



Understanding Elder Abuse

A Scoping Study

Prepared by

Melanie Joosten, Freda Vrantsidis and Briony Dow



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Prepared by
Melanie Joosten, Freda Vrantzidis
and Briony Dow from the National Ageing
Research Institute, with thanks to Erin Joyce.

The Melbourne Social Equity Institute commissioned the National Ageing Research Institute to conduct a scoping study reviewing the published literature on elder abuse with specific focus on intergenerational elder abuse, and the evidence supporting interventions to address this abuse. The authors would also like to acknowledge additional funding support from Gandel Philanthropy.

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Executive summary

Elder abuse is a highly complex social problem. The abuse takes many forms, including: financial, physical, psychological, social and sexual as well as the more passive form of neglect. It can be deliberate or inadvertent. It is difficult to measure as the type of abuse and setting in which it occurs differ markedly. It is also difficult to know when an intervention to prevent or manage abuse has been successful as this will depend on the type of abuse and the definition of success. A service provider may define success as cessation of abuse but an older person may not regard cessation as successful if it has meant that they have had to move house or lost contact with the family member perpetrating the abuse. It is also difficult to design interventions that focus on the perpetrator, unless they are also the carer of the older person. For these reasons, there is a lack of high quality research evidence to support the effectiveness of most elder abuse interventions.

This review begins with a broad discussion of elder abuse by considering the definition of the term and the prevalence of the behaviour, the impact elder abuse has on older people and the wider population, and the family context within which elder abuse most often occurs. It then considers the different ways elder abuse is conceptualised, and how it intersects with a range of other issues including ageism, family violence and conflict, caregiving, gender and sexuality, and culture and suggests that an applied ecological approach (which considers the individual and their place within their community and society) is the most comprehensive way of conceptualising elder abuse. Finally, interventions that show some evidence or promise, and which should be further and more rigorously researched and evaluated are described.

‘Elder abuse’ is best used as a descriptive umbrella term that encompasses a broad range of behaviours. Elder abuse should be considered in the context of ageism, family violence and conflict, caregiving, gender and sexuality, and culture, and any policies or interventions aimed at addressing the mistreatment of older people need to take these factors into consideration.

Blanket approaches to prevention and intervention are unlikely to address the complex nature of elder abuse. Different types of abuse (financial, psychological, physical, sexual and social abuse and neglect) are related to different risk factors, each of which need to be considered to ensure a long-term solution for any individual.

When abuse occurs within the family it is often intergenerational (adult children perpetrating abuse toward their parents). The complex and constantly changing nature of parent–child relationships over the life course can result in feelings of ambivalence that can affect the older person’s likelihood of

taking action to stop the abuse. Consequently, a need has been identified for evidence-based interventions that address the older person, the abuser and their relationship. The following interventions show some evidence of effectiveness:

Older person

- multidisciplinary approach – combined support services with legal intervention
- multidisciplinary assessment of an older person's needs and referral to appropriate supports
- case management and advocacy
- motivational interviewing to aid empowerment and decision-making

Perpetrator

- psycho-educative support for caregivers (support groups or individual)
- anger management for caregivers
- counselling for perpetrators

Family relationships

- family-based cognitive behavioural therapy

Any intervention to address elder abuse must consider the older person's relationship to the perpetrator and how this relationship may be affected by any action that is taken. Multifaceted interventions that are tailored to the individual's experience and which consider the older person's needs and desires as well as the wider context in which the abuse has occurred are likely to be most effective, and to maintain this success over time.

The former Age Discrimination Commissioner Susan Ryan recently called for a national elder abuse prevalence study which, if rolled out, it would be the first of its kind in Australia. If such an initiative were to go ahead, it may provide the hard evidence required to turn the call for a national approach to elder abuse into action and streamline the many small pockets of activity into an effective broader national level prevention and response strategy that will create equal access to information, advice and support for all older Australians.

Recommendations

- In Australia there is a need to better understand the prevalence and nature of abuse so priorities can be set and policies and programs targeted to the specific circumstances of people experiencing abuse.
- A national framework is needed that aligns State and Commonwealth legislation, policies, strategies and services to ensure that older people get equal access to information, advice and support regardless of their geographical location.
- Given the current focus on family violence, further clarification of how elder abuse is conceptualised is needed. Should elder abuse be understood and responded to as a sub-set of family violence or does it call for a separate policy and service response?
- There is a need for further research into existing interventions as well as interventions that have not yet been fully evaluated but have the potential to prevent or reduce intergenerational elder abuse, such as family mediation.
- There is a need for research that targets the risk factors for abuse by perpetrators, including the circumstances that lead to dependence on the older person such as mental illness, substance abuse and financial problems.
- More research into the risks and needs of older LGBTI people regarding elder abuse is necessary.
- There is a need for further research to better understand how diverse cultural norms and expectations can affect help-seeking behaviours and the reporting of elder abuse.
- Research and evaluation is needed to understand whether public education and awareness-raising aimed at older people is an effective intervention or prevention measure for elder abuse.

Introduction

The aim of this scoping study is to consider how elder abuse is conceptualised across different dimensions and settings, what mechanisms and interventions have been used to ameliorate abuse, and how effective these interventions have been. It also incorporates an Appendix that summarises the current Australian state and territory policy relating to elder abuse as of December 2016.

As the area of elder abuse is so complex and extensive, a review of literature pertaining to all interventions in the field is beyond the scope of this study. Recent high-quality international reviews demonstrate that casting the net wide to encompass a range of elder abuse types, settings and behaviours makes it difficult to conduct any meaningful comparisons regarding the effectiveness of interventions (O'Donnell, Phelan et al. 2015; Baker, Francis et al. 2016).

To avoid this problem and to facilitate achievable recommendations for practice and further research, this scoping paper focuses on abuse that occurs within the family: namely abusive scenarios where the victim is a parent and the perpetrator is an adult child, family member, spouse or close friend. It will not focus on abuse perpetrated by care workers or other professionals, abuse perpetrated by other aged care residents, or abuse perpetrated by strangers (such as online fraud). This study will not consider prevention measures or interventions aimed at the broader public such as community awareness campaigns; health, finance and legal professional education; helplines; mandatory reporting or adult protective services.

Definition

While elder abuse has been a recognised issue in Australia since the late 1970s, the terminology used to describe it has changed over that time, from earlier phrases such as 'the protection of frail older people' and 'abuse of vulnerable adults' to the more contemporary 'elder abuse', which is recognised around the world (Kurrle and Naughtin 2008). The most commonly used definition is the one recognised by the World Health Organization (WHO): a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (World Health Organization 2016).

While this definition gives an overarching framework to the issue, it does not fully recognise the complexity of the issue and the variety of

contexts in which abuse can occur. The above definition can encompass acts of psychological, financial, physical, social and sexual abuse, as well as intentional and unintentional neglect; and it can comprise both criminal and non-criminal acts. For each type of abuse there are different risk factors, contexts and settings, and each variation requires different approaches to prevention and intervention. In addition to this the term 'elder abuse' is considered problematic for some, as it suggests that advanced age is an impairment and suggests older people need universal protective measures. To address this, it has been suggested that any definition of elder abuse, or the mistreatment of older people, should include a measure of frailty, dependence and vulnerability, or other factors that may affect the power imbalance between two adult parties (Clare, Clare et al. 2014). Considering the complexity of the field, it is best to consider any definition as descriptive rather than prescriptive.

Prevalence

It is difficult to know how many people in Australia experience elder abuse as there have been no prevalence studies. Considering the wide variety of acts and circumstance that are defined as elder abuse it is unsurprising that international data estimates vary. A review of general population studies found the prevalence of elder abuse ranged from between 3.2% and 27.5% (Cooper, Selwood et al. 2008). This review included studies that showed more than 6% of the older population reported abusive behaviour in the previous month; as well as significant numbers of older people reporting psychological abuse (above 25%) and neglect (20%) from their carers. Rates of different types of abuse vary: a recent WHO report estimated prevalence of elder abuse in high- or middle-income countries as ranging from 2% to 14% overall, including financial abuse (1–9%), psychological abuse (1–6%), physical abuse (0–5%), sexual abuse (0–1%), and neglect (0–6%)(World Health Organization 2015).

In Australia, prevalence of elder abuse in the older population is estimated to be between 2% and 10%, with neglect possibly occurring at higher rates (Kaspiew, Carson et al. 2016). This takes into consideration population studies into the abuse of older women including the Australian Longitudinal Study of Women's Health, which measures factors relating to risk of abuse, vulnerability and coercion, and dependence and dejection, and found that 8% of the oldest cohort (aged 85–90 years) experienced vulnerability to abuse (Women's Health of Australia 2016). A review of various small studies in Australia that have attempted to establish prevalence found estimates ranging from 2.3% to 5.4% (Kurrle and Naughtin 2008).

Prevalence estimates of elder abuse vary widely from < 1% to >25% depending on the type of abuse, definitions used and populations sampled. There are no reliable population prevalence data in Australia

Impact

Elder abuse has been shown to have a significant negative effect on victims, and is associated with decreased quality of life, morbidity and mortality; the WHO suggests elder abuse is annually responsible for at least 2500 deaths in Europe (World Health Organization 2011). Consequences of elder abuse include depression, anxiety, fear, feelings of unworthiness and other psychological stress (Dong, Chang et al. 2013), substance addiction (Kaye, Kay et al. 2007; Rosen 2014) and suicide (Kaye, Kay et al. 2007). In the US the annual direct healthcare costs associated with injuries due to elder abuse have been estimated to be USD 5.3 billion. In Australia, annual hospital admission costs due to elder abuse were estimated to be between AUD 9.9–30.7 million dollars in the 2007/2008 financial year (Choo, Hairi et al. 2013). These figures only relate to health costs and do not take into consideration other costs borne by the individual victim and the community.

Context

Elder abuse often occurs within the family and across generations – the victim is often a parent, and the perpetrator is often an adult child (Alon and Berg-Warman 2014; Joosten, Dow et al. 2015; Rizzo, Burnes et al. 2015; Vrantzidis, Dow et al. 2016). In this way, elder abuse is an acknowledged form of family violence. Elder abuse shares many similar characteristics to other forms of family violence, including women being over-represented as victims and men as perpetrators (Neave, Faulkner et al. 2016).

Another similarity is that much elder abuse is likely to go unreported. Barriers to reporting include older people not recognising the situation as abusive (Dakin and Pearlmutter 2009); not wishing to tell authorities about abuse as they subscribe to generational beliefs about family violence as a private matter (Neave, Faulkner et al. 2016); they may feel a sense of shame or embarrassment (Clare, Clare et al. 2014; Kosberg 2014); feeling responsible for the actions of the perpetrator, particularly in light of the parent–child relationship (Harbison and Morrow 1998; Moon and Benton 2000); and a reluctance to take action if the consequences might be detrimental to a family member (Neave, Faulkner et al. 2016). Older

people may not report if they do not know where to access assistance or do not believe help is available (DeLiema, Navarro et al. 2015; Neave, Faulkner et al. 2016); they may accept the long-standing behaviour (Teaster, Roberto et al. 2006); or they may fear authority and lack the confidence and knowledge to make their situation known to outsiders (Clare, Clare et al. 2014).

Elder abuse sometimes goes unreported because of a fear of the consequences, particularly if they are dependent upon the abuser. This includes a fear of retaliation or being abandoned, including being placed in a nursing home (Harbison and Morrow 1998; Clare, Clare et al. 2014; Jackson and Hafemeister 2014; Ziminski Pickering and Rempusheski 2014).

Older people do not report abuse because they are ashamed or embarrassed, feel responsible for the behaviour of their adult son or daughter or are worried about what might happen as a consequence of reporting

Elder abuse can also occur in institutional settings such as residential care facilities and hospitals, and it can be perpetrated by any acquaintance or family member of the older person. In Australia, there is no national policy or framework regarding elder abuse (see Appendix), and the Aged Care Act (1997) limits compulsory reporting of abuse to sexual abuse and serious physical abuse that occurs in residential care (Kurrle and Naughtin 2008). In the financial year 2014–15, 2,625 notifications (1.1% of the population in residential care) were received under the Aged Care Act regarding alleged or suspected unreasonable use of force, or unlawful sexual contact, or both (Department of Health 2015).

Conceptualising elder abuse

Historically, elder abuse was conceptualised within a protectionist framework. Older people were seen as dependent, incapable of making suitable decisions regarding their needs, and a source of stress to the people required to care for them. This led to interventions that attempted to protect and ameliorate risk, but which failed to take into account the complexity of an individual's situation (Harbison and Morrow 1998).

In Australia, where elder abuse has largely been seen as a responsibility of governments at a state and territory level, there is a consensus for an empowerment approach to addressing the issue. This approach begins with the assumption that all adults of any age are competent to make informed decisions, unless proven otherwise, and that any support to address elder abuse should empower the older person to take action without compelling them to do so. It puts the older person and their needs and desires first, acknowledging that each individual has the right to self-determination, and should be supported in their choices.

But addressing elder abuse is not just about the older person changing their behaviour to mitigate the abuse. Responses also need to consider the behaviour and motivations of the perpetrator, the complexities of the relationship between the older person and the perpetrator, and the influence of the society and systems within which they operate. This includes a critique of cultural norms and beliefs round ageism, intergenerational conflict and wealth distribution, family violence and caring for the elderly.

While there is broad consensus as to what constitutes elder abuse or elder mistreatment it can be approached in a variety of ways depending on the context. The professional areas of psychology, sociology, gerontology, criminal justice, forensics and public health each view elder abuse with a slightly different lens and acknowledge a complex overlap of issues to do with ageism; family violence and conflict; caregiving; gender and sexuality, and culture.

*In Australia an **empowerment approach** has been the preferred approach to elder abuse, starting with the assumption that all adults of any age are competent to make informed decisions, unless proven otherwise, and that any support to address elder abuse should empower the older person to take action without compelling them to do so*

Ageism

Ageism refers to discrimination on the basis of age, and the negative stereotypes perpetuated by society regarding old age. Ageism leads to the marginalisation of older people and the issues and challenges they may face, including elder abuse. It can also mean older people are denied access to opportunities, resources and entitlements available to other members of the community (UNESCO 2002). It is important to consider ageism in regard to elder abuse interventions and prevention measures to ensure that older people are not being treated without respect to their agency and decision-making ability.

Considering each individual ages differently, recent research questions whether chronological age should be a defining feature of elder abuse, or whether more consideration should be given to notions of frailty, dependence, vulnerability and other factors that may affect an older person and their relationships with others (Clare, Clare et al. 2014).

Family violence and conflict

Family violence is often explained as stemming from a power imbalance between parties. This is most commonly understood as a power imbalance between the genders. It can also manifest in other forms, including in the parent–child relationship. It is aggravated by factors such as social isolation, lack of resources and support, and other societal pressures on the parties involved (Walsh, Ploeg et al. 2007).

The recent Victorian Government Royal Commission into Family Violence highlighted that elder abuse, being often perpetrated by a family member of the older person, is a form of family violence (Neave, Faulkner et al. 2016). A family violence framework has increasingly been used in the elder abuse field as it takes into consideration the particular relationship between the older person and the perpetrator, and the possible existence of violence and conflict across the lifespan, and across generations

(Harbison and Morrow 1998; Walsh, Ploeg et al. 2007; Lowenstein 2010; Burnight and Mosqueda 2011). However, placing elder abuse exclusively within a family violence framework runs the risk of confirming it as a problem to be faced by families and individuals, and not acknowledging that it also occurs within aged and health care services, and is influenced by social factors of ageism and discrimination (Harbison, Coughlan et al. 2011). Table 1 below outlines some of the similarities and differences between how elder abuse and family violence are conceptualised.

Understanding when family conflict results in abusive or violent behaviour may be a key element of understanding elder abuse. The existence of conflict within a family, including complex long-term problems and unresolved issues, can affect interpersonal relationships and the ability of family members to renegotiate changing circumstances. The strain of family conflict can also be increased when older parents and adult children share living arrangements (Tindale, Norris et al. 1994). Dysfunctional communication between parents and children may increase the likelihood of abuse occurring, particularly when the care needs and the roles of both parties change over time, and can become increasingly strained as individuals negotiate the shifting sands of dependency and agency (Lin and Giles 2013; Band-Winterstein 2015).

Theories of intergenerational transmission of family violence suggest that those who are abused as children, or who see violent behaviour as a way to resolve conflict or control other people, are at risk of becoming abusive adults (Walsh, Ploeg et al. 2007; Lowenstein, Eisikovits et al. 2009; Pickering, Moon et al. 2015). These theories have largely only been applied to a consideration of the adults' behaviour towards their partner or children, and not towards their elderly parents. However, one recent research study showed that adult daughters who self-identified as exhibiting abusive behaviours toward their mothers, all reported abuse or neglect in childhood (Pickering, Moon et al. 2015). Children within violent families may be aware of the expectation that they provide care for their parents but may not have the will or the resources to act accordingly (Band-Winterstein 2015). Older people who themselves have been victims of childhood family violence may be more likely to experience elder abuse: research shows victims of childhood violence are more likely to be victims of physical abuse and neglect as adults, and more likely to experience co-occurring financial exploitation (Jackson and Hafemeister 2011; McDonald and Thomas 2013). Considering the complexities of elder abuse and how the roles of parents and children change over time, theories of intergenerational transmission of violence may or may not be applicable, however more research needs to be done in this area.

Table 1 Conceptualising elder abuse within the family violence framework

Similarities	Differences
Largely occurs within families	More often intergenerational than spousal
Power imbalance	Not only family, can include other persons of trust
Reluctance to report Fear of consequences to self and perpetrator Fear of loss of relationship Lack of options	More dynamic power imbalance across the lifecourse
Sense of responsibility of person being abused	Not always driven by anger or need to control
Gendered nature (perpetrated by men against women)	Context of care relationships more common
Many of the risk factors	Financial rather than physical most common
Negative stereotypes and discrimination against group involved (Ageism and Misogyny)	Includes neglect

Like family violence, women are over-represented as victims of elder abuse and men as perpetrators. However this can be different for the different types of abuse, and older men experience family violence at a higher rate than younger men (Neave, Faulkner et al. 2016). Intimate partner violence that occurs in later life is sometimes a continuation of abuse from a partner or spouse in a long-term relationship, or may occur within a new relationship (Roberto 2016). While a family violence lens adds another perspective to elder abuse, interventions in family violence are often focused on intimate partner violence, and while this is a subset of elder abuse it does not accurately describe the parent–child relationship that is more commonly the site of elder abuse.

Caregiving

Carer stress and burden are recognised risk factors for elder abuse although not all caregivers abuse. Initially it was thought that elder abuse was largely due to frustration caused by the stress and burden of caregiving, and ignorance of the rights and needs of the older person (Schiamberg and Gans 1999; Quinn and Heisler 2004). However, more recent research and the experience of service providers who support those experiencing elder abuse found that the caregiver model did not explain the majority of cases of elder abuse (Acierno, Hernandez et al.

2010; Brandl and Raymond 2012). Despite this, caregiving should not be dismissed when conceptualising elder abuse, particularly when it occurs within the family. Informal caregiving only rarely involves anyone outside of the family, and while caregiving can be the role of the spouse, it is often an intergenerational family issue. Family support is what often enables older people to live in their choice of setting and not move into residential care, however this support can offer the opportunity or risk of elder abuse occurring (Schiamberg and Gans 1999).

Caregiving by adult children to their elderly parents requires a renegotiation of roles and responsibilities within the family, both across generations and also regarding relationships amongst siblings and in-laws (Lowenstein 2010). As this renegotiation often takes place at a time of vulnerability (parents accepting their need for more assistance and children accepting the extra pressure this might entail) it can be a cause of stress and misunderstanding within the family, and it may also intersect with longstanding family conflict or abuse. Other complicating factors of intergenerational family relationships and caregiving are the changing patterns of family formation and dissolution, women's increased participation in the workforce, and the increased likelihood of various family members across generations living in different locations (Lowenstein 2010).

There is some criticism that the caregiver stress theory places the responsibility for the abusive situation on the older person who is requiring care, and that it risks normalising abuse by accepting mistreatment as the result of stress (Brandl 2000). It should also be noted that while the assumption is often made that in a relationship between an older person and their adult child it is the adult child providing the care, this is not always the case. The perpetrator can be dependent upon the older person for financial, emotional or other support, indicating that the caregiving relationship is not unilateral (Brandl and Raymond 2012; Pillemer, Burnes et al. 2016; Roberto 2016).

Gender and sexuality

Research indicates that victims of elder abuse are predominately women, though this can depend on the type of abuse (Lowenstein, Eisikovits et al. 2009; Joosten, Dow et al. 2015; Pillemer, Burnes et al. 2016). However, men are more likely to be victims of elder abuse than other forms of family violence, meaning elder abuse is not as starkly gendered as intimate partner violence.

The type of abuse experienced can differ across genders: women are more likely to have experienced neglect and interpersonal (physical,

psychological and sexual) abuse than men, but similar rates of financial abuse were found across both genders (Biggs, Manthorpe et al. 2009). A systematic review of risk factors related to elder abuse in community settings, but found there was no clear trend in the gender of the victim (Johannesen and LoGiudice 2013).

Research has not often focused on the gender of the perpetrator. Some studies indicate men are more likely to be perpetrators (Jackson and Hafemeister 2011; Joosten, Dow et al. 2015), though a systematic review suggested there was no clear trend in the perpetrator gender as a risk factor (Johannesen and LoGiudice 2013).

There has been little research into links between gender identity or sexual orientation and elder abuse, though homophobia and discrimination based on sexual identity have been identified as significant concerns for gay, lesbian, bisexual and transgender (LGBT) older people (Walsh, Olson et al. 2011). In submissions to the Australian Law Reform Commission inquiry into elder abuse it was noted that LGBTI elders often keep their sexual orientation or gender identity secret for fear of their safety, and that they may be at risk if an abuser threatens to out them (National LGBTI Health Alliance 2016). Societal treatment of LGBTI people and a history of state-sanctioned homophobia and discrimination may mean that perpetrators of abuse against LGBTI older people may not consider their actions abusive (Barrett 2016). More research into the risks and needs of older LGBTI people regarding elder abuse is necessary.

Culture

Considerations of cultural diversity when understanding and addressing elder abuse are very important because what constitutes abuse in one culture may not be considered abusive behaviour in another culture, which makes it difficult to identify and address (Bagshaw, Wendt et al. 2013; Choo, Hairi et al. 2013). While each culture is unique, similarities can be drawn between the experiences of people from minority cultural groups in a Western country such as Australia where there is one main language of communication.

A study of older Australians from Italian, Greek and Vietnamese backgrounds suggested that culturally and linguistically diverse (CALD) groups were more likely than Australian-born older people to rely on support from family for financial management such as paying bills (Wainer, Owada et al. 2011). Older people from CALD backgrounds are particularly vulnerable to financial abuse because language and literacy barriers can make them dependent on others for translation and for assistance with their finances (Wainer, Owada et al. 2011). They may also

be socially isolated and unwilling to disclose mistreatment or neglect for fear of the social stigma associated with abuse (Office of the Public Advocate 2006; Zannettino, Bagshaw et al. 2015). Strategies that focus on an individual rights-based approach in regard to finance may not be suitable for cultures that place a value on the family as collective owners (Wainer, Owada et al. 2011). There is a need for further research to better understand how diverse cultural norms and expectations can affect help-seeking behaviours and the reporting of elder abuse (Dong 2013).

The migration experience may also impact on elder abuse. Post-migration stress such as changes in social status, financial difficulties and material pressures, as well as other stresses such as attempts to comply with traditional cultural expectations in a new environment may influence the occurrence of abusive behaviour, particularly if they lead to family members' frustration or impatience with the older person (Petosic, Guruge et al. 2015). Any intervention needs to consider the importance to the older person of emotional connections with family, community and culture as isolation and cultural disconnection can make older CALD people more emotionally vulnerable and consequently more dependent on the perpetrator (Zannettino, Bagshaw et al. 2015).

Applied ecological approach

The most useful way of consolidating these various complexities is through an applied ecological approach, which best considers the risk factors of the individual, the perpetrator, their mutual relationship, and their respective positions within community and society. Bronfenbrenner's human ecological perspective considers the individual within four levels of environments: the microsystem is the family, the mesosystem describes the relationships between the family and other principal settings, such as informal and formal support systems (Sincero 2016). The exosystem is a level that is removed from the individual, but linked to other family members (such as the adult child's workplace). The macrosystem describes the broad ideological values, norms and institutional patterns of a culture (Schiamberg and Gans 1999).

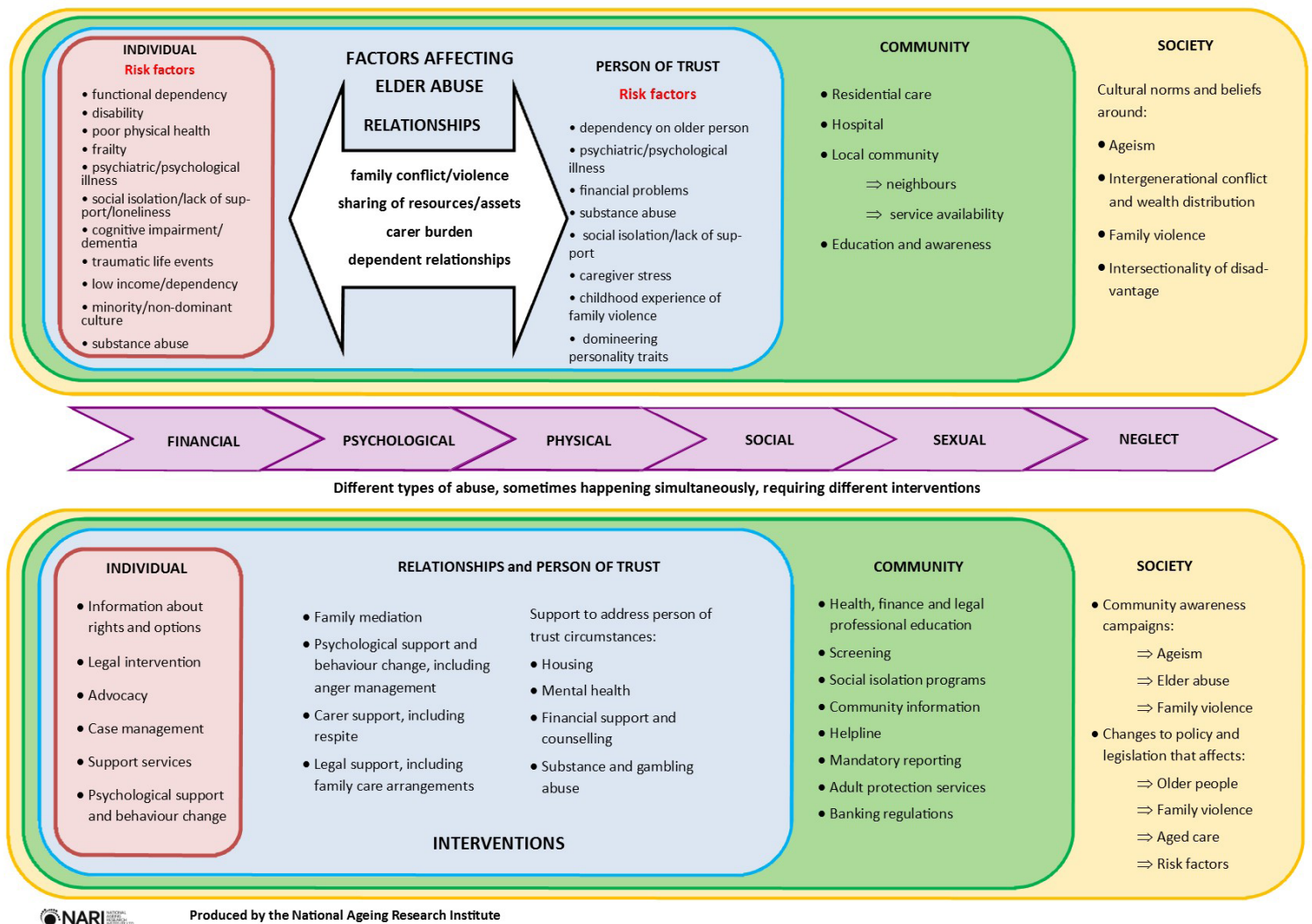


Figure 1. Applied ecological approach to elder abuse

The above diagram demonstrates how an ecological approach can be applied to elder abuse, where consideration is given to how an individual interacts with people close to them, and within the wider community and society to which they belong. Considering that abusive situations often occur on an individual level (between two people) and in the privacy of the family, this approach is bi-focal, focusing on the older person and the person of trust (perpetrator) as a familial dyad. Both individuals are influenced in their behaviours by various other relationships, the communities to which they belong, and societal beliefs around ideas of age, family violence and conflict, intergenerational wealth, caregiving and roles of parents and children. An applied ecological approach allows for the specificities of different frameworks such as caregiving, family violence, ageism, and dependency, while also taking into consideration gender and sexuality, and culture.

Because the scope of elder abuse is so broad, no single theory is going to be able to adequately capture the complexity of the issue. The causes and motivations behind individual acts of abuse, and the environments in which they occur, are infinitely variable, making it difficult to distil into a conceptual model or a theory able to predict behaviour. That said there are identifiable risk factors and circumstances that bear similarity across settings and abuse types, particularly with regard to the individual experiencing the abuse, the person perpetrating the abuse, and the relationship between these two parties. These will be covered in the next section.

Risk factors for abuse

The older person

Various studies have identified factors or characteristics of older people who are at risk of or who have experienced abuse. While each person's experience of elder abuse is unique, a consideration of these risk factors may assist in the development and implementation of interventions with long-term effect. The following factors have all been identified as increasing a person's risk of elder abuse. It should be noted that the definition and measure of elder abuse (and the different types of behaviours that are considered abusive) may differ across studies.

Summary of risk factors of the older person

- cognitive impairment and dementia
- functional dependency and disability
- poor physical health or frailty
- psychiatric illness or psychological problems
- social isolation, or a lack of social networks and support
- co-residency with the perpetrator (except for financial abuse)
- loneliness
- traumatic life events, including past abuse
- low income and income dependency
- belonging to a minority or non-dominant culture
- substance abuse.

Research has shown that while financial abuse and exploitation is one of the most common forms of elder abuse, it can occur alone or

simultaneously with interpersonal forms of abuse such as physical, psychological or sexual abuse. However, the risk factors for financial abuse occurring alone are different to risk factors of other abuse. Older people experiencing financial abuse may be more likely to live alone, to not have children and to not have experienced childhood family violence (Jackson and Hafemeister 2011). Other identified risk factors for older people concerning financial abuse include a family member with a sense of entitlement to the older person's property; feeling frightened of a family member; lacking awareness of rights or entitlement (Bagshaw, Wendt et al. 2013); and large social networks but low social support (Beach, Schulz et al. 2016).

The person of trust, or the person perpetrating the abuse

While relatively little is known about the experience of elder abuse from the perpetrator's perspective, there has been some identification of risk factors affecting the perpetrator, or person of trust, that may increase the potential to abuse. As with the older person, these risk factors are drawn from a wide variety of research, with different measures and definitions of what constitutes abusive behaviour.

Risk factors for the perpetrator include psychiatric illness or psychological problems (Schiamberg and Gans 1999; Acierno, Hernandez et al. 2010; Johannesen and LoGiudice 2013; Zannettino, Bagshaw et al. 2015; Baker, Francis et al. 2016; Pillemer, Burnes et al. 2016); substance abuse (Schiamberg and Gans 1999; Jogerst, Daly et al. 2012; Pillemer, Burnes et al. 2016); social isolation and a lack of social support (Schiamberg and Gans 1999; Acierno, Hernandez et al. 2010; Jackson and Hafemeister 2011); and childhood experience of family violence (Jackson and Hafemeister 2011).

Some elder abuse is related to the perpetrator providing care for the older person. A reluctance to provide this care, a lack of knowledge about what care is necessary, and feelings of stress and burden related to caregiving have been identified as risk factors for elder abuse (Schiamberg and Gans 1999; Johannesen and LoGiudice 2013). More than a third of family carers in a recent study self-reported engaging in potentially harmful behaviours towards an older person who they were caring for (Lafferty, Fealy et al. 2016). It may be that perpetrators with narcissistic or domineering personalities turn to abusive behaviour

when they feel stressed or burdened by the caregiving required of them (Ramsey-Klawnsnik 2000).

It has been shown that some perpetrators of elder abuse have financial problems (sometimes related to gambling behaviour or chronic unemployment) or may be dependent on the older person for income (Acierno, Hernandez et al. 2010; Jackson and Hafemeister 2011; Zannettino, Bagshaw et al. 2015; Pillemer, Burnes et al. 2016). This dependency of the perpetrator on the older person may extend to other areas, including emotional support, housing and other assistance (Jackson and Hafemeister 2012; Pillemer, Burnes et al. 2016). Coupled with the possible increased dependency of an ageing person on their adult child, this creates a situation of interdependency, which is an important aspect of elder abuse within the family (Ziminski Pickering and Rempusheski 2014; Roberto 2016). Perpetrators having a sense of entitlement or impatience to receive an inheritance have also been linked to financial abuse (Zannettino, Bagshaw et al. 2015).

Summary of risk factors of the perpetrator

- psychiatric illness or psychological problems
- substance abuse
- social isolation and a lack of social support
- childhood experience of family violence
- caregiver stress
- domineering personality traits
- financial problems
- dependency on older person.

Review of interventions

The umbrella term 'elder abuse' incorporates a wide range of experiences and behaviours that occur in a variety of contexts. This makes it impossible to identify any single intervention that is effective in preventing or addressing elder abuse as a whole. It also makes it difficult to evaluate and compare the many interventions that are used to address abuse of different types, relationships and contexts. For these reasons, evidence supporting interventions in the elder abuse field is lacking and high-quality evaluation of the interventions currently being provided is urgently needed.

While acknowledging the poor evidence base, this scoping review provides an overview of current practice and indicates promising areas for further research. Each risk factor and abuse type requires appropriate prevention or intervention measures, and in many cases *multiple* measures will be required for the older person to feel satisfied with the outcome. Success can be difficult to measure as the elimination of all the abuse is not always possible. The success of any intervention can only be measured by considering the older person's needs and desires, and their risk of harm. The intervention(s) may eliminate or ameliorate the abusive situation, or may increase the safety of the older person, and in the most successful interventions this change is maintained over time. In some situations the older person may wish to maintain a relationship with the perpetrator of abuse, in which case ongoing prevention and harm minimisation measures may be a successful outcome; in other cases the older person may accept the loss of the relationship with the perpetrator in order to feel safe and satisfied with the outcome.

The important message is that each situation requires a response tailored to the individual's needs and wants.

Published literature reviews

There is a paucity of evidence regarding the effectiveness of elder abuse prevention and intervention measures (Daly, Merchant et al. 2011). This is largely because many practice-based interventions have not been evaluated or the evaluation has lacked rigour due to multiple limitations, including varied intervention methods, small sample or program participant sizes, and dissimilar data collection and outcome measures making it difficult to make meaningful comparisons. These limitations are highlighted by a number of recent reviews of interventions that are

summarised below (Ploeg, Fear et al. 2009; O'Donnell, Phelan et al. 2015; Baker, Francis et al. 2016).

A 2016 Cochrane review of interventions found only seven studies that fit the eligibility criteria (which required studies include a control group and 12-weeks of follow-up to investigate intervention outcomes) (Baker, Francis et al. 2016). Of the included studies only two were aimed at older people as victims, and one aimed at caregivers as potential perpetrators. The review found that public education and support services aimed at older people who had experienced abuse may improve knowledge and rates of reporting but this increase in knowledge does not necessarily lead to behaviour change. It also found it is uncertain whether health professional and caregiver education sufficiently improved knowledge of abuse, though it may improve staff ability to detect resident-to-resident abuse.

A 2015 review of interventions and services addressing elder abuse from the National Centre for the Protection of Older People in Ireland had less constrictive criteria, including 104 papers of which 37 were experimental studies, and 67 were descriptive (O'Donnell, Phelan et al. 2015). While this review also highlighted the weaknesses in evaluation and difficulty in drawing conclusions, it found that the majority of interventions focused on educational programs for professional staff, and that there is a lack of evaluations of interventions targeting the older person, let alone the potential perpetrator. It found the strongest evidence for interventions focused on the elder person involved psychological and social support for people identified as being at risk. This review concluded that to be successful interventions should take an individualised, tailored approach that targeted particular risk factors and the specific form of the abuse experienced by the individual.

A systematic review in 2009, which included eight studies, concluded that considering the lack of studies that used quantitative methods and a comparison group, it was difficult to draw conclusions about the effectiveness of any interventions (Ploeg, Fear et al. 2009).

More evaluation and research is needed in this area to establish which elder abuse interventions are effective. Despite all of these reviews highlighting the lack of rigorous evaluation and high-quality evidence in the area of elder abuse interventions, valuable information can be taken from the individual studies. The complex nature of elder abuse means it is very difficult to design the types of experimental studies that might better measure effectiveness; however, individual studies do give an understanding of what interventions are successful and acceptable to older people. In lieu of more rigorous and comprehensive evaluation

these individual studies can support further research and indicate where to focus efforts.

Interventions that focus on the older person

There is some evidence to suggest that effective interventions for the older person include:

- multidisciplinary approach – combined support services with legal intervention
- multidisciplinary assessment of an older person's needs and referral to appropriate supports
- case management and advocacy
- motivational interviewing to aid empowerment and decision-making.

Multidisciplinary interventions

Most approaches that respond to an individual's experience of elder abuse comprise multiple interventions. For example, an older person may need legal support, case management and health services to stop the abuse and remedy problems it has caused. The interventions may be delivered by a single service, or by a variety of organisations and services working in collaboration with one another, depending on the jurisdiction and the resources available. As this type of complex intervention requires expertise across different areas (legal, financial, health, support services, aged care, etc.) many interventions are classed as 'multidisciplinary'.

It is difficult to compare the effectiveness of multidisciplinary interventions as each intervention involves a variety of disciplines and services making it problematic to gather empirical data. Most of the evidence in this area is drawn from a retrospective review of interventions provided by existing elder abuse services (rather than from experimental studies). It should also be noted that in many circumstances the cases referred to a multidisciplinary or specialist team are likely to be more complex than the cases that are referred to a service that can provide a single intervention (for example, legal assistance or guardianship), and the level of complexity of the case can affect the likelihood of a successful outcome being recorded, with simpler cases more likely to be resolved.

Despite the lack of high-quality independent evaluation, it is clear that interventions provided by a multidisciplinary team are best able to

address the complex and varied needs of an older person experiencing abuse as they utilise the professional resources and expertise of a range of disciplines and can therefore address a variety of risk factors. For example, a review of case resolutions demonstrated that resolved cases are more likely to be associated with neglect, increased social support for the victim, a reduction of victim stress and interdependency of victim and perpetrator, and a change in living arrangements of the victim (Wolf and Pillemer 2000). These factors are most likely to be achieved by a multidisciplinary approach rather than focusing on one type of intervention.

The studies summarised below largely support the proposition that as victims often experience multiple types of abuse at one time (e.g. financial abuse and psychological abuse), and that intergenerational family violence is a complex area, a multidisciplinary whole-of-person approach is most likely to be both necessary and effective to address elder abuse.

Multidisciplinary approach – combined support services with legal intervention

An evaluation of a multidisciplinary social work – lawyer intervention (n=250) in New York found 68.2% of clients who received the service had a reduced risk of mistreatment (Rizzo, Burnes et al. 2015). The social worker and lawyer worked together to create an individualised treatment plan for the victim where the lawyer assisted with legal intervention and the social worker helped the client access support services (such as housing) and any welfare entitlements, as well as providing psychosocial case management, counselling, support groups and education. While this study found evidence the intervention was effective it was limited by being a review of case records rather than being designed for evaluation.

A study in Israel (n=558) asked social workers to document the multidisciplinary interventions that were provided to 558 older people who had experienced abuse, including neglect (Alon and Berg-Warman 2014). It demonstrated that combining legal intervention, support services and individual counselling is an effective way of addressing abuse in complex situations, leading to an improvement in 65% of cases. While exclusive use of legal intervention led to an 82% improvement rate, this may be explained by those cases being more straightforward legal disputes and the victims not requiring other interventions. In approximately 20% of cases that were treated with a variety of interventions, the abuse was completely stopped, however it is important to note that this was mainly due to a change in living arrangements where the victim was moved to

a nursing home, or the victim and abuser were separated. This study is discussed further in regards to interventions for the perpetrator.

A forensic centre was set up in Los Angeles to allow a multidisciplinary team (geriatrician and members of adult protective services, law enforcement and others) to meet weekly to assess cases of elder abuse and create recommendations for interventions including legal, health and social support (Navarro, Gassoumis et al. 2013). Cases that went to the forensic centre resulted in an increased rate of prosecution when compared to usual care from adult protection services, demonstrating the effectiveness of this multidisciplinary response. Victims whose cases went to the forensic centre were less likely to experience future adult protective services recurrence after the case had been closed (Wilber, Navarro et al. 2014) and their cases were more likely to be referred to the Office of the Public Guardianship for investigation, which was necessary in some cases to stop or prevent financial abuse (Gassoumis, Navarro et al. 2015).

Multidisciplinary approach – combined health and support services

An American case review study (n=869) considered the differences between a team consisting of a nurse and social workers compared to a social worker alone (Ernst and Smith 2012). The review found that while a lone social worker was more likely to confirm financial exploitation, physical abuse and neglect, the team approach resulted in greater risk reduction. The authors posited various reasons for this, including the differing training of nurses and social workers but were not able to provide answers.

One study described how a multidisciplinary assessment team was used to make referrals of older people who were victims of elder abuse to appropriate services, such as home help, institutional placement, guardianship, urgent medication and hospitalisation (Teaster, Nerenberg et al. 2003). The multidisciplinary team involved a nurse-practitioner, geriatric physician and social worker and the referrals were made to address things such as pain, depression, weight loss and caregiver neglect. The study demonstrated that when a multidisciplinary assessment was made at least one relevant intervention could be recommended in 81% of cases; however, there was only an assumption that the referrals are effective as there was no evaluation on whether these referrals addressed risk factors of elder abuse.

A Canadian study (n=83) reviewed intervention plans that were designed and implemented by a multidisciplinary health, social service and home care team (Nahmiash and Reis 2001). The study considered which

interventions were acceptable to clients and successful and found the most highly-rated were nursing and medical care; home care; and empowerment strategies (including support groups, information about rights and resources and volunteer advocates). Referrals to general community programs were less successful.

One study in America provided adult protective services and criminal justice agencies with access to medical experts (geriatrician, psychologist, gerontologist and social worker) who could assess clients to confirm abuse and make an assessment of needs, resulting in referrals for medication and health reviews, and also persuading clients and family to take action and facilitating the conservatorship process (Mosqueda, Burnight et al. 2004). Staff who referred cases to this service found it very helpful to have access to a medical response team and felt the response was more effective than usual care.

Case management and advocacy

Case management is often a component of a multidisciplinary intervention, so its effectiveness in addressing elder abuse is rarely evaluated alone. While there are a variety of case management models, it usually involves a case manager who can make an assessment of an older person's needs and assist them with accessing necessary services, while providing ongoing support and advocacy.

A case management program (n=26) for older adults in Canada was found to eliminate abuse (34.6% of cases) or improve the situation (30.8%) (Vladescu, Eveleigh et al. 1999). In this intervention, case managers assisted older clients to set goals, provided information about services and rights, explained and discussed options to address abuse, supported the client in deciding whether to take action and involved others in a plan of care. While case management was effective in risk reduction and complete cessation of abuse for psychological and physical abuse, and financial exploitation, case resolution appeared to be highly influenced by older person changing accommodation, and the small sample size must be considered.

Advocacy for the older person is an integral part of most multidisciplinary models and often comes under the description of case management. In a retrospective review of case files (n=100), an Australian study established that a rights-based advocacy approach was able to stop abuse in 50% of cases, while some action was taken by older victims in a further 34% of cases (Cripps 2001).

Legal intervention

As abuse often involves legal disputes or can be addressed as a criminal or civil matter, legal service is a component of most multidisciplinary interventions. This may include the issuing of intervention orders, caveats on property, debt recovery procedures, advice regarding wills and power of attorney, and letters to perpetrators and other services. Many studies that detail legal interventions have a focus on guardianship and powers of attorney as a way of addressing neglect or abuse in situations where the older person has reduced capacity or dementia. The outcomes used to measure success in these situations (including successful placement in a residential care facility or successful appointment of a guardian) do not necessarily apply to all elder abuse situations that might require legal support as directed by the older person, making it difficult to draw broad conclusions around the effectiveness of legal intervention.

Legal intervention is usually delivered as part of a multidisciplinary approach alongside support and advocacy or case management services. The only study that considered legal intervention alone was an evaluation of a community-based service that provided legal intervention to older victims of crime in the US was shown to achieve safety for the victim in 62.1% of cases, and was particularly effective regarding physical abuse (72.7% of cases were resolved) and financial abuse (66.6%). However, the sample was small and the study was restricted as the intervention was only for people who had experienced acts defined as crimes under the New York State Penal Code (Brownell and Wolden 2003).

Financial intervention

Financial exploitation is one of the most common forms of elder abuse, therefore interventions for the older person need to address this. Financial interventions are often delivered as part of a multidisciplinary approach; however, success is difficult to determine because while a case may be won or a conviction recorded, finances cannot always be recovered.

A multidisciplinary Financial Abuse Specialist Team (FAST) in the US was found to be an effective way of limiting financial abuse as it was able to freeze assets and quickly refer to law enforcement (Twomey, Jackson et al. 2010). The team included members of adult protective services, the public administrator/guardian's office and the district attorney's office, demonstrating the effectiveness of cross-organisation collaboration to provide a quick response before financial abuse depleted a person's assets.

Psychological support

Informal psychological support is often provided as part of a multidisciplinary approach. Many older people may feel ambivalent about taking action, particularly if the abuse involves a child or family member. Psychological support has been shown to be effective in allowing older people to overcome or address their ambivalence and become empowered to make decisions about their situation. Only motivational interviewing has been shown to be an effective component of an elder abuse intervention, and more research needs to be done regarding support groups and individual psychological support.

The American program Eliciting Change in At-Risk Elders (ECARE) used motivational interviewing techniques to help older victims (n=48) of abuse overcome feelings of ambivalence around making decisions and difficult life changes (Mariam, McClure et al. 2015). It also connected older people to support services (geriatric assessment, in-home meals, medical care, etc.) and used outreach specialists (similar to case managers or advocates) to build alliances with older people and their family members. The program reduced risk factors (economic and housing, and social and community functioning) and nearly 75% made progress on their treatment goal of preparing for or making changes. An important aspect was that interventions were tailored to the individual's preferences and needs so that the goals were attainable. The long-term commitment by the outreach specialists and use of motivational interviewing techniques enabled the older participants who initially rejected support services to reconsider their decision.

Qualitative interviews with older women who experienced interpersonal violence indicated that counselling can be an effective way of empowering the older person and supporting their decision-making (Tetterton and Farnsworth 2011), however no evaluation of effectiveness of such an intervention was done.

Two therapies that are often provided in the UK by the National Health Service (NHS) have been identified as potentially useful for people who have experienced elder abuse (Fraser 2006). Person-centred therapy may enable a sense of empowerment that can lead to the client facilitating change, while cognitive analytical therapy is a time limited form of psychological support that may be an appropriate way to address some situations of self-neglect. There have not yet been any studies done to evaluate the use of these interventions for people who have experienced elder abuse.

American older women survivors of interpersonal trauma (n=43) who took part in a support group with a spiritual focus were found post-intervention to have lower anxiety, and depressive and posttraumatic stress symptoms when compared with a control group, and these gains were maintained at a 3-month follow-up (Bowland, Edmond et al. 2012). The intervention was described as psychoeducational cognitive restructuring with a skill-building approach, which was influenced by a trauma recovery and empowerment model. Participants had to have a history in the Christian tradition.

A small pilot program (n=16) of a psychosocial support group for older women victims of family violence was not shown to have a significant effect (Brownell and Heiser 2006). Women in neither the intervention or control group showed significant changes in measures of depression, guilt or self-esteem, though most women who were part of the intervention reported it to be helpful in increasing self-esteem and well-being. The women participated in an 2-hour sessions for 8 weeks, which included information on family violence and abuse as well as enhancing self-esteem; dealing with depression, anxiety and stress, substance abuse and gambling; coping with loss and change in relationships; and service resources.

Education and awareness-raising

While there have been many successful health promotion public awareness campaigns there has been very little research done into whether public education and awareness-raising aimed at older people is an effective intervention or prevention measure for elder abuse.

An American study indicated that when shown brief video-based education regarding healthy coping strategies and common reactions to crime, older adults who had been victims of crime exhibited greater awareness of their crime-related symptoms and what coping strategies might be helpful than a control group. The educational video and information did not make any difference to levels of anxiety and depression (Acierno, Rheingold et al. 2004).

A public awareness campaign to alert older people to scams and frauds in America may have resulted in an increase of referrals to the prosecution unit attached to the campaign, however extensive evaluation was not carried out to verify this (Velasco 2000).

Interventions that focus on the person of trust

All of the interventions that involve the person of trust or perpetrator are aimed at caregivers. There were no interventions identified for adults perpetrating, or at risk of perpetrating abuse when the older person was not reliant on them for care.

There is some evidence to suggest that the following are effective responses for the perpetrator:

- psycho-educative support groups for caregivers
- anger management for caregivers
- counselling for perpetrators.

Psychological approaches for caregivers

In some situations elder abuse may be caused by caregiver stress and burden. Psychological interventions for people who physically abuse or neglect elderly dependents have been shown to be effective in some instances, though some research shows that while these types of interventions reduce anxiety and depression, they do not necessarily reduce abusive caregiver behaviour.

A Canadian randomised controlled trial found that caregivers of people with dementia who participated in a psycho-educative support group (15 two-hour weekly sessions) that focused on cognitive stress appraisal and coping had a 14% decrease in their reactions to the behavioural challenges of the care recipients (compared to 5% decrease in the control group) (Hebert, Levesque et al. 2003). The frequency of, and reaction to, behavioural problems also decreased. There was no indirect effect on burden, stress, psychological distress, affect or social support.

A 12-week psycho-educative nursing intervention for female informal caregivers reduced frequency of verbal/psychological aggression and feelings of anger (when the care recipient was a father or husband) (Phillips 2008). However, the intervention did not provide the same result when the care recipient was the mother of the caregiver, and it did not reduce burden for any caregivers. The intervention was individualised and included advocacy counselling, pattern identification, reframing and non-confrontational caregiving strategies.

An American study (n=19) evaluated a two-part intervention of education followed by anger management across two groups of caregiver perpetrators: one group of individuals who physically abused their elderly dependent and one group of individuals who neglected their

elderly dependent (Reay and Browne 2002). The perpetrators were primarily spouses and adult children. The education intervention resulted in a decrease of strain, depression and anxiety for both groups. Further reductions were achieved for both groups through the anger management intervention. Those in the physical abuse group showed a significant reduction in conflict after the anger management intervention (education had no effect on conflict), though the rates of conflict were still higher than in the neglect group. The reductions were maintained at follow-up.

Caregivers of people with dementia who were identified as being at risk of perpetrating elder abuse took part in a 9-week group intervention pilot study in America involving dialectical behaviour therapy skills (DBT skills) (Drossel, Fisher et al. 2011). Post-intervention, caregivers showed increased problem-focused coping, enhanced emotional wellbeing and less fatigue, and they were also more likely to use individual therapeutic services during the period they were attending the group. Follow-up evaluation suggests that high-risk caregivers may need continuing support to maintain these gains. DBT skills focus on decreasing harmful or relationship-interfering behaviour and increasing patterns associated with an improved quality of life. This includes mindfulness, interpersonal effectiveness, emotional regulation and distress tolerance skills.

Researchers thought the START (Strategies for Relatives) psychological intervention might reduce abuse by caregivers of people with dementia as it had been shown to reduce depression and anxiety, and increase quality of life (Cooper, Barber et al. 2016). However, this randomised controlled trial resulted in no evidence that an eight session, manual-based coping psychological intervention (which was not focused on elder abuse) could reduce carer abusive behaviour. The researchers also highlighted the ethical concerns of operating in this area as they would need to intervene if they see abuse being perpetrated.

A Canadian study reviewed intervention plans that were designed and implemented by a multidisciplinary health, social service and home care team (Nahmiash and Reis 2001). The study considered which interventions were successful and acceptable to clients and found the most highly-rated interventions for caregiver abusers were individual supportive counselling to address anxiety, stress and depression; and education and training.

When caregivers of older people with dementia were asked what might stop them acting abusively towards the older person in their care, they endorsed medication to help the care recipient's memory, written advice on understanding memory problems and what to do, and more information from professionals caring for the person with dementia (Selwood, Cooper

et al. 2009). This study did not evaluate whether these interventions would actually reduce abuse.

Perpetrator

A study in Israel that was primarily focused on documenting the multiple interventions provided for older victims of elder abuse found that individual counselling for the abuser led to improvement in 71% of cases, while counselling for family members of the victim led to improvement in 74% of cases (Alon and Berg-Warman 2014). However, it should be noted that cessation of abuse or improvement in the situation was often affected by the victim moving to a nursing home or the perpetrator moving out.

A study that considered the factors that led to case resolution (where the case was closed because the abuse stopped) found that cases were often resolved because of a change to the perpetrator's circumstance, primarily being arrested (24%) and being hospitalised for mental health problems (24%) (Wolf and Pillemer 2000).

Interventions that focus on the older person's relationships

Considering intergenerational elder abuse often occurs within the family and that many people wish to maintain family relationships across the lifetime, prevention and intervention measures that make proper consideration of the older person's relationships may be more likely to succeed and reduce risk of elder abuse. Older people who continue to have ongoing contact (including cohabitation) with the perpetrator are more likely to experience abuse, and an abusive scenario is likely to continue when the perpetrator does not face consequences (Jackson and Hafemeister 2013). This indicates that ongoing monitoring or support may be beneficial, as is including the perpetrator in any response.

Family mediation and family group conferences are relatively new interventions in the elder abuse field, but they have been used with adults in the areas of mental health services, guardianship, care planning, and palliative and end-of-life care (Hobbs and Alonzi 2013). While these approaches are promising there is a lack of rigorous evaluation of family-inclusive approaches and their ability to address elder abuse, therefore, the current evidence base, discussed below, is primarily descriptive. Researchers have offered a conceptual framework to apply family therapy and therapeutic mediation to situations of creating an elder care plan that can be supported by the whole family, which may reduce risk of elder abuse but it has not been implemented and evaluated (Wall

and Spira 2012). Considering the complexity of elder abuse it is likely that any family-inclusive approaches would be best supported by other interventions such as legal and case-management approaches. These family-inclusive approaches may only be appropriate in situations of family conflict or disharmony, and not when abuse is being perpetrated.

In summary, family mediation and psychological or educative approaches that include the family have the potential to be a successful intervention that focuses on older people's relationships, however more research and evaluation needs to be done in these areas.

Family mediation

Mediation utilises an impartial third-party to help people in conflicted relationships to communicate within a supportive environment so they can reach consensus on why the harm occurred, how it can be resolved, and how to ensure it does not repeat (Hobbs and Alonzi 2013). In regards to older people and their families the discussion may address any area of conflict from financial and inheritance disagreements; to conflict that arises from a change in care needs or independence of either party. There has been little evaluation done on the effectiveness of family mediation and its ability to resolve elder abuse. However, considering that elder abuse frequently stems from long-term family conflict and the older person often prioritises maintaining the relationship over other more severe measures, family mediation and family group conferences may be particularly well-suited to addressing elder abuse. Research suggests mediation is more successful if it used earlier in a conflict as once people are involved in adversarial proceedings they are less likely to be open to the views of others (Bagshaw, Adams et al. 2015). Older people and their families may also be more likely to address conflict through family mediation as it is not perceived as being as distressing or adversarial as the legal system (Braun 2012; Hobbs and Alonzi 2013).

It needs to be considered whether family mediation is appropriate in cases of confirmed elder abuse, or whether it is better suited as a preventative measure addressing family conflict. A feminist critique of family mediation in situations of domestic violence can be applied to elder abuse, noting that abuse victims are often disempowered and may not be in a position to advocate for their self, they may feel unsafe with the alleged perpetrator and that agreement reached under mediation may favour the alleged perpetrator (Braun 2012). One strategy to address this may be to use pre-mediation meetings where the mediator meets with the parties separately to establish whether a mediation process will be beneficial (Braun 2013).

A survey of service providers in Australia found that almost half of the services who worked with older people and their families had engaged in family mediation (not necessarily in cases of elder abuse)(Bagshaw, Adams et al. 2015). Respondents suggested the advantages to family mediation to stop financial abuse include the opportunity to clearly communicate and be heard, identify people at risk, name the abuse and the perpetrator's behaviour, discuss options and empower the older person to make decisions. Disadvantages included threat of further abuse, risk to staff, a concern that resolutions were not legally binding, and potential for increased family conflict (Bagshaw, Adams et al. 2015).

Family mediation has potential as an effective intervention tool to prevent and address existing elder abuse. However, more evaluation needs to be done and it needs to be recognised that family mediation may not be appropriate in situations where abuse is present. Family mediators require training regarding elder abuse, guardianship and capacity to ensure older people are empowered and protected (Braun 2013).

Family care conferences

While not yet widely used or subject to significant evaluation, family care conferences (sometimes called family group conferences) may offer opportunity to resolve family conflict and reduce risk of elder abuse. Originally used in a child welfare context, family group (or care) conferences are similar to family mediation but with a focus on supporting family collaboration, rather than resolving conflict. As well as a co-ordinator (similar to a mediator) family care conferences also include professionals such as service providers or agency representatives who provide information to the family. These professionals and the co-ordinator will leave the session for part of the second half to allow the family time to discuss the issue and find solutions (Hobbs and Alonzi 2013). This is because the focus of family group conferences is to mobilise the older person's (and their family's) networks to address a problem. However, the focus on family time and the family working collaboratively may not be appropriate to addressing abuse perpetrated by an integral family member, who may or may not be invited to the meeting (Tapper 2010).

Researchers piloted the use of family care conferences in a Native American community and found families accepted and appreciated the approach. This approach helped to focus concerns and move efforts toward positive action, however the program was not formally evaluated (Holkup, Salois et al. 2007).

Initial findings from a three-year family group conference project in the UK, the Daybreak Bluebird Project, indicated that it may be an effective

decision-making tool to address elder abuse (Tapper 2010). The service accepts referrals for any vulnerable adult for who there are safeguarding concerns, with 57% of referrals for older people. While the majority of clients would recommend the service to others, the service was not formally evaluated (Daybreak Family Group Conferences 2012).

Restorative justice

Considering the nature of intergenerational elder abuse and that older people often want to maintain relationships with the perpetrator, it has been suggested that restorative justice (a form of family conference) may offer a framework for this. In Waterloo, Canada, an Elder Abuse Response Team (EART) operates on a restorative justice model where the aim is to restore relationships rather than just punish offenders (Groh and Linden 2011). Restorative justice allows victims to give voice to their story and the impact of the abuse, which encourages the perpetrator to acknowledge the consequences of their actions. While this study demonstrated restorative justice to be a useful tool in addressing conflict, it also appeared difficult to encourage people to be involved, making it difficult to recommend and a time-consuming intervention. Considering this, the team moved to a broader conflict management approach that still incorporated elements of restorative justice when appropriate, but resolved most cases by other means delivered by a multidisciplinary team (police and case manager).

Psychological or counselling approaches

Psychological or counselling approaches that include the family are a promising area of prevention and intervention and should be further researched. Five sessions of family-based cognitive behavioural social work were shown to reduce some forms of elder abuse in a randomised controlled trial in Iran (Khanlary, Maarefvand et al. 2016). Older people and their families who had experienced abuse participated in intervention and control groups, with the intervention including information about elder abuse and triggers, neglect, the principals of caregiving, and techniques of conflict resolution. Emotional neglect, care neglect, financial neglect, curtailment of personal autonomy, psychological abuse and financial abuse all significantly decreased over time (there was no statistically significant difference in level of physical abuse).

Summary

Table 2 summarises the available literature regarding effectiveness of interventions that focus on the older person, the perpetrator and the family. Please refer to the previous discussion and original papers for further details regarding study design and findings.

Table 2 Summary of research regarding elder abuse interventions

Type of intervention	Focus person	Research
Multi-disciplinary – legal AND other	Older person	<p>Reduced risk of mistreatment for 68.2% of clients who received an intervention from a lawyer-social work team (Rizzo, Burnes et al. 2015)</p> <p>Improvement in 65% of cases where clients received legal intervention, support services and counselling (Alon and Berg-Warman 2014)</p> <p>Cases that received a multidisciplinary assessment and referral had an increased rate of prosecution (Navarro, Gassoumis et al. 2013), were less likely to experience adult protective services recurrence (Wilber, Navarro et al. 2014), and were more likely to be referred to the Office of the Public Guardianship (Gassoumis, Navarro et al. 2015)</p>
Multi-disciplinary – health AND support (not legal)	Older person	<p>A social worker was most likely to confirm suspected financial abuse, physical abuse and neglect, while a nurse-social worker team resulted in greater risk reduction (Ernst and Smith 2012)</p> <p>A multidisciplinary assessment resulted in at least one relevant health or support services referral in 81% of cases (Heath, Kobylarz et.al 2005)</p>
Legal services	Older person	<p>Improvement in 82% of cases where only a legal intervention was used (Alon and Berg-Warman 2014)</p> <p>Safety was achieved in 62.1% of situations while 72.7% of physical abuse cases and 66.6% of financial abuse cases were resolved (Brownell and Wolden 2003)</p>

Type of intervention	Focus person	Research
Case management and advocacy	Older person	<p>Abuse was eliminated (34.6%) or improved (30.8%) when clients received supportive case management (Vladescu, Eveleigh et al. 1999)</p> <p>Rights-based advocacy stopped abuse (50%) or allowed some action to be taken (34%) (Cripps 2001)</p>
Psychological support – individual	Older person	<p>Motivational interviewing techniques were used to aid decision-making, reduce risk factors and empower older people to make change (Mariam, McClure et al. 2015)</p>
	Caregiver	<p>A psycho-educative individualised nursing intervention for female informal caregivers reduced frequency of verbal/psychological aggression and feelings of anger when care recipient male, but not female (Phillips 2008)</p> <p>Anger management intervention (coupled with education) resulted in decrease of strain, depression and anxiety (Reay and Browne 2002) in caregivers who physically abused or neglected care recipients. Conflict was also reduced for those who physically abused.</p> <p>Psychological intervention to support caregivers of people with dementia reduced anxiety and depression and increased quality of life, but did not reduce carer abusive behaviour (Cooper, Barber et al. 2016)</p> <p>Individual counselling for abuser led to improvement in 71% of cases, while counselling for family members of victim led to improvement in 74% of cases (Alon and Berg-Warman 2014)</p>

Type of intervention	Focus person	Research
Psychological support – support groups	Older person	<p>A spiritual support group lowered anxiety, and also depressive and post-traumatic stress symptoms (Bowland, Edmond et al. 2012)</p> <p>A psychosocial support group for older female victims of family violence was not shown to have a significant effect in measures of depression, guilt or self-esteem (Brownell and Heiser 2006)</p>
	Caregiver	<p>A psycho-educative support group of caregivers of people with dementia resulted in a 14% decrease in reactions to behavioural challenges of care recipients (Hebert, Levesque et al. 2003)</p> <p>Group provision of dialectical behaviour therapy skills increased problem-focused coping, enhanced emotional wellbeing and lessened fatigue for caregivers at risk of abusing people with dementia (Drossel, Fisher et al. 2011)</p>
Psychological support – family	Family	Five sessions of family-based cognitive behavioural social work were shown to reduce emotional neglect, care neglect, financial neglect, curtailment of personal autonomy, psychological abuse and financial abuse (Khanlary, Maarefvand et al. 2016)
Education and awareness-raising	Older person	Victims of crime who saw an educational video had better understanding of coping strategies, but no changes to measures of anxiety and depression (Acierno, Rheingold et al. 2004)
	Caregiver perpetrator	Education intervention for caregivers who physically abused and neglected was found to decrease strain, depression and anxiety, but not conflict (Reay and Browne 2002)

Conclusion

While the term 'elder abuse' is useful to describe a broad range of behaviours the actions required to address this social problem are many and varied, and blanket approaches are unlikely to be successful. Any prevention or intervention measures need to consider ageism, family violence and conflict, caregiving, gender and sexuality, and culture, and how these elements affect older people and their families. The risk factors of intergenerational familial elder abuse, relating to both the older person and the perpetrator, are distinctive and cannot be addressed in the same way as other abuse or violence such as gendered intimate partner violence or fraudulent criminal acts committed by strangers.

There is a lack of high-quality evidence supporting elder abuse interventions in all contexts, including intergenerational familial elder abuse. As each study has described or evaluated a unique intervention it is difficult to draw any conclusions about which particular interventions (or aspects of) are effective. However, by considering the available research this review indicates the interventions that show some evidence or promise, and which should be further and more rigorously researched and evaluated. These include:

Older person

- multidisciplinary approach – combined support services with legal intervention
- multidisciplinary assessment of an older person's needs and referral to appropriate supports
- case management and advocacy
- motivational interviewing to aid empowerment and decision-making

Perpetrator

- psycho-educative support for caregivers (support groups or individual)
- anger management for caregivers
- counselling for perpetrators

Family relationships

- family-based cognitive behavioural therapy

Any intervention to address elder abuse must consider the older person's relationship to the perpetrator and how this relationship may be affected by any action that is taken. Multifaceted interventions that are tailored to the individual's experience and which consider the older person's needs and desires as well as the wider context in which the abuse has occurred are likely to be most effective and to maintain this success over time.

The former Age Discrimination Commissioner Susan Ryan recently called for a national elder abuse prevalence study which, if rolled out, it would be the first of its kind in Australia. If such an initiative were to go ahead, it may provide the hard evidence required to turn the call for a national approach to elder abuse into action and streamline the many small pockets of activity into an effective broader national level prevention and response that will create equal access to information, advice and support for all older Australians. Unfortunately, the type of support available to older Australians currently very much comes down to geography and where they live.

Recommendations

- In Australia there is a need to better understand the prevalence and nature of abuse so priorities can be set and policies and programs targeted to the specific circumstances of people experiencing abuse.
- A national framework is needed that aligns State and Commonwealth legislation, policies, strategies and services to ensure that older people get equal access to information, advice and support regardless of their geographical location.
- Given the current focus on family violence, further clarification of how elder abuse is conceptualised is needed. Should elder abuse be understood and responded to as a sub-set of family violence or does it call for a separate policy and service response?
- There is a need for further research into existing interventions as well as interventions that have not yet been fully evaluated but have the potential to prevent or reduce intergenerational elder abuse, such as family mediation.
- There is a need for research that targets the risk factors for abuse by perpetrators, including the circumstances that lead to dependence on the older person such as mental illness, substance abuse and financial problems.
- More research into the risks and needs of older LGBTI people regarding elder abuse is necessary.

- There is a need for further research to better understand how diverse cultural norms and expectations can affect help-seeking behaviours and the reporting of elder abuse.
- Research and evaluation is needed to understand whether public education and awareness-raising aimed at older people is an effective intervention or prevention measure for elder abuse.

Appendix: Australian elder abuse policy review

In Australia, there are no specific laws related to elder abuse and no overall Australian government policy. Elder abuse is addressed by general criminal (e.g. protective orders, assault and criminal neglect charges) and civil laws. Civil laws include:

- powers of attorney
- wills
- estate planning
- guardianship and administration
- aged care facilities and contracts
- property law (including tenancy laws)
- equity laws (unconscionable conduct; breach of trust and implied trust)
- contract law
- professional negligence (i.e., re investment advisors, banks, solicitors)
- consumer protection provisions
- family law (e.g. spousal and second marriages with adult children) (J. Latimer, 4th National Elder Abuse Conference, Melbourne, 2016).

During 2016 the Australia Law Reform Commission has been conducting an inquiry into laws and frameworks to safeguard older Australians from abuse. The final report will be available in May 2017.

Looking at the range of laws and practices that are available to address elder abuse is well beyond the scope of this report. Attached is an overview of government elder abuse policy in Australian.

State and Federal Government policy

Prevention and response to elder abuse at a national level is missing. Policies and strategies vary significantly between states and territories potentially inhibiting meaningful dialogue and creating barriers for access to support.

Most states and territories have some guiding policy or strategy in relation to the prevention of and response to elder abuse with the exception of the Northern Territory and Queensland (although Queensland does have an elder abuse website and a state-funded Elder Abuse Prevention Unit run by Uniting Care).

The existing policy documents vary in their focus, length and content. For example, Tasmania's practice guidelines are 106 pages compared with 15 pages for South Australia's equivalent document. In addition, some states have very detailed elder abuse prevention and response strategies, such as Victoria's 2009 *With Respect to Age*, which lists specific actions and initiatives (which have not necessarily been carried through).

One common outcome of these various policy and strategy documents has been the establishment of an elder abuse helpline and/or referral service in each state, although they vary in their capacity and expertise. Some helplines are connected to a legal and support service, while others operate as a point of contact that refers older people to other organisations.

Another commonality in the policy and strategic documents reviewed was the acknowledgement of the need for a multidisciplinary approach to the prevention and response of elder abuse. Tasmania's calls for a 'whole of government' approach and South Australia's *Strategy to Safeguard the Rights of Older South Australians 2015-2021* promotes a multidisciplinary and interagency approach built on the Charter of the Rights and Freedoms of Older People. New South Wales' 2014 *Preventing and Responding to abuse of older people* also highlights the roles and responsibilities of a range of actors including police, government and non-government agencies. Missing are processes to adequately drive this multidisciplinary approach.

Victoria

The Ageing and Aged Care branch of Victoria's Department of Health released two iterations of elder abuse policy and strategy in the last six years, publishing *With Respect to Age* in 2009 and the *Elder Abuse prevention and response guidelines for action 2012-2014* in 2012. The most recent of the two outline specific actions and responsible agencies for a series of activities under the four strategic outcomes of community awareness, empowerment of older people, active engagement by professionals and coordinated multiagency support for people experiencing elder abuse. It is a comprehensive document outlining many of the priorities called for by service providers such as further professional education, research into the causal effects of elder

abuse and the development of community education tools, however it is notable that several of the actions outlined are very broad (such as establishing an elder abuse referral pathway) and a significant number of responsibilities have been allocated to small sized agencies such as Seniors Rights Victoria, who have limited resources (both financial and human) to conduct strategic project work outside their day to day legal and advocacy workload. With some of the key outcomes either having not commenced or remaining incomplete (such as the elder abuse prevalence study) almost a year beyond the lifespan of this strategy, it is arguable that it may have been unrealistic. Interestingly, an evaluation of the achievements in line with this document has not been listed as an action itself.

The Victorian Government is currently implementing the recommendations from the recent Royal Commission into Family Violence. This includes a number of recommendations relevant to the prevention of elder abuse, which may lead to a change in elder abuse policy in Victoria.

New South Wales

NSW has a 2014 strategy document entitled Preventing and Responding to Abuse of Older people informed by previous iterations dating back to 1995. This is a 29-page document which outlines the commitment of the state government to prevent and address elder abuse. Originally drafted as a protocol for service providers, a review recognised the need for state wide collaboration in responding to elder abuse. The protocol was the redrafted as a state policy document. As is the case with the Victorian version, it aims to provide direction for government and non-government agencies working with older people by providing clear understanding of the principles and concepts that underpin effective elder abuse response as well as detailing the roles and responsibilities for the state's Elder Abuse Helpline and Response Unit (EARHU), the police and non-government agencies. EARHU, unlike SRV, does not provide case management services but acts as a triage service and refers callers on to an appropriate support or service provider.

Tasmania

Tasmania's 2010 Protecting Older Tasmanians from Abuse strategy is a comprehensive 27-page document laying out a whole of government elder abuse prevention response. It is underpinned by four core principles (Awareness, Empowerment, Action and Support) under which key action items have been detailed. Alongside the establishment of the referral and information helpline managed by Advocacy Tasmania Inc. the listed initiatives included a community awareness campaign, professional

education, development of an information website, reduction in legal barriers via law reform and the development of clear referral pathways. As is the case in Victoria, the need for research is stressed, although it is articulated in the form of data collection. An evaluation of these initiatives is planned in the document; however it is unclear whether this has taken place.

South Australia

Also 27 pages in length, South Australia's Strategy to Safeguard the Rights of Older South Australian 2015-2021 is built on the South Australian Charter of the Rights and Freedoms of Older People and promotes a multidisciplinary approach to the prevention and response of elder abuse. It centralises around four key areas, each informed by a list of priority actions to be completed during the lifespan of the strategy. The four areas are: raising community awareness, strong community connections for older people, response to risk and abuse and policy. A telephone helpline service managed by the Aged Rights Advocacy Service (ARAS) was due to be piloted in 2015-16. Unlike in Victoria and NSW, ARAS is not intended to exclusively respond to elder abuse, but will also provide support to residents of residential aged care facilities.

Australian Capital Territory

The ACT Office for Ageing published the ACT Elder Abuse Prevention Program Policy in 2012 informed by a strategic review of the implementation of the ACT Elder Abuse Prevention Program which took place in 2008. Whilst this document is described as a policy, it reads far more like a program report and does not highlight any key strategic actions or objectives. The ACT Elder Abuse Prevention Program aims to reduce and prevent incidents of elder abuse through community awareness raising, accessible information and referral systems, service response guidelines and staff training. The program funds the ACT's elder abuse helpline called the Abuse Prevention Referral and Information Line (APRIL), a community awareness campaign, development of training materials for professionals, and this policy framework. It is unclear where the program currently stands as this review could not locate any more recent documentation other than the 2012 policy framework.

Western Australia

There does not appear to be a state-wide strategy or policy document in relation to elder abuse for Western Australia. Instead the Alliance for the Prevention of Elder Abuse, Western Australia (APEA) has developed practice guidelines for service providers which are endorsed by several

state government departments. This document provides service providers with basic information on what elder abuse is, risk factors, how to identify it and the WA referral pathways that exist. There are no direct actions or initiatives that stem from these guidelines and they do not appear to be linked to a state-wide strategy for the prevention and response to elder abuse. The state-wide elder abuse helpline is managed by Advocare Inc, one of the members of APEA who drafted the protocol.

Queensland

While Queensland does not have a publicly-available elder abuse strategy, it is worth noting that the Queensland Government (2015a) has an elder abuse website that amongst other things, lists definitions and referral agencies. In addition there exists a state funded Elder Abuse Prevention Unit (2015) that is run by Uniting Care. Queensland also has the Seniors' Legal and Support Service, a rights-based response service (Chesterman, 2015).

Northern Territory

No form of elder abuse policy or strategy exists in the Northern Territory. A Department of Health policy on the Health and Wellbeing of Older Territorians published in September 2013 exists, but contains no reference to elder abuse.

Table 1 State and Territory policies for elder abuse

	Summary	Priorities or recommended actions
<p>Victorian Government Elder Abuse Prevention Strategy, Rights. Respect</p> <p>Victoria (2009)</p>	<p>Working with families, service providers, professionals and the community to increase awareness of elder abuse and its impact</p> <p>Empowering older people and their families by enhancing their understanding of older people's rights, promoting community awareness of services available to support older people, and developing the capacity of local agencies to respond appropriately</p> <p>Developing and implementing a range of initiatives to reinforce the unacceptability of all forms of abuse</p>	<p>SRV (helpline, advocacy, support, legal services, community education)</p> <p>Vic Government Practice Guide: With Respect to Age -2009</p> <p>Professional education material and financial literacy awareness package for older people</p> <p>Communication strategy targeting the general population and older Victorians</p>
<p>Elder Abuse Prevention and Response Guidelines for Action 2012-2014</p> <p>Victoria (2012)</p>	<p>The main areas of focus in the guidelines are professional education, community education, the provision of legal, referral and advocacy services, and the coordination of service responses. The aim is to ensure a state-wide, integrated response to elder abuse, with measures in place to help prevent incidents of abuse and improve the safety and wellbeing of older Victorians. The guidelines are centred around:</p> <p>Community awareness Empowerment of older people Active engagement by professionals Coordinated multiagency support for people experiencing elder abuse</p>	<p>The Guidelines for Action outline specific actions and responsible agencies for a series of activities under each of the strategic outcomes. Some of the actions include:</p> <ul style="list-style-type: none"> • Development of web-based communications on elder abuse • Development of community education tools • Interagency liaison and awareness raising • Research into causal effects of elder abuse • Professional education

	Summary	Priorities or recommended actions
NSW Ageing Strategy NSW (2012)	<p>Overarching ageing strategy as part of NSW 2021 vision.</p> <p>Key action:</p> <ul style="list-style-type: none"> • Prevent and address abuse against older people <p>Elder abuse highlights:</p> <ul style="list-style-type: none"> • The establishment of NSW Elder Abuse Helpline and Response Unit (including their role in community education and data collection) • Elder abuse supporting actions: • Establishing the EARHU, training of frontline workers, engaging seniors in community safety programs and initiatives 	<p>Establishment of NSW Elder Abuse Helpline and Response Unit</p> <p>Updating protocols to prevent and respond to elder abuse</p> <p>Convene a high level advisory committee Provide education and training for frontline workers, such as police and care workers</p>
Preventing and responding to abuse of older people NSW(2014)	<p>Outline NSW Government commitment to preventing and addressing elder abuse</p> <p>Guides the conduct, accountability and development of EAHRU</p> <p>Provide direction for government and non-government agencies working with older people</p> <p>Provide clear understanding of principles and concept that underpin effective elder abuse response</p>	<p>Roles and responsibilities for EAHRU, government agencies (including police) and non-government agencies</p> <p>3-year review of NSW Policy for Responding to and Preventing the Abuse of Older People</p>

Summary	Priorities or recommended actions
<p>Strategy to Safeguard the Rights of Older South Australians: Action Plan 2015-2021</p> <p>SA (2015)</p>	<p>Developed in order to outline key actions in order to fulfil Strategy to Safeguard the Rights of Older South Australians 2014-2021</p> <p>Built on the South Australian Charter of the Rights and Freedoms of Older People</p> <p>Promotes a multidisciplinary/ interagency approach to the prevention and response of elder abuse</p> <p>Raising awareness of elder abuse, its forms, how to respond and support/services available</p> <ul style="list-style-type: none"> • Awareness campaign • Website developed <p>Strong community connections</p> <ul style="list-style-type: none"> • Age-friendly neighbourhoods initiative • Annual local government forums <p>Response to risk and abuse</p> <ul style="list-style-type: none"> • Establish helpline to be managed by ARAS • New website • Training for agencies who work with older people <p>Policy</p> <ul style="list-style-type: none"> • Develop a new age-friendly resource to help raise awareness of older people's rights within current legislation • Information sharing guidelines to be developed <p>Develop new policy which will explore the links between family violence and elder abuse and whether useful measures can be adopted from preventative work in the family violence area</p>

	Summary	Priorities or recommended actions
<p>Protecting Older Tasmanians from Abuse</p> <p>Tasmania (2010)</p>	<p>Outlines the Tasmanian Government's strategic direction for a whole-of-government elder abuse prevention response. Underpinned by four core principles:</p> <ul style="list-style-type: none"> • Awareness • Empowerment • Action • Support 	<p>Awareness</p> <ul style="list-style-type: none"> • community awareness campaign • professional education for service providers <p>Empowerment</p> <ul style="list-style-type: none"> • development of an elder abuse information website <p>Action</p> <ul style="list-style-type: none"> • establishment of a referral and information helpline (managed by Advocacy Tasmania Inc.) • development of clear referral pathways <p>Support</p> <ul style="list-style-type: none"> • Reduction of barrier to legal support for victims of elder abuse. <p>The strategy also outlines several other key activities such as:</p> <ul style="list-style-type: none"> • meaningful data collection in relation to elder abuse incidents and types of abuse • law reform • the development of practice guidelines (below) • Evaluation of these initiatives. <p>Whilst DHHS is the lead agency on this strategy, all actions are overseen by a state-wide Elder Abuse Advisory Committee</p>

	Summary	Priorities or recommended actions
<p>Responding to Elder Abuse: Tasmanian Government Practice Guidelines for Government and Non-Government Employees</p> <p>Tasmania (2012)</p>	<p>This document provides practical guidance to agencies and service providers in regards to elder abuse. It outlines the definition and types of elder abuse, risk factors, response frameworks, guidance for the development of elder abuse policy and procedures within an organisation as well as interagency protocols and supporting resources.</p>	<p>These practice guidelines were one of the key actions to be completed under the 2010 Protecting Older Tasmanians from Abuse strategy. There are not direct actions or initiatives that stem from these guidelines, however they do advocate and provide guidance for the development of interagency protocols and streamlined referral pathways for elder abuse.</p>
<p>Elder Abuse Protocol Guidelines for Action</p> <p>WA (2013)</p>	<p>This document provides service providers with basic information on elder abuse, risk factors, how to identify it, the WA referral pathways that exist..</p>	<p>There are not direct actions or initiatives that stem from these guidelines and they do not appear to be linked to a state-wide strategy for the prevention and response to elder abuse.</p>
<p>ACT Elder Abuse Prevention Program Policy</p> <p>ACT (2012)</p>	<p>This policy is informed by a strategic review of the implementation of the ACT Elder Abuse Prevention Program which took place in 2008. Key recommendations included developing a more co-ordinated and multidisciplinary approach to addressing abuse of older people in the ACT, creating policies and guidelines for ACT Government departments and agencies, developing appropriate information, screening, referral and response processes for use across all relevant agencies, training frontline workers, raising community awareness, and more consistent data collection.</p>	<p>While this document is described as a policy, it reads more like a status report for the ACT Elder Abuse Prevention program. It does not highlight any key strategic outcomes or objectives.</p>
<p>Queensland</p>	<p>No policy, but a website and a state-funded Elder Abuse Prevention Unit run by Uniting Care. Queensland also has the Seniors' Legal and Support Service</p>	<p>.</p>
<p>Northern Territory</p>	<p>No strategy or policy exists but there is an Elder Abuse Information Line run by Darwin Community Legal Service</p>	

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