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REVIEW

Critical concepts in elder abuse research

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ABSTRACT

Background: This paper identifies core elements in principal definitions of elder abuse or mistreatment of older adults (EA/MOA) and discusses the relevance of four crucial concepts: age, vulnerability, trust, and power balance in relationships.

Method: A critical analysis of selected literature in EA/MOA with a focus on works from the last 10 years.

Results: Current definitions of EA/MOA share commonalities regarding an understanding of elder abuse as a status offence, the inclusion of both acts and omissions, and the consideration of multiple levels of behavior and its effects. Definitions differ with regard to aspects as crucial as the intentionality of an abusive action and its actual or potential harmful effects. EA/MOA can be considered as a complex subtype of victimization in later life limited to victim–perpetrator relationships, where the perpetrator has assumed responsibility for the victim, the victim puts trust in the offender, or the role assigned to the offending person creates the perception and expectation that the victim may trust the perpetrator. Vulnerability is identified as a key variable in EA/MOA theory and research. With regard to neglect, the mere possibility of being neglected presupposes a heightened level of vulnerability. Power imbalance often characterizes victim – perpetrator relationships but is not a necessary characteristic of abuse.

Conclusion: Research on EA/MOA needs conceptual development. Confining phenomena of EA/MOA to specific relationships and tying them to notions of vulnerability has implications for research design and sampling and points to the limits of population-based victimization surveys.

Key words: elder abuse, mistreatment of older adults, chronological age, vulnerability, risk, trust, power

Introduction

More than three decades after the recognition of elder abuse/mistreatment of older adults (in most cases abbreviated to EA/MOA hereinafter) as a social problem, the field is still interspersed with varying concepts that directly affect the understanding of its subject. These inconsistencies, which could also be called unresolved issues, show up in definitions, measures, social policies and programs, clinical tools or intervention guidelines as well as in explanatory or comprehensive theories. They go across the whole field and color what researchers, policy-makers, practitioners, seniors, and their close ones as well as the community generally consider as being EA/MOA.

This paper is based on the assumption that the research field can gain by a critical discussion of some of the concepts that are (explicitly and implicitly) used to describe what constitutes EA/MOA. It does not aim to provide an ultimate definition of each concept but to look at different perspectives and limits associated with their use. Choices between conceptual definitions always imply a degree of discretion, and their acceptance hinges on their capacity to create consensus. Since research, as well as social policies, laws or regulations, and practice, is based on definitions of EA/MOA, this paper starts by giving an overview of the main definitions in usage and addresses a series of unresolved conceptual questions. In the second step, the focus is narrowed to four critical concepts for an understanding of EA/MOA: age, vulnerability, trust, and power balance.

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Methods

This paper is based on a critical analysis of the contemporary literature in the field of EA/MOA. It focusses mainly on works published within the last

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10 years. However, some arguments from earlier works were kept in the discussion because of their relevance.

In the first step, publications were identified via relevant databases, especially PubMed, SSCI, PsycINFO, and the abstract database of the National Criminal Justice Reference Service (NCJRS). A Pubmed search for "elder abuse" yielded almost 1900 papers, about 850 of them published between 2003 and 2012. While having a much narrower focus, even a search for the phrase "elder abuse" in the NCJRS database produced over 200 findings for the 10-year period between 2003 and 2012. The analysis also had to consider works unrelated to EA/MOA but focussing on key concepts such as vulnerability or trust. Consequently, since a comprehensive review of publications on EA/MOA was beyond the scope of this paper, the analysis had to proceed in a selective manner. It mainly focusses on studies and definitions that can be considered as important in international research discourse. Due to editorial norms adopted by this journal, the number of references to support each idea is limited to only one or two.

Results

Critical appraisal of definitions of elder abuse/mistreatment of older adults

The discussion takes its starting point from inspecting three commonly used and widely cited definitions of elder abuse or mistreatment of older adults. The most frequently used definition nowadays (both in research and practice fields) was coined by the British Organization Action on Elder Abuse (see Action on Elder Abuse, 1995) and has been adopted (sometimes with slight modifications) by international institutions such as the World Health Organization (WHO) or the International Network for the Prevention of Elder Abuse (see for example, World Health Organization, 2008). It defines EA/MOA as "a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person" (World Health Organization, 2008, p. 6). As usual, various types of abuse are differentiated (physical, psychological, sexual, and financial) and phenomena of neglect are subsumed under the heading of elder abuse.

The report of the (US) National Research Council's Panel to Review Risk and Prevalence of Elder Abuse and Neglect defines elder mistreatment as follows:

> (a) Intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm. (Bonnie and Wallace, 2003, p. 40).

Like the previous definition, it includes neglect (i.e. omissions) and excludes self-neglect and acts or omissions by persons previously unrelated to the victim.

Finally, Iborra (2008, p. 88) defines EA/MOA as

> any voluntary – i.e. non-accidental– act that harms or may harm an elderly person, or any omission that deprives an elderly person of the care they need for their well-being, as well as any violation of their rights. To be classified as elder abuse, such acts or omissions must take place within the framework of an interpersonal relationship in which one expects trust, care, convivencia ("living together") or dependency. The perpetrator can be a family member, staff from an institution (health sector or social services), a hired caregiver, a neighbor or a friend.

All these three definitions speak about older people harmed or put at risk of harm via acts or omissions in specific older victim – abuser constellations. There are a number of common features to EA/MOA definitions and concepts. Consensus can obviously be reached with regard to the following:

1. EA/MOA being something *socially* (*and individually*) *undesirable* happening to older persons, causing *harm* or at least having the potential to do so.
2. EA/MOA, including *acts* (doing) and *omissions* (not doing), on the side of the perpetrator.
3. EA/MOA involving an *actor* (or non-actor, in the case of neglect) *other than the victim* (and thus excluding self-harm, especially self-neglect).
4. EA/MOA being a *status offence*, i.e. an offence that cannot be committed against any person (just like child abuse is a status offence on the victim's side whereas homicide is not).
5. EA/MOA, including different possible *levels of action* (*or non-action*) *and effects* of these actions (or non-actions). Definitions and concepts usually include physical abuse, psychological abuse, sexual abuse, and financial abuse. With regard to neglect, concepts refer to neglect of a person's health and caregiving needs, but also include interpersonal and emotional aspects. Restraints on freedom are often explicitly included in concepts of EA/MOA.

At the same time, there are multiple open questions for which the answers will have immediate relevance for methodological approaches and for

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measurement of EA/MOA. Important unresolved questions refer to the following aspects:

- *Victim–perpetrator dyads or other constellations qualifying for EA/MOA*: Which constellations are to be included? Compared to intimate partner violence, EA/MOA obviously includes a more extensive variety of possible victim–perpetrator dyads. But can it be committed by strangers, or does it require some kind of pre-offence relationship? The widespread (although not uniform) use of the term "trust" seems to suggest that the latter is the case. However, trust can be evoked in a person with the very intention of betraying it. For example, many scams and frauds are based on this mechanism and could not succeed without it. Can they qualify for EA/MOA although the perpetrator may be a complete stranger to the victim at the time of the abusive incident (while sometimes the very essence of the offence is making the victim believe – over the phone – that the offender is a family member in financial distress)?
- *Properties of victim–perpetrator relationships qualifying for EA/MOA*: Questions of the quality of victim–perpetrator relationships extend beyond such structural aspects. What is the conceptual significance of trust? Can it be a uniform one across different types of relationships? Is there a (necessary) connection between being able to abuse a person and being in some position of power? To what extent is EA/MOA tied to dependency and imbalance in victim–offender relationships?
- *Characteristics of possible victims of EA/MOA*: Can any person beyond a certain minimum (chronological) age be affected by EA/MOA? Or does the possibility of becoming a victim of EA/MOA require further victim properties, especially some degree of vulnerability? If so, what distinguishes a vulnerable from a non-vulnerable older adult? Which quantitative and qualitative features of vulnerability must be present to include a person in the group of potential victims of EA/MOA? To what extent is vulnerability general or domain-specific? Can vulnerability be conceived of as a static individual characteristic, or does vulnerability vary over the life span among circumstances or according to certain types of EA/MOA? Is vulnerability a relational term describing a person's proneness to being affected and harmed by certain situational characteristics?
- *The relevance of intentionality*: Is EA/MOA limited to acts or omissions that are grounded in a decision to act (or not to act) that way? Or does the concept include any harmful or potentially harmful behavior or non-behavior? The latter would include accidents and other non-intentional episodes. If intentionality of action (or non-action) is required, does EA/MOA presuppose a specific intention to do harm? Or should an action that is motivated by the intention to perform a caregiving duty perceived as essential, even against the care recipients' will, be considered as an incident of EA/MOA? Would certain non-actions based on lack of knowledge, such as non-repositioning of a frail bedded senior that leads to bedsores, be considered as EA/MOA?
- *The relevance of actual harm*: To what extent is actual harm on the victim's side required in order for an incident to be defined as EA/MOA? To what degree is a risk of harm or a potential to cause harm sufficient? While the Action on Elder Abuse (1995) definition cited above lists the occurrence of harm as a definitional component, the majority of other definitions include the potential of harm. If only actual harm is accepted as a defining criterion of EA/MOA, non-successful attempts to victimize an old man or woman would be excluded (with the possible exception of cases where the failed attempt causes other types of harm, for example, emotional suffering about having been deceived by a person close to oneself). Criminal law systems recognize the distinction between completed offences and attempted offences. Lawmakers may decide not to penalize some more benign attempts (such as damage to property), and there are of course logical interferences between attempt and negligence (attempted negligent homicide is hard to conceive). The decision to include "risk of harm"/"potential for harm" carries with it the need for further decisions: Is any probability greater than zero of incurring harm a risk or potential for harm? If so, does the prescription of a drug that may have painful side effects qualify as an act of EA/MOA?

All of these questions are not philosophical mind games. They have immediate relevance for any attempt to measure prevalence and

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incidence of EA/MOA, the findings emerging from such studies, and the use that is being made of them in social policy, laws or regulations, and practice. These questions also have core implications for sampling and the construction of survey instruments or interview schedules. If any person above a certain minimum age can be affected by EA/MOA, research has to strive for samples as representative as possible of the "age group x-plus." In international comparative research, this would imply consideration of significant differences in life expectancy between developed and underdeveloped countries. If some kind and degree of vulnerability is a prerequisite of the possibility of becoming a victim, research will have to screen for those who meet the inclusion criteria. If actual harm is a necessary condition for calling some act or omission EA/MOA, questions in surveys can address these harmful effects whereas "risk of harm" is more complex to operationalize. On the other hand, rejection of the "risk of harm" would render all failed attempts non-abusive.

Critical concepts in research on elder abuse/mistreatment of older adults

The paper will focus upon a selection of issues mentioned above, based on the fact that analyzing the full circle of questions would be far beyond its scope. It looks at the significance of chronological age, vulnerability, interpersonal trust and power differences, and accompanying aspects of imbalance in victim–perpetrator relationships in cases of EA/MOA.

Chronological age

There are several questions related to using chronological age as a criterion for defining and measuring EA/MOA. Three key questions are discussed below:

Does reaching age of 60 or 65 years change a person's status with regard to possible incidents of EA/MOA?: Within a legal system penalizing EA/MOA, a minimum age may be set, thus making EA/MOA a status offence with the status tied to chronological age. When Hollis and McDougal (2003) published their work, only a minority of 14 US states defined the protected older population as having a minimum age, generally 60 or 65 years. In these cases, similar to laws directed at children and minors, law defines a change of status with age. However, Hollis and McDougal also found that 19 states based the definition of the population protected by EA/MOA laws upon the (adult) victim having a diminished physical or mental capacity; this clearly illustrates that chronological age is not a gold standard in EA/MOA.

Except for such legal standards, it is hard to see how victimization and their consequences should change categorically by reaching a certain minimum age. If "age 60" or "age 65" is used because it may mark the entry into the retirement status passage, questions arise with regard to the connection between that transition and the possibility (or non-possibility) of EA/MOA. Legal and actual retirement ages vary largely between individuals and societies, and so does the meaning of retirement in the life course (depending mainly upon a person's pre-retirement social and vocational status). Retirement is becoming more and more an "uncertain and unscripted status transition" (Moen *et al.*, 2009, p. 4). This immediately leads on to the next question.

What does increasing developmental diversity in later life mean for using chronological age as a defining criterion?: The increase in diversity in later life (as compared with earlier stages of the life course) has been emphasized by gerontological researchers for decades (see Gerstorf *et al.*, 2006; Smith and Gerstorf, 2006). In recent years, this finding has been linked to concepts of cumulative advantage/disadvantage (Dannefer, 2003) and cumulative inequality (Ferraro and Shippee, 2009), both referring to the relevance of early and accumulated inequalities in life course trajectories.

If diversity is even more pronounced at higher ages than at earlier stages of life, this can be considered as a caveat against using a fixed minimum age as a sufficient criterion for being a *potential* victim of EA/MOA. Applying a uniform criterion to a heterogeneous group of participants raises questions as to the significance of that criterion. The special status ascribed to children and adolescents is a common feature of nearly every legal system, whereas the situation in the United States shows the difference of approaches taken to define persons protected by EA/MOA legislation.

Can a phenomenon like "intimate partner violence" be considered to transform into "elder abuse" at the victim's 60th or 65th birthday?: People at every stage of the life course can be affected by interpersonal violence, starting with infanticide and child abuse and reaching into very old age. Some of these phenomena, such as intimate partner violence, may appear at different stages of the life course and extend over long periods of time.

A commonly cited definition of intimate partner violence (IPV) is the one used in the WHO's *World report on violence and health* (Heise and Garcia-Moreno, 2002, p. 89). It describes IPV as behavior within an ongoing or former intimate relationship that causes physical, sexual, or psychological harm,

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and includes acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors. Except for locating violence in the context of an intimate relationship, these behaviors would fit most definitions of EA/MOA.

A growing body of research shows that IPV may continue into late adulthood (cf. Naegele *et al.*, 2011) or appear in later life (Gravel *et al.*, 1997). While there is evidence that needs of victims gradually alter with age (cf. Wilke and Vinton, 2005; Straka and Montminy, 2006), neither the phenomenon itself nor the dynamics underlying acts of IPV suddenly change at any given point in the adult life course. It would create some need for explanation to call an incident "IPV" if it happens when the age of victim is 59 years (or 64 years), and classify the same incident as EA/MOA if it happens when the victim is 60 years (or 65 years) old.

Looking again at definitions of IPV, it is remarkable that any idea of "neglect" is missing from the concept of IPV, although it goes far beyond physical violence (as the "prototype" of violent behavior). The reasons are obvious: While "emotional neglect" may be an unpleasant experience at any stage of adult life, the concept of "neglect" as it is used in EA/MOA discourses takes its significance from the idea of a victim with limited capacity to care for him- or herself. This will take us on to our next point: The possible status of vulnerability as a prerequisite for certain types of EA/MOA. Further, IPV definitions speak of "violence" and usually avoid the term "abuse." If compared with "violence," the term "abuse" suggests that the perpetrator makes "bad use" of something – power, responsibility, authority – that is given or ascribed to him.

To sum up, the use of a minimum chronological age as a sufficient criterion for being a potential victim of EA/MOA (in definitions as well as in research designs and sampling procedures) raises important questions referring to developmental diversity in later life (both between individuals and countries with dramatically different life expectancies) and the lack of connection between chronological age and the nature of offenses or victimization experiences. While chronological age facilitates comparison of data emerging from different studies, strong arguments plead against a rigid approach. Conversely, it would be a mistake not to consider age at all in EA/MOA, as Biggs and Haapala (2010, p. 1790) states the following:

> The arbitrary chronological designation of "elder" status would support arguments that there is "nothing special" about domestic physical abuse and exploitation and that it could be considered as a life-course specific form of family violence. However, it may have less to say about other forms of mistreatment such as financial or institutional abuse.

This opens the doors to the necessity of analyzing EA/MOA by type instead of as a whole.

Vulnerability

Vulnerability and EA/MOA: The term "vulnerability" has its origin in the Latin word *vulnus* for wound. In a very broad sense, vulnerability can be understood as the capacity to be hurt or damaged, or as a person's risk of encountering a bad outcome (cf. Spiers, 2000; Aday, 2001). Resilience, defined by Roisman (2005, p. 64) as "a family of processes that scaffold successful adaptation in the context of adversity," may be regarded as a complementary term to vulnerability.

Vulnerability needs to be understood as a "probabilistic concept," capturing "the relationship or proximity of a subject to harm" (Schroeder-Butterfill and Marianti, 2006, p. 11), and as multidimensional. A model presented by Turner *et al.* (2003) differentiates between a system's *exposure* to hazards or risks, its *sensitivity*, and its *resilience*, hinging upon its capacities to adjust and cope. Schroeder-Butterfill and Marianti (2006) describe *threats*, *exposure*, *coping capacities*, and *outcomes* as "domains that shape vulnerability in old age" (p. 14).

With regard to EA/MOA, vulnerability may refer to an older person's exposure to situations and conditions where abuse and mistreatment can occur, that person's capacity (or diminished capacity) to defend against abusive (or neglectful) acts (or omissions), his or her risk of suffering severe and long-lasting harm from abuse (or neglect), and the older person's health status or capacity (or lack of capacity) to cope with the abusive act (or the omission entailing neglect) and its consequences. While risk is strongly associated with extrinsic factors (such as characteristics of the abuser or the abusing environment), the concept of vulnerability focusses upon intrinsic characteristics of the victim (Fulmer *et al.*, 2005). In order to avoid bias and fully understand the phenomena of EA/MOA, research always needs to take into account both characteristics of the older adult and external risk factors (Reis, 2000).

Vulnerability trends in the "fourth age": Taking account of ever increasing life expectancy in economically developed countries, gerontologists have suggested differentiations between stages of later life. Following the distinction between the third and fourth age (Baltes and Smith, 1999; 2003), the former can be characterized as the post-employment years when the most older people are

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in relatively good health and show a high level of adaptive flexibility. In contrast, the fourth age is mainly a period of decline with regard to health and functional capacities. If the concept of vulnerability is applied to the fourth age, the following trends appear to be connected to changes associated with very old age:

1. Compared with younger adults, people in their fourth age generally have a reduced exposure to risks of becoming a victim of violent acts in public spaces and by strangers: Internationally, police crime statistics as well as victim self-reports show a decline of victimization rates starting in early adulthood and continuing into older age (Truman, 2011). This mirrors the well-known victim–offender overlap, i.e. the demographic similarities between victim and offender populations (mostly young, male, low socioeconomic status (SES), living in urban areas) and sometimes interchangeable roles of victims and perpetrators (Jennings *et al.*, 2012). It also mirrors age-related changes in lifestyle, interpersonal contacts, mobility outside the home, and spatial environments often insufficiently adapted to older persons' needs. Such changes may, for instance, be seen in research by Wilkie *et al.* (2008) showing that the prevalence of reported participation restriction in a general population sample of adults aged 50 years and over is as high as 50% and onset and persistence of participation restrictions become more common with increasing age. A recent study by Asher *et al.* (2012) found that the majority of the older population in the United Kingdom is not able to keep up with the speed required to utilize pedestrian crossings, thus limiting independence and reducing opportunities for physical activity and social interaction. While reduced mobility outside the home and concomitant reduced contact with persons outside a close network can be regarded as having negative impact on the quality of life, they may at the same time be protective with regard to many types of ordinary crime and violence.
2. Due to an increasing prevalence of functional limitations and activities of daily living (ADL) restrictions, the population segment of the very old can generally be assumed to be characterized by increased sensitivity to risks and reduced adaptation skills: Compared with younger age groups, very old people have higher levels of disability and more restrictions in ADL and can therefore be assumed to be both more susceptible to attempts to abuse and victimize them and less able to cope with victimization attempts and completed acts, thus showing increased vulnerability and reduced resilience. While there is now considerable evidence of compression, implying that ageing processes are modifiable and people increasingly enjoy longer time without severe disability (e.g. Christensen *et al.*, 2009), numerous studies have demonstrated that prevalence of functional limitations increases with age (e.g. Berlau *et al.*, 2009). This has even been demonstrated for middle adulthood (e.g. Murray *et al.*, 2011), but prevalence increases significantly in old age (see, for example, a study by Manini and Pahor (2009) on mobility limitations; among community-dwelling persons in the United States, aged 70 to 79 years at baseline and showing no mobility limitations at that time, 34.3% of men and 47.4% of women had developed mobility limitations 4.5 years later). Such functional limitations can be regarded as critical in a double sense. On the one hand, they weaken a person's capacity to ward off attacks directed against him or her. This does not only refer to physical fitness but also includes cognitive functioning, e.g. being of importance for understanding attempts to deceive a person or reading signs of escalation in a conflict situation. In the special case of neglect, functional limitations, disability, and frailty are part of the conditions that create the very possibility of being neglected (Nerenberg, 2008). On the other hand, functional limitations are crucial for a person's capacity to cope with incidents of abuse that have occurred. Again, this refers to both physical and psychological functioning.
3. While risks of becoming victimized in public spaces decrease with age, there is at the same time a heightened risk exposure in specific areas for very old people: While the risk of becoming a victim of acts that happen outside of one's place of residence (whether this is a private home or a residential institution) may decrease in later life due to reduced opportunities to commit such acts, this does not necessarily imply that the later stages of life can be regarded as safe. New and specific risks develop and create new vulnerabilities. This refers at least to the following two fields:

- *Abuse and neglect in caregiving*: With increasing functional limitations, dependency upon support and caregiving also increases (Wolff and Kasper, 2006). Caregiving (both by professionals and laypersons) implies multiple stressors and potential for conflict (Roth *et al.*, 2009). Current criminological perspectives emphasize the importance of opportunity for the occurrence of crime and violence. The Routine Activity Theory, originally developed by Cohen and Felson (1979), postulates the co-occurrence of a suitable target, a "motivated offender" or "likely offender," and the absence of capable guardians as a necessary prerequisite of crime (cf. Felson and Boba, 2010; see Goergen and Beaulieu, 2010 for a discussion of the relevance of this approach for EA/MOA topics). From such a point of view, domestic caregiving contexts in particular can be considered as almost perfect fields of action for motivated offenders. Domestic caregiving virtually happens "behind closed doors" where the level of formal and informal social control is low. Potential victims are weak, and therefore vulnerable and with little capacity to defend themselves. Offenders can act from a position of trust, which makes EA/MOA and its concealment

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easy. Caregiving inevitably implies physical contact, thus creating opportunities for abuse. In many cases, symptoms and effects of abuse are difficult to distinguish from symptoms and effects of illnesses and disabilities. The probability that an abused care recipient will report the abuse to the police or to any other helping institution is low. Very old victims in abusive situations may experience limitations of acting as a witness (Jones and Elliott, 2005) in caregiving contexts against motivated offenders.

- *Specific property offences targeted at the very old, mostly involving deception, i.e. building trust and abusing it*: Specific threats are posed to older persons by some types of property offences whose common characteristic is deception of the victim. These include deception burglary, larceny-by-trick, and different fraudulent offenses. Offenders select victims because of characteristics they associate with very old age – being weak, slow, easy to deceive, and living alone. Perpetrators pose as relatives (via telephone) or tradesman (at victims' doorstep), or they appeal to victims' readiness to help by pretending to be in a situation of distress. The general aim behind this is obtaining trust and support and gaining access to homes and valuables (e.g. Cohen, 2008; Mulroy and O'Neill, 2011).

Challenges of measuring vulnerability: Any proposal to include vulnerability as a variable in research on EA/MOA leads to challenges connected to measurement of vulnerability. These challenges must be considered substantial, given the complex nature of vulnerability, the specificity of risks/hazards to which a person can be considered to be vulnerable, and the need to take person and environment factors into consideration. Furthermore, vulnerability has to be considered as a continuous and not simply a dichotomous variable. However, despite these measurement challenges, vulnerability is becoming a legal issue in some jurisdictions. In March 2012, Canada amended the Criminal Code to render age-related abuse an aggravating factor in sentencing. To prove that a crime is age-related, there is an implication of vulnerability, meaning that this vulnerability will have to be demonstrated in court. Jurisprudence is awaited to analyze the content of this demonstration. In Québec, since 1976, the Article 48 of the Charter of Rights and Liberties looks at exploitation of the older adult and the person living with disabilities. To be prosecuted, there is a need to show that the person is vulnerable or dependent (Commission des droits de la personne et de la jeunesse, 2001). The application of this Article has been criticized because it implies that a non-vulnerable or a nondependent older adult cannot be abused. These legal dispositions seem to indicate that beside the scientific need to measure vulnerability there is a pragmatic way to assess it.

With regard to EA/MOA, especially for neglect, health status and limitations in performing ADL are considered key indicators of vulnerability (see Morrone *et al.*, 2011, on vulnerability indicators). Dependency upon support and care by others creates the possibility of being neglected. However, aspects of vulnerability may also include living conditions such as poverty or homelessness. Sets of indicators considered appropriate to measure vulnerability may differ between types of abuse (e.g. financial abuse on the one hand, physical or sexual abuse on the other).

To sum up, vulnerability may refer to exposure to situations and conditions where EA/MOA can occur, the capacity to defend against abusive acts, the risk of suffering substantial harm, and the capacity to cope with an abusive act and its consequences. Vulnerability is a prerequisite for any meaningful concept of neglect in later life. It is linked to ageing, especially to physical, cognitive, and functional limitations gaining more and more significance in the fourth age. With regard to very old age, different vulnerability trends can be assumed, including increase in disability and frailty, reduced exposure to risks in public spaces and by strangers, and increased exposure to specific risks in caregiving contexts and deceptive offences selectively targeted at the very old. In combination with a minimum chronological age, some defined type and intensity of vulnerability may come close to describing in a meaningful way a population that can be affected by EA/MOA. Such approaches require a refinement of concepts and measures of vulnerability.

Interpersonal trust

Concept of interpersonal trust: As stated previously, trust is a common concept in EA/MOA definitions. This section will briefly review concepts of interpersonal trust and discuss their possible significance for research on EA/MOA.

Kassebaum (2004), Riegelsberger (2005), and others describe trust as a person's readiness or willingness to be vulnerable to the actions of a trusted person, this readiness being based upon positive expectations regarding the actions of the trustee. Trust implies the expectation and some degree of confidence that the other person will act as agreed upon, although he or she has the freedom to do otherwise since control is either not possible or not wanted (cf. Kassebaum, 2004, p. 21). Luhmann (1988) has stressed the importance of trust as a means of reducing social complexity and transforming objective uncertainty into subjective certainty. Accordingly, interpersonal trust implies a person's (trustee) willingness to be vulnerable to

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the actions of another (trusted) person, trustee's confidence that the trusted person will behave in a beneficial way, risk of harm if the trusted person does not behave accordingly, and the inability or limited ability of the trusting person to enforce a specific behavior by the trusted person. It is evident that trust is linked to risk, vulnerability, and also to differential power.

In the UK prevalence study on EA/MOA (O'Keefe *et al.*, 2007), relationships with an "expectation of trust" were understood as victims' relationships to family members, close friends, and some professional or semi-professional roles (such as physicians, nurses, social workers, home helps/home-care staff, and voluntary sector care workers). Dixon *et al.* (2010) point at the necessity to distinguish between trust in affective relationships on the one hand and functional positions of trust (as those taken by paid carers) on the other.

Trust in later life: As with vulnerability, it is worth raising the question as to what might be the specifics of trust in later life. In long-standing relationships not characterized by conflict or violence, trust is usually seen as something "natural" that is shared by both persons in a relationship. However, with a concept of interpersonal trust in mind that includes a notion of being vulnerable to the actions of others, the following aspects can be highlighted:

- *Age-related functional limitations and restrictions in ADL functions can be expected to create an enhanced need for trust.* If a person depends upon other persons in the sense that he or she does not have the choice of "doing it by himself/herself," the need increases to be in a position to be able to be vulnerable to the actions of another person and to be free from fear at the same time.
- *The ability to trust is crucial for a person's quality of life if that person is vulnerable and dependent upon others.* For those without substantial functional or cognitive limitations, trust may be a matter of choice – a choice that makes some things in life easier and reduces social complexity in Luhmann's (1988) sense. For those with considerable limitations and needing help and support to master the requirements of everyday life, trust may simply be a necessity. The term "ability to trust" is used in a double meaning – as a personal attribute ("being trustful") on the one hand, and as an attribute of the conditions under which a person lives on the other ("being in a position to trust where trust is needed, without running too much risk").
- *Trust always implies the possibility to abuse it; the implications of this possibility change with increasing vulnerability and dependency upon others.* The possibility of abuse is an inherent characteristic of trust; trust is always based on judgments under uncertainty. However, the (anticipated and real) implications and consequences of a breach and misuse of trust may vary according to a person's dependency upon others and his or her options to choose between possible trustees. If dependency is high, if it refers to vital or crucial functions, if the trusting person has little or no choice as to where to allocate trust, the risks associated with the breaching of trust gain a special quality.
- *Trust can wilfully be built with the intention to abuse it; this happens in a broad range of scams and frauds directed at older persons.* This aspect has already been discussed in the section on vulnerability. There are many offences where offenders do not brutally rob victims to gain possession of their property, but induce victims into handing over the desired goods to them or distract their attention by pretending to be tradesmen, police officers, or other trustworthy professionals, thus enabling accomplices to search the residence for valuables. Recent research (Asp *et al.*, 2012) suggests that "vulnerability to misleading information, outright deception, and fraud in older persons is the specific result of a deficit in the doubt process" (p. 9), which is mediated by the ventromedial prefrontal cortex.
- *Trust does not presuppose asymmetric relationships and unequal power distribution. But dependency enhances the importance of trust.* Although the trustee always has some degree of power over the trusted person with regard to the outcome to which trust refers, it does not presuppose unequal distribution of power in a relationship in general. However, both the significance of risks taken by being trustful and the inevitability of trust increase with helplessness and powerlessness.

Trust is present in a majority of relationships that people do create over their lifespan. While a majority of longstanding relationships will remain safe throughout life, some relationships can degenerate at any age, but maybe even more when people are losing autonomy, therefore becoming vulnerable.

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Regarding EA/MOA, research has shown many gray areas where a trusted person on certain aspects can be non-trustful on others. An example might be the changing relationship between the alcoholic or drug addict adult child that lives with his ageing mother. While intoxicated, he can be harmful to her; he can even steal money from her to buy his drug or alcohol. On the other hand, when sober, he may take care of important duties in the home, becoming a much-appreciated caregiver. To some degree, the notion of trust may have been introduced in the EA/MOA literature more to exclude crimes against elderly adults performed by strangers (such as home invasion, bag-snatching on the street, etc.) than to describe a specific nature of a victim–abuser relationship.

Imbalance in relationships

Violence can happen in the context of any type of distribution of power and influence within a relationship. Does the same apply to EA/MOA? Do the terms abuse and mistreatment imply that there is a power imbalance between the (stronger) perpetrator misusing his or her position, not using it for the benefit of the less powerful, and the (weaker) victim?

While the very act of abuse can often be regarded as exerting (and misusing) power, there is little reason to assume that abuse can only happen in relationships where the overall distribution of power and influence is in favor of the perpetrator. In family caregiving, structural aspects of the pre-caregiving relationship between spouses can remain relatively stable. The caregiving role may provide the caregiver with opportunities and situational triggers for abuse, but being in a position where one may be affected by abuse does not necessarily mean having less power and influence than the potential abuser. Acts of abuse and neglect may happen between persons where the overall distribution of power is equal or even in favor of the victim. However, differential power balance may still be regarded as a favorable constellation for abuse and neglect.

Conclusions and perspectives

EA/MOA as a complex subtype of victimization in later life: EA/MOA can be conceptualized as a complex subtype of victimization in later life. Every older person affected by abuse or neglect is an older victim, but not every older victim is being abused or neglected. This holds true even when leaving aside victims of accidents, natural disasters, and other unplanned events and focussing upon criminal and violent acts. Robbery or burglary by a stranger may be detrimental in their consequences. If they lack the feature of being committed from a position of trust or responsibility toward the victim, they can be considered incidents of victimization in later life, but not of elder abuse or mistreatment of older adults.

In comparison with victimization in later life in general, EA/MOA as considered in this paper has the following two crucial specific characteristics:

- EA/MOA is tied to *specific victim – perpetrator relationships*. Whereas an older person can (in principle) be victimized by any person, EA/MOA can only happen in victim–perpetrator constellations where the perpetrator has assumed some kind of responsibility toward the victim, where the victim puts trust in the offender, or where the type of interpersonal relationship between the victim and the offender or the role assigned to the latter would create the perception and expectation that the victim may trust the perpetrator. The connection between both parties can be a private one (between family members, friends, neighbors, etc.), it can be based upon professional roles (as a physician, nurse, lawyer, bank teller, etc.), or it can have its roots in voluntary work and other unpaid activities.

  If trust put in the offender is a key characteristic of abuse, abuse may be perpetrated by persons with little prior contact to the victim. While this transcends the field of victimization in the context of established relationships, the fact that there is a whole "criminal market" of creating and abusing older people's trust may be considered as an argument for inclusion.

  Power imbalance often characterizes trust relationships but is not a necessary characteristic of abuse.
- As far as *neglect* is concerned, the mere possibility of being neglected presupposes a *heightened level of vulnerability* on the older person's side. Vulnerability is linked to ageing, but cannot be deduced from the fact of having reached a certain minimum age. A heightened level of vulnerability can be assumed when a person suffers from severe illnesses, has substantial functional limitations, or is dependent upon care and support from others. Of course, in a very broad sense of the word, every adult person can be and feel neglected (like the spouse or parent feeling neglected because of too little communication or interaction on the side of the husband or wife or the grown-up children).

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> However, counting such behavior (or non-behavior) as neglect of an older adult because it happens after the age of 60 or 65 years would broaden the concept to an extent where it would lose its potential to signify a social and health problem. The severity and the possible consequences of not caring, not responding, and not communicating reach a different level once the person is characterized by a heightened level of vulnerability. This position entails the necessity to operationalize and measure vulnerability in empirical studies on elder abuse and neglect.

Vulnerability as a key variable in research on EA/MOA: Vulnerability has relevance both for the risk of an older person of becoming a victim of EA/MOA and for that person's capacity to cope with an abusive incident. With regard to neglect, a heightened level of vulnerability can be regarded as a logical prerequisite for a meaningful concept of elder neglect. Thus, there is a need to include measures of vulnerability into any empirical approach to elder abuse (and to apply it as a screening or filter variable for topics of neglect).

However, this entails substantial methodological challenges. Vulnerability, being a complex, multi-dimensional, and domain-specific concept, cannot be understood as dichotomous but as continuous. While the significance of vulnerability leads to the need to include vulnerable older populations and individuals in elder abuse research wherever possible, the same conclusion is faced with the problem that vulnerability to abuse and neglect is in many cases linked to reduced accessibility (for police, protective services, or researchers) and limited ability to report and be interviewed. Especially when deficits in cognitive and communicative skills are part of what constitutes a person's heightened level of vulnerability, direct access for research is becoming more difficult, and obstacles to case entry into institutional databases (kept by police, protective services, etc.) become higher.

Both phenomenologically and methodologically, EA/MOA has substantial connections with abuse of other groups of vulnerable adults, such as people with physical disabilities or mental health restrictions, refugees and immigrants without a permanent legal status, or homeless people. These links between EA/MOA and abuse of (other) vulnerable adults are mainly based upon factors making adults more susceptible and less able to defend against acts of abuse. However, a distinction between the concepts of EA/MOA on the one hand and concepts of abuse of other groups of adults on the other hand is worth maintaining. Phenomena of abuse, quantity and quality of risks, vulnerability indicators, coping resources, and approaches to intervention are too distinct to synthesize all these fields under a heading of "abuse of (vulnerable) adults."

Implications for research: Research on EA/MOA requires methodological approaches integrating different perspectives. Victims' voices are crucial but not sufficient since some of the most vulnerable subgroups (such as people suffering from cognitive impairment) may hardly be able to speak and give answers. Population-based victimization surveys can provide data on experiences of abuse and neglect among those able to express themselves or having a proxy that can speak for them. However, it needs to be supplemented by data from other sources such as surveys of possible perpetrators and witnesses and institutional data on cases handled by police, courts, protective services, or health professionals and institutions. EA/MOA research needs a profound discussion of adequate concepts and measures of vulnerability, thereby taking into account the partially differential nature of vulnerability indicators for subtypes of abuse and neglect in later life.

Conflict of interest

None.

Description of author's role

This paper was written by both authors, T. Goergen taking the leadership. All analysis and points of view expressed are shared by the two authors.

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