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SEVEN YEARS OF ELDER ABUSE DATA IN VICTORIA

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EXECUTIVE SUMMARY

Seniors Rights Victoria provides an advice call service to older people who have experienced elder abuse. A lawyer and advocate will schedule a phone call or meeting with the older person to give them information specific to their situation. In order to provide this service, extensive information is collected from the older person about their demographics, the elder abuse context and the perpetrator. This de-identified information has been collected for all advice call clients over a seven-year period (July 2012 to June 2019) and analysed to better understand elder abuse within Victoria.

The conclusions outlined in the report are relevant for the sample of the population who sought assistance via the SRV service, and therefore may not portray with accuracy the demographic features and contextual factors of elder abuse in the broader Australian community.

HIGHLIGHTS

- Over the seven years, the service has continued to grow, with a steep increase in the number of advice calls following the tabling of the Victorian Royal Commission into Family Violence in early 2016.
- The advice call clients were 72% women and 28% men.
- Most clients (78%) lived in the Melbourne Greater Metropolitan area and were aged 70 or over (72%).
- Almost two thirds of clients disclosed that they had experienced psychological abuse (63%) or financial abuse (62%), with many clients experiencing more than one type of abuse. Approximately 16% of clients experienced physical abuse and 11% social abuse (11%). Relatively few calls were received for neglect (1.2%) and sexual abuse (0.8%).
- Almost all abuse (91%) experienced by advice call clients was perpetrated by a family member, most commonly sons (39%) or daughters (28%).
- The majority of perpetrators were men (54%), however, the proportion of female perpetrators varied by ten per cent (41 to 51%) during the seven-years, reaching 51% in one 12-month period.
- Drug, alcohol or gambling issues afflicted a rising number of perpetrators, averaging 35% over the seven-year period.
- Mental health issues were experienced by an increasing number of perpetrators, rising to 39% in the most recent period.

RECOMMENDATIONS

At the conclusion of the report recommendations have been made for further research, improved data collection and better service.

CHAPTER 1

INTRODUCTION

This report provides an analysis of advice calls undertaken by Seniors Rights Victoria advocates and lawyers over a seven-year period (July 2012 to June 2019).

The analysis considers demographic information and characteristics of clients and the alleged perpetrators of the abuse, as well as information about the type of abuse, risk factors, referrals and outcomes. All data has been de-identified.

This report does not provide an analysis of all calls to the Seniors Rights Victoria helpline, only those contacts that resulted in a secondary advice call with a lawyer and advocate.

1.1 ELDER ABUSE

Elder abuse is any act, or failure to act, which causes harm or distress to an older person and is carried out by someone they know and trust, such as a family member or friend. The abuse may be physical, social, financial, psychological or sexual and can include mistreatment and neglect. The World Health Organization describes elder abuse as a violation of human rights that can include abuse and serious loss of dignity and respect.¹

Financial abuse includes the use of someone's money, property or other assets illegally or improperly, for example, forcing someone to change his or her will or to sign documents.

Psychological abuse includes using threats, humiliation or harassment causing anguish and feelings of shame or powerlessness.

Social abuse includes isolating a person and preventing contact with relatives, friends or service providers, or restricting activities.

Physical abuse includes inflicting pain or injury on another person, including hitting, rough handling and the use of restraints.

Sexual abuse includes any sexual activity for which a person has not consented being involved in or witness to.

Neglect includes failing to provide the basic necessities of life, either intentionally or unintentionally.

Elder abuse is one of the worst manifestations of ageism and inequality in our society, with abuse occurring in both community (or family) settings, as well as institutional settings such as hospitals, aged care facilities and nursing homes.² While elder abuse is believed to be greatly under-reported, a recent systematic review and meta-analysis estimated the prevalence rate in community settings (pooled from 28 geographically diverse countries) to be 15.7%.³

As well as the immediate effects, elder abuse has further negative impacts on the victim. As collated by a recent report by Child Family Community Australia, this can include:

- psychological distress and emotional difficulties
- disruptions in social and family relationships
- compromised health
- physical injury and hospitalisation
- premature mortality
- restrictions on, or elimination of, autonomy
- changes in living arrangement
- loss of assets and finances.⁴

It can also have ongoing consequences for family members of the older person and the perpetrator.

1.2 SENIORS RIGHTS VICTORIA

Seniors Rights Victoria (SRV) is the lead state-wide organisation tackling elder abuse in Victoria. SRV works to prevent elder abuse and safeguard the rights, dignity and independence of older people. SRV operates under the principles of empowerment of older people, working with individuals to increase their degree of self-determination, enabling them to represent their own interests and claim their rights.

SRV is a community legal centre operating a helpline and a lawyer-social worker advice and casework model to support older people who have experienced elder abuse. SRV provides information, advice, education and support to older Victorians, their family members and friends, and service providers, through:

- a helpline service including information and referral
- specialist legal services
- social work advocacy, including short-term individual support
- community and professional education.

SRV also has a role in policy and systemic advocacy, capacity building, and working collaboratively with relevant sectors to better identify, address and prevent elder abuse.

Operating since 2008, SRV is funded through the Victorian Government, Victoria Legal Aid, and the Commonwealth of Australia Attorney-General's Department. It is a program of the Council of the Ageing Victoria (COTA Vic) and governed by its board.

1.2.1 Helpline

The Seniors Rights Victoria state-wide helpline is the key service for older Victorians experiencing abuse and is staffed by advocates who provide information, assistance and support. Anybody can contact the helpline if they are concerned about an older person who may be experiencing, or be at risk of, abuse; however, while SRV gives information, referrals and general advice to all callers, only an older person experiencing abuse and who wants further assistance can be taken on as a client.

To receive specific advice or be taken on as a client, an older person must contact SRV directly, or provide consent to be contacted – their situation cannot be taken on by someone else on their behalf.

The Helpline advocate determines an older person's eligibility for SRV intake and advice by exploring issues with the caller. If the matter does not fall within SRV guidelines, the advocate refers the caller to another, more appropriate service.

1.2.2 Advice calls

If the caller is eligible for Seniors Rights Victoria services, the caller will progress to intake, becoming a client of SRV, and an advice call will be scheduled. This report is an analysis of the information gathered from clients during those advice calls.

Older people are eligible for an advice call when they:

- reside in Victoria
- are 60 years of age or older (45 years and over for Aboriginal and Torres Strait Islander clients), or people approaching 60 years of age with age-related disabilities and illnesses
- are experiencing or are at risk of experiencing elder abuse, mistreatment and/or financial exploitation within a relationship of trust
- have issues relating to ageing, and
- have capacity to give legal instruction (capacity is presumed unless demonstrated otherwise).

A conflict check is undertaken before all advice calls. This is primarily to check that SRV is not already acting in the interests

of another person involved in the matter. As names of the older person and alleged perpetrator must be obtained to conduct a conflict check and intake, older people who would prefer to remain anonymous cannot participate in an advice call (though they are still welcome to call the helpline for general information). Where the matter falls within SRV guidelines and there is no conflict, the caller is offered a duty advocate and lawyer to provide advice.

During the advice call clients are referred to appropriate external services. If the lawyer and advocate feel there is further support they can offer the client, and the client is willing, a case is opened. In many cases, an older person may decide not to proceed with legal advice, particularly if they feel the result may increase family conflict. In these instances, an advocate (and no lawyer) may continue to work with the client. In these situations, the SRV staff work with clients until the matters are resolved or the situation ameliorated and the case is closed.

1.2.3 Capacity of clients

Seniors Rights Victoria will assist any older Victorian who has the capacity to provide instructions, and the service always presumes clients have capacity and are able to make informed decisions, unless demonstrated otherwise. As capacity is seen as being specific to each decision

the person must make, SRV may be able to help an older person even if they have a cognitive impairment or other disability. Having dementia, for instance, does not necessarily exclude a person from the service.

1.3 ELDER ABUSE LANDSCAPE

While the practice of Seniors Rights Victoria lawyers and advocates has changed little over the seven-year period between 2012 and 2020, the surrounding context regarding elder abuse policy has changed remarkably.

In 2012, elder abuse was still regarded as an emerging issue and one related primarily to age. Ageing was considered the primary vulnerability and at a policy level federal and state governments considered it to be a matter for their respective seniors' portfolios, usually housed within the health department. Financial abuse through misuse or abuse of powers of attorney, was recognised as an increasing issue, with various states working to improve decision-making instruments.

1.3.1 Royal Commission into Family Violence

Much of this changed in 2015 when Victoria announced a Royal Commission into Family Violence. After many years of campaigning for elder abuse to be recognised as a form of family violence, the Commission was an opportunity for advocates of the issue to be heard – and they were. The final report released by the Commission included 227 recommendations to reduce the impact of family violence in the community, and the Victorian Government kicked off an era of reform by committing to delivering on every recommendation.⁵

The Commission findings included reference to the many submissions received on the issue of elder abuse within a family context, and included a chapter focused on older people experiencing family violence. There were specific recommendations made related to elder abuse in particular, and older people as a cohort who may require unique or targeted services and prevention measures.

The Royal Commission marked a point in Victoria where elder abuse became widely recognised as a form of family violence, ensuring it was no longer only considered within the purview of health or justice. While this has resulted in an increased community and professional awareness of elder abuse it has not been without challenges. One of the foundational findings of the Royal Commission was that family violence is a gendered issue – most of the violence within the family is perpetrated by men against women and children. An evidence base has been developed that strongly supports the view

that gendered violence is directly linked to gender inequality: as men benefit from an unequal distribution of power, resources and opportunity, a society has been created where violence against women has long been accepted.⁶

Elder abuse does not comfortably fit this gendered mould – while the majority of victims are women, older men are victims in significant numbers, and the perpetrators of elder abuse include women as well as men. This means that prevention activities regarding family violence that are aimed at gender equality are not an exact fit for elder abuse. Other unique characteristics of elder abuse include that it often occurs within a parent-child dynamic (a relationship that is often long-term and interdependent), making the intervention measures designed for intimate partner violence inappropriate.

As Seniors Rights Victoria continues to be the lead organisation tackling elder abuse, the Victorian family violence sector and the Victorian Government are working to accommodate the challenges presented by elder abuse in various ways through programs such as The Orange Door referral points, the Integrated Model of Care, Elder Abuse Prevention Networks, Elder Rights Advocacy, and ongoing work by Domestic Violence Victoria and Respect Victoria. That the Victorian Government now recognises elder abuse as a form of family violence has changed the landscape of policy and services in Victoria, and provided many welcome opportunities to better assist older people in the community.

1.3.2 Australian Law Reform Commission Inquiry into Elder Abuse

In 2016 the Australian Law Reform Commission was asked to consider Commonwealth laws and legal frameworks and how they might better protect older people from misuse or abuse, and safeguard their autonomy. While the inquiry was restricted in its recommendations to law reform, the inquiry and resulting report (tabled in June 2017) was a comprehensive review of elder abuse in Australia, including risk factors, types of abuse, and preventative measures.

The ALRC inquiry also served to increase community and professional awareness of elder abuse, and the complexities of prevention work across state and federal jurisdictions. While not all of the recommendations have been acted upon, there has been the implementation of a national plan to combat elder abuse, and the states and territories are currently working toward better harmonisation of enduring power of attorney laws and an online register for these documents.

1.3.3 National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023

The National Plan has five priority areas including:

- building our understanding of abuse of older people, involving a prevalence study and national research priorities
- improving community awareness and access to information, and the creation of an elder abuse knowledge hub (Compass – Guiding Action on Elder Abuse)
- strengthening service responses
- helping people better plan for their future
- strengthening safeguards for vulnerable older people.

Funding has also been provided to increase specialist frontline services Australia-wide to support older people and their families seeking help. This includes support for specialist elder abuse units, family counselling and mediation services, and health-justice partnerships in different states.

In addition, a national elder abuse helpline number (1800 ELDERhelp) was established, which redirects callers to the existing phone line service in their state (Victorian callers are redirected to Seniors Rights Victoria).

1.3.4 2020: Looking forward

As this report is being compiled the highly contagious coronavirus has engulfed the globe, causing an unprecedented shut down. The effects of the pandemic will not be seen in the data discussed in this report, but it is worth noting that the pandemic and shutdown is likely to have an effect on prevalence of abuse, delivery of services, and available funding for elder abuse activities into the future.

As staff work from home, Seniors Rights Victoria continues to run its helpline, advice calls and ongoing case support. It is expected that government regulations that have confined people to their homes

to stop the spread of the virus may result in increased incidents of family violence.⁷ Devastating economic impacts that have resulted in people losing jobs and being under increased financial pressure may result in more people returning to their family home, heightening the risk of elder abuse. In addition, older people, who are no more likely to contract COVID-19 but are more vulnerable to negative health outcomes and mortality, are encouraged to stay isolated from the wider population. This may create unhappy opportunities for elder abuse to go undetected, or situations of neglect.

CHAPTER 2

ABOUT THE ADVICE CALL DATA

This report presents findings from data on Seniors Rights Victoria (SRV) advice calls gathered between 1st July 2012 and 30th June 2019.

2.1 DATA TIMEFRAME

During this seven-year period the SRV database recorded 3221 calls from older people eligible for, and requesting, further advice.

Of these calls:

- 836 calls (26%) concerned non-abusive issues only, or provided insufficient information to confirm an abusive issue.
- 2385 calls (74%) concerned at least one issue classified by SRV advocates as abuse.

Data relating to these 2385 calls concerning at least one issue classified as abuse were analysed for this report.

The data is reported in three time periods:

INITIAL 2012–2014

The first two years of the data set, which was analysed and reported previously by SRV and NARI.⁸

OVERALL 2012–2019

The entire data set of seven years.

RECENT 2017–2019

The final two years of the data set serves as a comparator to the initial period for observation, describing change over time.

In some instances data are reported for each of the seven years, when there is substantial year-to-year variation or incremental trends over time. Where data for individual years are shown, the years are labelled by the financial year ending: for example '2013' refers to the financial year July 2012 to June 2013.

2.2 DEMOGRAPHIC DATA

The SRV database contains basic demographic information about clients who qualify for intake to the service and perpetrators of the abuse they have experienced, as well as additional information such as the relationship between the older person and perpetrator, and whether they co-habit. All data has been de-identified.

As the majority of callers are in receipt of the Age Pension, callers' postcode of residence is used as an additional measure of socio-economic status via the Australian Bureau of Statistics' Socio-Economic Indexes for Areas (SEIFA). These indexes draw on Census data to sort postcodes into rank order by socio-economic status.

2.3 ABUSE DATA

Abuses reported by SRV clients were categorized as yes/no responses for six overarching types of abuse: psychological, financial, physical, social, neglect and sexual. Furthermore, each type of abuse contains

subsets of abuse types, and multiple types of abuse can be recorded for each client.

The Helpline database also contained qualitative case notes, which were not analysed for this report.

2.4 SERVICE DATA

The dataset contains limited information about responses and interventions provided by SRV to callers, such as referrals to other agencies, direct provision of advocacy and legal services, and case outcomes.

2.5 DATA ANALYSIS

The full dataset was extracted from the SRV database into an Excel file. Preliminary data cleaning was conducted in Excel before transfer to STATA software for further cleaning, recoding and analysis.

2.6 LIMITATIONS OF THE DATA

The data in this report does not indicate prevalence of elder abuse in the community as it has not been derived from a statistically representative sample of the general population. What it does show is information about the demographic attributes, contextual factors and abusive experiences of people who have contacted the SRV service and have received specialist advice from the SRV casework team.

The information analysed in this report was provided by older people to SRV during an advice call. While the SRV lawyers and advocates have made every attempt to verify the information provided, it may include some inaccuracies. Information such as individual and family risk factors were recorded when disclosed by a client or apparent to SRV staff but were not collected systematically, and some clients may have chosen not to mention such information if it did not seem relevant.

The report does not include an analysis of all calls to the helpline, including from older people, concerned others or service providers requesting general information. It also does not include an analysis of advice calls that did not include situations of elder abuse. Sometimes the casework team will arrange an advice call for clients who need assistance with future planning, advice on drafting wills, or preventative measures, even if elder abuse has not occurred.

There are some instances where an older person contacts SRV about abuse occurring in residential or community aged care where the alleged perpetrator is a staff member. These calls are referred to Elder Rights Advocacy or the Aged Care Quality and Safety Commission.

There are many reasons why a person who is experiencing elder abuse may not contact Seniors Rights Victoria for assistance, or may decide not to have an advice call with a lawyer and an advocate. Factors that may limit an elder abuse situation being reported to SRV include:

- not knowing the SRV helpline and advice service exist
- not recognising that a situation is abusive, that it can be remedied, or that help is available
- not having the ability to contact SRV
- being pressured by the perpetrator of the abuse not to say anything
- being worried that reporting the situation may get the perpetrator into trouble, or be a catalyst for unwanted change and family conflict
- wanting to preserve family relationships and future care options
- feeling that the outcomes of the intervention may be limited if the perpetrator doesn't receive sufficient support to address their needs.

CHAPTER 3 STUDY FINDINGS

3.1 OVERALL NUMBER OF CALLS

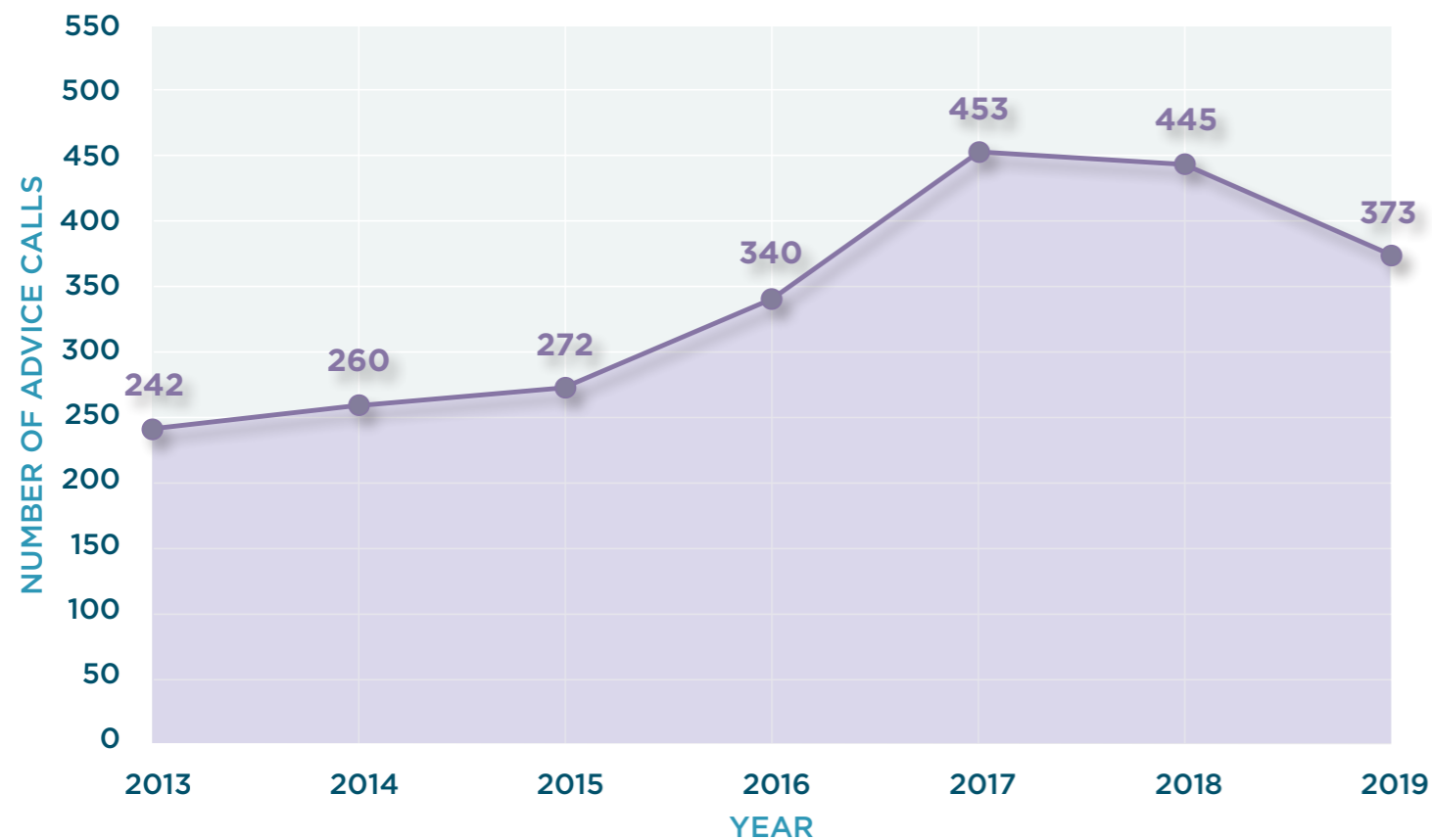
There has been a 63% increase in the number of advice calls made by SRV over the seven years between mid-2012 and mid-2019. The number of advice calls increased from 502 in 2012–2014 to 818 in 2017–2019 and the total number of advice calls over the seven-year period (2012–2019) was 2385.

In general, the number of calls made each year has increased, however 2017–2019 saw a drop in calls. This was due to fewer advice calls being scheduled in this period because staffing constraints resulted

in intake guidelines being tightened. During this period, staff were unable to attend to urgent matters and waiting times increased.

A substantial increase in calls has occurred from 2016 onwards. This suggests that in the wake of the Victorian Royal Commission into Family Violence and the Australian Law Reform Commission inquiry there has been increased awareness of elder abuse and the assistance available through Seniors Rights Victoria.

FIGURE 1. Total number of advice calls related to elder abuse made by SRV over time



3.2 CHARACTERISTICS OF THE OLDER PERSON

3.2.1 Age-gender distribution

For the overall period, the majority of older people requiring advice calls were aged over 70 years. Approximately 38% of advice call clients were in their 70s, followed by 29% in their 80s. A quarter (25%) of callers were a younger cohort, in their 60s. There is a slight trend for decline in the proportion of abuse advice calls for people under 70 and a trend towards increased call rates for people over 70, in particular those aged 90 and over.

Over the seven-year period, women have consistently accounted for 72% of SRV advice call clients.

As this is significantly out of proportion to the gender distribution of the Victorian population it indicates that there is a gendered element to elder abuse. While women tend to live longer and comprise a larger proportion of the ageing population, it is only in the cohort aged 95 and over where they reach a 70% majority.⁹ In Victoria, women are less than 53% of those between 60 and 74, and while this proportion steadily increases it only reaches 70% for those aged 95 and over.

That approximately 28% of those receiving advice calls from SRV are men should be further examined. Elder abuse is one of the few forms of family violence where men comprise such a high proportion of victims, and while gender should be considered in prevention and intervention work, the significant proportion of male victims indicates that gender inequality is not always the primary driver of elder abuse.



**72% OF OLDER PEOPLE
SEEKING ADVICE FROM SRV ARE
WOMEN AND 28% ARE MEN**

TABLE 1. Age-gender distribution of older person given advice call by SRV

AGE GROUPS	2012-2014			2012-2019			2017-2019		
	MALE number	FEMALE number	TOTAL %	MALE number	FEMALE number	TOTAL %	MALE number	FEMALE number	TOTAL %
Under 55	0	2	0.4	1	7	0.34	0	2	0.24
55-59	4	13	3.39	13	42	2.31	3	8	1.34
60-64	10	48	11.55	54	171	9.43	19	56	9.17
65-69	23	58	16.14	85	284	15.47	29	81	13.45
70-74	31	70	20.12	139	334	19.83	46	132	21.76
75-79	25	63	17.53	115	325	18.45	36	107	17.48
80-84	23	59	16.33	125	268	16.48	51	99	18.34
85-89	22	36	11.55	86	201	12.03	27	70	11.86
90-94	2	12	2.79	40	75	4.82	13	33	5.62
95-99	1	0	0.2	7	10	0.71	2	4	0.73
100+	0	0	0	3	0	0.13	0	0	0
Total number	141	361	502	668	1,717	2,385	226	592	818
TOTAL %	28.09	71.91	100	28.01	71.99	100	27.63	72.37	100

3.2.2 Socio-economic status

The proportion and number of advice call clients with a low income is increasing. The proportion of callers relying on pensions is stable over time.

TABLE 2. Socio-economic status of older person receiving advice call from SRV

SOCIO-ECONOMIC CHARACTERISTICS	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
INCOME SCALE						
Low (<\$26,000)	427	85.06	2,156	90.4	744	90.95
Not stated	42	8.37	101	4.23	25	3.06
Medium (up to \$52,000)	30	5.98	111	4.65	40	4.89
High (>\$52,000)	2	0.40	6	0.25	2	0.24
No income	1	0.20	11	0.46	7	0.86
Total number	502		2,385		818	
SOURCE OF INCOME						
Government pension	429	85.63	2,073	87.32	694	85.57
Rent/interest/dividends/self-funded	42	8.38	175	7.37	68	8.38
Currently employed	18	3.59	81	3.41	36	4.44
Not stated	12	2.40	45	1.90	13	1.60
Total number	501		2,374		811	

International prevalence studies have found that low income of the victim is considered a risk factor for elder abuse, indicating an association but not necessarily a causal relationship.¹⁰

The high proportion of advice-call clients with low incomes should be considered with some caveats:

- Income level is self-identified by the older person and not independently confirmed.
- Older people who receive the Age Pension as their only income are considered as low-income earners. Approximately 67% of Australians aged 65 and over receive income support from the government, mainly in the form of the Age Pension.¹¹
- While not strictly means-tested it is important to note that as a free, government-funded service, SRV focuses on providing legal and advocacy services to those who cannot afford to pay. While all callers to the helpline who require legal and advocacy advice on matters of elder abuse are accommodated, those with means would then be encouraged to seek independent legal representation rather than become ongoing clients of the service.

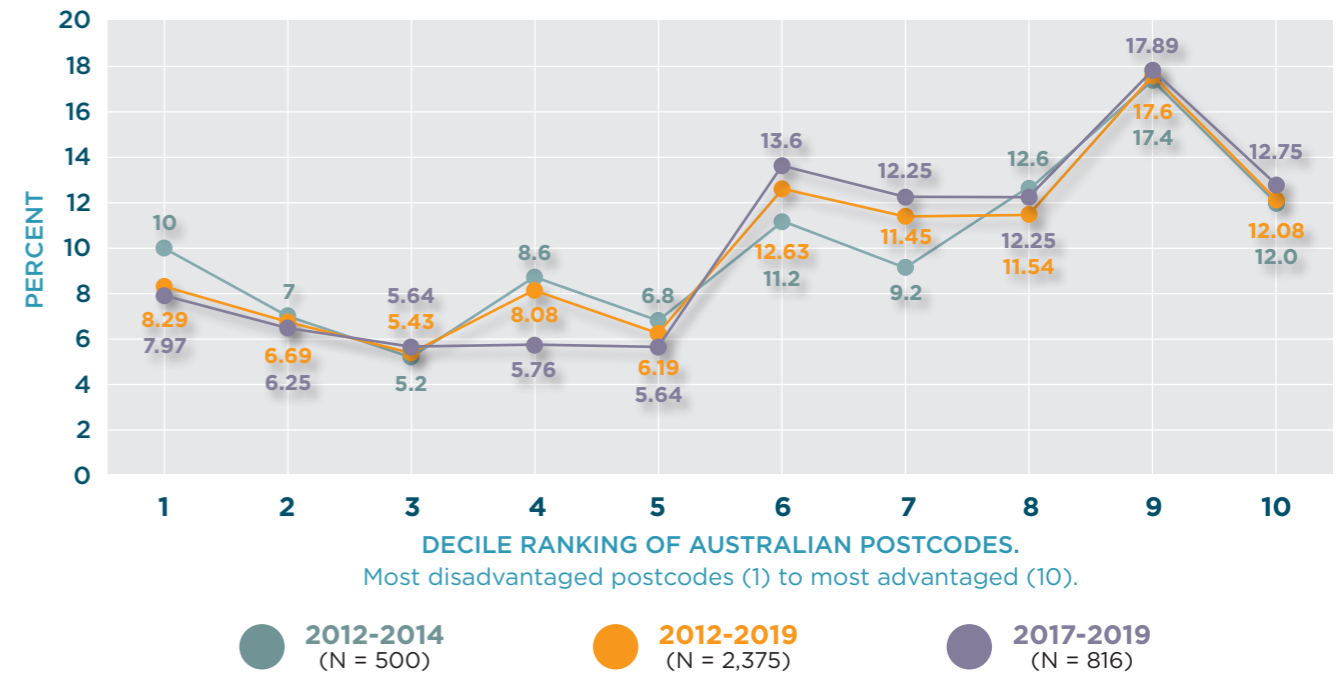
- It is assumed that older people with higher income who experience financial elder abuse would seek advice and intervention through independent legal means rather than calling the free helpline. This may lead to an under-representation of high-income earners in this data set.

Another measure of the socio-economic status of SRV clients is postcode of residence. The Australian Bureau of Statistics (ABS) publishes the relative rankings of Australian postcodes according to measures of socio-economic advantage and disadvantage collected in the national Census. These rankings are known as Socio-Economic Indexes for Areas (SEIFA).

The residential postcodes of SRV clients were matched with the SEIFA index of advantage and disadvantage for Australian postcodes. The SEIFA index ranks postcodes into deciles from 1 to 10, with 1 being the most socioeconomically disadvantaged and 10 the most advantaged.

Referring to Figure 2 there is a consistent trend for more advice calls to come from the five more advantaged deciles, peaking at the ninth decile.

FIGURE 2: Relative advantage and disadvantage status of SRV clients who received advice calls



A full understanding of the reasons for this trend requires information external to the SRV database and is beyond the scope of this report. Nevertheless, it may be conjectured that driving factors could include:

- Greater awareness of COTA and SRV services in socio-economically advantaged areas.
- Higher vulnerability to financial abuse in socio-economically advantaged areas due to greater asset wealth via the family home.

3.2.2 Metropolitan vs regional or rural residence

Analysis by postcode shows that 78.2% of advice calls for which a Victorian postcode is recorded (1,851 out of 2,366 calls) are from people who reside in the Greater Melbourne Metropolitan area.

ABS data suggests that people over 50 comprise 40% of the regional or rural population in Victoria.¹² As this cohort only make up 21.8% of SRV advice calls, it indicates there may be unmet need outside of the metropolitan area (data not shown).

3.2.3 Type of accommodation and living arrangement

During the seven-year period, the majority of clients (just under 60%) lived in their own home, while approximately 12% lived in the home of a family member. The remainder were spread across a variety of accommodation types, with an increasing number over the period residing in a nursing home or hostel. This is thought to reflect SRV's increased outreach and communication efforts to those in residential care.

While home ownership of clients has fluctuated, it has remained relatively stable over the seven-year period. Over the same period, the proportion of clients living in private rental has decreased. This is in line with private rental becoming increasingly unaffordable in Australia. In 2019, only 3% of rentals in Australia were affordable for a couple on the pension, and less than 1% of listings were affordable for a single older person.¹³

The increase in advice calls from people who are at risk of homelessness or homeless is reflected in the wider population, where homelessness is a growing issue. One in seven people experiencing homelessness in Australia are aged over 55 years.¹⁴ This suggests that a growing number of older people may be finding themselves homeless or at risk of being so, when previously secure housing is lost due to relationship breakdown, family violence or elder abuse.

Consistently, 35% of clients reported living alone and 23% reported living with a partner or spouse. The number of older people living with their son or daughter (in their own home, or in their son/daughter's home) varies between 24% and 27% over the period.

TABLE 3. Accommodation and living arrangement of SRV advice call clients

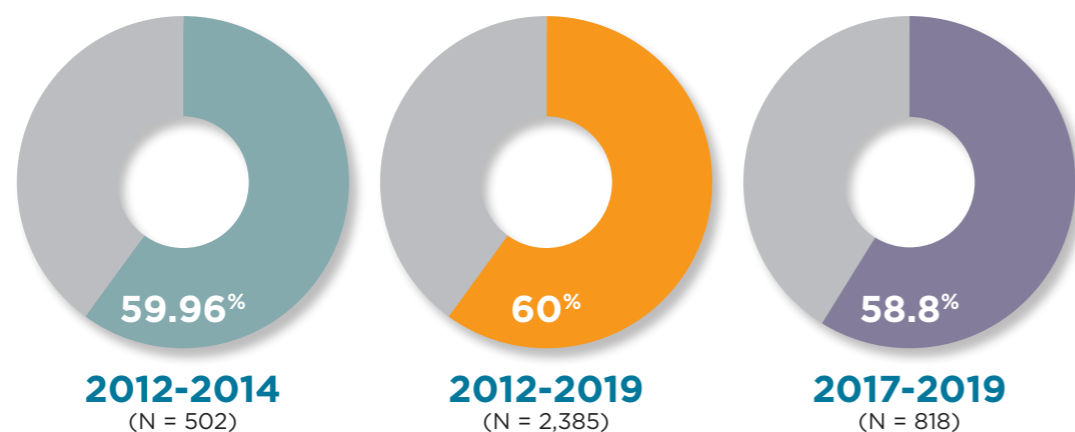
ACCOMMODATION AND LIVING ARRANGEMENT	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
TYPE OF ACCOMMODATION						
Own home (including with mortgage)	319	63.55	1,417	59.41	514	62.84
Other family accommodation	59	11.75	282	11.82	94	11.49
Private rental	41	8.17	198	8.30	54	6.60
Public housing	26	5.18	121	5.07	30	3.67
Hostel/nursing home	20	3.98	180	7.55	76	9.29
Retirement village/Independent living unit	15	2.99	77	3.23	19	2.32
Granny flat/moveable unit	14	2.79	57	2.39	13	1.59
At risk of homeless/homelessness	3	0.6	30	1.26	12	1.47
SRS/boarded house	2	0.4	8	0.34	2	0.24
With friends	2	0.4	6	0.25	1	0.12
Caravan/mobile	1	0.2	9	0.38	3	0.37
LIVING ARRANGEMENT						
Living Alone	180	35.86	827	34.68	283	34.60
With Son/Daughter	137	27.29	626	26.25	195	23.84
With De facto/Partner	118	23.51	542	22.73	189	23.11
Resident of care facility	21	4.18	191	8.01	79	9.66
With other family	19	3.78	79	3.31	35	4.28
With Grandchild(ren)	10	1.99	45	1.89	14	1.71
With Friends	8	1.59	40	1.68	12	1.47
Boarding house/crisis accommodation/hospital	7	1.39	22	0.92	8	0.98
With Paid Carer	2	0.4	10	0.42	3	0.37
Not specified	0	0	3	0.13	0	0
Total number	502		2,385		818	

3.2.4 Disability status

Clients are asked whether they have any disabilities that affect their daily activities or communication. Almost 60% of clients at all time periods reported some form of disability. This is slightly higher than

prevalence in the wider population, where 50% of men and 52% of women aged 65 and over have some form of disability (increasing to 78% of men and 80% of women aged 85 and over).¹⁵

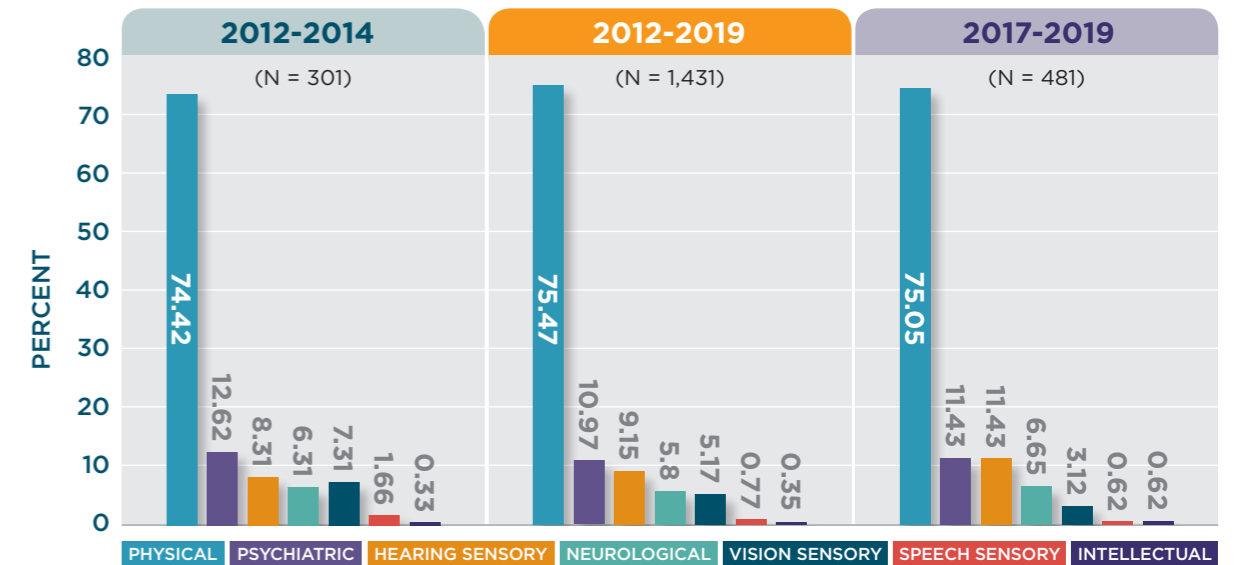
FIGURE 3. Presence of disability status in SRV advice call clients



3.2.5 Types of disability

For the overall period, the most commonly reported disabilities were physical (75.47%), psychiatric (10.97%) and hearing sensory (9.15%). The frequency of vision and speech impairments appeared to be declining over time.

FIGURE 4. Types of disability of SRV advice call clients



3.2.6 Aboriginal and/or Torres Strait Islander

One per cent of callers reporting abuse identified as Aboriginal and/or Torres Strait Islander, which is slightly higher than the Victorian population of 0.8% (not adjusted for age).

TABLE 4. Aboriginal or Torres Strait Islander status of SRV advice call clients

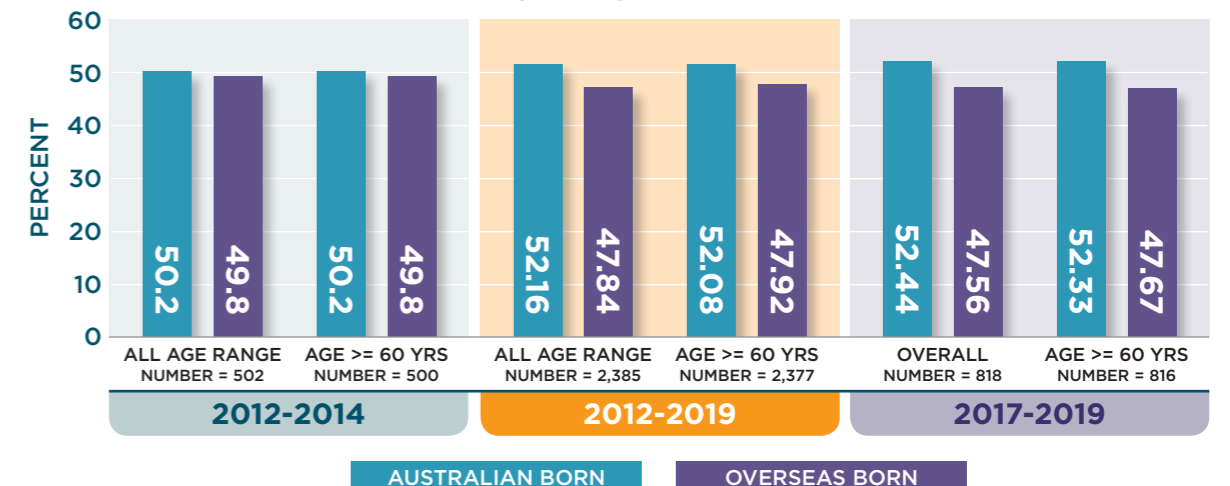
INDIGENOUS STATUS	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
Neither Aboriginal nor Torres Strait Islander	489	97.41	2,336	97.95	804	98.29
Not stated	10	1.99	25	1.05	9	1.10
Aboriginal but not Torres Strait Islander	2	0.4	19	0.8	2	0.24
Torres Strait Islander but not Aboriginal	0	0	4	0.17	3	0.37
Both Aboriginal and Torres Strait Islander	1	0.2	1	0.04	0	0
Total number	502		2,385		818	

3.2.7 Country of origin

Over the seven-year period, a small majority of clients (52%) were born in Australia, compared with an estimated 59% of the Victorian population of the same age.¹⁶ This indicates an under-representation of Australian-born clients

and an over-representation of overseas-born clients accessing the service: while 41% of the Victorian population aged 60 years and over was born overseas¹⁷, they comprised 48% of those requiring advice calls after experiencing abuse.

FIGURE 5. Country of origin of SRV advice call clients



3.2.8 Top eighteen countries of birth of older person

Of 2385 clients, 47.84% were born overseas. Of total, 7.46% were born in the United Kingdom, followed by 5.20% in Greece, and 4.65% in Italy. These figures are strongly driven by post-war migration patterns and are consistent with the wider Victorian population, which has large Greek and Italian communities. However, it is important to

note the influence of changing migration patterns which can be seen in the demographics of the older population: while overseas-born Victorians aged 75+ are predominately from Italy, England, Greece, Germany and the Netherlands, the younger cohort aged 60 to 64 are predominately from England, China, Italy, Vietnam and New Zealand.¹⁸

TABLE 5. Top 18 countries of birth of SRV advice call clients 2012-2019

COUNTRY OF BIRTH	Frequency	%
Australia	1,244	52.16
United Kingdom	178	7.46
Greece	124	5.20
Italy	111	4.65
Germany	51	2.14
Macedonia	51	2.14
Malta	47	1.97
China	44	1.84
Croatia	43	1.80
Egypt	33	1.38
India	33	1.38
Netherlands	29	1.22
Poland	29	1.22
Serbia	23	0.96
New Zealand	22	0.92
Philippines	21	0.88
Hungary	19	0.80
Lebanon	18	0.75
Total number	2,385	

3.2.9 Proficiency in English and need of interpreter

The majority of clients (86.29%) of clients reported speaking English very well and this trend increased slightly between 2012-2014 (84.86%) and 2017-2019 (86.92%). About 1 in 50 clients did not speak English at all.

Over time, the trend of requiring an interpreter to make calls has remained fairly consistent: 14.74% in 2012-2014, 13.57% in 2017-2019, and averaging 13.75% for the seven years 2012-2019 (data not shown).

3.3 TYPES OF ABUSE

The number of people receiving advice from SRV in response to having experienced elder abuse is increasing every year. While the recent period of 2017-2019 was down slightly on the previous year, the number of calls received was still much higher than at the beginning of the seven-year period.

As SRV staff do not screen for each type or sub-type of abuse the following data reflects disclosures made

by clients as relevant to the assistance they were seeking. Clients may have experienced other forms of abuse which they did not refer to in the advice call.

The most common type of abuse reported by clients during the 2012-2019 period was psychological abuse (62.52%) followed closely by financial abuse (61.72%), and then physical abuse (15.72%) and social abuse (11.19%).

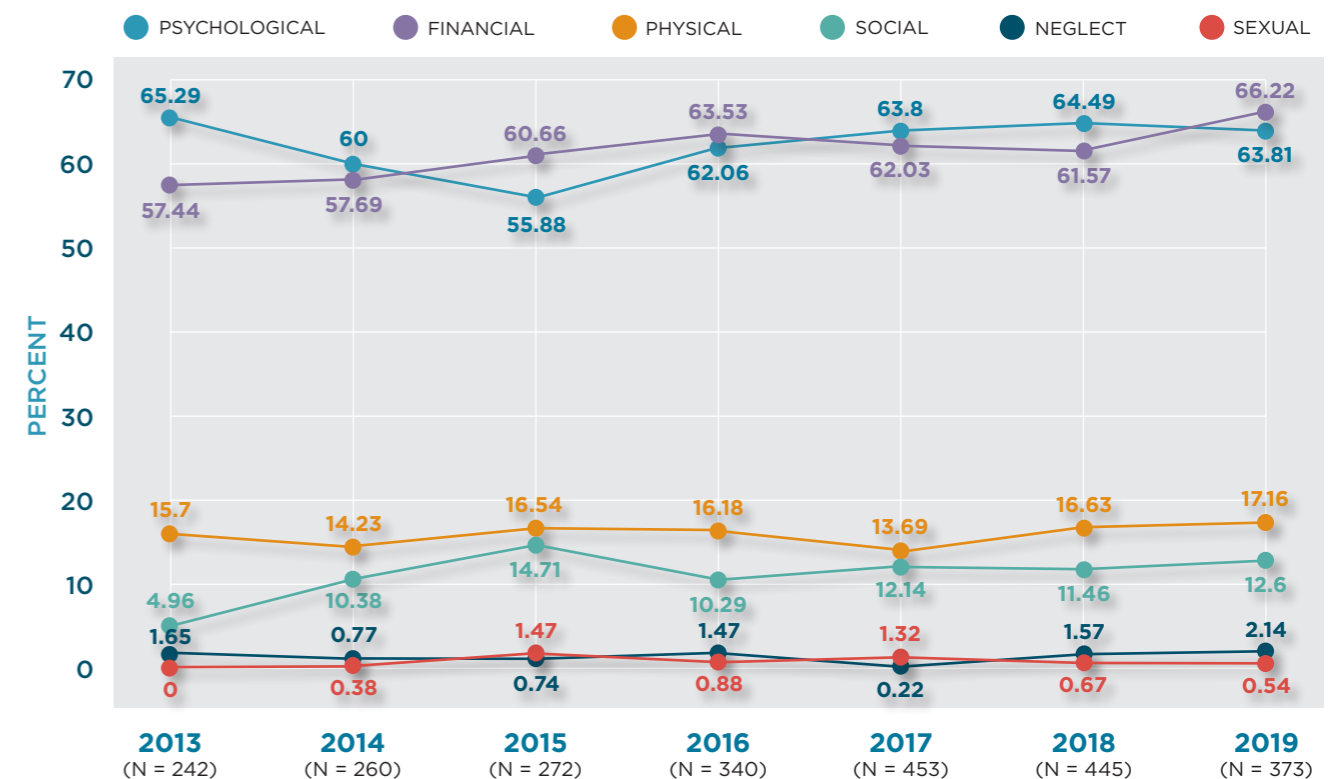
TABLE 6. Types of abuse over time as reported by SRV clients in advice calls

TYPES OF ABUSE EXPERIENCED	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
Psychological	314	62.55	1491	62.52	525	64.18
Financial	289	57.57	1472	61.72	521	63.69
Physical	75	14.94	375	15.72	138	16.87
Social	39	7.77	267	11.19	98	11.98
Neglect	6	1.20	29	1.22	15	1.83
Sexual	1	0.20	19	0.80	5	0.61
Total number	502		2,385		818	

Psychological and physical abuse increased marginally between 2012-2014 and 2017-2019. Financial and social abuse increased substantially during the seven-year period. A relatively small number

of people reported neglect with an upwards trend over time. Although few cases of sexual abuse were reported, the number of people reporting it has increased over time.

FIGURE 6. Types of abuse experienced over time by SRV advice call clients 2012-2019



3.3.1 Psychological abuse

It should be reiterated that SRV provides an advice call service to those older people who have experienced abuse and contact the service for assistance. This affects the types of abuse matters that appear in the data, including the relatively low number of reports of neglect and sexual abuse. A person who is experiencing neglect is often not able to advocate for themselves, so the situation is likely to go unreported to SRV, or it may be investigated by different services such as Victoria Police, health agencies, local government or the Office of the Public Advocate.

While there is a paucity of evidence of sexual abuse experienced by older women, it is thought to be underreported.¹⁹

Verbal abuse was the most common form of psychological abuse, followed by pressuring, intimidating or bullying/harassment, controlling an older person, name-calling, and humiliation, and denying access to grandchildren.

TABLE 7. Subsets of psychological abuse reported by SRV advice call clients 2012–2019

SUBSETS OF PSYCHOLOGICAL ABUSE	Number	%
Verbally abusing an older person	420	28.17
Pressuring, intimidating or bullying/harassment	270	18.11
Controlling an older person	194	13.01
Name-calling, degrading, humiliating, or treating the person like a child, in private or public	152	10.19
Denying access to grandchildren	148	9.93
Ignoring an older person	67	4.49
Threatening to harm the person, other people, or pets	45	3.02
Threatening to put an older person into an aged care facility	36	2.41
Other*	72	4.83
Threatening to withdraw affection or access to grandchildren or other loved ones	32	2.15
Preventing access to services or family	21	1.41
Repeatedly telling an older person that they have dementia	16	1.07
Threatening to harm the person, other people, or pets	9	0.60
Preventing an older person from speaking	6	0.40
Pressuring a grandparent to baby sit/care for children unreasonably	3	0.20
Total	1491	100.00

*Other includes unspecified psychological/ or emotional abuse or unique free-text descriptions.

3.3.2 Financial abuse

The most commonly reported subsets of financial abuse were incurring bills for which an older person is responsible, followed by use of pressure or force on the older person to enter into disadvantageous financial arrangements, misusing Power of Attorney (POA), and financial debt matters such as a loan not being repaid.

TABLE 8. Subsets of financial abuse reported by SRV advice call clients 2012–2019

SUBSETS OF FINANCIAL ABUSE	Number	%
Incurring bills for which an older person is responsible	255	17.32
Use of pressure or force on the older person to enter into disadvantageous financial arrangements e.g. loan, guarantee, gift, change of Will, house transfer	196	13.32
Abusing or neglecting or misusing POA, including failure to consult donor or act in accordance of direction of donor when donor has capacity	160	10.87
Debt matters e.g. failure to repay loan	154	10.46
Other*	125	8.49
Using an older person's money or possessions without their consent	94	6.39
Assets for care: relationship breakdown	89	6.05
Stealing goods from an older person	87	5.91
Threatening, coercing or forcing an older person into handing over an asset, for example, signing paperwork concerning property, wills or POA	60	4.08
Managing the finances of a competent older person without authority	56	3.80
Breach of trust	46	3.13
Threats of undue pressure on an older person to sell the house or hand over assets	41	2.79
Taking up residence in home for reasons other than for benefit of older person	32	2.17
Pressuring an older person to relinquish an anticipated inheritance for a gift or loan	21	1.43
Fraud	18	1.22
Assets for care: preventive	10	0.68
Displaced from home	9	0.61
Breach of care	6	0.41
Expecting a grandparent to care for children but failing to provide appropriate financial support	6	0.41
Appropriating proceeds of sale of older persons home with false promise of providing future accommodation or care and then not providing it	4	0.27
Failure to provide care	3	0.20
Total	1,472	100.00

*Other include unspecified financial abuse and tenancy issues.

3.3.3 Physical abuse

The most commonly reported physical abuses were pushing or shoving, followed by kicking, punching, slapping, biting, burning, unspecified other physical abuse, and rough handling. It is possible that rough handling, physical and chemical restraint, locking

a person in an enclosed space and deliberate mismanagement of medication are more likely to occur for older people who are highly dependent on carers and/or have dementia, which means they are less likely to be able to request an advice call from SRV.

TABLE 9. Subsets of physical abuse reported by SRV advice call clients 2012-2019

SUBSETS OF PHYSICAL ABUSE	Number	%
Pushing or shoving	129	34.40
Kicking, punching, slapping, biting, burning	112	29.87
Other*	77	20.53
Rough handling	39	10.40
Physical restraint	10	2.67
Using chemical restraints, including alcohol, prescribed and unprescribed drugs, household chemicals, poisons	5	1.33
Locking the person in a room, building or yard	2	0.53
Deliberate mismanagement of medication	1	0.27
Total	375	100.00

*Other include unspecified physical abuse or unique free-text descriptions.

3.3.4 Social abuse

Living in, and taking control over an older person's home without their consent, followed by preventing contact with family and friends were the most frequently reported social abuse sub-types.

TABLE 10. Subsets of social abuse reported by SRV advice call clients 2012-2019

SUBSETS OF SOCIAL ABUSE	Number	%
Living in, and taking control, over an older person's home without their consent	134	50.19
Preventing contact with family and friends	56	20.97
Other*	31	11.61
Preventing an older person from returning home or accessing their home	19	7.12
Not allowing the older person to use the phone or monitoring their phone calls or disconnecting the phone without consent	12	4.49
Preventing access to services for older person	7	2.62
Preventing an older person from engaging in religious or cultural practices, including preventing those from CALD** backgrounds from meeting their cultural needs	3	1.12
Withholding mail	3	1.12
Moving an older person far away from their immediate family	2	0.75
Total	267	100.00

*Other include unspecified social abuse or unique free-text descriptions ** Culturally and Linguistically Diverse

3.3.5 Neglect

Of a total of 29 neglect abuse cases that were reported during 2012-2019, the most commonly reported subsets were failure to provide the necessities of life, such as food, warmth or shelter or blocking others from providing basic needs (n=15, 51.72%). This was followed by receiving a carer's allowance and not

providing care to an older person to whom one is the designated carer (n=8, 27.59%), unintended neglect (n=3, 10.34%) and other (n=3, 10.34%). 'Other' included unspecified neglect abuse or that which did not fall in any of the sub-categories (data not shown).

3.3.6 Sexual abuse

Of a total of 19 sexual abuse cases that were reported, the most commonly reported subsets were sexual assault (n=9, 47%), followed by non-consensual sexual contact, language or exploitative behaviour

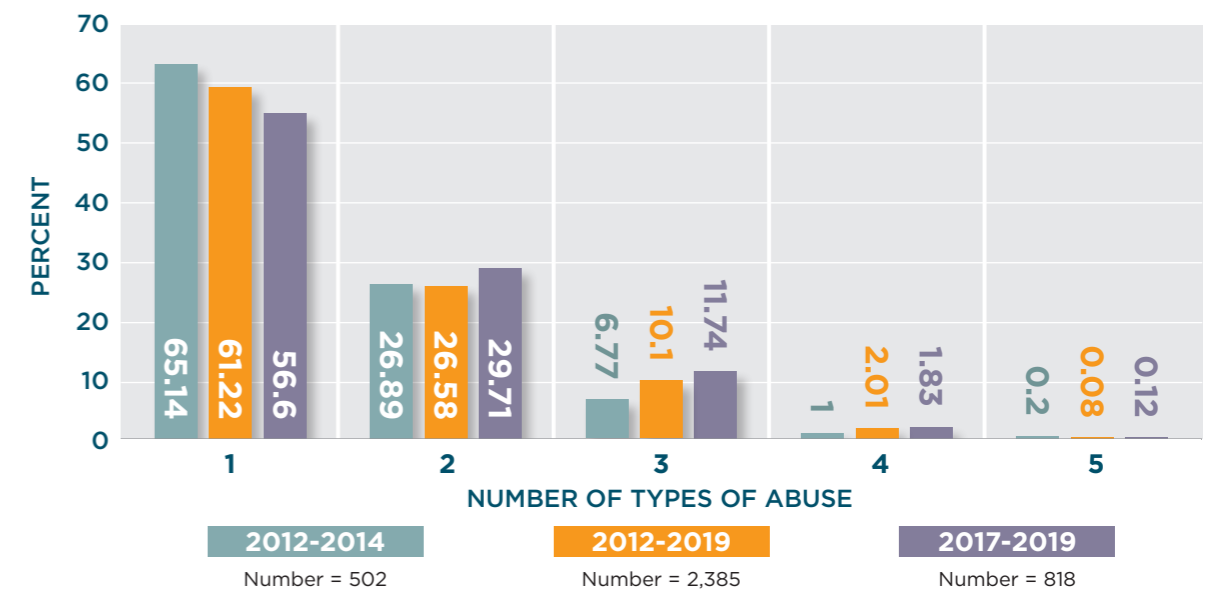
(n=4, 21%), other (n=5, 26%) and touching inappropriately or molestation (n=1, 5%). 'Other' included sexual abuse that did not fall in any of the sub-categories, or was unspecified (data not shown).

3.3.7 Common combinations of abuse

Over the seven-year period, most clients reported experience of only one type of abuse. This was followed by smaller proportions of clients reporting two, three or four types of abuse. Less than 1% reported experiencing five types of abuse.

Figure 7 shows that reporting of multiple types of abuse is increasing over time. It is noted that clients are not screened for all types of abuse and the data only relates to those disclosures that were made by the client.

FIGURE 7. Number of types of abuse reported per SRV advice call client 2012-2019



Psychological abuse is the most common type of abuse to co-occur with one or more other types of abuse. The most commonly experienced two types of abuse were psychological-financial and

psychological-physical. Psychological-Financial-Physical-Social-Neglect (n=2, 0.08%) was the only reported combination of five types of abuse.

TABLE 11. The top five combinations of abuse experienced by SRV advice call clients over seven-period*

TWO TYPES	Freq.	% of clients	THREE TYPES	Freq.	% of clients	FOUR TYPES	Freq.	% of clients
Psychological Financial	394	16.52	Psychological Financial Physical	113	4.74	Psychological Financial Physical Social	36	1.51
Psychological Physical	123	5.16	Psychological Financial Social	92	3.86	Psychological Financial Physical Sexual	3	0.13
Psychological Social	64	2.68	Psychological Physical Social	19	0.8	Psychological Financial Physical Neglect	3	0.13
Financial Physical	22	0.92	Psychological Financial Neglect	6	0.25	Psychological Physical Social Sexual	2	0.08
Financial Social	14	0.59	Financial Physical Social	3	0.13	Psychological Financial Social Neglect	2	0.08

*n=2,385

3.4 CHARACTERISTICS OF PERPETRATORS

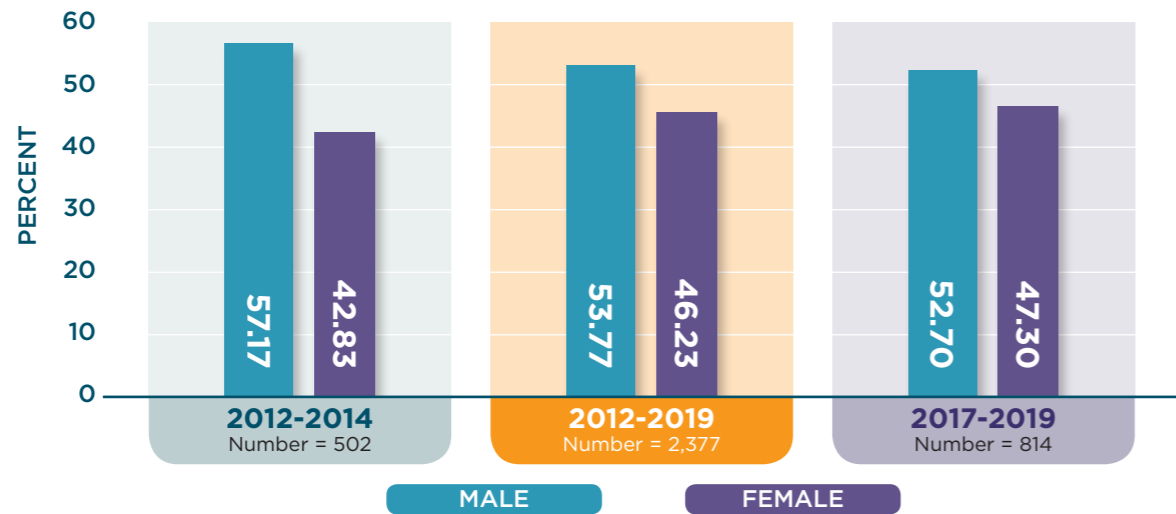
Information regarding the perpetrator's age and gender, their relationship with the older person and their living arrangements have been obtained from the client who has experienced one or more types of abuse. While the SRV client has identified a single perpetrator as responsible for the abuse, it can be

the case that additional perpetrators are involved (for example, a son and daughter-in-law of the older person, or two daughters, may be equally responsible). In future, SRV will consider ways to better record and analyse the characteristics of additional perpetrators.

3.4.1 Age-gender distribution of perpetrators

Out of 2385 calls reporting abuse, the age or gender (or both) of the perpetrator were not known for 145 calls. The gender was unknown for 8 calls, and age not known for 142 calls. Over the 7-year period, out of 2377 calls, 53.77% of the perpetrators were men and 46.23% of perpetrators were women.

FIGURE 8. Gender distribution of perpetrator of SRV advice call client 2012-2019

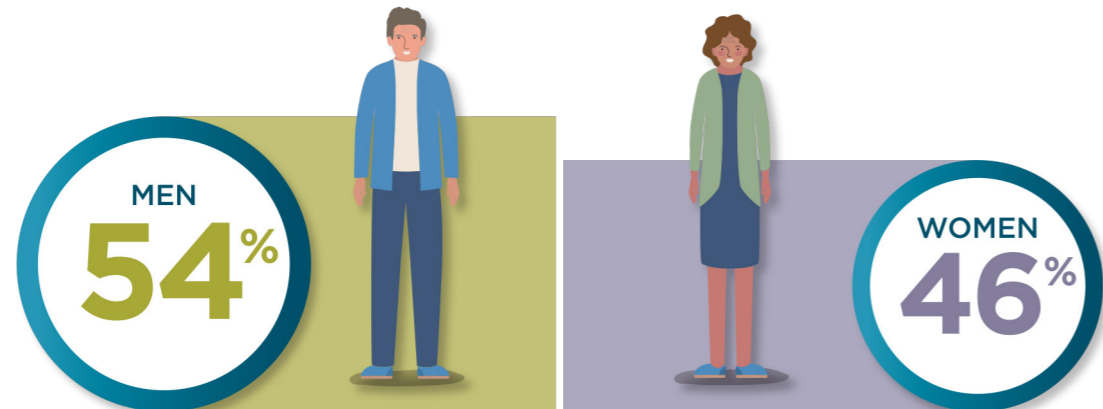


The data indicates that although most abuse is committed by men, the incidence of abuse by women within this cohort of SRV clients is significant and rising. The proportion of female perpetrators increased from 42.83% in 2012-2014 to 47.30% in 2017-2019.

This marks elder abuse or intergenerational family violence as significantly different to the most common form of family violence, which is intimate partner violence. Intimate partner violence is almost always gendered, being perpetrated by men against women. For this reason, gender inequality is seen as a primary driver of intimate partner violence.

Similar to intimate partner violence, this data shows that elder abuse is most often committed within a family or domestic setting, and a higher proportion of victims are women. However, the experiences captured by this data suggest that gender inequity is not the primary driver. The more common factors are the generational age difference, and the parent-child relationship, between the perpetrator and their victim – how these translate to drivers should be further investigated.

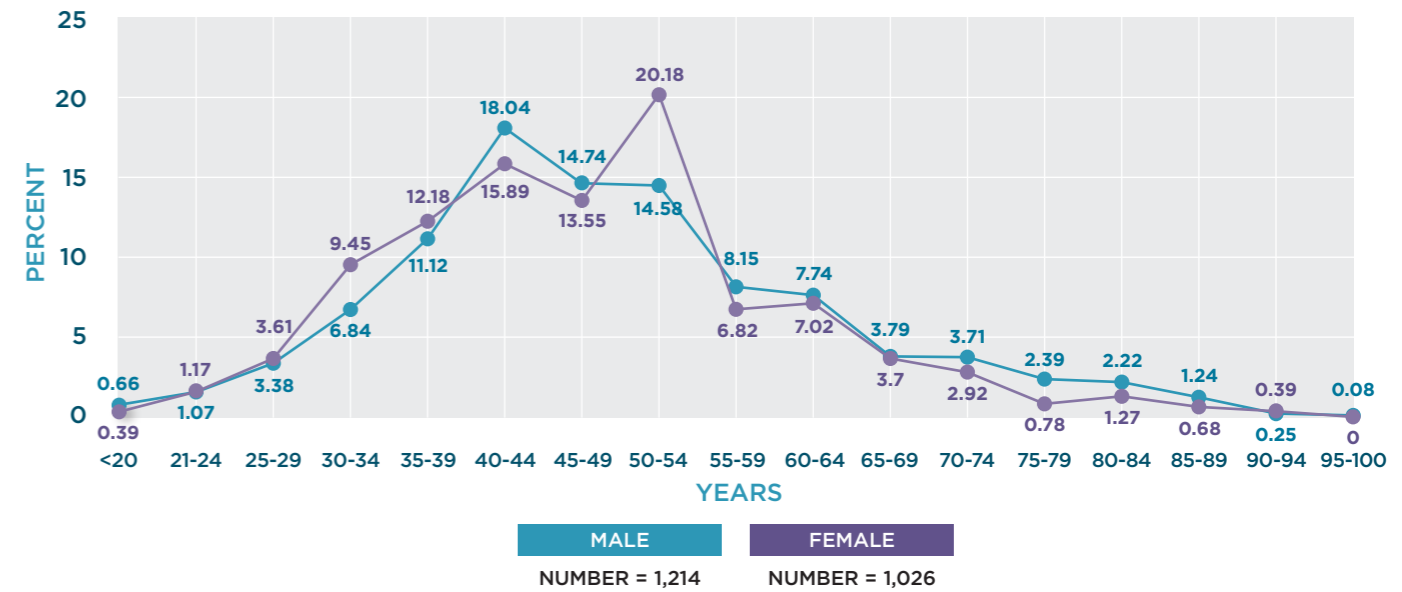
GENDER OF ABUSERS OF SRV CLIENTS: 54% MEN AND 46% WOMEN.



Overall, the proportion of perpetrators below the age of 40 years is declining, while the proportion of perpetrators aged 45-54 is increasing. The proportion of

female perpetrators aged 50-54 years substantially increased from the initial period to the recent period.

FIGURE 9. Age-gender distribution of perpetrator for the period 2012-2019



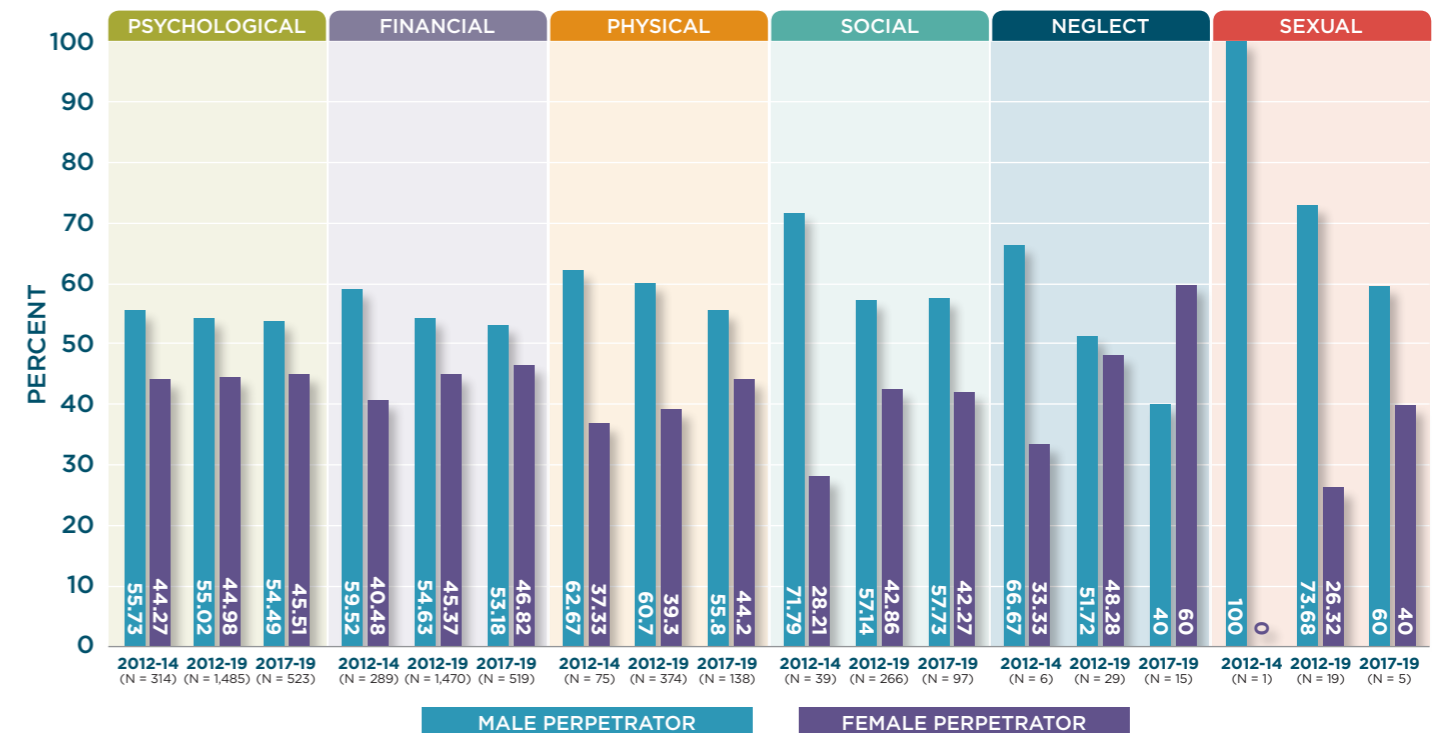
3.4.2 Gender distribution of perpetrator by types of abuse

More than half the perpetrators are male for each type of abuse and this trend is stable over time, except for neglect abuse where the majority of perpetrators were women during 2017-2019. On average over the seven-years, women perpetrated 46% of the abuse. The lowest proportion of female perpetration was 41% in 2014 and the highest proportion was 51% in 2018, showing a difference of 10%, and reaching a majority of perpetration in one 12-month period. This relatively high proportion

of abuse by women differentiates elder abuse from intimate partner violence: while the latter is primarily driven by gender inequality, the primary driver of elder abuse may be ageism.

This data may indicate that women perpetrate elder abuse at higher rates than they do other forms of family violence. Women perpetrated 44.98% of psychological abuse, 45.37% of financial abuse, 39.3% of physical abuse and 42.86% of social abuse as recorded in this data set.

FIGURE 10. Gender distribution of alleged perpetrator by abuse types

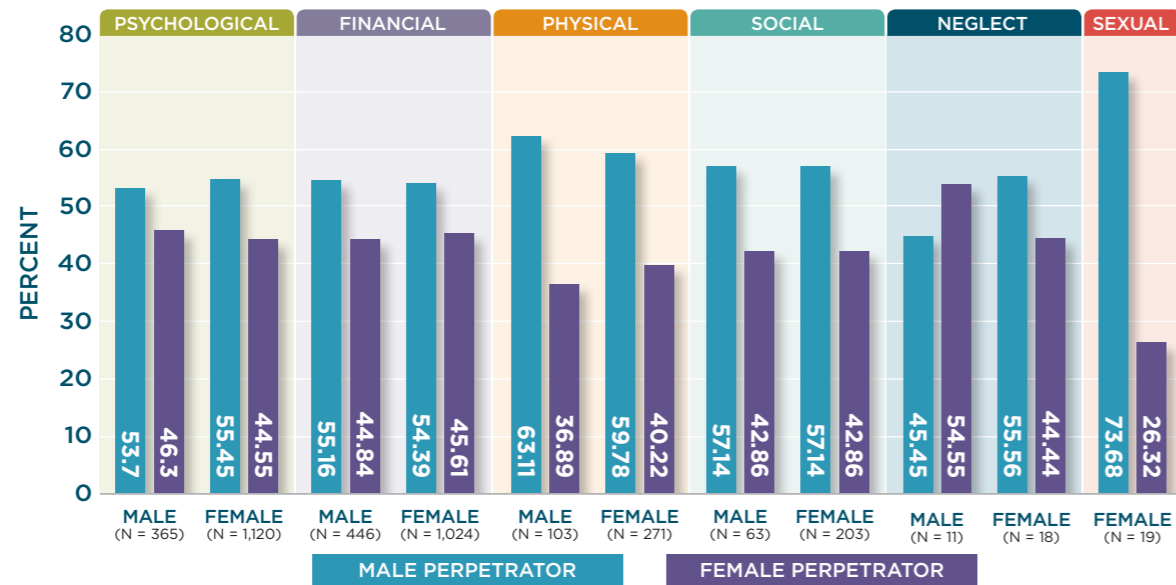


3.4.3 Gender of alleged perpetrator and gender of older person by abuse types

Over the seven-year period, the majority of psychological, financial, physical, social and sexual abuses allegedly committed against older people in this cohort (men and women) were by male perpetrators. Neglect abuse is the only type of abuse to depart from this pattern, with neglect abuse of older men by women being more

frequent than neglect abuse of older men by men. The highest proportion of abuse by men was sexual abuse of women. There were no reports of sexual abuse of older men. The total number of neglect and sexual abuse incidents reported by SRV advice call clients was very small so limited conclusions can be drawn.

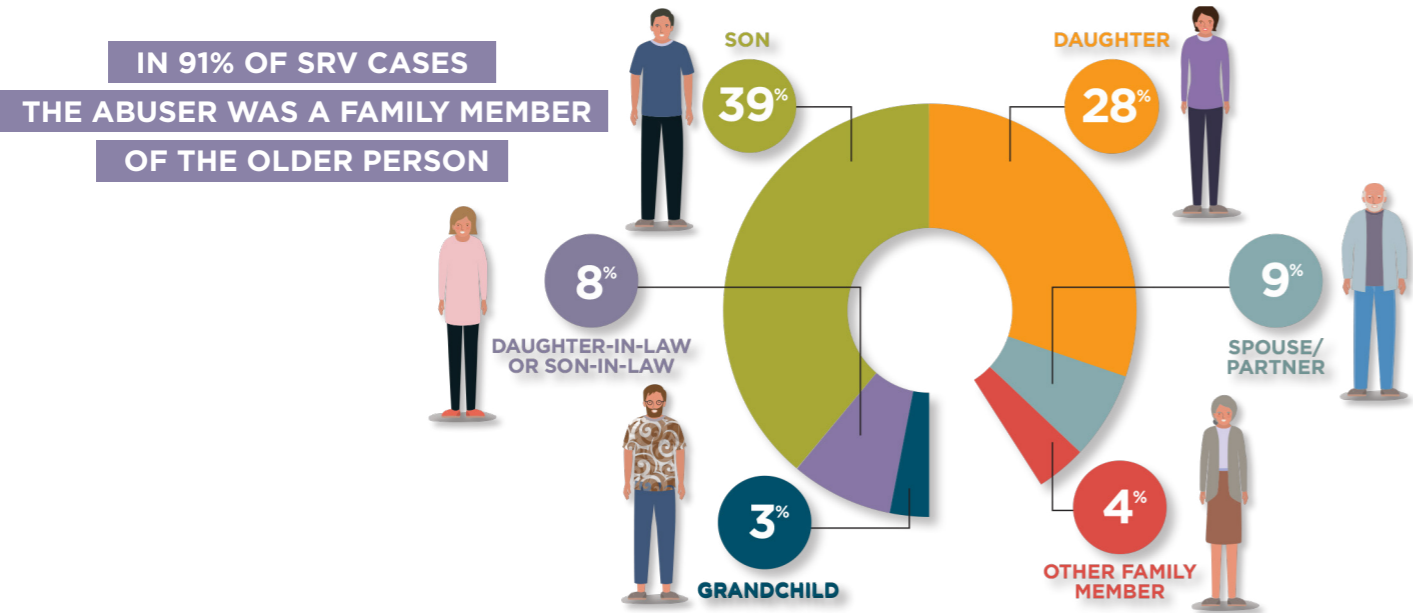
FIGURE 11. Gender of perpetrator and gender of older person by abuse types 2012-2019



3.4.4 Relationship of perpetrator with older person

Considering the relationship between the older person and the perpetrator of abuse highlights particular characteristics of elder abuse. In 90.6% of cases the perpetrator of abuse was a family member of the older person. For the majority of cases (65.61%) over the seven-year period this family member was the son (38.87%) or daughter (27.92%) of the older person, and this is a proportion that was stable throughout the time period. Considering this relative stability, the increase in female perpetration of elder abuse was largely by those women who were not daughters of the older person, but related to or acquainted with them in some other way.

Spouses or partners were the next most common perpetrators, with 9.14% of cases that could be described as intimate partner violence. The proportion of intimate partner violence cases for which SRV has given advice has slightly declined over time, which may indicate that people are increasingly accessing family violence services for support. There is an absence of data on the prevalence of intimate partner violence experienced by older people and the proportion of it within this data set should not be considered indicative of population-wide prevalence but simply what issues the service deals with.



Abuse by sons-in-law and grandchildren has declined over the period, while abuse by Others has increased substantially over the period.

TABLE 12. Relationship between perpetrator and older person

Relationship of Perpetrator	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
Son	193	38.45	927	38.87	311	38.02
Daughter	136	27.09	666	27.92	232	28.36
Spouse/Partner	51	10.16	218	9.14	72	8.8
Daughter-in-law	26	5.18	101	4.23	41	5.01
Grandchild	20	3.98	82	3.44	18	2.2
Son-in-law	20	3.98	79	3.31	20	2.44
Others*	19	3.78	110	4.61	50	6.11
Brother/Sister	11	2.19	49	2.05	18	2.2
Friend/Neighbour	10	1.99	71	2.98	18	2.2
Niece/Nephew	5	1	39	1.64	19	2.32
Carer	5	1	20	0.84	10	1.22
Unidentified/None	3	0.6	5	0.21	0	0
Boarder/Lodger	3	0.6	14	0.59	6	0.73
Service provider	0	0	4	0.17	3	0.37
Number	502		2,385		818	

*Others include administrator, ex-family member, ex-partner, other family members, partner's family members, acquaintance and unspecified.

3.4.6 Living arrangement of perpetrator with older person

About one-third of the older people who experienced one or more types of abuse lived with the perpetrator. The proportion of alleged perpetrators living with the older person was declining slightly over time.

Among SRV advice call clients, sons were responsible for a higher proportion of abuse than daughters, irrespective of living

arrangements. When co-habitation was taken into account, sons who lived with the older person reportedly committed more abuse than sons who did not live with the older person, whereas the opposite was true for daughters: daughters who lived with the older person reportedly committed less abuse than daughters who did not live with the older person.

FIGURE 12. Older person living with perpetrator

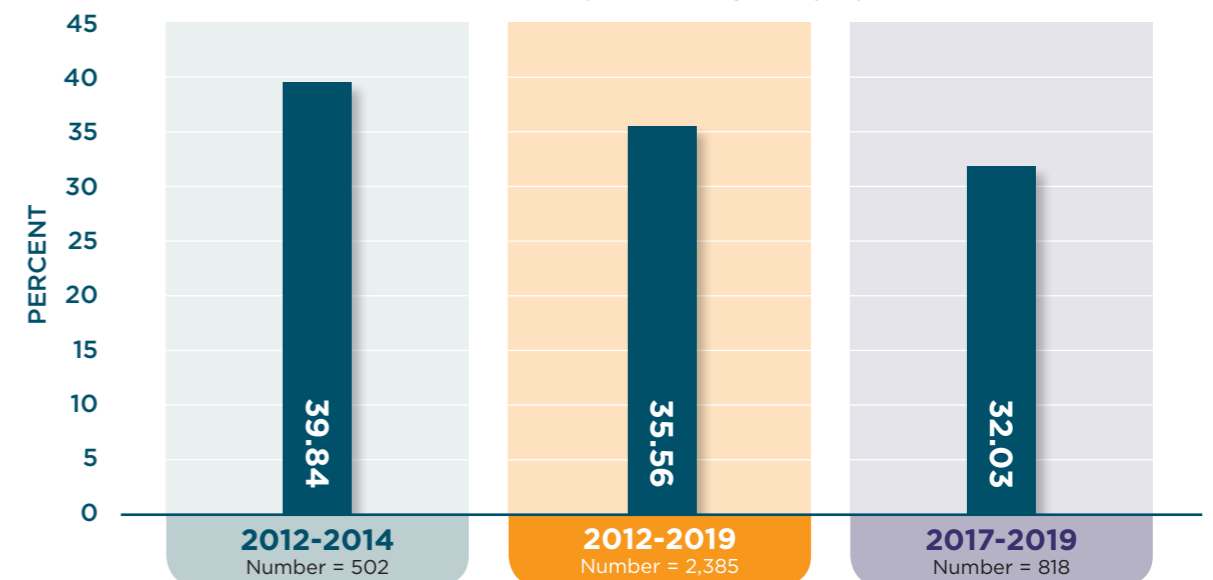


TABLE 13. Alleged abuse by sons and daughters by living arrangements

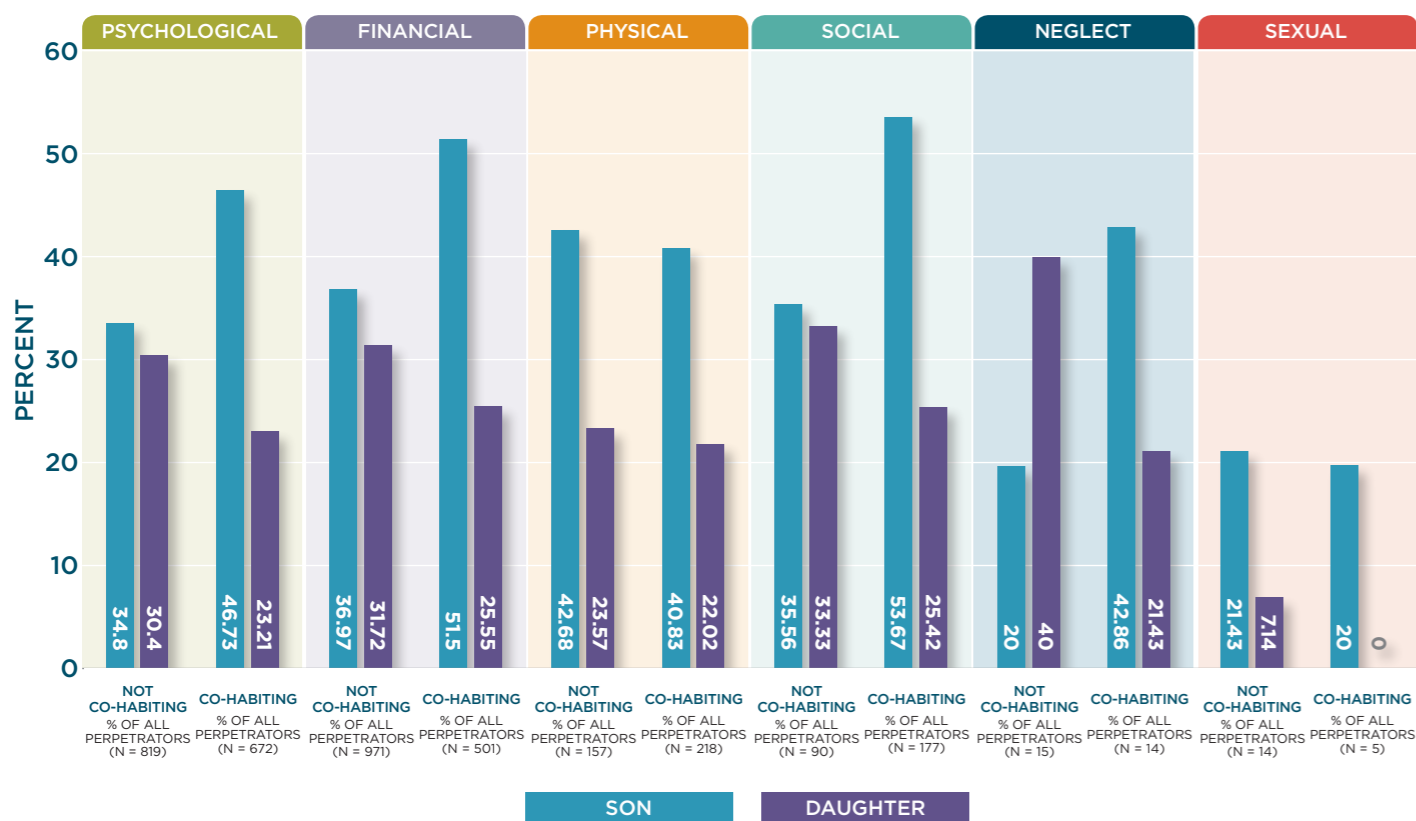
RELATIONSHIP OF PERPETRATOR	2012-2019		2012-2019		2012-2019	
	All living arrangements		Not living with older person		Living with older person	
	Frequency	% abuse by all perpetrators	Frequency	% abuse by all perpetrators	Frequency	% abuse by all perpetrators
Son	927	38.87	539	35.07	388	45.75
Daughter	666	27.92	465	30.28	201	23.70
Number	2,385		1,537		848	

3.4.7 Abuse types experienced by sons' and daughters' living arrangements

Breaking down the co-habitation data by types of abuse it can be seen that co-habitation increased the incidence of abuse by sons for psychological, financial, social and neglect abuses. Physical abuse by sons reduced very slightly with co-habitation, and sexual abuse reduced also. However, the numbers of cases for these two types of abuse are small therefore the evidence for any effect of co-habitation is limited.

Among daughters the effect of co-habitation is in the opposite direction. Co-habitation decreased the incidence of abuse by daughters for psychological, financial, physical social and neglect abuse. Only in sexual abuse did co-habitation with a daughter raise the incidence of abuse, although again the number of cases was small so the ability to draw conclusions is limited.

FIGURE 13. Alleged abuse types by son and daughter by living arrangements over seven-year period



3.5 SOURCE OF KNOWLEDGE OF SRV SERVICE

Word of mouth has been an increasing source of knowledge about SRV, while the proportion of referrals from other sources is declining. The overall number of referrals continued to increase each year. The continued increase in word of mouth referrals is a strong sign that community awareness of SRV's services has grown over the years. Older people are increasingly hearing about the service from friends and family members, rather than being referred by an external agency.

A significant number (19.32%) of clients in the most recent period had previous contact with SRV, an increase of almost 10% from the initial period. This may be accounted for by the fact that the longer SRV has been operating, the larger the pool of clients with previous contact. A common pattern for client

engagement is that an older person will contact SRV and arrange an advice call, where they will be given information about their options and make a decision about whether to take the steps to address the abuse. Sometimes a client will decide not to proceed at this time, but contact the service at a later point when they wish to take action. Considering this, the increase in the number of clients re-engaging with the service may show that prior positive interaction with SRV increases the likelihood of an older person making contact at a later date for further support.

The number of advices given to clients gaining knowledge of the service from the internet is quite low. While this is to be expected in this cohort it is an area where improvements could be made.

TABLE 14. Knowledge source to SRV service identified by clients

SOURCE OF KNOWLEDGE ABOUT SRV SERVICE	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
External Agency Referrals	266	52.99	1,071	44.91	322	39.36
Word of mouth: friend/family members/org	84	16.73	578	24.23	221	27.02
Previous contacts	53	10.56	319	13.38	158	19.32
SRV printed materials	32	6.37	160	6.71	46	5.62
Internet: general/SRV website	23	4.58	85	3.56	33	4.03
Print media/Television/Radio	15	2.99	82	3.44	14	1.71
SRV Community Education	12	2.39	34	1.43	6	0.73
Local MP/Ombudsman	9	1.79	21	0.88	6	0.73
Unsure	5	1	26	1.09	11	1.34
Community Organisation	3	0.6	5	0.21	1	0.12
World Elder Abuse Awareness Day (WEAAD) activity	0	0	4	0.17	0	0
Total number	502		2,385		818	

3.6 INDIVIDUAL AND FAMILY RISK FACTORS

Although not causal factors, individual and family risk factors may increase an older person's vulnerability and influence their risk of experiencing elder abuse. While these factors do not on their own predict abuse, they can play a role in the frequency or severity of the violence.

Reinforcing factors that may affect an older person include:

- social isolation and a lack of support
- poor physical or mental health
- cognitive impairment, including dementia
- disability or reliance on others for support with daily living
- family conflict
- trauma or past abuse.

Reinforcing factors that may affect a person choosing to perpetrate elder abuse include:

- lack of social support
- poor mental health
- dependence on the older person for emotional support, financial help, housing and other assistance
- substance abuse
- caregiver feeling stressed and unsupported.²²

The findings below reflect the frequency with which these risk factors were identified in the cohort of older people who experienced elder abuse and sought assistance through an advice call with a Seniors Rights Victoria advocate and lawyer.

A note on risk factors

In the years since SRV first began to collect information on individual, perpetrator and family context risk factors, the elder abuse landscape has changed. More work has been done on creating an evidence base that encompasses the concept of intersectionality and better describes the factors that can influence a person's vulnerability to abuse.*

Many factors that have been identified as contributing to a person's risk of abuse present in the SRV client cohort. It is important to note that, considering the particular characteristics of this cohort, the frequency of risk factor occurrences should not be taken as an indication of prevalence or predisposition to abuse for individual members of the wider population who may also have these risk factors.

For example, cognitive impairment (including dementia) and dependency on others for care have both been identified in research as factors that put an individual at risk.²³ Yet these conditions present in limited frequency within the SRV cohort due to the requirement for clients to be able to give instruction and reach out to seek assistance.

Risk factors are only recorded when mentioned by the older person or apparent to the lawyer and advocate. There is no formal assessment to identify each individual factor.

The data collected by SRV demonstrates the importance of the nature of the relationship between the older person and the perpetrator, and how this relationship is affected by external factors and attributes. While the below data gives an indication of heightened risk, SRV is committed to improving its knowledge of individual and perpetrator risk factors to better describe each client's experience and to better encapsulate the collective experience.

3.6.1 Individual risk factors

The following data was not systematically collected from all clients in relation to each risk factor rather it is recorded when disclosed by the client or apparent to the SRV staff.

The existence of family conflict (43.94%) was the most common risk factor experienced by older clients and rose over time. Considering over 90% of the abuse of SRV advice call clients was perpetrated by a family member, it is not unexpected that family conflict would be the most common risk factor. However, this figure also suggests that in 56.06% of cases over the seven-year period, family conflict was

not noted, indicating that abuse frequently occurs in situations where there is not obvious or previous family discord.

The second most common risk factor was co-habitation (34.64%) with the perpetrator, though this is declining.

In almost 30% of cases the older person was frail or in poor physical health, while a similar proportion possessed a lack of information about their rights. This indicates a systemic failure of care where people with age-related health conditions or disability are not being provided with adequate care, due to a reliance on family to provide this.

Social isolation, physical health, mental health, diminished capacity and financial acumen varied over time as risk factors. Lack of services, and various forms of dependency on the abuser decreased over time. Very few clients indicated a

gambling or substance abuse problem, or were unwilling to accept services, however, these risk factors might be more common in an elder abuse cohort who are not in a position to seek assistance from a service such as SRV.

TABLE 15. Individual risk factors relating to the older person

INDIVIDUAL RISK FACTORS (Responses include only 'Yes' to each outcome)	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
Family conflict	179	39.00	917	43.94	396	54.10
Living with abuser	184	40.09	723	34.64	222	30.33
Lack of information about rights	131	28.54	600	28.75	215	29.37
Poor physical health/frailty	144	31.37	603	28.89	224	30.60
Living alone	105	22.88	375	17.97	128	17.49
Isolation	66	14.38	324	15.52	130	17.76
Language barrier	56	12.20	271	12.99	93	12.7
Mental ill-health	36	7.84	166	7.95	68	9.29
Diminished capacity	20	4.36	94	4.5	37	5.05
Poor financial acumen	32	6.97	159	7.62	63	8.61
Lack of appropriate services	50	10.89	144	6.9	64	8.74
Financial dependency on abuser	35	7.63	120	5.75	43	5.87
Psychological dependency on abuser	34	7.41	87	4.17	25	3.42
Physical dependency on abuser	29	6.32	59	2.83	14	1.91
Gambling/substance abuse	9	1.96	30	1.44	11	1.50
Unwilling to accept services	9	1.96	25	1.2	9	1.23
Total number	459		2,087		732	

3.6.2 Individual risk factors and type of abuse

For the SRV cohort, those who lived with the perpetrator were more likely to experience social abuse (65.43%), physical abuse (57.43%) and psychological abuse (44.51%) than financial abuse (32.71%). For all types of abuse, living alone was a much less significant factor with only 18.77% of older people who lived alone experiencing financial abuse, 15.04% experiencing psychological abuse, 11.37% experiencing physical abuse and 9.5% experiencing social abuse.

Diminished capacity was listed as an individual risk factor in 5.69% of financial abuse occurrences but only 2.33% of psychological abuse and 1.75% of physical abuse occurrences. Evidence suggests cognitive impairment resulting in diminished capacity is a recognised risk factor for elder abuse and it therefore be expected to be prevalent in a cohort of people who have experienced abuse.²⁴ However, diminished capacity amongst

this cohort is expected to be low as clients are assumed to have the capacity to give instruction unless proven otherwise. SRV are unable to provide further legal assistance if it becomes apparent a client is no longer able to give instruction.

Unsurprisingly, financial dependency on the perpetrator was more common in situations of financial abuse (7.63%) than physical abuse (5.25%) and psychological abuse (3.91%), with poor financial acumen being most strongly represented for financial abuse (11.06%). The relatively low proportion of people with poor financial acumen reporting financial abuse may indicate the high number of cases where the financial abuse is targeted rather than opportunistic. Other cohorts (such as older people with guardians, administrators or active enduring power of attorney documents) may have higher levels of poor financial acumen than this cohort.

* Intersectionality is a theoretical approach that understands the interconnected nature of social categorisations – such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age – which create overlapping and interdependent systems of discrimination or disadvantage for either an individual or group. For further detail see Everybody Matters, the Victorian Government's Inclusion and Equity Statement at <https://www.vic.gov.au/understanding-intersectionality>

3.6.3 Family risk factors

There are some risk factors that relate to the older person's family situation, including the perpetrator, that are noted from an advice call. This includes the identification of a family situation that is particularly overburdened/dysfunctional/isolated, or a family or perpetrator that is experiencing financial difficulties. A family history of violence is also noted when one or more members of the older person's close family has experienced family violence (as a victim or perpetrator).



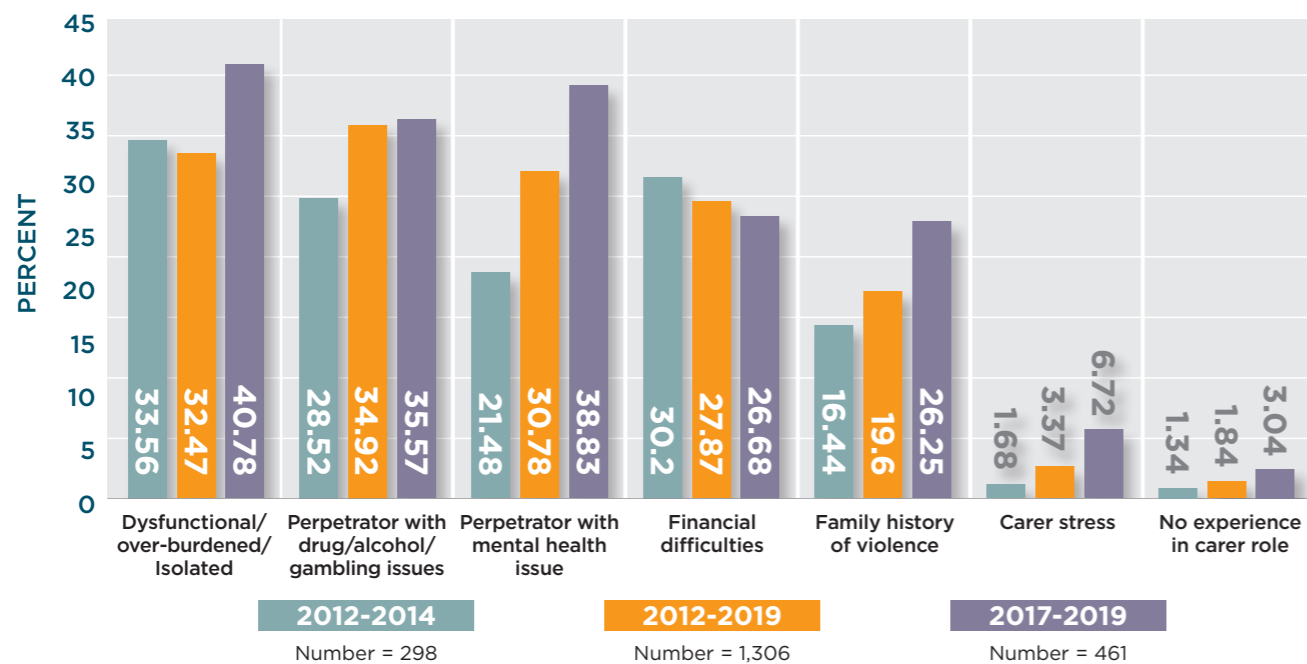
Over the seven-year period there was a significant increase (of 17.35%) in the proportion of perpetrators experiencing mental illness and also in those with a gambling or substance abuse problem (increase of 7.05%). The issue of perpetrators with complex needs has been an obvious and growing concern noted

by SRV staff in their casework, and it is often a driving reason for older people to make contact with a service as they seek assistance for their family member. In many cases the identification of this risk factor might represent an adult child who has not left the family home because of difficulties associated with mental illness, or one who has returned to live with their parent as the mental illness, gambling or substance abuse has made their independent living untenable.

The perpetrator's inexperience in a caring role was a relatively stable risk factor but there was a large jump in 2017-2019, as there was with the number of perpetrators identified as being stressed by their caring responsibilities. Evidence suggests that caregiver stress and lack of support or experience as a carer may be more of a risk factor for elder abuse than is indicated by the SRV data, particularly in relation to caring for older people with dementia or a disability.²⁵ That caregiver stress does not feature in many cases within the SRV cohort is possibly explained by:

- carer stress being highly associated with elder abuse in the context of the older person experiencing dementia (and a significant loss of capacity excluding an older person from an SRV advice call)
- the SRV cohort who have sought this type of assistance being relatively less dependent on carers than a wider elder abuse cohort
- family risk factors being identified by the older person and not the perpetrator
- the approach to data collection where not all clients are asked about caregiver stress.

FIGURE 14. Family risk factors: Responses include only 'Yes' to each factor



3.7 EXTERNAL REFERRALS MADE TO THE OLDER PERSON

As a result of the advice call with the advocate and lawyer, the older person may be referred to an external service that can assist them further. This will be a warm referral (where SRV makes initial contact for the client) or cold referral (where the client makes initial contact) as appropriate. Some clients who need ongoing assistance will have a case opened and continue as a client of SRV (see section 3.8) Others who do not wish to act on any of the advice given at this point in time, or do not require further assistance from an advocate or lawyer, will end their association with SRV after the advice call. They are encouraged to contact SRV at any time in the future.

The top five external referrals made over the seven-year period were to dispute settlement or mediation services (14.26%), the Magistrates' Court (10.29%), Other services (8.43%), a private lawyer (7.62%) and to police (7.62%). Referrals to the Magistrate's Court would most often be regarding an intervention order or civil matter.

The data captured here only reflects the referrals made to a client during an advice call. It does not include referrals made to older people, service providers or family members during non-advice calls to the Helpline, and it does not include further referrals made to those who continue as SRV clients after an advice call.

TABLE 16. External referrals provided to the older person over 7-year period

EXTERNAL REFERRALS MADE	Freq.	%
Dispute Settlement/Mediation Service	176	14.26
Magistrate's Court	127	10.29
Others*	104	8.43
Private lawyer	104	8.43
Police	94	7.62
Community Legal Centre (CLC)	89	7.21
Counselling: General	68	5.51
Housing/tenancy service	50	4.05
Centrelink	33	2.67
Legal Referral Service	31	2.51
Aged Care Assessment Service (ACAS)	28	2.27
Alcohol and other drug service	27	2.19
General Practitioner (GP)	27	2.19
Aged Care Provider (Community)	26	2.11
Council (Municipal)	26	2.11
SRV Services	26	2.11
Financial counselling	24	1.94
Relationships Australia	22	1.78
Carers Victoria	20	1.62
Community Health Centre/Service	17	1.38
Family Violence Service	15	1.22
Office of the Public Advocate (OPA)	15	1.22
Elder Rights Advocacy (ERA)	12	0.97
Victorian Civil and Administrative Tribunal	12	0.97
Consumer Action Law Centre (CALC)	10	0.81
Ethno-specific service	8	0.65
Community Care Provider	7	0.57
Victoria Legal Aid (VLA)	6	0.49
Dementia service	5	0.41
Mental Health Service	5	0.41
Public Interest Law Clearing House (PIL)	4	0.32
Men's referral service	3	0.24
Public Trustee	3	0.24
Telephone Helpline	3	0.24
Consumer Affairs Victoria (CAV)	2	0.16
Government Department	2	0.16
Health Services Commissioner	2	0.16
Financial Ombudsman Service	1	0.08
Total	1,234	100

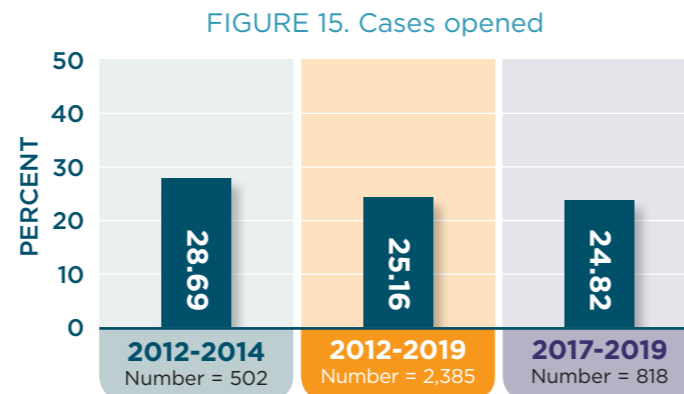
*Others include unspecified, bank, accountant, General Practitioner, vendor's advocate, financial advisor.

3.8 CASES AND OUTCOMES

After an older person has received an advice call from a lawyer and advocate, they either finish their association with SRV (and are welcome to return at any time) or, if their situation needs further assistance of the type SRV can provide, a case is opened and the person becomes an ongoing client of SRV.

3.8.1 Cases opened

Each year a number of clients who receive advice calls have a case opened for ongoing assistance. Overall, 25.16% of clients had a case opened. This has decreased (as a proportion of clients receiving advice calls) from 28.69% in the initial period, to 24.82% in the most recent period. An average of 86 cases are opened each year, with a total of 600 cases opened over the seven-year period.



3.8.2 External referrals for opened cases

When a case is opened, SRV staff continue working with the client. During this process they can make further referrals to external services. Of the cases that were opened, the most frequent referrals were made to a private lawyer (12.03%), another community legal centre (10.37%), police (7.47%), an aged care provider (7.05%), and a dispute settlement or mediation service (7.05%).

TABLE 17. Referrals provided for the opened cases 2012-2019

REFERRALS FOR OPENED CASES	Freq.	%
Private Lawyer	29	12.03
Community Legal Centre (CLC)	25	10.37
Police	18	7.47
Aged Care Provider (Community)	17	7.05
Dispute Settlement/Mediation Service	17	7.05
Housing/Tenancy Service	16	6.64
Aged Care Assessment (ACAS)	14	5.81
Other	14	5.81
Counselling: General	10	4.15
Financial Counselling	7	2.9
Legal Referral Service	7	2.9
Ethno-Specific Service	6	2.49
Magistrate's Court	6	2.49
Centrelink	5	2.07
Community Health Centre/Service	5	2.07
Consumer Action Law Centre (CALC)	5	2.07
Office of the Public Advocate (OPA)	5	2.07
Public Interest Law Clearing House (PILCH)	5	2.07
Family Violence Service	3	1.24
SRV Services	3	1.24
Victoria Legal Aid	3	1.24
Victorian Civil and Administration Tribunal	3	1.24
Alcohol and other drug service	2	0.83
Council (Municipal)	2	0.83
Dementia Service	2	0.83
Elder Rights Advocacy (ERA)	2	0.83
General Practitioner (GP)	2	0.83
Mental Health Service	2	0.83
Public Trustee	2	0.83
Relationships Victoria	2	0.83
Carers Victoria	1	0.41
Consumer Affairs Victoria (CAV)	1	0.41
Total	241	100

3.8.3 Outcomes of the opened cases

Outcomes are only recorded for those clients who have a case opened following an advice call. These outcomes are recorded when the case is closed and the older person is no longer a client of SRV. Each client may have multiple outcomes recorded. Some of the outcomes listed below could better be described as 'case descriptors' used by staff to categorise the work done on the case.

The most commonly recorded case outcomes over the seven-year period were that the older person passed away or withdrew from the service (26.87%),

the older person was linked to other services (22.76%), and written advice was provided (15.86%). In 24.07% of cases an outcome was recorded in Other, which covers a wide range of actions.

Clients withdraw from the service for a range of reasons, including that their or the perpetrator's circumstances changed, the client decided not to continue with the intervention, or the abuse lessened or ceased. Further detail about why a client withdrew is recorded in case notes but is not able to be extracted for analysis.

TABLE 18. Outcomes of opened cases

OUTCOME OF THE OPENED CASES (Responses include only 'Yes' to each outcome)	2012-2014		2012-2019		2017-2019	
	Frequency	%	Frequency	%	Frequency	%
Client withdrawal/client deceased	34	25.56	144	26.87	32	20.38
Others*	38	28.57	129	24.07	39	24.84
Client linked into/referred to other services	34	25.56	122	22.76	28	17.83
Written advice provided	27	20.3	85	15.86	23	14.65
Financial abuse was confirmed	12	9.02	76	14.18	39	24.84
Family violence-related outcome	10	7.52	74	13.81	32	20.38
Returned child**	14	10.53	56	10.45	12	7.64
Powers of Attorney	8	6.02	44	8.21	17	10.83
Housing/accommodation	9	6.77	39	7.28	16	10.19
Property	1	0.75	20	3.73	6	3.82
Administration/ Guardianship orders	7	5.26	17	3.17	4	2.55
Care/ACAS Complete	6	4.51	15	2.8	1	0.64
Banking	1	0.75	7	1.31	1	0.64
Mediation/successful	1	0.75	6	1.12	1	0.64
Grandparenting/orders not obtained	0	0	5	0.93	1	0.64
Civil Court Service	1	0.75	3	0.56	1	0.64
Total number	133		536		157	

*Others include unspecified, unable to get assistance, liaison with the perpetrator, independent handling of own case, emotional support provided due to scope beyond SRV service. ** Returned child indicates where an adult child has returned to live with a parent.

CHAPTER 4

SUMMARY DISCUSSION

The information presented in this report is based on data for 2,385 calls with Senior Rights Victoria's advice call service that related to elder abuse during the period July 2012 to June 2019. The conclusions outlined below are relevant for the sample of the population who sought assistance via the SRV service, and therefore may not portray with accuracy the demographic features and contextual factors of elder abuse in the broader Australian community.

4.1 ADVICE CALL SERVICE USAGE

The number of advice calls increased each year over the data collection period, except for the final two years when the service experienced resource limitations that also negatively affected the number of callers who were given further assistance as ongoing clients. Staffing constraints resulted in intake guidelines being tightened and fewer advice calls were undertaken.

In the absence of reliable longitudinal data on elder abuse prevalence in the general population it cannot be determined whether rising usage of the SRV service is a reflection of an increase in:

- incidence of abuse
- awareness of what constitutes elder abuse
- awareness of the rights of older people
- awareness of SRV's services
- or a combination of these factors.

A steep increase in the number of calls following the tabling of the Victorian Royal Commission into Family Violence report in early 2016, plus a strong rise in self-referrals to the SRV helpline suggests that community awareness of elder abuse and the rights of older people is increasing over time.

4.2 CHARACTERISTICS OF ADVICE CALL CLIENTS

SRV clients who completed advice calls tended to be:

- Women (72%)
- Aged 70 or over (72%)
- In receipt of a government pension (87%)
- Residing within the Greater Melbourne Metropolitan area (78%)
- Living in their own home (59%)

The most common living arrangement for SRV clients was living alone (35%) followed by living with an adult son or daughter (26%), or with partner (23%). Notably, the proportion of callers living in residential care facilities more than doubled, from four percent to just under ten percent, over the seven-year period. SRV does not deal with complaints in relation to staff misconduct, so these callers would be seeking advice regarding abuse from family members or similar, and not regarding mistreatment by the aged care facility.

Almost 60% of callers reported living with one or more disabilities, the most common being physical (75% of disabilities) followed by psychiatric (11%), hearing sensory (9%), neurological (6%) and vision sensory (5%).

One per cent of callers identified as Aboriginal and/or Torres Strait Islander, which is slightly higher than the Victorian population of 0.8% (not adjusted for age). Just over half of callers (52%) were born in Australia, compared with an estimated 59% of the Victorian population who are 60 years and older. The most common overseas countries of birth were United Kingdom (7.46%) followed by Greece (5.2%) and Italy (4.7%). These figures reflect post-war migration patterns consistent with the age of callers. The majority of callers (86%) were reported to speak English very well. Interpreters were employed for the remaining 14% of callers.

4.3 TYPES OF ABUSE REPORTED

Psychological abuse was the most commonly reported type of abuse (63%), followed by financial abuse (62%), physical abuse (16%) and social abuse (11%). Relatively few calls were received for neglect (1.2%) and sexual abuse (0.8%). As discussed, these types of abuse are less likely to be reported to SRV.

The proportions of calls concerning financial abuse and social abuse increased substantially over the seven-year period, with a 6.12% increase in financial abuse and a 4.21% increase in social abuse.

4.4 CHARACTERISTICS OF PERPETRATORS

Advice call information collected by SRV on perpetrators is limited by the identification of individual perpetrators only in the data, whereas elder abuse incidents may be committed by multiple persons, for example a son and daughter-in-law.

The majority of perpetrators during 2012–2019 were male (54%) with female perpetrators responsible for 46% of the abuse. The lowest proportion of female perpetration was 41% in 2014 and the highest

proportion was 51% in 2018, showing a rise of ten percentage points and reaching a majority of perpetration in one 12-month period. This relatively high proportion of abuse by women differentiates elder abuse from intimate partner violence: while the latter is primarily driven by gender inequality, the primary driver of elder abuse may be ageism.

Almost half of all perpetrators were aged between 40 and 54 years.

4.5 ABUSE RELATIONSHIPS

Nine out of ten perpetrators had a familial relationship with the older person, most commonly son (39%) or daughter (28%). Spouses and partners accounted for 9% of reported abuse.

One third of older people reporting abuse lived with the perpetrator. Sons who lived with the older

person committed more abuse than sons who did not live with the older person, whereas the opposite was true for daughters: daughters who lived with the older person committed less abuse than daughters who did not live with the older person.

4.6 RISK FACTORS FOR ABUSE - THE OLDER PERSON

The most commonly identified risk factors for abuse in this cohort were family conflict (44%), co-habitation with the perpetrator (35%), poor physical health (29%) and lack of information about rights (29%). These were followed by living alone (18%),

isolation (16%), language barrier (13%), and mental ill health or diminished capacity (12%). That both living with the perpetrator and living alone can be risk factors for the older person indicate the contextual nature of these factors.

4.7 RISK FACTORS FOR ABUSE - PERPETRATORS

Drug and alcohol or gambling issues were the highest risk factors among perpetrators over the seven-year period, averaging 35% of perpetrators and rising over time. Mental health issues were reported for 31% of perpetrators, rising substantially from 21% to 39% across the seven years. Reports

of a family history of violence rose also from 16% to 26% (seven-year average 20%), while financial difficulties of perpetrators occurred in 28% of cases and declined marginally over time. Carer stress, although reported in a small proportion of cases (4%), quadrupled over time from 1.7% to 6.7%.

CHAPTER 5

RECOMMENDATIONS

Recommendations have been made for further research, improved data collection and better service.

5.1 FURTHER RESEARCH

In the burgeoning field of elder abuse there are many opportunities for further research. As the data for this report was collected as part of the service, and not for research purposes, any findings are indicative or suggestive of a potential issue rather than conclusive.

5.1.1 Gender of older person

Much research has been done regarding gender and family violence; however, the focus is most often on intimate partner violence occurring within heterosexual relationships. Gender inequity as a driver of intergenerational violence has not been deeply considered and merits further research.

The data indicates that two-thirds (72%) of advice call clients are women. As this represents an over-representation of older women when compared to the Victorian population, it would be interesting to undertake further research to ultimately understand the role of gender in elder abuse, and how this might influence prevention and intervention activities.

Further research should also be done to establish whether the data also indicates an under-representation of male clients, and whether there are cultural and societal barriers to older men seeking assistance for elder abuse. Stereotypes such as the man being the provider and protector of the family, and social and cultural norms that require men to show strength and resilience can dissuade men from acknowledging, seeking help or reporting abuse. Social isolation can increase a person's vulnerability to abuse and research has shown that older men are more likely to be socially isolated than older women. Isolated people may not have supportive friends and family to turn to, or they may be abused by the people they depend on for care.

5.1.2 Gender of perpetrator

While elder abuse is a form of family violence, it differs from the most prominent form (intimate partner violence) in important ways. Where most intimate partner violence is committed by a male perpetrator against a female victim, in cases of elder abuse this is true less often. While the majority of violence

is perpetrated by men, there are a significant number of female perpetrators across psychological, financial, social and physical abuse. This warrants further research, particularly if primary prevention and perpetrator intervention activities would be more effective by taking the gender of the perpetrator into account.

5.1.3 Parent-child relationship

Considering that adult children are the most common perpetrators of elder abuse for the SRV cohort, further research should be done to better understand the complexities of the parent-child relationship (including power dynamics, changing roles and responsibilities over a lifetime, co-habitation, and interdependencies) and why it is that mothers may be more at risk of abuse than fathers and women who are not mothers.

In addition, the data indicates a higher proportion of sons perpetrating abuse when they live with the older person, than when they live separately, while the opposite is true for daughters. Further research can seek to better understand this and focus prevention activities accordingly.

5.1.4 Intimate partner violence

The proportion of cases within the SRV cohort that involve intimate partner violence has decreased over time. It is hopeful that this indicates that older women are increasingly accessing family violence services for support but further research should be done to confirm this. This may require partnership with family violence and women's services to understand whether older women are utilising these services, and/or whether women are increasingly leaving violent relationships before the age of 60.

Other more concerning reasons that may influence a decrease in the relative number of women experiencing intimate partner violence include housing pressures and the difficulty of finding housing if leaving a relationship, or income stress and women being reluctant to leave a spouse if they are not in an economic position to do so. In short, while it is hopeful that the decrease indicates fewer women experiencing intimate partner violence, there are many reasons that it may suggest fewer women in a position to access help from SRV.

5.1.5 Sexual abuse

Sexual abuse is notoriously underreported across all forms of family violence, and particularly so for older people. Considering this, little is known about its prevalence and the risk factors related to an older person and a perpetrator. It is an area that warrants further research in

partnership with specialised organisations such as the Centre for Sexual Assault (CASA) and health centres such as hospitals where the sexual abuse may be first identified.

See 5.3.5 for recommendations regarding service delivery.

5.1.6 Neglect

Neglect is reported to SRV in very low numbers. This is because the service model requires the older person to have the ability to seek assistance and give instruction - it is likely that someone experiencing serious neglect would not be in a position to do so. For this reason, neglect is more often to be identified by a third-party, so does not come through the SRV service.

It may be of interest for SRV to do some further research into neglect by collecting more detailed information about third party or secondary consultation calls, where a health professional or concerned person calls the helpline with suspicions of a person being neglected.

See 5.3.5 for recommendations regarding service delivery.

5.1.7 Family breakdown and blended families

There has been an increase in the number of perpetrators who are identified as being ex-family members, including ex-partner of the older person, or a child of the older person's partner. As families are increasingly blended and people may

age with a spouse who is not the parent of their children, more research could be done on elder abuse within situations of family breakdown or blended families, particularly in the wake of the death of a partner.

5.1.8 Perpetrator characteristics

While it is difficult to collect further data on perpetrator characteristics (as SRV work with the client and do not directly engage with the perpetrator), the information in this report, coupled with the experience of the SRV staff, point to perpetrator characteristics that can increase risk of elder abuse and heavily influence the context in which occurs and how it might be addressed.

The data indicates a significant increase in elder abuse by perpetrators experiencing mental ill health, substance abuse and gambling issues. This indicates that intervention and support work carried out with such people may not only improve their circumstance but also prevent elder abuse. This warrants further research and consideration of whether SRV could work with a mental health or AOD service provider to provide an intensive service for the perpetrator and older person in an effort to reduce elder abuse.

5.2 DATA COLLECTION

The data collected by SRV lawyers and advocates is primarily recorded to enable best practice service for individual clients, and to enable SRV to accurately report its activities to its funders. The use of the information as a collective data set that gives a description of elder abuse within the Victorian community is a secondary outcome. As the service has grown, so has the appetite for supporting statistics and evidence around elder abuse. To service this appetite, it would be beneficial for SRV to change what and how some of the data is collected.

Recommendations for improved data collection are given below. These would need to be considered by SRV to ensure that they are useful additions and do not inhibit the client service and relationship, or create an additional burden to clients or staff.

In addition, it is necessary to consider at what point in the process certain data should be collected as it can be very intrusive to collect data at the intake stage to the service, when a relationship with the client is still being established. It may be necessary to consider whether more comprehensive data can be collected at the point of closing a case, when detailed outcomes are recorded.

5.2.1 Duration and frequency of abuse

By understanding the pattern of abuse or how long the abuse has been occurring before a client seeks help, it may be possible to better target prevention activities that would encourage help-seeking behaviour and identify earlier points of intervention. SRV has considered recording the duration and frequency of abuse to enable a more comprehensive understanding of the issue but has decided that this information is of limited

use. A single act of abuse can be just as damaging as ongoing abuse, while asking a client to assign frequencies to such behaviours could make them feel unnecessarily interrogated. In addition, the veracity of the older person's answers could not be confirmed, so the data could only be treated as an estimate.

It is not recommended to collect additional information about duration and frequency of abuse.

5.2.2 Country of origin

SRV collects information related to a client's country of birth. To gain a more comprehensive understanding it is recommended that clients are also asked how long they have lived in Australia. SRV is continually trying to increase awareness of its services and the ways it can help within culturally and linguistically diverse communities. It is important to ensure that

these communities are both those with long-established migrants who have aged in Australia, as well as those older people who are more newly arrived.

It is also recommended that clients are asked what other languages they speak at home, so SRV can increasingly provide information in necessary languages.

5.2.3 Precipitating factors

The Elder Abuse Prevention Unit in Queensland runs a helpline that records similar data to that collected by SRV. One of the fields EAPU collect is precipitating factors - the things that trigger abuse or become a catalyst. The benefit of recording these factors is that it may assist in prevention and community education activities.

SRV currently records:

- Perpetrator moved in with the older person
- Older person moved in with perpetrator.

It is recommended that SRV considers recording the following precipitating factors:

- Perpetrator ill-health
- Perpetrator spousal separation
- Older person ill-health
- Older person bereavement
- Other.

In addition, SRV is considering how to record the impact of COVID-19 for both the older person and the perpetrator, and how this may act as a precipitating factor for abuse.

5.2.4 Gender identity

SRV is an LGBTI-friendly service and does outreach and community education within these communities, with the understanding that a person's sexual identity or orientation may influence their experience of elder abuse and discrimination.

While all callers in this data set identified as male or female, callers can also have

their gender identity recorded with a descriptor of their choice.

SRV does not collect information about a person's sexual orientation. It is therefore not known whether people from LGBTI communities are over- or under-represented as clients of the service. This may be a consideration for data collection in the future.

5.2.5 Socio-economic status

While it would be possible to collect more specific information about a person's socio-economic status, it is unlikely that the information gained about personal income would be worth the potential negative effects of asking questions that

may be off-putting or invasive, particularly for a client already feeling vulnerable having experienced financial abuse.

Recommendations regarding service improvement and socio-economic status are made in section 5.3.1.

5.2.6 Types of accommodation and living arrangement

Some of the information collected is related to SRV being a community legal centre (CLC). Accreditation and funding requirements related to being a CLC require information to be collected in a particular way so that it can be compared with other CLCs, most of which offer a more generalised service (rather than a focus on elder abuse). For this reason, some of the data fields are not a neat fit or do not tell the whole story as relevant to elder abuse.

As elder abuse often involves property disputes and can result in or be affected by changed living arrangements, it may be beneficial to record these details differently.

Elder abuse has many consequences, immediate and longer term. For example, a person may have changed from being a

homeowner to a private renter or resident of a care facility, due to financial abuse. Or a person may have previously lived alone but has had an adult child return to live with them.

Recording the type of accommodation and living arrangement before and after the abuse would give some indication of the consequences of the abuse. However, it can be difficult to identify a 'before' and 'after' as the abuse can be incremental or fluctuating.

It is recommended that in addition to SRV collecting the necessary data for reporting requirements, it is considered whether changes could be made to these fields to collect evidence about the consequences of elder abuse, for use in systemic advocacy on the issue.

5.2.7 Disability status

Disability indicators are primarily collected to inform staff of the client's needs (e.g. communication or mobility requirements for calls or meetings) and as required for reporting.

While disability itself may not increase risk of elder abuse, dependence on others for care needs can be a risk factor for abuse.

Currently SRV collect data on whether an older person is receiving support services, and what organisation is providing those services.

It is recommended that SRV consider whether information should be collected about whether a person requires support for the following needs:

- Domestic
- Transport
- Meals
- Personal Care
- Mobility
- Communication
- Other

It should also be recorded whether these needs are met (through informal or formal assistance) and whether they are met by the perpetrator.

If a client has unmet care needs that are resolved through assistance from SRV, or needs that were previously met by the perpetrator but need to be reassigned if the perpetrator is removed, recording this would better demonstrate what SRV advocacy can achieve.

It may not be necessary for this data to be collected for all clients, but only those who become ongoing clients of the service, where it is apparent that such needs exist.

5.2.8 Mental health

During the reporting period (2012-2019) the mental wellbeing of an SRV client was recorded in two ways: as a disability indicator (psychiatric), and as an individual risk factor (mental ill-health).

SRV clients are assumed to have decision-making capacity. Those whose capacity may be limited by severe mental illness would not be in the position to receive an advice call and would be better assisted by a different service and referred accordingly. Therefore there is limited benefit in collecting detailed information on most severe mental illness or disorders. However, it may be beneficial to better record information relating specifically to depression and anxiety.

Psychological distress, including depression and anxiety can be both a risk factor and a consequence of elder abuse. A person who is depressed or anxious

may not be able to recognise the abuse, seek help, and/or make sound decisions, while someone who has been subject to abuse may become increasingly depressed and anxious.

Since 2019, staff have been recording 'Depression and/or anxiety' as a specific disability indicator. In addition, it is recommended that clients are asked whether they felt their experience of depression and anxiety was influenced or exacerbated by the abuse. This would help SRV quantify and demonstrate the negative consequences of abuse, and advocate for more support for the mental wellbeing of older people.

Use of this data would need to qualify that depression and/or anxiety is the result of self-reporting by the client, and does not necessarily mean a medical diagnosis has been made.

5.2.9 Decision-making instruments

SRV collects information on a person's enduring power of attorney (EPOA) when it has been misused to perpetrate abuse.

It is recommended that SRV collect data for all clients regarding whether they have an EPOA in place, whether it is active, and whether the appointed person was the perpetrator.

The Queensland EAPU notes that an attorney is required to protect the principal's interest and may be liable for losses if they fail to do so. The EAPU helpline therefore records whether decision-makers had taken action to protect the victim, and the reasons they did not take action. The most common reasons for not acting were (overwhelmingly) that the decision maker was the perpetrator, followed by the decision maker believing the older person had capacity to manage the matter, or they were unaware of the abuse.

It may be that this data about decision-makers is more relevant to a cohort with higher rates of neglect. As SRV clients

have to be able to give instruction, there is likely to be a small proportion of them with EPOAs that have been activated. Anecdotal evidence suggests that for the SRV client, it is more likely that an appointed decision-maker who is not the perpetrator is involved with seeking assistance rather than being unaware of the abuse. Therefore, collecting further data on this may confirm whether EPOAs are effective preventative measures.

It is recommended that SRV consider recording more detailed information about decision-makers, including why the decision maker has not acted. This may include:

- Decision maker is perpetrator
- Decision maker is involved with seeking assistance
- Believe older person has capacity
- Unaware of the abuse
- Fear of consequences for self
- Fear of consequences for the older person.

5.2.10 Subsets of abuse

The subsets of abuse are designed to give a more comprehensive understanding of a person's situation, and to identify commonalities across the client cohort. When SRV moved to a new database system in July 2019, the subsets of abuse were reconsidered in order to improve accuracy and relevance. Occurrences of abuse are now collected under the following subsets:

Financial abuse

- Misuse or abuse of a financial POA
- Undue influence/unconscionable conduct to hand over assets
- Assets for care
- Unpaid debts or loans
- Unauthorised use of bank accounts/money
- Damage to property/refusal to pay household costs
- Regarding grandchildren

Psychological abuse

- Verbal abuse
- Threats or pressure
- Withholding access to grandchildren
- Regarding grandchildren

5.2.11 Individual risk factors

As discussed, risk factors are only recorded when directly mentioned by the older person or observed by the advocate or lawyer. Clients are not asked directly about every risk factor that may apply.

As the evidence base about risk factors has grown it would be beneficial for SRV to reconsider what risk factors it collects, with a view to ensuring that the knowledge gained is useful to direct prevention or intervention work.

It is recommended that the following risk factors are retained:

- Living with perpetrator
- Living alone
- Poor physical health/frailty
- Lack of information about rights
- Lack of appropriate formal services
- Language barrier
- Financial dependency on perpetrator
- Mental ill-health
- Diminished capacity

Physical abuse

- No subset information

Social abuse

- Living with and/or taking control of an older person
- Isolation of older person (preventing access to services or family)
- Preventing an older person returning to their home
- Misuse or abuse of a personal POA

Sexual abuse

- Sexual assault
- Exposed to pornography

Neglect

- Unintended neglect / carer stress
- Failure to provide care

Non-abuse matters

- Guardianship and Administration
- Grand-parenting (not abuse)
- Preventative - must define type
- Family care arrangements
- Future planning (Will, POA, ACD)
- Family law - property settlement
- Family law - divorce
- Other (must define)

In addition, the following risk factors should be added:

- Poor financial literacy
- Depression and/or anxiety
- Dependent on perpetrator for care needs
- Dementia
- Diagnosed
- Suspected
- Socially isolated/unsupported
- Victim of previous family violence

The following risk factors are removed:

- Family conflict
- Isolation
- Poor financial acumen
- Gambling/substance abuse
- Unwilling to accept services
- Physical dependency on abuser
- Psychological dependency on abuser

5.2.12 Perpetrator risk factors

There is a growing body of research that suggests that abuser problem behaviours are the primary cause of elder abuse, and consideration of this allows perpetrators to be classified into different subtypes with targeted interventions and prevention.

This might include improving the data collected on risk factors of the relationship between the older person and the perpetrator. For example, the perpetrator having a mental illness does not necessarily increase the risk of elder abuse, but effects of the mental illness may increase the risk, particularly if the perpetrator requires extra support or co-habits with the older person.

At present information is collected about the older person's dependency on the perpetrator, but it would be more comprehensive to also collect information about the perpetrator's dependency on the older person.

It is recommended that the following perpetrator risk factors are retained:

- Perpetrator with drug/alcohol/gambling issues
- Perpetrator with mental ill health
- Perpetrator with financial difficulties

The following risk factors are added:

- Perpetrator dependent on older person
- Perpetrator as carer is stressed/overburdened/inexperienced
- Perpetrator is victim of other family violence
- Perpetrator is responsible for other family violence

The following risk factors are removed:

- Dysfunctional/overburdened/Isolated
- Family history of violence

This is a complex area and will need further consideration. While it would be possible to collect much information about perpetrators, SRV's focus is on service provision rather than research. Information should only be collected if it can assist SRV to provide better service to its clients, including systemic advocacy and prevention work to stop elder abuse from occurring.

(such as the son and daughter-in-law of the older person) or siblings who were equally responsible for the abuse.

Since 2019, SRV has allowed multiple perpetrators to be listed for each client, including their gender, relationship and age. This will allow a more accurate analysis of perpetrator characteristics in the future.

5.2.13 Multiple perpetrators

From 2012 to 2019 it was only possible for a single person to be identified as the perpetrator for any one client. While information regarding multiple perpetrators was documented in the case notes for a client, one perpetrator would be designated as the 'primary' perpetrator, and it is this person's details that were recorded in the database for later analysis. In many cases, there might be a couple

5.2.14 External referrals

External referrals are recorded at the completion of the advice call and at the closure of a case. Referrals that are made at other times to clients may not be recorded by staff. It is recommended that all referrals are recorded to better demonstrate the service provided by SRV.

5.2.15 Outcomes

The outcomes recorded by SRV are pertinent to advice calls where the client has then received ongoing assistance. From 2012 until 2019 most of the detail of the outcomes was recorded in the client's case notes, and could not be extracted for analysis. SRV has moved to a new database system and in the future, case outcomes will be able to be analysed in more detail.

This increased level of detail better demonstrates the service provided by the lawyers and advocates and the success of the intervention.

Legal and advocacy outcomes are now recorded under the following headings (plus detailed subcategories):

- Verbal advice provided
- Written advice provided
- Letter to perpetrator or third party sent
- Court proceedings initiated
- IVO
- Guardianship and Administration
- Power of Attorney VCAT
- POA Other
- Chattels
- Property
- Debt
- Mediation
- Safety
- Alternative housing for client obtained
- Support/Care
- Financial
- Other

It is recommended that the following client-focused outcomes are also added to better capture the client's point of view. Unlike the legal and advocacy outcomes, these outcomes could not be ascertained by the lawyer or advocate, so would have to be asked of the client directly at the point of case closure.

- Client feels the situation has been resolved
- Client has enough information to make further decisions
- Client feels supported and heard
- Perpetrator is estranged
- Client decided no further action was to be taken at this time
- Client has been informed of actions that can mitigate against future abuses
- Client is empowered to seek assistance to prevent reoccurrence of abuse.

5.3 BETTER SERVICE

Having considered the collective data and what it indicates, the following are suggestions on how SRV could change or improve its service to better support older people experiencing abuse.

5.3.1 Socio-economic factors

When analysed against the SEIFA data, it became apparent that SRV had more requests for advice calls from people in relatively wealthier suburbs than in those from more disadvantaged suburbs. Considering the overwhelmingly low-income level of SRV clients, it is possible that an SRV client could be a disadvantaged person in an advantaged suburb. However, it is important to investigate this further.

This finding indicates that SRV may need to consider new ways to reach people from more disadvantaged areas. This may

mean delivering community education with different partners or in a new format. It may also indicate the need to undertake specific outreach to raise awareness of elder abuse and the SRV service in those postcodes for which SRV does not get many calls.

It is also noted that, in general, wealthier suburbs tend to be long-established and have a higher proportion of older people who have aged in place. Newer suburbs in outer metropolitan or regional areas that have lower socio-economic levels tend to house younger families.

5.3.2 Regional areas

Approximately 78% of SRV advice call clients are from metropolitan areas, and 22% from regional areas. As ABS data suggests that Victoria's population is distributed with 40% of people aged over 50 living outside of the Melbourne region, this indicates that there may be unmet need in regional Victoria. As the advice

call service is provided over the phone and does not require clients to travel to the SRV offices, it is accessible to people across the state and SRV should consider how better to promote awareness of the service in regional areas, and to encourage its use by people from regional areas.

5.3.3 Source of knowledge to SRV service

Increasingly, clients are learning about the SRV service through word-of-mouth. This indicates that SRVs efforts in community education and awareness-raising are working – while people who attend the community education do not often become clients, they share their knowledge and awareness with their friends and families, particularly the people they are concerned about.

That referrals from other services and agencies have decreased over time could be attributed to the following factors:

- Increasingly professionals from other services are accessing the SRV casework team for secondary consultations, and taking this expertise back to clients. Initial analysis of the number of secondary consultations shows an increase, though further analysis is outside the remit of this project.
- SRV may need to increase efforts to network with other agencies and ensure other professionals are aware of the services provided.
- There has been an increase in alternative service access points in recent years, such as the Integrated Models of Care at some health services, or the Orange Door family violence services.

It is recommended that SRV consider a review of its secondary consultation service, to best understand the increased demand and the impact of this on the advice call service.

The number of advice clients gaining knowledge of the service from the internet is quite low. While this is to be expected in this cohort it is an area where improvements could be made. As the population ages and people becoming increasingly comfortable with seeking information and assistance online, SRV should make efforts to increase their digital reach.

5.3.4 Perpetrator risk factors

The significant increase in the proportion of perpetrators experiencing mental illness, and those with a gambling or substance abuse problem has been a growing concern of SRV staff. It is often a driving concern for older people to contact a service as they seek assistance for their family member. While the data in this analysis was not collected systematically (all clients were not asked whether the perpetrator experienced

these risk factors nor was it independently confirmed with the perpetrator) it does indicate an area of concern.

It is recommended that SRV pursue further work in this area, considering how people with these complex needs can be better supported so that they are not in a position where they are at increased risk of perpetrating elder abuse against their parents.

5.3.5 Neglect and sexual abuse

As discussed, neglect and sexual abuse both appear in low numbers in this SRV data set, due to the nature of the service. However, it is worth considering whether there is a role for SRV in increased prevention or intervention measures

for sexual abuse and neglect, such as community awareness-raising of the issues and supports available, as well as professional education regarding identification of neglect and sexual abuse.

FOOTNOTES

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