et al. (2012) found higher intimate partner violence prevalence among older men (4.9 percent) compared with older women (3.3 percent) underscoring the importance of examining DA against all older adults. Poor health, dependency on others for care, limited financial resources and social isolation have been found to characterize victims of elder abuse (Bows et al, 2022). Little is known about perpetrators of abuse relating to older adults, with only a handful of studies examining perpetrator characteristics, health, employment and education background and motivations (see e.g. Tinker et al. 2008; De Donder et al. 2011).

In terms of the impact of abuse, the (international) literature has found a range of physical, emotional and psychological impacts that are broadly consistent with those identified by younger victims—including nightmares, flashbacks, depression, PTSD, anxiety, social isolation, physical injuries (bruising, broken bones, chronic pain). Social, generational, and gender norms have been identified as shaping older victim decisions to stay in relationships, to provide care for an abusive spouse, and often as reinforcing shame and social isolation (for reviews of the literature see Bows, 2019a; Meyer, Lasater, and Garcia-Moreno 2020). These can also act as barriers to service engagement, along with feelings of shame, lack of knowledge of abuse, and poor availability of services (Bows 2019a). Comparative research examining abuse of younger and older adults reports some differences in disclosure and service engagement. On average, older victims experience abuse for twice as long before seeking help as those aged under sixty-one (SafeLives 2016).

Local authorities in the UK have a statutory duty to safeguard adults who have care and support needs, which includes adults who are at risk of experiencing DA (Care Act 2014). Professionals who work with adults therefore have a responsibility to make referrals to local authority safeguarding teams where they have suspicions that an adult is at risk of, or experiencing, violence, abuse, or neglect.

However, concerns have been raised that DA against older adults is frequently missed or dismissed by professionals as being solely related to ageing and referrals between agencies/multi-agency working is often not working as well as intended with older adults (Clarke et al. 2012). There are further concerns about how DA is identified, and risk assessed, in relation to cases involving older victims (Older People's Commissioner for Wales 2019), including that the DASH tool is mainly designed to capture risk from intimate partner perpetrators, but amongst older adults at least half of domestic homicides are perpetrated by (adult) sons or grandsons (Bows 2019b).

This paper presents the findings from an empirical study that analysed 172 case files involving a s42 enquiry concerning actual or suspected DA of an adult aged sixty and over within a single safeguarding partnership in England. The article proceeds in four parts. The first part examines the relevant statutory and regulatory frameworks relating to safeguarding and DA. The second part provides a summary of the methodology underpinning the study. In the third part, the findings from analysis of s42 files are presented. In the final part, the findings are considered in light of previous literature and key implications for social work practice are provided.

Adult safeguarding and DA

Whilst it is clear that local authorities have a duty to make enquiries into abuse/neglect of adults who have care and support needs who may be at risk of or experiencing abuse (Section 42 Care Act 2014), there remains significant flexibility about how to achieve the principles outlined in the DHE 2013 and Care Act, and there is no mandatory requirement about how the enquiry should proceed and how it should be constituted. Furthermore, once an enquiry has been undertaken, even if abuse is identified, there is no legal requirement in the Care Act 2014 for the local authority (or any other relevant body) to take any action. This means that a local authority may take a range of different actions, but in some instances will take no action at all (Lindsey 2020).

There is limited information on the way in which safeguarding enquiries are being conducted and the impact of those approaches. As others have noted, there has been little academic study into the different ways local authorities and different agencies are undertaking their responsibilities

to safeguard adults (Graham et al. 2016). However, some of the earlier concerns that were raised, including the potential lack of consistency in how enquiries are conducted, the lack of meaningful action as a result of enquiries and exclusion of the adult at risk from the investigation and decision-making process for various reasons remain current even after the introduction of the Care Act (see also earlier work by Cambridge and Parkes 2004; Fyson and Kitson 2012).

At a national level, data on safeguarding referrals using the s42 mechanism are collated and published by NHS Digital data on an annual basis. For the reporting year 2022–23 (which runs from 1 April to 31 March), there were 587,970 concerns of abuse across local authorities in England (an increase of 9 percent on the previous year). Of these, 173,280 safeguarding enquiries under Section 42 were commenced, (of which 158,555 were concluded), involving 136,865 adults. There is limited data provided on the age profile of the subjects of enquiries, but data from previous years have indicated more than 60 percent are usually aged sixty-five and over (NHS England 2017). DA is reported to have been the type of abuse in 14,015 cases, and other 'types' of abuse (physical, psychological, sexual, financial and so on) are reported separately, with physical abuse accounting for 41,615 cases.

The NHS Digital data show that s42 enquiries are frequently used in cases of suspected abuse, including in DA cases. Yet, there is limited available data on who is subject to s42 enquiries for DA, the profile of adults at risk and suspected perpetrators, how decisions are made and outcomes in these cases. This research addresses these gaps through a focused assessment of a large sample of s42 files concerning alleged abuse of an adult aged sixty and over from a local authority in the East Midlands region.

Methodology

This article presents some of the findings from a larger, Home Office funded study on Domestic Abuse against Older Adults. The broader, mixed methods study had the following research questions (RQs):

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

In line with best practice we use the term perpetrators throughout the paper, but it should be noted that in some cases the abuse is alleged but not confirmed/upheld.

These objectives and questions were addressed through three separate, but overlapping, phases within the study: a systematic literature review (Bows et al. 2022); interviews with professionals working in health, justice, safeguarding and DA sectors (Bows, Bromley, and Walklate 2024); and an analysis of s42 case files. This article reports on this final element, which addressed RQ 1 and 3.

Generally, case files are under-used in research in relation to violence and abuse (Steinman et al. 2022), particularly in relation to DA and abuse of older adults. Yet, as others have observed, case notes 'contain rich qualitative data that could provide a deeper understanding of cases reported to APS', albeit that this was in relation to the situation in the United States (Steinman et al. 2022: 88). To our knowledge, published research on Section 42 case notes is scarce, yet the data contained in such notes are equally likely to be a valuable source of information about the phenomena.

A qualitative, deep dive content analysis of a sample of s42 referrals held by a large Safeguarding Partnership involving an adult aged sixty or over and made between 1 January 2019 and 31 December 2019 (pre-COVID-19) was performed to assess victim and perpetrator characteristics, nature of abuse and professional responses. By looking across s42 report categories, this research could identify cases where DA indicators or 'flags' may have been missed, resulting in the referral being categorized differently (e.g. as neglect). We applied the national definition of DA in force at the time which considered DA to be any physical, sexual, financial, or emotional abuse or coercive control perpetrated by an intimate partner *or* family member (aged sixteen or over) (Home Office 2013). Any cases we reviewed that involved allegations that met these criteria but which had not been flagged as (potential) DA were counted as (potentially) missed cases.

Approximately 1,000 enquiries involving an older adult were recorded during this period, of which around 200 were flagged on the files as DA. A subsample of these cases was analysed for the study, of which eighty-three had been flagged as DA, and a further 300 were safeguarding enquiries into possible abuse of an adult aged sixty and over which had not been formally flagged as DA. Of the 300 non-flagged cases, in our opinion eighty-nine cases (30 percent) contained elements of DA. We therefore included them in our analysis, giving a combined total of 172 cases analysed in this study.

The case files were redacted by the safeguarding partnership and sent to the researchers using a secure file sharing/transfer process. Three researchers were involved in reading and analysing the files. A data extraction form was developed to pull out data on the victim, perpetrator and incident characteristics, as well as the professional responses. This ensured that the data were extracted consistently and facilitated swift analysis by the researchers. The completed data extraction forms were

then analysed quantitatively (victim, perpetrator, incident characteristics, and professional responses). Data were inputted into an Excel spreadsheet developed for analysis purposes. Qualitative discussion of the findings on professional responses, extracted from the analysis, is provided at relevant points in this report.

Ethics approval was given by Durham Law School Ethics Committee. A data sharing agreement and memorandum of understanding was signed between the university and the safeguarding partnership who provided the data.

Findings

RQ1: Who are the victims and perpetrators of DA against older adults?

In our analysis of s42 files ($n = 172$), the sex of the victim and perpetrator was recorded in 166 cases (96.5 percent). The majority of victims were female ($n = 117$, 70 percent), whilst men accounted for just under a third ($n = 49$, 30 percent). We use sex throughout the paper but recognize some authorities use the terms sex and gender, sometimes interchangeably.

In contrast, the (suspected) perpetrator was male in 108 cases (65 percent) and in a further 9 cases the perpetrators were both male and female (5 percent). The remaining 49 cases had a female perpetrator (30 percent) (see Table 1). There was limited information on perpetrators beyond sex and relationship to victim—age, ethnicity, and other demographic information were not available (or captured) in the majority of case files in our subsample.

The average victim age was 77.4 years, with a range of sixty to ninety-eight. Data on victim ethnicity were available in 159 cases. Most victims were White ($n = 130$, 82 percent). The remainder were Asian ($n = 26$) and Black ($n = 6$).

In forty-seven cases (27 percent) the case files noted that the victim received some form of care from the perpetrator. In only five cases was reference made to the victim caring for the perpetrator. In fifty cases (29 percent) it was noted that the victim had dementia. However, it was

Table 1. S42 analysis: perpetrator and victim sex.

	Male victim	Female victim	Total
Male perpetrator/s	23	85	108
Female perpetrator/s	25	24	49
Male and female perpetrators	1	8	9

not always clear that this was a formal diagnosis; in some cases, reference was made to the victim being formally diagnosed as having dementia but in many cases, this appeared to be based on anecdotal evidence, including that which had been provided by the perpetrator or another family member and was not otherwise verified. For example, in case 72, the victim is described as struggling to retain information for longer than one minute when talking to the social worker. The victim's daughter explains the incident as having happened because of carer strain, and the social worker describes talking to her about dementia and how this can affect people. However, there are no details given about whether a formal diagnosis of dementia had been given by a medical professional, and it is not clear what steps were taken to assess whether there were confirmed issues relating to cognition.

In ten cases there was mention of the victim having alcohol or substance misuse problems.

Relationship, perpetrator sex, and type of abuse

In the s42 case files that had both the sex of the perpetrator recorded and their relationship to the victim ($n = 166$), we observed some patterns in relation to perpetrator sex, relationship to victim, and type of abuse, as follows.

In terms of perpetrator sex and relationship to victim, we found that where perpetrators were male, they were most likely to be a partner ($n = 49$; 45 percent) or son ($n = 45$; 42 percent). This was also true for female perpetrators; however, a larger proportion were daughters ($n = 26$; 53 percent) rather than partners ($n = 13$; 27 percent) (see Fig. 1).

Thus, the existing evidence indicates that older adults experiencing DA are equally, if not more, likely to be abused by an (adult) child/offspring. This has immediate implications for our understandings of DA—which often narrowly consider only intimate-partners—and the wider tools in use, particularly risk assessment tools, which have predominantly been designed to capture risk of DA by partners.

It was unusual for cases to involve only a single form of abuse, such instances accounted for only a quarter ($n = 43$) of case files (see Fig. 2). Where there was only a single form of abuse, financial was the most common form, followed by physical.

We also observed differences in the type of abuse by sex of perpetrator (which was available for 159 cases). Almost all cases involving a female perpetrator involved emotional abuse ($n = 33$, 67 percent). In contrast, 43 percent involved physical abuse. In comparison, where the perpetrator was male, two thirds involved physical abuse (67 percent).

What is striking is that, in most cases, there were at least two forms of abuse co-occurring. Emotional abuse was the most common form, but this almost always occurred alongside other forms of abuse, typically

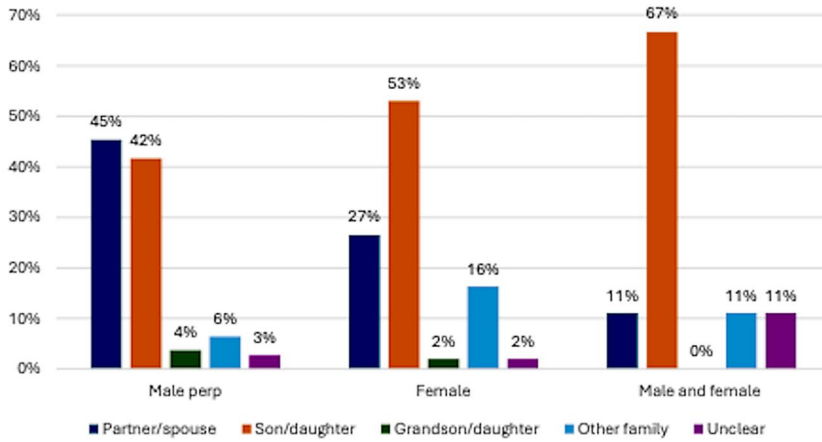

Figure 1. Sex of victim and perpetrator.

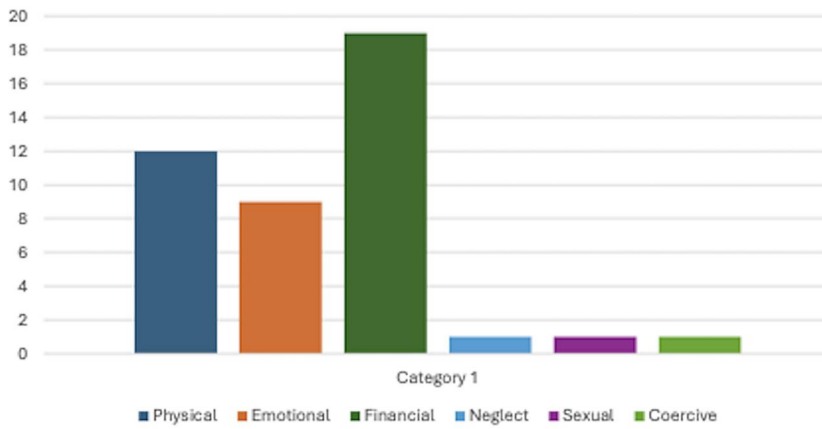

Figure 2. Single forms of abuse.

physical abuse ($n = 31$). Often this also involved coercive control ($n = 12$) and financial abuse ($n = 9$). Physical abuse was most likely to occur alongside other forms of abuse for both men ($n = 50$; 85 percent) and women ($n = 17$; 85 percent) who experienced abuse. Physical abuse was the most commonly used form alongside emotional abuse for both men ($n = 50$; 74 percent) and women ($n = 17$; 81%). Thus, polyvictimization (more than one form of abuse occurring at the same time) was commonly found in the sample of cases we analysed.

Perpetrator backgrounds

Our analysis of s42 case files also identified mental health difficulties and/or drug/alcohol abuse/misuse were common features in perpetrator profiles. Twenty-seven cases (16 percent) recorded that the perpetrator had a mental health problem and twenty-seven cases (16 percent) recorded that the perpetrator had a problem relating to substance misuse. Interestingly, only eight cases where alcohol/drug abuse by the perpetrator was recorded also identified mental health problems, indicating that although there is an overlap in some cases, mental health problems and drug/alcohol issues were also observed independently in the files. The case files may not always have recorded mental health and/or drug or alcohol use by the perpetrator, either because the information was not available or because it was not recorded/was recorded elsewhere. Consequently, the data provided here are unlikely to be a complete reflection of perpetrator backgrounds.

In the s42 case files accessed, a history of violence was mentioned in just over a quarter ($n = 50$, 29 percent) of cases, although a previous conviction was noted in only eight files. However, this may be because the data was not captured in the files, rather than being an accurate reflection of criminal history.

RQ2: 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?

One of the striking findings of our analysis was that in just under a third of suspected abuse cases (30 percent), DA had not been flagged, despite there being evidence in the files that the perpetrator was a family member. In line with the definition for DA in force at the time these enquiries were held (2019), any physical, sexual, financial, or emotional abuse or coercive control perpetrated by an intimate partner *or* family member (aged sixteen or over) is considered to be DA. It is striking that, of those cases which had not been flagged as DA ($n = 89$), the majority of perpetrators were sons, daughters or other relatives, accounting for some 88 percent ($n = 78$). Only 11 of the cases not flagged as DA related to partner/spouse involvement.

By comparison, of the eighty-three cases flagged as DA, 41 percent ($n = 34$) involved a son, daughter or other relation. This raises the possibility that under-recording of DA among older adults is occurring in s42 enquiries involving sons/daughters/other family members; in other words, these cases are routinely being missed and not included in considerations (or further reporting) DA.

Source of referrals

Referral source was recorded in 158 cases (92%) and was either unclear or not recorded in fourteen cases (8 percent) (see Fig. 3). The most common referral source was health professionals (including GPs and hospital staff) who accounted for forty cases (25 percent). This was closely followed by family members, who accounted for thirty-seven cases (23 percent). Care staff (including care home staff and also care agency staff who visited the home) accounted for sixteen cases (10 percent); statutory social services accounted for fifteen cases (9 percent). Referrals from the police comprised seven cases (4 percent) and the victim referred themselves in nine cases (6 percent). The perpetrator was recorded as the referral source in three cases (2 percent). There was a wide range of 'Other organisations' or sources of referral. This included a bank (one case), a deaf development worker (one case), an MP's caseworker (one case), emergency alarm or lifeline pendant service (two cases), Office of the Public Guardian (one case), a solicitor (one case), a family support worker (one case), a DA use professional (one case) and a friend (one case).

Risk assessments

From the S42 case file analysis of the documents seen, it was apparent that there were very few instances of risk assessment use being recorded.

Figure 3. Referral source.

Only twelve records were found with direct reference to risk assessments having been undertaken and within these records, reference to use of specific risk assessment tools was limited. Six case files recorded use of a DASH assessment, one record referred to use of a Harm matrix and another to use of the VARM (Vulnerable Adult Risk Management) system, which includes a risk assessment tool. In fifteen cases (9 percent), information about whether risk assessment had taken place was either not clear, or was alluded to, but no further related information was provided. The remaining 139 case files (81 percent) did not mention or record risk assessment at all.

Approaches in s42 enquiries, outcomes and closure decisions

Once a referral had been accepted as meeting the threshold for a S42 enquiry/investigation further actions took place, generally in line with accepted practice in relation to such work from the preliminary stages onwards. In by far the majority of the cases ($n = 152$, 88 percent) reports contained itemization of discussions held, including interviews as part of the investigations. In the remaining twenty cases (12 percent) it is highly likely that similar discussions were held (as otherwise a case would be unlikely to be able to proceed), but there may not have been explicit recording of such on the form, as recording practices undoubtedly varied between professionals who were completing a S42 form for a particular case. The range of discussions held varied across cases, depending on the nature of each specific situation, but reports included references to discussions with the person/agency who had referred the older adult to safeguarding, the vulnerable adult/victim, the perpetrator, family members (where appropriate), and a range of other organizations including police, health, social work and/or social care, care providers (both domiciliary care and care home), older peoples' support organizations (generally voluntary sector agencies), and finance related organizations, including banks, finance/debt management organizations. Those involved in appointee-ship arrangements, housing organizations and domestic violence related agencies were also involved in some situations.

The level of involvement of family members in investigations/enquiries was high, with reports of such involvement in 117 cases (almost 70 percent); this meant that the proportion of families included in investigations/enquiries was higher than any of the organizations. In many situations and cases this may be quite appropriate, but a distinctive feature of s42 enquiries compared with specialist DA responses is that significant weight is attached to the accused's view of the allegations made. Whilst this is also a feature of other investigations—for example, police/criminal justice investigations—we found that in many cases the word of the accused was more powerful than that of the victim.

> For example, in case 39, the perpetrator's behaviour is described as unintentional and as a result of carer strain, informed also by the view of the perpetrator. Following discussion with the perpetrator, the social worker advised that the couple needed counselling and therapy (and made a referral to Relate, and for anger management).
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> In case 48, the victim alleged physical and emotional and financial abuse by her son and daughter in law, who she lived with. These allegations were denied 'emphatically' by her son and daughter in law, as well as by the wider family. The notes describe aspects such as the family 'not knowing what to do with the victim' and claiming that the allegations were totally false, as other family members could vouch for the alleged perpetrators. This case was closed following a family mediation where the victim said she wanted to stay living in the home with her son.

Following initial discussions being held, case reports indicated that strategy meetings, used to plan the enquiry, were held in some cases ($n = 21$, 12 percent), although other case reports contained references to Multi-Disciplinary Team meetings ($n = 11$, 6 percent) that were held. It is not possible to know if the absence of explicit mention of a Strategy meeting is an artefact of the recording (or poor practice in this area), or if no such meeting was held. Irrespective of whether formal meetings were held/reported, case records then detailed further actions taken in terms of further discussions and interviews and referrals made to and/or contacts with other agencies.

Criminal justice involvement and responses

In relation to police involvement in the S42 safeguarding processes, the file analysis established that this was not something that happened as a matter of course. Whilst this could relate to the perceived nature of a case and that not all abusive or neglectful situations necessarily constitute a crime, involvement of the police recorded within the case files was found in eighty-six cases (50 percent). For the cases where the police were involved, determination of whether a crime had been committed was not routinely recorded in the S42 files—in thirty-eight (22 percent) cases no report of this was made and in a further forty (23 percent) cases this was not clear. In twenty-six (15 percent) cases no crime was recorded/reported, but information stated that the case had been filed or closed; that the police had indicated that there was insufficient evidence to proceed or that No Further Action (NFA) was being taken—but without any further detail provided (perhaps because this was provided in a summary form recorded in the document).

In one record a comment was provided that a police officer had stated that there were 'No issues' in relation to the particular case, whilst in another case a police view that there was 'No offence' was reported.

In a further case, a statement was made that the case should go 'to adult safeguarding'.

In a small number of cases ($n = 7$, 4 percent) the referral to local authority safeguarding was made by the police who had responded to information received and taken a decision to refer the matter on to safeguarding for investigation and possible action. This appeared to be following a determination that there was no need for any formal police investigation, albeit that this relates to a small number of cases. It is possible that these onward referrals by the police may perhaps have been after an initial determination that the situation did not involve a crime, but this was not recorded in relation to these cases.

> In case 38, the victim (84) alleged physical abuse by her husband. The police classed this as issues around carer strain, as the victim was described as having dementia, and the case was referred to adult social care as they were deemed the most appropriate service to manage the case. The police took no further action.

Non-statutory agency and professional involvement in S42 enquiries

Health service agencies (either primary or secondary healthcare) were involved in seventy-eight cases (45 percent), whilst social services were recorded as involved in eighty-four cases (48 percent)— this could be in relation to existing social work/social care involvement in cases, or of referrals to these parts of social services for ongoing involvement in cases once safeguarding involvement had ceased.

Of the non-statutory organizations involved, care support (including day centre) was recorded in fifty-seven cases (33%), with care agency providers recorded in thirty-three cases (19 percent). Care homes were reported as involved in twenty-four cases (14 percent); although a small number of cases ($n = 3$) of abusive situations were referred in relation to individuals living in care homes but alleged to experience harm in that setting (not from care staff); in the remainder of the cases ($n = 11$) care settings were involved through individuals being admitted to care homes during the course of the case, for either temporary periods or for a longer—possibly permanent—stay.

Involvement of domestic violence related organizations (including counselling and refuge services) in the cases analysed was found to be rather limited ($n = 22$, 13 percent). In only one case a domestic violence organization made a referral to the local authority (for safeguarding), as well as continuing its own involvement with the older woman concerned.

Older people's service organizations (from the voluntary, or third sector or NGOs such as Age UK) were involved in forty cases (23 percent) and these appeared generally to concern either referrals for support, or

existing support provided. Other organizations were involved in cases to a much smaller degree and to a large extent appeared much more related to specific situations that had been referred to safeguarding for investigation. Thus, for example, Housing organizations were involved in seven cases (4 percent), particularly where individuals needed to be rehoused in order to move from a perpetrator/abusive situation. Financial organizations (such as banks) were recorded in five cases (3 percent) and the Office of Public Guardianship (OPG) was included in four cases (2 percent)—specifically in relation to situations of elder financial abuse and money/debt management.

Discussion

Through the analysis of s42 case files presented here, we found that DA of older adults is often not identified as DA. In just under a third of cases, we found evidence of DA, but these had not been formally flagged or identified as such within the documentation. Of particular note was that the majority of those cases *not* identified as DA involved sons, daughters or other family members as perpetrators. This signals that DA of older people by offspring or other relatives is often being missed during s42 enquiries. This raises significant implications, not only for professionals in properly identifying the dynamics of abuse, and the use of appropriate risk assessment and referral tools for DA, but it also matters because it means that any data collected and subsequently provided on DA is not fully capturing the extent of the problem. The national s42 data provided by NHS Digital on an annual basis from an analysis of data submitted by local authority adult social care record significantly less 'domestic abuse' than other forms of abuse, despite the vast majority of enquiries involving perpetrators that are known to the victim. This may reflect the fact that, at a local level, local authorities are not correctly identifying or recording when cases involve DA.

One of our research aims was to get a better understanding of who the perpetrators of DA against older adults are. We found the available information on perpetrators within case files was limited to perpetrator sex and relationship to the victim. We were also able to look at type of abuse by sex of perpetrator and relationship to victim, but beyond this few files had recorded the perpetrator's age, ethnicity or criminal, health or economic/social backgrounds. This is a missed opportunity, as not only would this data develop knowledge on perpetrators, it would also support the development of interventions for both victims and perpetrators—the latter being a significant issue identified in the interviews we conducted as part of the wider study where professionals told us there was little to no appropriate provisions for working with older perpetrators

or family (typically adult child) perpetrators (Bows, Bromley, and Walklate 2024).

The profile of victims and perpetrators analysed in this study is broadly in line with the wider literature on DA globally; the majority of victims were female and perpetrators were male. This also supports findings from research outside of the UK exploring elder abuse using adult protection services data. For example, Wangmo et al. (2014) found that 66 percent of alleged abuse victims were female, ranging from sixty to ninety-eight years old. However, it is important to note that in just under a third of cases analysed in the current study (30 percent) the perpetrator was female. This rate is higher than much of the DA literature reports, but is more consistent with elder abuse and child to parent literature (Wangmo et al. 2014; Brijnath et al. 2021; Brennan et al. 2022). In our analysis, where perpetrators were female, they were most likely to be daughters perpetrating abuse against their parent/s, rather than older women perpetrating abuse against their older partner or spouse. In terms of perpetrator backgrounds, where data were available, mental health and a history of violence were observed as issues among perpetrators.

Supporting most of the research on DA against older adults, our analysis found that perpetrators were typically sons or daughters, followed by partners (see Bows et al. 2022 for a review). This is somewhat different to the data on DA within the general population (in the UK), where the most common relationship between the victim and perpetrator is intimate partner. This age-specific difference in the perpetration of DA is significant, not only because current conceptual models for DA are heavily skewed towards intimate-partner violence, but also because most of the tools, interventions and associated policies have been developed based on that specific empirical and conceptual understanding of DA.

In terms of the nature of abuse, the majority of cases involved multiple forms of co-occurring abuse (polyvictimization). It was much less common for cases to refer to only one form of abuse but, where they did, this tended to be physical abuse. Far more commonly found was polyvictimization that involved emotional abuse, or physical abuse, alongside at least one other form of abuse. This finding supports existing research on DA, as well as more focused elder abuse research to some extent (Ramsey-Klawsnik 2017; Williams et al. 2020, Brijnath et al. 2021; Fraga Dominguez, Storey, and Glorney 2022). For example, both Williams et al. (2020) and Brijnath et al. (2021) found emotional/psychological abuse to be the most common. What is distinctive about our findings is that we found poly-victimization to be *more* common than single victimization, whereas other studies have reported past year rates of victimization for one form of abuse to be higher than for those experiencing more than one form (see e.g. Williams et al. 2020; Brijnath et al. 2021). Our analysis points to the need to ensure that enquiries are alert

to the likelihood of abuse being multifaceted in nature and understanding of the cumulative burden of victimization (Hamby et al. 2016). Further, there is a need to ensure that tools and processes are capable of collecting evidence of this and that in each case assessing the risk and appropriate responses are sensitive to the co-occurrence of abuse.

In general, in the files we reviewed we found that the police had limited involvement in cases, even where the alleged abuse involved behaviours that would be considered potential criminal offences. This finding supports earlier work which has found that abuse or crimes against older people get investigated by social workers, whilst that relating to the rest of the population results in police action (Lindsey 2020) and that police are often reluctant to arrest older perpetrators and/or experience difficulties in identifying DA amongst older adults (Bows, Bromley, and Walklate 2024).

Risk assessments were infrequently mentioned in case files, indicating either an under-utilization or perhaps under-recording of these instruments (see also section below), both of which should be scrutinized to ensure proper assessments and recording of risk are carried out. It is critical that risk assessments are carried out and that the outcomes of those assessments are properly logged/recorded and this has been identified as a key area where the needs of older victims are often missed (Older People's Commissioner for Wales 2019).

Study limitations and conclusion

There are several limitations with this study. First, although we used a relatively large sample of cases, these were drawn from one regional safeguarding partnership and clearly are therefore not necessarily representative of the whole population of older people experiencing or at risk of DA, or practice/responses to cases, across the country. Similarly, a study which compares case files across different jurisdictions to examine whether these findings are observed in international samples would also strengthen our understanding of DA against older adults within a safeguarding context.

Secondly, we are only able to present the analysis of data contained within the case notes we analysed as a subsample of the whole dataset. These were redacted, which may mean some information was included but not visible to us. Limits on the local authority resources available to undertake the processes of redaction and secure transfer meant that it was not possible to analyse the entire dataset. Perhaps more importantly, the case notes themselves reflect the notes the worker made about the case and may not contain all relevant information. As Steinman et al (2022: 89) notes, 'despite the great potential of APS administrative data, researchers and practitioners should recall that most data systems are

relatively new and were originally designed for case management, not research'. It may be, for example, that in some cases risk assessments were carried out but not mentioned in the case notes and as a result we are reporting here that that case did not contain evidence of a risk assessment. Thus, absence of evidence does not necessarily mean absence of a particular practice or policy and should be read with appropriate levels of caution, despite the often-used mantra within investigations of serious incidents that an absence of reporting about an action indicates that this did not happen.

Nevertheless, our findings add to the growing evidence on abuse of older adults as well as offering new insights from s42 case files which, to date, are an under-utilized source of data in research on DA and safeguarding. We recommend that information about perpetrators—including age and other demographic features as well as health and criminal justice backgrounds is routinely collected to provide richer data from which to inform professional experience and improve research using this data source. We also recommend consideration is given to s42 processes in DA cases around the involvement of the accused in investigations and unintended consequences. Risk assessments should be critically reviewed to ensure these are suitable for capturing and assessing risk from partners and other family members and can be used appropriately with older adults to capture valuable information about multiple forms of abuse. Addressing these deficits in data and existing tools will expand our ability to see, and therefore address, abuse against older people and the inherent age biases that currently exist in how we conceptualize and respond to DA, contributing to broader anti-oppressive practices with victims and perpetrators.

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