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Research Article

Where Do We Draw the Line? Perceptions of Abuse of Older Adults and Their Association With Ageism

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Abstract

Objectives: Violence against older adults is a prevalent global harm, and there is evidence that perceptions of violence toward older adults may affect reporting and intervention. The present study examines the perception of violence against older adults in contrast to violence against other age groups and investigates the role of ageism in those perceptions.

Methods: A total of 290 participants were surveyed and asked to indicate whether they perceived 15 abusive behaviors reflecting physical, psychological, sexual, and financial abuse and neglect to be abuse toward either an older adult (age 60+), adult, or child. Ageism was measured using the Ambivalent Ageism scale.

Results: On average, 25% of participants did not consider the abusive behaviors to be abuse. Perceptions of abuse were relatively stable across the 5 types of abuse examined (range: 25%–27%). Perceptions of the 15 abusive behaviors only varied due to older age in 3 instances, differences were sometimes between older adults and adults and sometimes children. Regression analyses showed increased ageism to be predictive of disagreement that behaviors were abusive in the older age group, explaining 8%–14% of the variance in perception. Regression models were not significant in the adult or child groups.

Discussion: Results raise serious concern about the perception of abuse toward older adults. Future studies should investigate the reasons for such perceptions and other contributing factors in order to identify effective mechanisms for change.

Keywords: Age comparison, Attitudes, Benevolent and hostile ageism, Violence

Violence against older adults is a significant problem, associated with concerning data in terms of prevalence and impact. Although violence against older adults is perpetrated by a diversity of individuals in different settings, the "abuse of older people" or "elder abuse" is a subset of violence conceptualized as actions or lack of appropriate actions occurring within a relationship of trust, thus focusing on family members, friends, acquaintances, or caregivers as perpetrators (World Health Organization [WHO], 2022). One-in-six older adults are abused in the community with potentially higher prevalence in institutional settings, where 64% of staff self-reported engaging in mistreatment (Yon et al., 2017, 2018). Older adults are exposed to physical abuse, psychological abuse, sexual abuse, neglect, and financial exploitation (Jackson & Hafemeister, 2012; Pillemer et al., 2021). Experiencing abuse is linked to increased healthcare use and long-term care placement, and both psychological (e.g., depression and cognitive decline) and physical impacts (e.g., physical injuries and premature mortality; WHO, 2022; Yunus et al., 2019).

Research focusing on the abuse of older people only emerged in the 1980s (Daly et al., 2011); however, this research did not influence the global agenda until more recently and remains a low priority (Mikton et al., 2022). Compared to other types of interpersonal violence with similar prevalence and impacts (e.g., intimate partner violence and child abuse) the abuse of older people has received limited attention; researchers previously identified that knowledge was lagging 10–30 years behind those types of interpersonal violence (Dyer et al., 2003). Consistent with this, the abuse of older people is often subject to limited resources and consideration from governments relative to other public health issues and violence against other groups (Dias & Fraga, 2024; Mikton et al., 2022; WHO, 2022).

This lack of attention may reflect, and contribute to, public perceptions that acts of abuse toward older adults are not common or are acceptable, which could influence reporting. Among older victims, not perceiving behaviors directed at them as abusive or thinking they are not serious enough to report can be a barrier to help-seeking (Fraga Dominguez et al., 2021). Recognition of abuse can similarly affect the likelihood of intervention and reporting by informal supporters (generally family members or friends), who are often the ones that contact formal sources of help such as helplines on behalf of the victim (Breckman et al., 2017; Fraga Dominguez et al., 2022). Consistent with the bystander intervention model (Latané & Darley, 1970), a bystander's intervention is influenced by their interpretation of behaviors as problematic. Research by Aday et al. (2017) supports this as

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participants' better knowledge of abuse of older people and higher perceptions of abuse severity were associated with increased reporting. In addition, public perceptions may have an impact by prompting government attention to this type of violence and influencing resources and funding allocation. If the public do not perceive violence against older adults as present, prevalent, and/or impactful, this can contribute to the invisibilization of older adults and the lack of a defined problem that governments and organizations can tackle (Mikton et al., 2022).

Despite its potential influence, research investigating public perceptions and violence against older adults is limited, with studies often focusing only on perceptions of professionals or older adults. In Sweden, Erlingsson et al. (2006) conducted focus groups with professionals from organizations that provide support in cases of older adult abuse and identified some degree of victim blaming and tolerance for abuse in participant responses. For example, older victims were described as contributing to the abusive situations and older adults were considered responsible for creating the societal systems that enable abuse.

Research with samples drawn from the public is more dated. Findings from a study by Hussein et al. (2007) using a representative sample of the UK public suggested that the public may lack awareness or fail to recognize abuse of older people in the community. Chan et al. (2008) used a sample of the Hong Kong public to investigate differences in perceptions and reporting of different types of family violence (i.e., child abuse, spousal violence, or abuse of older people). Participants rated their agreement with behaviors representing neglect, physical abuse, psychological abuse, and sexual abuse as abusive. The highest overall agreement among participants that behaviors were abusive was for the older adult victim group, although the authors acknowledged the potential influence of Chinese cultural expectations. Nonetheless, there was variation across behaviors within the older adult group, with participants being least likely to identify "being tied onto bed" as abusive. The specific age groups that were significantly different for each behavior queried could not be found in the publication.

Most recently, the UK charity Hourglass identified concerning trends regarding the perceptions of abuse of older adults (Hourglass, 2021). For example, one in three UK residents did not believe that "inappropriate sexual acts directed at older people" constituted abuse, 30% did not view "pushing, hitting, or beating an older person" as abuse, and 32% did not consider "taking precious items from an older relative's home without asking" as abuse. Hourglass used these alarming findings to call for attention to the problem of abuse against older adults; however, the report provided limited methodological information, and the role of ageism was not examined.

The consideration of ageism and ageist attitudes is important as they have been posited to play a role in the perpetration and acceptance of abuse against older adults (Pillemer et al., 2021). For instance, a multicountry study by Chang et al. (2021) found that structural ageism at a country level was significantly associated with the prevalence of violence against older people. Although ageism is generally defined as prejudice against someone due to their age (Butler, 1969), it is often used to specifically discuss prejudice toward older adults (Gendron et al., 2023). Ageism includes cognitive aspects (stereotypes), feelings (prejudices), and behaviors (e.g., discrimination; Pillemer et al., 2021; WHO, 2022). At an individual level, people can adhere to benevolent or hostile ageism (Arhiri et al., 2022). Because ageist attitudes are considered modifiable (Arhiri et al., 2022; Pillemer et al., 2021), an association between ageism and perceptions of abuse could justify a focus on education and intervention. Adherence to ageism in the general population could partly explain the lack of public recognition of abuse identified by Hourglass (2021).

Research with older adult, community, and professional samples supports the existence of an association between ageism and attitudes toward the abuse of older people. Ageist attitudes related to sexuality in older age have been associated with people's recognition and help-seeking in cases of sexual violence (Nobels et al., 2024). Similarly, Hand et al.'s systematic review (2022) found that ageist attitudes toward older adults may influence sexual violence not being perceived as a problem in later life. Finally, Aday et al. (2017) found that a more positive view of aging was associated with more recognition of abuse behaviors as severe, thus supporting a link between attitudes toward aging and abuse recognition, which could extend to ageist attitudes. Although the previous findings indicate that ageism could play a role in abuse recognition, the evidence is limited, and it is not clear how the different facets of ageism could be linked to perceptions of abuse. For example, benevolent ageism can involve perceiving older adults as vulnerable and in need of protection, thus it could potentially predict heightened abuse recognition and intervention or conversely reduce recognition of abuse that involves paternalistic behaviors.

Current Study

The available research suggests that violence against older adults remains a low priority globally, partly exemplified by the more limited research in this area relative to violence against other groups. The present study examines perceptions of abuse of older adults and considers the influence of ageism in a primarily university student sample. In most of the existing research exploring perception of abuse of older adults, participants were often answering questions about abuse directed only at older adults and the impact of ageism was not examined. Thus, in order to ascertain whether perceptions against this group are specific to violence against older adults, we examined these perceptions alongside other age groups, specifically adults (age 18–59) and children (age <18), and the impact of ageism was explored across the sample. Although studies like Chan et al. (2008) considered different age groups, not all abuse types (i.e., financial) were considered, violence against adults was considered in the context of a spousal relationship, and the study was conducted over 15 years ago. In addition, the influence of ageism was not considered. This study therefore examines the following research questions:

(1) What is the perception of abusive behavior toward older adults?
(2) To what extent are perceptions of abuse influenced by victim age and ageism?

Method

Participants

Participants were recruited from the University of Kent (n = 228), Birmingham City University (n = 62), and online

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through social media ($n = 33$). A total of 323 participants engaged in the study, 33 were removed for failing attention checks or having incomplete data, leaving 290 participants. Most participants ($n = 228$, 79%) identified as female, 48 (17%) as male, seven (2%) as nonbinary, and seven (2%) did not indicate gender. On average, participants were 20.6 years old ($SD = 4.59$, range: 18–59); information was missing for 28 participants. The majority of participants identified their ethnic background as White ($n = 198$, 68%), 35 (12%) identified as Asian, 29 (10%) as Black/African/Caribbean, 17 (6%) as mixed background, nine (3%) identified as other, and two (0.7%) preferred not to say. The highest level of education completed for most participants were A levels (or Advanced Level qualifications, are UK subject-based qualifications for students aged 16 and above; $n = 249$, 86%), followed by an undergraduate degree ($n = 30$, 10%), master's degree ($n = 7$, 2%), and secondary school (GCSEs or equivalent) ($n = 3$, 1%); information was missing for one (0.3%) participant. Most participants were from England ($n = 285$, 98%) with three (1%) from Wales and one each from Scotland and Northern Ireland ($n = 1$, 0.3%). Over half of participants ($n = 168$, 58%) described living in an urban small city/town that is moderately populated, 76 (26%) described living in a large urban city that is densely populated, and 45 (16%) in a rural town/village that is sparsely populated; information was missing for one (0.3%) participant.

Materials

To measure participants' perceptions of abusive behaviors, a scale was developed that included 15 descriptions of abusive behavior representing the five categories of abuse included in the older adult abuse literature: physical, psychological, financial, sexual, and neglect. Each of the five abuse types was represented by three statements to reflect the diversity of ways in which abuse can occur. To provide points of comparison and replicate previous findings, where possible abusive behavior items were adapted from prior studies. Three behaviors were adapted from Hourglass (2021); "Punching, beating, or hitting an older person" representing physical abuse, "Taking precious items from an older person's home without consent" representing financial abuse, and "Directing inappropriate sexual acts toward an older person" representing sexual abuse. Four behaviors were adapted from Chan et al. (2008): "Not bringing an older person who is sick to a doctor" and "Not providing enough food for an older person" both representing neglect, "Verbally threatening an older person" representing psychological abuse, and "Sexual advancement toward an older person without their consent" representing sexual abuse. Item summaries are included in Table 1, and full items are in the Supplementary Material.

Participants were asked to indicate the extent to which they agreed or disagreed with the 15 behaviors being abusive on a 5-point Likert type scale ranging from 1 (strongly disagree) to 5 (strongly agree), this was collapsed for analysis into agree (1, 2), unsure (3) and disagree (4, 5). Items were introduced neutrally with no gender but with the general age of the victim, described as either an older adult (someone aged 60 or above), adult, or child. Minor adaptations were made to financial abuse behaviors across age conditions so that they applied to adults and children. For example, "Forcing an older person to change their will" was adapted to "Forcing a child to hand over money willed to them by a relative."

To measure ageism, participants completed the 13-item Ambivalent Ageism scale (AAS; Cary et al., 2017), which measures ageism toward older people. Items are rated on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree), higher scores indicate increased ageist attitudes. Four items measure hostile ageism and nine measure benevolent ageism. An example of a hostile ageism item is "Old people are a drain on the health care system and the economy." An example of a benevolent item is "It is helpful to repeat things to old people because they rarely understand the first time." Cronbach's alpha for the AAS in the current sample was $\alpha = 0.85$, indicating good internal reliability. Like previous studies using this scale, person-mean replacement was used for participants missing <20% of their total data; those missing more were excluded (Canell & Caskie, 2022).

Procedure

Ethical approval was obtained from both the University of Kent (reference: 8298) and Birmingham City University (reference: 11483). Participants were recruited between May and October of 2023 through research participation schemes where students received course credit for participation or online via social media with no incentive. The survey (Supplementary Material) was conducted online via Qualtrics. Participants responded to survey questions about their perceptions of abusive behaviors, followed by the ageism scale and demographics. When indicating their perceptions of abusive behaviors, participants were randomly allocated to one of three victim age groups (older adult, adult, or child) and instructed to consider whether the behavior was abusive if enacted toward an individual of that age. To check participants' understanding of age, we asked them to indicate how old they perceived the victim to be. Two participants were removed for failing this check. In the final sample of 290 participants, 93 were in the older adult group, 102 in the adult group, and 95 in the child group. As a randomization check, we conducted Chi-square and ANOVA analyses on participant gender, age, and education level across the three groups, no significant differences were identified ($p < .05$).

Data Analysis

Analysis was conducted using SPSS v.29. Descriptive statistics were used to report the frequency of perceptions across abuse types. To examine whether differences in perception of abuse existed based on victim age, Chi-square analyses were performed with a Bonferroni correction. Adjusted standardized residuals (±2) were used to identify which groups differed when the Chi-square statistic was significant. To explore the impact of ageism on abuse perception, multiple linear regression and binomial logistic regression analyses were conducted for the older adult group, with perception of abusive behavior, calculated as participants' mean score across the 15 abusive behaviors, as the outcome variable and participant age (as a control) and participants' mean item scores on the AAS as the predictor. Separate regression analyses were run with hostile and benevolent ageism as predictors to provide nuance to the type of ageism present and, if significant, to the nature of the intervention that could be suggested to improve attitudes. Regression analyses were also run in the child and adult groups separately to establish whether ageism was related to perceptions in those groups.

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Results

Perceptions of Abusive Behavior Toward Older Adults

Participants' perceptions (frequencies and percentages) of the 15 abusive behaviors in the case of an older adult are displayed in Table 1. Notable in the table is the relatively high and stable level of disagreement among participants that these behaviors were abusive. Across the 15 behaviors, an average of 25% of participants said the behaviors were not abusive. This ranged from 25% disagreement for sexual abuse and neglect behaviors to 27% for physical, psychological, and financial abuse behaviors. Unlike the "agree" and "unsure" responses, "disagree" responses remained fairly consistent across individual behaviors, ranging from 24% to 30%. Where there was more substantial variation in the perception of behaviors as abusive, participants mostly vacillated between "agree" and "unsure." Also of note is that for the sexual abuse behaviors, no participants indicated "unsure."

Abuse Perception by Victim Age

Also displayed in Table 1 are the perceptions of abusive behaviors for adult and child victims. Comparisons of perception by victim age revealed nine significant differences. Differences were mostly between the adult and child groups ($n = 6$). Given our focus on older adults, the three differences involving older adults are reported, other differences can be found in Table 1. First, participants were more often unsure if showing someone sexually explicit images without consent was abuse in the case of adults compared to older adults and children, $\chi^2(4, N = 290) = 19.42$, $p < .001$, $\varphi_c = 0.26$. Taking precious items without consent was more often seen as abusive in the case of an older adult compared to a child, and participants were less often unsure in the case of older adults and more often disagreed that this was abuse in the case of children, $\chi^2(4, N = 290) = 17.57$, $p = .001$, $\varphi_c = 0.25$. Finally, participants more often agreed that forcing change to a written will was abuse in the case of adults compared to children, and were more often unsure in the case of children compared

Table 1. Frequency and Percentage of Agreement With Abusive Behavior as Abusive by Age of Victim

	Older adults ($n = 93$)			Adults ($n = 102$)			Children ($n = 95$)		
	Agree	Unsure	Disagree	Agree	Unsure	Disagree	Agree	Unsure	Disagree
Physical abuse average	55 (59%)	13 (14%)	25 (27%)	73 (72%)	14 (14%)	21 (21%)	48 (51%)	17 (18%)	30 (32%)
Punching, beating, hitting	69 (74%)	0	24 (26%)	82 (80%)	1 (1%)	19 (19%)	68 (71%)	0	27 (28%)
Restraining***	49 (53%)	20 (21%)	24 (26%)	75 (74%)[a]	26 (26%)	20 (20%)	43 (45%)	26 (27%)[a]	26 (27%)
Grabbing their wrist**	46 (50%)	19 (20%)	28 (30%)	63 (68%)[a]	15 (15%)	24 (24%)	33 (35%)	24 (25%)	38 (40%)[a]
Psychological abuse average	63 (68%)	4 (4%)	25 (27%)	81 (80%)	2 (2%)	19 (19%)	56 (59%)	10 (11%)	28 (30%)
Verbal threats[b]	68 (73%)	2 (2%)	23 (25%)	83 (81%)	1 (1%)	18 (18%)	65 (68%)	2 (2%)	26 (27%)
Put downs or negative comments	63 (68%)	2 (2%)	28 (30%)	81 (79%)	1 (1%)	20 (20%)	63 (66%)	6 (6%)	26 (27%)
Preventing from seeing friends[b,***]	59 (63%)	8 (9%)	25 (27%)	79 (78%)[a]	3 (3%)	19 (19%)	41 (43%)	22 (23%)[a]	32 (34%)[a]
Sexual abuse average	70 (75%)	0	24 (25%)	75 (74%)	5 (5%)	21 (21%)	69 (72%)	0	26 (28%)
Inappropriate sexual acts	70 (75%)	0	23 (25%)	78 (77%)	3 (3%)	21 (21%)	69 (73%)	0	26 (27%)
Sexual advancement without consent	70 (75%)	0	23 (25%)	78 (77%)	3 (3%)	21 (21%)	68 (71%)	0	27 (28%)
Showing sexually explicit images without consent***	68 (73%)	0[a]	25 (27%)	70 (69%)	10 (9%)[a]	22 (22%)	69 (73%)	0[a]	26 (27%)
Financial abuse average	64 (69%)	4 (4%)	25 (27%)	70 (69%)	9 (9%)	23 (23%)	47 (49%)	17 (18%)	31 (33%)
Taking precious items**	59 (63%)[a]	7 (8%)[a]	27 (29%)	58 (57%)	18 (18%)	26 (26%)	40 (42%)[a]	20 (21%)	35 (37%)[a]
Forcing change to a will***	68 (73%)	2 (2%)[a]	23 (25%)	80 (78%)[a]	3 (3%)	19 (19%)	49 (52%)[a]	18 (19%)[a]	28 (30%)
Spending someone's money without consent*	64 (69%)	3 (3%)	26 (28%)	73 (72%)	5 (5%)	24 (24%)	51 (54%)	13 (14%)[a]	31 (33%)[a]
Neglect	65 (70%)	5 (5%)	23 (25%)	63 (62%)	14 (14%)	24 (26%)	65 (68%)	4 (4%)	26 (27%)
Not bringing a person to the doctor when they are unwell[b,*]	62 (67%)	8 (9%)	22 (24%)	51 (50%)[a]	21 (21%)[a]	29 (28%)	63 (66%)	6 (6%)[a]	26 (27%)
Not providing enough food[c,*]	65 (70%)	4 (4%)	24 (26%)	65 (64%)	14 (14%)[a]	23 (23%)	67 (71%)	2 (2%)[a]	25 (26%)
Not enough medication[c]	67 (72%)	2 (2%)	23 (25%)	73 (72%)	8 (8%)	21 (21%)	65 (68%)	4 (4%)	26 (27%)
Average across abuse types	63 (68%)	5 (6%)	25 (25%)	73 (71%)	9 (9%)	22 (22%)	57 (60%)	10 (10%)	28 (30%)

Notes: "Agree" values are based on participant selection of either "Strongly Agree" or "Agree." "Disagree" values are based on participant selection of either "Strongly Disagree" or "Disagree." Effect sizes for significant differences were medium to large, where the degrees of freedom are four, a Cramér's V value of 0 < 0.05 is considered negligible, 0.05 < 0.15 is small, 0.15 < 0.25 is medium, and 0.25 or more is considered large (Cohen, 1988).
[a]Adjusted standardized residuals show a significant result.
[b]Indicates two missing responses for the item (i.e., n–2).
[c]Indicates one missing response for the item (i.e., n–1).
*$p < .05$. **$p < .01$. ***$p < .001$.

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to older adults and adults, $\chi^2(4, N = 290) = 29.84$, $p < .001$, $\varphi_c = 0.23$.

Impact of Ageism on Abuse Perception

Total scores on the AAS ranged from 16 to 78 with a mean total score of 42.16 (*SD* = 10.09) and mean item score of 3.24 (*SD* = 0.78). Scores on the hostile ageism items ranged from 4 to 25 with a mean total score of 12.06 (*SD* = 3.92) and a mean item score of 3.01 (*SD* = 0.98). Scores on the benevolent ageism items ranged from 10 to 53 with a mean total score of 30.11 (*SD* = 7.75) and an average item score of 3.35 (*SD* = 0.86).

To begin, we ran an ANOVA to examine whether mean item scores on the AAS differed by victim age group. This was done to ensure that the different participant groups did not differ significantly in their ageism levels, given random assignment. The ANOVA was significant, with participants in the older adult age group (*M* = 3.41, *SD* = 0.73) showing higher levels of ageism than in the child (*M* = 3.1, *SD* = 0.73) group ($F(2, 289) = 3.86$, $p = .022$, $\eta^2 = 0.03$). When the hostile and benevolent subscales were examined separately, only the benevolent subscale showed a significant difference between the older adult (*M* = 3.54, *SD* = 0.84) and child (*M* = 3.2, *SD* = 0.80) groups ($F(2, 289) = 3.91$, $p = .021$, $\eta^2 = 0.03$). This suggests that completing the abusive behavior scale (which was presented first) may have had the unintended effect of increasing participants' benevolent ageism.

Despite this unintended effect of testing, the association between ageism and abuse perception within the older adult group and separately within the two other groups could still be examined. Thus, in the older adult group, two multiple linear regression analyses were run, both with participants' mean score across the 15 abusive behaviors as the outcome and participant age as a control, with the ageism mean item score as the predictor in the first model, and then hostile and benevolent ageism mean item scores as predictors in the second model. Only the first model with the ageism mean item score and participant age as predictors was significant ($F(2, 80) = 3.61$. $p = .031$). The R^2 value was 0.083, indicating that the model explained 8% of the variance in the perception of the abuse. The ageism mean item score was the only significant predictor, $\beta = -0.26$ $p = .019$, meaning that as ageism increased the perception that behaviors were abusive decreased. When the same models were run in the adult and child samples separately, neither was significant.

While examining the data, we noticed that participants' mean scores on the abusive behaviors were bimodally distributed across the 1- to 5-point range. We therefore chose to run a second set of models using binomial logistic regression, where the outcome was "generally agree" that behaviors are abusive (i.e., participants scoring >2.5 on the 5-point range) and "generally disagree" that behaviors are abusive (i.e., participants scoring <2.5). The model including ageism and participant age was again significant, $\chi^2(1) = 5.16$, $p = .023$, explaining 14% (Nagelkerke R^2) of the variance in perception and correctly classifying 78% of cases. Only the ageism mean item score was predictive of abuse perception ($\beta = -0.96$). The second model, which included hostile and benevolent ageism mean item scores was significant, $\chi^2(3) = 7.97$, $p = .047$, explaining 14% (Nagelkerke R^2) of the variance in perception, correctly classifying 78% of cases. However, none of the predictors in the model were significant. When the same models were run in the adult and child samples separately, neither was significant. Thus, across both types of regression analyses, results remained broadly consistent, with ageism predicting perception, specifically increased ageism led to more disagreement that behaviors were abusive.

Discussion

Summary of Findings

Our results demonstrate that most participants perceived the abusive behaviors queried to be abuse. There was, however, a sizable portion of participants who were unsure or disagreed. Perceptions of abuse rarely varied due to older age. Further, where they did vary, there was no consistency in terms of whether abuse against older adults was viewed as similar to abuse affecting adults or children. Perceptions of abuse in the older adult group were predicted by ageism, and this was not true for adults or children.

Perhaps most of note in our findings was that on average, a quarter of participants did not agree that abusive behaviors, such as punching, kicking, threats, theft, and nonconsensual sexual acts were abuse. These perceptions are of serious concern and may for some appear unbelievable; nevertheless, the veracity of the findings is supported in several ways. First, our results largely replicate those of previous studies. Chan et al. (2008) found much greater variability across behaviors, however, overall, they found an average agreement that behaviors were abusive in 74% of cases with an older adult victim. Further, Hourglass' (2021) rates of disagreement with abusive behaviors were slightly higher than our results (30%–33%).

Another factor supporting the veracity of the results is that we employed attention checks, to reduce the likelihood of random responses, and placed them within the abusive behavior and ageism scales. We also ensured that respondents correctly perceived the victim's age as consistent with the condition that they were allocated to. Those who failed these checks were removed from the sample.

Third, the results showed variation in the responses that would be expected based on victim age. For instance, grabbing by the wrist, restraining, and forcing a change to a will were all perceived as less abusive toward children. Participants might have thus been considering context, for instance, where someone was to grab a child by the wrist to stop them from harming themselves. This variation in responses suggests that participants were accurately reading and then considering each behavior before responding.

Finally, ageism predicted perceptions of abuse in the way that would be expected for a scale that measures ageism toward older adults. Increased ageism was predictive of disagreement that behaviors were abusive in the case of older adults, but not children or adults. Thus, although it would be preferable that the levels of disagreement in our sample were lower, the evidence suggests that the results are an accurate reflection of participants' perceptions of abuse.

In addition to relatively high levels of disagreement, it was notable that the rate of disagreement remained relatively stable across abusive behaviors. Variability in agreement was mostly between the "agree" and "unsure" categories. Given that all of the behaviors queried were abusive according to existing definitions, we would consider a response of "unsure" to be of concern because recognition of behaviors as problematic and perceptions of abuse severity are associated with reporting (Aday et al., 2017; Latané & Darley, 1970).

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Individuals will be less likely to seek help, if they are unsure that a behavior is in fact abusive.

When examining the frequency of "unsure" responses, it is also notable that for older adult and child sexual abuse, no participants selected "unsure." We considered that this may reflect increased media attention related to sexual abuse in the #MeToo movement, which has resulted in increased recognition and ability to label experiences as "sexual assault" amongst university students (Jaffe et al., 2021), who were a majority of our sample. Rates of "disagree" for sexual abuse items remained consistent with other forms of abuse. Thus, the media spotlight on this topic may have shifted those who were unsure to a position of agreement but did not affect those who disagreed that the behaviors were abusive.

Finally, our results showed more consistency in perceptions across abusive behaviors than Chan et al. (2008). There are a couple of reasons why our findings might differ. First, although we included similar behaviors to Chan et al., differences in terminology (e.g., battering vs punching, beating, hitting) and some items (e.g., they included scolding and being left alone at home unattended) may have affected perceived severity within their sample. Second, Chan et al. provided relationship context for the victims and perpetrators. For instance, they asked participants about older adult abuse (i.e., requiring a relationship of trust) rather than violence toward an older adult, with no relationship context. The context they provided may have resulted in participants considering different scenarios of abuse, or perhaps drawing parallels to relationships they had witnessed or experienced. Third, Chan et al. raise the possibility of cultural differences, given expectations of young people's obedience toward older adults in Chinese culture. It is possible that these expectations varied by behavior type in combination with victim age.

Implications for Research and Practice

Limitations of our study raise questions that could be answered by future research. First, we identified a potential order effect, namely that responding to the abusive behavior scale may have significantly increased benevolent ageism among participants in the older adult group. One possible reason for this is that reading about ways in which older adults could be harmed made participants view older adults as more in need of protection and made them more likely to endorse providing protection or unwanted help, which is measured by the AAS. This finding suggests that future studies should counterbalance scales or include a baseline measure of ageism.

Future research should consider altering the language used herein to query behaviors. We asked participants whether behaviors were "abusive." Varying the language (e.g., utilizing "inappropriate," "criminal," or "mistreatment") and examining between group differences could have identified differentiation in perception that might help to better understand the results.

Our sample included primarily UK undergraduate students, which may have affected the results. In fact, within an undergraduate group we would expect a lower tolerance for abuse given course topics and messaging on campuses around antibullying and violence (e.g., the UK government's "Enough" campaign; Home Office et al., 2023). This might also explain why the levels of disagreement found herein were somewhat lower than those found by Hourglass (2021), who examined a general population sample in the UK. Future studies, sampling diverse populations, will help to better understand perceptions of abuse and how they may differ based on personal characteristics and geographic conditions.

Finally, while our quantitative results highlight concerning perceptions, they do not explain why participants held those perceptions. Future studies should ask participants who are unsure or disagree that behaviors are abusive why they have selected that response. A deeper understanding of the nature or origin of the perceptions will help to identify ways to modify those perceptions. This would also help to inform whether contextual information such as relationship type or where the behaviors are perpetrated may be influencing participants' responses. It is possible that participants in our sample, presented with behaviors in isolation, considered different contexts (e.g., healthcare settings vs. household) or relationships in which behaviors could be occurring, and these influenced their answers.

The results have some but more limited implications for practice. The elevated level of disagreement identified, and the presence of "unsure" responses suggest the need for public education. This dovetails with evidence that violence against older adults is less of a global priority and has received less research attention than other forms of violence (Dyer et al., 2003; Mikton et al., 2022). This also supports calls for increased public attention on older adult abuse and violence toward older adults (Mikton et al., 2022). Countering this point; however, is the fact that perceptions of abuse in our study were fairly consistent across victim age. There has been much greater progress made in research and awareness in the fields of child abuse and spousal abuse (Dyer et al., 2003). This therefore suggests that awareness campaigns regarding violence toward older adults alone will not resolve the perception problem identified herein.

One potential avenue for changing the perception of violence toward older adults is to reduce ageism. Our results showed that ageism predicted disagreement that behaviors were abusive, thus, its reduction may lead to more agreement. Nevertheless, the proportion of the variance in perception of abuse explained by ageism was not high, indicating that other avenues for change need exploration.

In conclusion, our results raise serious concerns about the perception of violence toward older adults. Although ageism played a role in perceptions, our findings suggest that this was not a large role and that there are other factors contributing to these perceptions. A future priority for research is to identify why these perceptions exist and effective mechanisms to change them. Combatting ageism and increasing awareness are important practical priorities, but we must identify other mechanisms that could lead to changes in the public's perception of abuse. Changing those perceptions will help to increase reporting, intervention, and reduce the acceptability of these behaviors amongst the population, which may also help to reduce their occurrence.

Supplementary Material

Supplementary data are available at *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* online.

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Conflict of Interest

None.

Data Availability

This study was not preregistered. Data and materials will be made available upon request.

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