

ISSUE BRIEF

Elder Abuse Perpetrated by Adult Children and its Consequences for Housing Insecurity:

Why We Need to Recognize *IPV-Parallel Elder Abuse* in Housing Law and Public Policy



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BACKGROUND

The population of older adults in the United States is growing substantially. In 2013 (the latest year for which data is available), adults aged 65 years or older made up 14.1% of the total US population, or about 1 in 7 Americans. By 2040, this group is expected to comprise 21.7% of the total population.¹ **Elder abuse** – defined as any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable older adult – is a pervasive problem and a growing concern.²

Despite an increasing public awareness of elder abuse, the field has been slow to develop theory-based explanations for the phenomenon and how best to address it.³ Historically, most elder abuse cases have been viewed through a caregiver stress model.^{3,4,5} This model posits that elder abuse is attributable to the stress and burden of providing care to frail and highly-dependent elders.³ However, research shows that most victims and perpetrators of elder abuse do not fit the profiles presented under the caregiver stress model,⁵ and that elder abuse has multiple causes and takes a variety of forms – underscoring the need for diverse interventions that can be tailored to each situation.

When the abuser is an adult child or grandchild elder abuse can closely resemble the typical dynamics of intimate partner violence (IPV), in which an abuser exploits the victim's emotional attachment to willfully exert power and control over the partner.² Where such features exist, we name this **IPV-parallel elder abuse**. The same law and policy protections currently afforded to survivors of IPV should apply equivalently to victims of abuse by adult-child/kin perpetrators.

DEFINING OUR TERMS

Elders

Stakeholders vary on the appropriate term(s) to refer to adults who have advanced in years past middle-age. The law and government programs that address abuse of this population continue to use the term “elder” and as such we use it consistently throughout this document (while rejecting any disempowering connotation).

Kin

We use the term “adult-child” throughout this report because of the frequency with which abuse is perpetrated against elders by their adult children. However families are diverse: relationships between elders and their younger siblings, grandchildren, nieces and nephews, and even those with whom they have no biological or adoptive kinship status can mirror parent-child relationship dynamics. We use the term adult-child broadly. From a victim-centered perspective, we intend the term “adult-child” to encompass these other relationships in which IPV-parallel abuse can arise.

Victims v. Survivors

Stakeholders have varying opinions about the appropriate term(s) to refer to people who have experienced abuse at the hands of an intimate partner. Some prefer the term “survivor,” as it is more empowering. However, the courts and law enforcement entities that address abuse of this population continue to use the term “victim.” Similarly, people who experience elder abuse are referred to by law enforcement as “victims.” For that reason, we use “victim” consistently throughout this document (while rejecting any disempowering connotation and embracing the responsibility it places on the perpetrator).

¹ United States Department of Health and Human Services, Administration on Aging. Aging Statistics. http://www.aoa.acl.gov/aging_statistics/index.aspx. Retrieved January 29, 2016.

² National Center on Elder Abuse. Fact Sheet: Elder Abuse Prevalence and Incidence. <http://www.ncea.aoa.gov/resources/publication/docs/finalstatistics050331.pdf>. Retrieved January 19, 2016.

³ Jackson, S. & Hafemeister, T. (2013) Understanding Elder Abuse: New Directions for Developing Theories of Elder Abuse Occurring in Domestic Settings. Research in Brief, National Institute of Justice.

⁴ Brandl, B. (2000). Power and control: Understanding domestic abuse in later life. *Generations*, 24(11), 39-45. <http://www.ncall.us/content/understanding-domestic-abuse-later-life>. Retrieved March 18, 2016.

⁵ Jackson, S. & Hafemeister, T. (2012). Pure financial exploitation vs. Hybrid financial exploitation co-occurring with physical abuse and/or neglect of elderly persons. *Psychology of Violence* 2 (3): 285–296. doi:10.1037/a0027273.

⁶ National Center on Elder Abuse, Administration on Aging. Statistics/Data. <http://www.ncea.aoa.gov/Library/Data/index.aspx>. Retrieved January 29, 2016.

GENESIS OF THIS BRIEF

Medical-Legal Partnership | Boston's (MLPB's) mission is to equip healthcare, public health and human services teams with legal problem-solving strategies that promote health equity for vulnerable people across their life span. The organization was incubated in the pediatrics department of a large urban safety-net hospital, and trauma-informed advocacy principles are embedded in its interdisciplinary strategies. MLPB is particularly attuned to the health impacts of intimate partner violence ("IPV"), which undermines safety at home and in daily life, and related phenomena that generate trauma.⁷

Since July 2013, MLPB has partnered with the Elders Living at Home Program (ELAHP), Boston Medical Center's geriatric homelessness prevention team, on an initiative known as *Aging Right in the Community* ("ARC").⁸ This work with ELAHP has exposed complicated elder homelessness risk factors and led us to observe the limits of current housing-based legal protections for victims of elder abuse by adult children.

Social scientists have historically classified elder abuse into four distinct types: pure financial exploitation, physical abuse, neglect, and hybrid financial exploitation.⁵

Pure Financial Exploitation	Physical Abuse
<ul style="list-style-type: none"> – Defined as the illegal or improper use of an elderly person's funds, property, or assets⁵ – Victims often lack someone they can trust to consult on or monitor their financial activities³ 	<ul style="list-style-type: none"> – Most likely form of elder abuse to be reported and prosecuted¹³ – Perpetrator is typically a family member, most often an adult child or grandchild of the victim³ – In many cases, victims are relatively high-functioning individuals who are providing long-term support to their abuser^{3,5}
Neglect	Hybrid Financial Exploitation
<ul style="list-style-type: none"> – Typically occurs when an elder is cared for by someone who is unable to fulfill their responsibilities – Attachment theory may explain why some adult children neglect their elderly parents, as they may have been insecurely attached to their parents as young children³ 	<ul style="list-style-type: none"> – Co-occurrence of financial exploitation with physical abuse and/or neglect; typically long-term abuse^{3,5} – Typically involves financially-dependent family members, most often adult children who have been cared for by the elder over a long period of time – HFE results in worse outcomes for victims compared to physical abuse or neglect^{3,5}

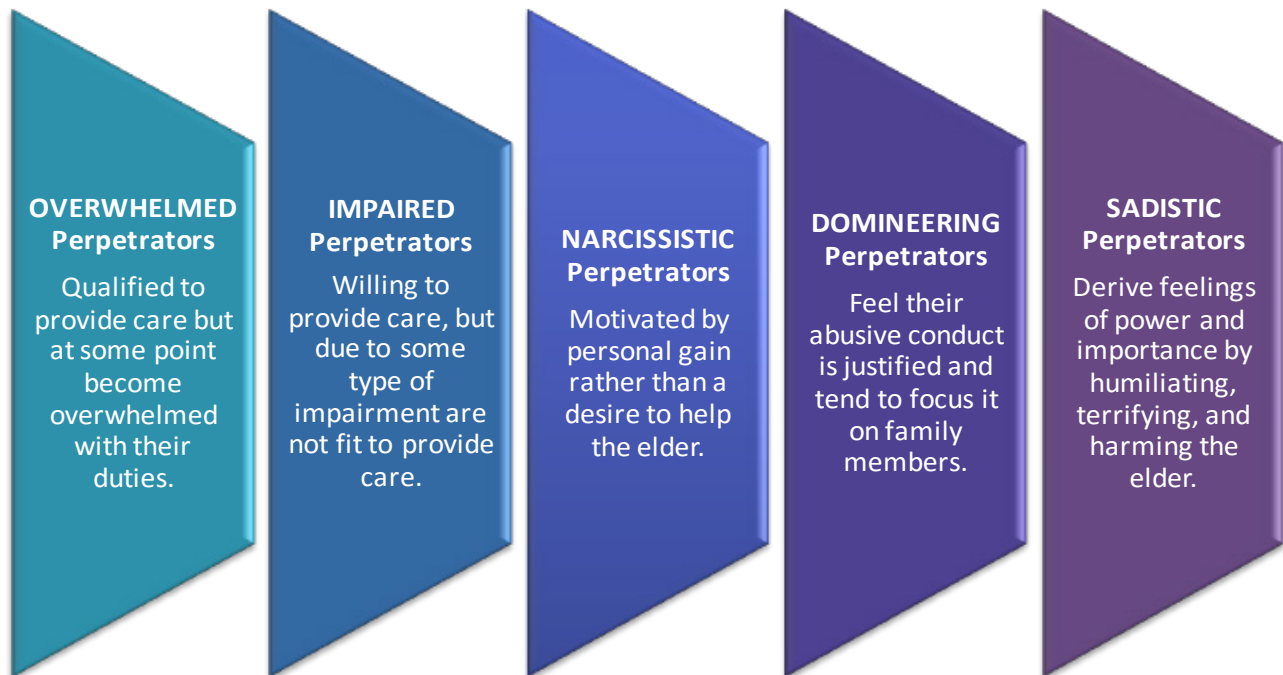
Each type of abuse has its own set of risk factors and prevalence rates, though they often co-occur.^{3,5,9} **Notably, none of these categories explicitly takes into account the dynamics of power and control, including psychological and emotional abuse, that are often present in cases of elder abuse.**

⁷ <http://www.who.int/violenceprevention/approach/definition/en>. For more information on trauma-informed advocacy principles, see Fallot, R. & Harris, M. (2006). Trauma-Informed Services: A Self-Assessment and Planning Protocol. <http://smchealth.org/sites/default/files/docs/tisaprotoocol.pdf>. Retrieved March 17, 2016.

⁸ ELAHP strives to be a model for service, advocacy, research and education on the causes of, and solutions to, elder homelessness. <http://www.bmc.org/eldersathome.htm>. The ELAHP team has shared with MLPB a wealth of experience drawn from serving older adults at risk of homelessness, through its unique *Extreme Case Management* approach. This report is a credit to, and inspired by, the trust-building ELAHP staff achieve with their clients, in which context clients share the complex qualities of their human relationships and the many obstacles to their housing stability and well-being.

⁹ Jackson, S. (2016). All elder abuse perpetrators are not alike: the heterogeneity of elder abuse perpetrators and implications for intervention. *Int J Offender Ther Comp Criminol*. 2016 Feb;60(3):265-85. doi: 10.1177/0306624X14554063. Epub 2014 Oct 16.

Just as there is recognition of different types of elder abuse, there is recognition of different types of elder abuse perpetrators, with important distinctions across abuse types.⁹ An elder abuse perpetrator culpability continuum acknowledges this heterogeneity. This continuum can be categorized into five general categories of perpetrators:



VERA'S STORY

Vera has lived in Boston public housing her whole life. Her son "Aaron" developed an addiction to heroin. When Aaron became a father in his 20s, Vera took custody of her granddaughter "Nina" due to Aaron's unstable recovery and multiple pending criminal charges for heroin distribution. Vera, Aaron and Nina lived in Vera's stable public housing apartment. However, in the wake of the most recent charges brought against Aaron for heroin distribution on public housing grounds, Vera's landlord served her with an eviction notice.

Vera responded that she did not believe her son committed crimes and that his heroin addiction was her fault as he was driven to drug use due to her deteriorating health condition. Because Vera was unwilling to cooperate with the investigation of Aaron or promise to keep him away from her apartment in the future, the landlord was not willing to give her a second chance. Lacking any special legal protections, Vera was evicted from her public housing unit. She and Nina are now disqualified from public family shelter because of this eviction. Grandmother and granddaughter are now doubled-up with a friend of Vera's, under circumstances that are insecure.

While Vera did not acknowledge being afraid of Aaron, her ELAHP case management team witnessed Aaron yelling at her and ridiculing her in ways that were consistent with emotional and psychological abuse. Vera has rejected assistance from Adult Protective Services ("APS"). Vera assumed the blame for Aaron's conduct and lost her stable affordable housing because of it. Cases of elder homelessness like this may be avoidable if policy approaches are designed more holistically. Vera's case management and legal care team have joined to advocate for policies that will protect elders like Vera in the future, open the door to safe and stable housing for Vera and her granddaughter, and pave the way to successful addiction treatment for her son.

WHAT VERA'S STORY TEACHES US

Vera's story is one of a troubling pattern we observed among a subset of ELAHP clients: elders closely involved with an opioid-dependent adult child were losing stable housing due to the conduct of the adult child. **A deeper look at this elder-adult child relationship often showed an IPV-parallel abusive dynamic: the elder parent loved the adult child and felt blameworthy for the child's conduct; the abusive adult child exploited the elder's feelings, exerting control over the elder's choices through intimidation and ridicule tactics (see 'Abuse in Later Life Power Wheel', page 6).**

As we explored legally-informed strategies to help these elders avoid homelessness, we found little readily-available literature in regards to elder-adult child relationships in an elder abuse context. (Notably, in cases of elder abuse, 90% of abusers are a family member of the victim.

Of those family members who abuse elders, 50% are adult children and 20% are intimate partners.⁹⁾

We also observed that the protections provided by laws such as the Violence Against Women Act¹⁰ and administrative regulations in some public and subsidized housing programs, such as priority access to affordable housing and certain exemptions from eviction, are limited to victims of IPV – meaning that the protections are only available where the abuser is an intimate partner. However, a growing body of research shows that elder abuse takes many different forms and therefore demands analysis and responses that transcend the caregiver stress intervention model.^{3,11}

We are convinced that IPV-parallel elder abuse is a serious and under-recognized phenomenon that merits further research and housing policy change to protect vulnerable elderly tenants.



Impact of Elder Abuse

Elder abuse can have many serious adverse outcomes. Victims of elder abuse experience:

- a 300% higher risk of death
- significant levels of psychological distress
- lower perceived self-efficacy
- higher rates of joint problems, depression & anxiety, chronic pain, high blood pressure, and heart conditions⁶

Elder abuse also carries a profound fiscal cost. The direct medical costs associated with elder abuse are estimated to add over \$5.3 billion to national annual health expenditures. Individual financial losses due to financial exploitation of elders amounted to an estimated \$2.9 billion in 2009, a 12% increase from 2008.⁶



In order to protect elderly victims of abuse by adult kin when the abuse parallels IPV dynamics, housing law and policy in particular needs to address circumstances that do not fit squarely within the four categories of elder abuse referenced on page 3. While current law could afford housing protections to Vera if Aaron were her intimate partner, **there was no clear protection for Vera simply because Aaron is her son as opposed to an intimate partner.**

¹⁰ Violence Against Women Reauthorization Act of 2013, Title VI: SAFE HOMES FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING. <https://www.congress.gov/bill/113th-congress/senate-bill/47/text>. Retrieved March 17, 2016.

¹¹ Spangler, D. & Brandl, B. (2007). Abuse in later life: Power and control dynamics and a victim centered response. *J Am Psychiatr Nurses Assoc*, 12(6), 322-331. DOI: 10.1177/1078390306298878. Retrieved from <http://www.ncall.us/content/abuse-later-life-power-and-control-dynamics-and-victim-centered-response>.

The power wheel shown below depicts pathways of power and control present in some cases of elder abuse like Vera's.

Abuse in Later Life Power Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)

This diagram was adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN

The above image was reproduced from the NCALL website, <http://www.ncall.us/content/abuse-later-life-power-control-wheel>

RECOMMENDATIONS

Elder abuse is not a singular phenomenon that follows one specific pattern. It is a complex phenomenon that involves a multitude of factors. Therefore, the most effective elder abuse interventions account for the characteristics of the perpetrator and victim, the nature of the relationship – including power and control dynamics – and the type of abuse involved.^{3,11} For an intervention to be most effective, there needs to be a confluence of theory, research, and practice.³

Limiting public policy paradigms and intervention practices to a dominant theoretical model does a disservice to nearly all involved in cases of elder abuse. While some cases of elder abuse by adult kin do fall under the caregiver stress model and related perpetrator typologies, others more closely resemble patterns of IPV. **Cases of IPV-parallel elder abuse – a subset of which MLPB observes among elders in close relationships with their opioid-dependent children – would best be served by a model that recognizes the unique dynamics of power and control specific to those cases.**

The following steps could more effectively safeguard victims of elder abuse by adult-child/kin perpetrators, where the abuse dynamic parallels IPV:

- Extend eviction, transfer, and housing subsidy termination protections to elder abuse victims where lease violations are attributable to the adult-child/kin perpetrators' conduct; currently those protections are only available where the perpetrator is an intimate partner.
- Increase the scope of existing legal protections for IPV abuse victims of all types, by extending subsidized housing priorities and preferences to victims of IPV-parallel elder abuse.
- Develop thoughtful safety-planning strategies and clinical supports for elders managing the IPV-parallel dynamics of abuse by an adult child/kin.
- Authorize trained advocates (including homelessness prevention advocates, safety planners, clergy, etc.) to supply appropriate eligibility verification for victims of IPV-parallel elder abuse, as is permitted in cases of IPV. This training should not be limited to clinicians.

CONCLUSION

The US population is aging against the backdrop of rising rates of poverty, substance use disorder, and other complicated social stressors. Our nation's elders are facing unprecedented challenges in housing, food security, and family relationships. It is imperative that we expand our policies and systems to more effectively protect the most vulnerable. Recognition of *IPV-parallel elder abuse* in housing law and policy is one concrete step in the right direction.



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MLPB's mission is to equip healthcare, public health and human services teams with legal problem-solving strategies that promote health equity for vulnerable people. We are a fiscally sponsored program of Third Sector New England, Inc.



Boston Medical Center's Elders Living at Home Program provides intensive case management, housing advocacy, housing stabilization and homelessness prevention services to men and women age 55+. The program's goal is to help clients locate and maintain a permanent residence and allow them to live as independently as possible. Since the program's inception, over 4,000 elders have been referred to ELAHP for help with their health and housing needs. The Elders Living at Home Program seeks to be a model for service, advocacy, research, and education on elder homelessness and housing issues.



At Boston Medical Center (BMC), all are welcome and treated equally. Unwavering in its commitment to the community, BMC is a private, not-for-profit, 496-bed, academic medical center located in Boston's historic South End. The primary teaching affiliate for Boston University School of Medicine, BMC is the largest safety net hospital and busiest trauma and emergency services center in New England.

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