

Elder abuse: context, concepts and challenges

Briony Dow and Bianca Brijnath, National Ageing Research Institute (NARI).



7

This article is an overview of the current state of knowledge about elder abuse in Australia. We explore some of the definitional issues, including cultural considerations; provide examples of the types of activities being undertaken in Australia to prevent or tackle elder abuse; and outline the current state of research, including what we see as the main gaps. This article is by no means comprehensive, and we recommend that readers interested in elder abuse explore the 'Further reading' and 'Reference' sections for more information.

What is elder abuse?

The most commonly accepted definition of elder abuse is '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' (WHO 2018). Within this definition, the most commonly described forms of elder abuse are financial, psychological, physical, sexual and social abuse and neglect.

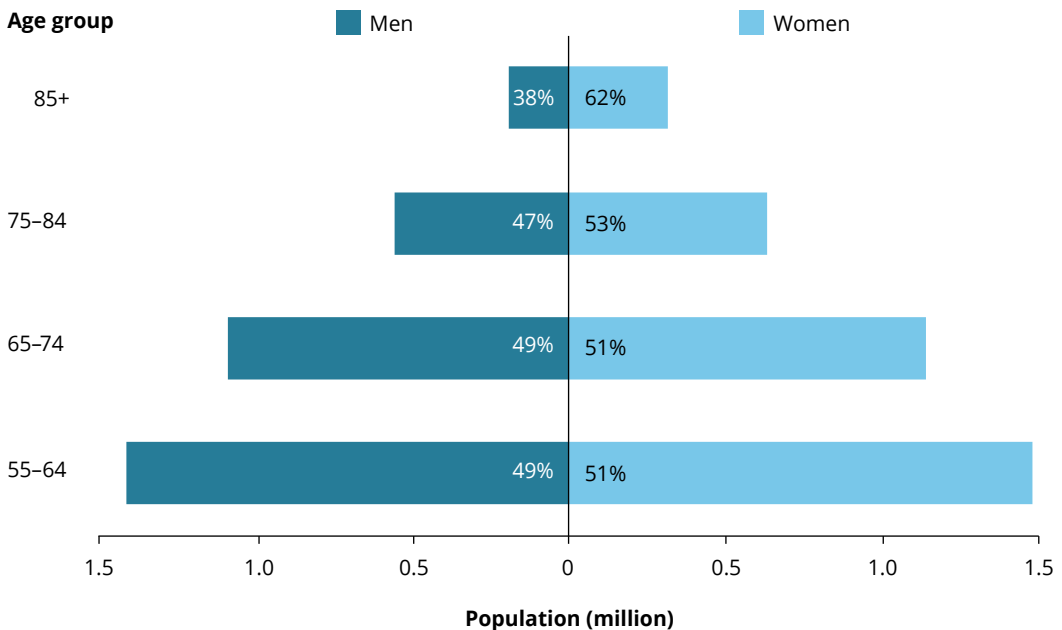
Elder abuse comprises 5 components: the person being abused (older person); the acts or omissions (single, or repeated act, or lack of appropriate action); the abuser (not specified in the above definition); the pre-conditions (any relationship where there is an expectation of trust); and the impact (harm or distress) (Kaspiew et al. 2016). There is considerable debate around each of these components; for example, should the definition of an older person be restricted to chronological age? What constitutes a relationship of trust? How might carer stress shape abuse? Should intentionality be a pre-determining factor? So, while the World Health Organization (WHO) definition is the most generally accepted, the definition of elder abuse is by no means settled.

There is also debate about the relationship between elder abuse and family violence; in particular, whether elder abuse should be seen as a subset of family violence and therefore included within family violence policy reforms and service responses, and/or seen as a specialist area requiring separate policy and service responses. There are certainly overlaps—elder abuse (outside of formal care services) occurs largely within families and there are many common risk factors (Joosten et al. 2017). Understanding and responding to elder abuse is increasingly important given the growing population of older Australians (Box 7.1).

Box 7.1: Demographics of older Australians

Older Australians are a growing proportion of the total population. In 2018, 15.7% of Australians (3.9 million) were aged 65 and over, and 11.6% (2.9 million) were aged 55-64; these proportions are projected to grow steadily over the coming decades. Women make up more than half of the population in older age groups; up to 62% (312,000) of Australians aged 85 and over are women (Figure 7.1).

Figure 7.1: Population aged 55 and over, by age and sex, June 2018



Source: ABS 2018.

How common is elder abuse?

To date, there has not been a population-level prevalence study of elder abuse conducted in Australia. However, a paper from the Australian Institute of Family Studies estimated the prevalence of elder abuse to be between 2% and 14%, with neglect occurring at possibly higher rates (Kaspiew et al. 2016). An earlier review of small-scale prevalence studies in Australia found estimates ranging from 2.3% to 5.4% (Kurrle & Naughtin 2008).

The international literature provides a wide range of estimates depending on the definitions used, the populations sampled and the perpetrators included (Kaspiew et al. 2016). For example, a study from the United Kingdom found that 2.6% of people aged 66 and over living in private households had experienced mistreatment from a family member, friend or care worker (Biggs et al. 2009). When this was extended to include neighbours and acquaintances, the overall prevalence increased to 4.0% (Biggs et al. 2009).

A meta-analysis of prevalence data from 28 countries, mainly from Europe, the Americas and Asia, suggests 1 in 6 adults aged 60 and older living in their community is experiencing elder abuse (Yon et al. 2017). This equates to roughly 141 million people worldwide. However, the data included in this meta-analysis has significant variations based on definitions and samples used in the studies as well as income classification, geographical and cultural context (Yon et al. 2017). Fortunately, preparation for a national Australian prevalence study is currently underway (see 'Policy and legal context' section).

Common scenarios

A common elder abuse scenario for older Australians who approach services such as Seniors Rights Victoria involves an adult child coming to live with their older parent/s because they have nowhere else to live. Their own housing arrangements may have fallen through because of a relationship breakdown or failure to pay the rent due to gambling or drug or alcohol dependence. Put simply, they bring their problems with them. They may: incur expenses and fail to pay for them; force the older person to disclose their banking details and steal their money; or threaten them (for example, by withholding access to grandchildren) into handing over money, assets or financial power of attorney.

Analysis of 2 years of data from Seniors Rights Victoria revealed that 92% of abuse was by a family member and 67% by an adult child (Joosten et al. 2015). A key risk factor was cohabitation with the perpetrator, except for financial abuse, in which case living alone was a risk factor. In this study, incurring bills for which the older person was responsible, and taking up residence with them for reasons other than the older person's benefit, were the most common forms of financial abuse. Abuse, neglect or misuse of power of attorney was also common and included failure to consult an older person or act in accordance with their direction when the older person had capacity (Joosten et al. 2015).

Elder abuse also occurs in the context of both formal and informal care relationships. People with dementia are uniquely vulnerable to abuse (Cooper et al. 2010; Dong et al. 2014; Hansberry et al. 2005; Spector & Nguyen 2016), particularly within residential aged care settings, where there is a general lack of education on dementia (Sykes 2018) and high levels of neglect (Wiglesworth et al. 2010). Recent Australian media exposure—for example, the Australian Broadcasting Corporation's Four Corners program (ABC 2018a, 2018b)—has led to the Royal Commission into Aged Care Quality and Safety, which is due to report in April 2020.

At present, however, much elder abuse goes undetected, especially neglect, which rarely comes to the attention of elder abuse services, but may be picked up by health, police, local government or aged care services, especially those that go into the older person's home. By its very nature, neglect is hard to detect and respond to. In these situations, the older person is generally unable to adequately care for themselves and is relying on others to do so. Consequently, they are rarely in a position to report the abuse.

Cultural considerations

Perceptions of what elder abuse is, the forms it takes, and responses to it are culturally mediated (Kosberg & Garcia 2013; Patterson & Malley-Morrison 2006). What constitutes abuse in one culture may not be considered abusive behaviour in another, which makes it difficult to identify and address (Bagshaw et al. 2013; Choo et al. 2013). For example, financial abuse is rarely mentioned as a form of abuse by older African Americans, even though it regularly occurs in their communities (Tauriac & Scruggs 2006). Similarly, psychological abuse of older people is perceived as the most severe form of elder abuse in Brazil, even though physical abuse is commonplace (Bezerra-Flanders & Clark 2006). In Israel, lack of respect is tied to elder abuse (Rabi 2006), and in Japan, older people may be blamed for their personal failings (Arai 2006). In India, admission into residential aged care is perceived by many in the community as a form of elder abuse where older relatives are 'abandoned' or 'dumped', and there are explicit laws, such as the *Maintenance and Welfare of Parents and Senior Citizens Act 2007*, that mandate fines and prison sentences for kin who do not care for older relatives (Brijnath 2008, 2012).

How different cultural groups respond to elder abuse is highly variable. In some parts of the world, elder abuse may remain under-reported because it is a taboo subject. In other instances, elder abuse may be perceived as part of a broader spectrum of abuse, and shaped by factors such as poverty, deprivation and violence that also affect other vulnerable groups, such as children, women and people with disability. Therefore, older people are not unique in their communities in experiencing abuse and trauma (Kosberg & Garcia 2013).

The Australian context

In Australia, there is limited research about the cultural specificities of elder abuse among culturally and linguistically diverse (CALD) groups and Aboriginal and Torres Strait Islander communities. From what is available, the evidence suggests that 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, including paying bills (Wainer et al. 2011). They are also likely to be socially isolated and unwilling to disclose mistreatment or neglect for fear of the social stigma associated with abuse (Zannettino et al. 2015). For example, 2 forms of elder abuse frequently reported by older migrants are cultural isolation from their communities, and threats of deportation for those on dependent family visas (Brijnath et al. 2018). 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 2015).

Overall, significant unknowns remain about how elder abuse is constructed and experienced in CALD communities in Australia. This is a significant gap in our knowledge, given that Australia is an increasingly ageing and multicultural society, with 1 in 3 people aged over 65 having a CALD background (AIHW 2018). Any intervention needs to consider the importance to the older person of emotional connections with family, community and culture (Zannettino et al. 2015). Strategies that focus on an individual rights-based approach may be inappropriate in some CALD communities where a high value is placed on collective ownership and decision-making within families (Wainer et al. 2011). Thus, 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).

From the limited evidence available, financial abuse appears to be the most common form of elder abuse among Aboriginal and Torres Strait Islander communities (Boldy et al. 2005; Kurrle & Naughtin 2008). For Indigenous Australians, life expectancy is lower than for non-Indigenous Australians, and because of this, Indigenous Australians aged 50 and over are eligible for aged care services. Likewise, definitions of elder abuse need to apply to those aged 50 and over. Many older Indigenous Australians are in a poor social and economic situation, which derives from the historical trauma resulting from the Stolen Generations, and land and cultural dispossession. This means that many older Indigenous Australians are particularly vulnerable to elder abuse, as explained by the former Aboriginal and Torres Strait Islander Social Justice Commissioner, Mick Gooda. But another outcome of this history is that Indigenous elders and families are particularly sensitive to outside interventions and prefer that recognised community representatives and custodians of culture are involved in safeguarding older individuals against abuse (Gooda 2012). Box 7.2 discusses some of the work being done to better understand elder abuse among Indigenous Australians.

Box 7.2: Indigenous Australians and elder abuse

There is limited research available in relation to the abuse of older Aboriginal and Torres Strait Islander people. Society-wide factors, such as ageism and discrimination, affect both Indigenous and non-Indigenous Australians. However, the experiences of older Indigenous people reflect a unique cultural and historical context. As a first step towards understanding Indigenous Australians' experience with elder abuse, the AIHW has been working on a project together with the Attorney-General's Department reporting on vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over, with a focus on risk factors and protective factors that can allow or inhibit abuse. The AIHW has analysed data from over 20 sources—from social surveys to administrative records covering demographic characteristics of this cohort, along with outcomes and service use information related to aged care, health and functioning, social and emotional wellbeing, housing circumstances, education, employment and financial security, alcohol and substance use and safety (AIHW 2019).

Risk factors

The risk factors for elder abuse vary according to the type of abuse, but for the older person are largely related to increased vulnerability due to cognitive, physical, psychological, cultural or social factors. These include functional dependence and disability, poor physical or mental health, poverty and social isolation (Joosten et al. 2017). As noted earlier, risk factors can vary, or be heightened, depending on an older person's family circumstances or care relationships, as well as their cultural background and proficiency in English. For financial abuse, living alone is a risk factor—especially for older men (Jackson & Hafemeister 2011). Another more recently identified risk factor for financial abuse is having a family member with a sense of entitlement to the older person's property, characterised as 'inheritance impatience' (Bagshaw et al. 2013).

Risk factors for the perpetrator include psychological or social factors, such as mental health, gambling or drug dependence, social isolation and dependency on the older person, as well as homelessness and poverty. Caregiver stress can also be a risk factor for abuse (Johannesen & LoGiudice 2013).

Policy and legal context

Elder abuse is a complex policy area because it involves the Australian Government and state and territory governments. Just as risk factors cut across mental health, housing, legal, banking, aged care, education, substance abuse and gambling policy areas, so too must government policy responses. An all-of-government approach is needed.

One of the most comprehensive reviews of elder abuse laws and legal frameworks in recent years was conducted by the Australian Law Reform Commission (ALRC). This review examined existing Commonwealth laws and legal frameworks as they relate to safeguarding older people from abuse and how these interact with state and territory laws (ALRC 2017). The ALRC's main recommendation was for government to develop a national plan to reduce elder abuse which lays out an integrated national service, policy and legal response. The report also called for improved responses to elder abuse in aged care, better protection of older people from financial abuse, and adult safeguarding regimes. The *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023* (Council of Attorneys-General 2019) was launched in March 2019. It details the priority areas for action over the next 4 years by all governments, including strengthening service responses, helping people better plan for their future and strengthening safeguards for vulnerable people.

The ALRC's report also called for a national prevalence study of elder abuse. On 19 March 2019, the Australian Government announced it will be undertaking this work. Several research reports have laid the foundation for the study and advanced a national research agenda on elder abuse, including *Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over: 2019—in brief* (AIHW 2019) and *Insights into abuse of older people—analysis of Australian Bureau of Statistics datasets* (Hill & Katz 2019).

Finally, the Age Discrimination Commissioner, the Hon. Dr Kay Patterson AO, is a strong advocate for preventing elder abuse, building on the work of her predecessor, the Hon. Susan Ryan AO. Dr Patterson has chosen elder abuse as 1 of 3 key areas of focus for her term in office. Apart from actively supporting the work of elder abuse prevention and support programs across Australia and the work undertaken by the Attorney-General's Department, Dr Patterson also advocates for reducing ageism in the workforce and in the general community.

Support services/interventions

Responses to elder abuse are complex and multidimensional. *Everybody's business: stocktake of elder abuse awareness, prevention and response activities in Australia, March 2019* (Commonwealth of Australia 2019) provides a comprehensive overview of legal, policy and service responses to elder abuse in Australia. For individuals experiencing abuse, services include:

- helplines, available in every state and territory for confidential advice, information and referrals
- legal assistance (both specialist elder abuse services and general community legal centres)
- collaborative practice models, where lawyers, health workers, social workers and advocates work together to support the older person
- family inclusive services, providing mediation and counselling for family members, including the older person
- advocacy services
- other case management services.

To assist the workforce gain a better understanding of elder abuse and the responses required, there are numerous educational resources available in Australia, including online courses, videos, service pathways and screening tools.

Community-awareness campaigns about elder abuse are another strategy for preventing and responding to elder abuse. More recently, campaigns and initiatives designed to reduce ageism as an underlying cause of elder abuse have been initiated. One example is EveryAGE Counts, a coalition of organisations for social change and advocates for older Australians led by The Benevolent Society. In addition, there are national networks and peak bodies that coordinate activities across and within states and territories as well as advocate for elder abuse to be a focus of government.

What works to prevent or stop elder abuse?

It is difficult to draw robust conclusions about the effectiveness of interventions to prevent or stop elder abuse (Daly et al. 2011). There are 3 reasons for this. First, elder abuse covers many types of abuse that occur in a range of contexts, perpetrated by a variety of people and within different relationship types. This makes it very difficult to identify a single intervention that can prevent or address elder abuse as a whole. Second, it is difficult to compare interventions, as they differ depending on the type and nature of the abuse. Third, there are ethical issues in conducting elder abuse research, particularly in relation to having a control condition (that is, no intervention), and asking people who are in a distressing situation to consent to participation in research.

Despite these limitations, there are interventions that show promise for some aspects of elder abuse. For example, family mediation, if initiated early, can be effective in resolving abuse as it enables the older person to: identify the problem and be heard; name the abuse and the perpetrator's behaviour; and discuss options—this empowers the older person to make decisions (Bagshaw et al. 2015). Family mediation may also be preferred by older people rather than legal responses, as it is not perceived as being as adversarial and suggests resolution of conflict (Braun 2012; Hobbs & Alonzi 2013).

Some multidisciplinary approaches can also be effective in resolving elder abuse. These include various combinations of counselling, case management, legal interventions, medical care and financial controls (Joosten et al. 2017). For example, a social worker and lawyer intervention in New York found 68% of clients who received the service had a reduced risk of mistreatment (Rizzo et al. 2015). Another United States study compared a team consisting of a nurse and social workers with a social worker alone (Ernst & Smith 2012) and found that the team approach resulted in greater risk reduction.

Routine screening of all older people may be a way to detect and respond to elder abuse. However, there are several barriers to routine screening (Cooper et al. 2009; Dow et al. 2013; Penhale 2010; Schmeidel et al. 2012; Tilse & Wilson 2013), such as:

- varying levels of understanding about elder abuse by health professionals
- the cost of implementation
- inadequate training on the signs of elder abuse, particularly financial abuse
- limited access to standard screening and assessment tools
- inadequate organisational support to aid the reporting of identified cases of elder abuse.

Older adults also face barriers to disclosing abuse, such as:

- a lack of understanding about what constitutes abusive behaviour and therefore an inability to recognise when it is occurring (Taylor et al. 2014)
- fear of retaliation from the perpetrator (Roulet et al. 2017)
- feelings of guilt if the perpetrator is a child (Moon & Benton 2000)
- a desire to protect the perpetrator from negative consequences that may result if the abuse was reported (Jackson & Hafemeister 2015).

Common criticisms of the tools themselves include using outdated terminology, asking binary questions, asking multiple questions at once, failure to consider the older person's cognitive status, failure to consider how culture intersects with elder abuse, and failure to outline a referral pathway to those administering the tool (Brijnath et al. 2018). Providers emphasise that a screening tool must promote trust and rapport between the assessor and the older person in order to solicit a story on this sensitive subject (Brijnath et al. 2018).

Finally, there is some evidence for supportive interventions for family carers, such as psycho-education (Hebert et al. 2003; Phillips 2008), but little research has been done with perpetrators who are not carers. The STrAtegies for RelaTives (START) study implemented a one-to-one, face-to-face 8-week psycho-education intervention for family caregivers of people living with dementia. This study found a reduction in depression and anxiety following the intervention but no statistically significant reduction in conflict (Cooper et al. 2016). However, as mental health issues are key risk factors, this approach may be promising for reducing elder abuse within care relationships. The START study is currently being replicated in Australia using videoconferencing as a way to enable reach into rural and remote areas (Panayiotou et al. 2018).

Unfortunately, to date, there is little evidence for the success of awareness-raising campaigns or workforce education. A recent Cochrane review of interventions to address elder abuse concluded that 'it is uncertain whether targeted educational interventions improve the knowledge of health and allied professionals and caregivers about elder abuse' (Baker et al. 2016). At the same time, most health and aged care professionals still lack knowledge and confidence in how to respond to abuse (Dow et al. 2013, 2018).

What is missing from the picture?

Population ageing, social change and increased pressures on resources heighten the risk of elder abuse. As governments around the world, including in Australia, grapple with how to address this complex and taboo subject, what is increasingly obvious is the need for robust research to guide evidence-informed policy and practice. To this end, much remains to be answered and we conclude by briefly outlining the critical knowledge gaps. Importantly, these gaps are neither presented in order of importance nor should they be sequentially considered; rather they need to be tackled concurrently and swiftly.

First, developing common legal understandings of what constitutes elder abuse, and how to recognise it, are critical. Definitions are influenced by the context in which they operate. Legal definitions are more prescriptive in nature, whereas support services are required to adopt a more holistic approach to address service-planning needs. While definitional complexities may present an obstacle, they do not necessarily prohibit developing a common language and understanding of elder abuse. Common understandings can also streamline tools and training directed towards providers to enhance the detection of abuse and, by extension, protection of older people.

Second, establishing the national prevalence of elder abuse—and knowing where ‘hotspots’ might be—is an important epidemiological baseline. Without knowing the true prevalence, it is difficult to understand the scope of the problem, key patterns and trends. This information is required by policymakers to allocate appropriate resources to tackle elder abuse, and to determine how effective interventions have been. To this end, the recent announcement of the national prevalence study (see ‘Policy and legal context’ above) is most welcome.

Third, related to prevalence, we also need a deeper understanding of the impact of elder abuse on the older person, their families and perpetrators. As has been highlighted, diminished health, increased risk of poverty, social isolation and substance abuse are some risk factors associated with elder abuse. How these risk factors converge to shape the life trajectories of older people, their families and communities in the context of elder abuse need to be studied and measured to accurately respond to its damaging and long-lasting effects.

Finally, robust and complex interventions are needed to address elder abuse. A multidisciplinary systems-wide approach must be adopted; one which is consistent, stepped and places the needs of older people at the centre. Because the topic has remained hidden for so long, ad hoc, siloed and inconsistent approaches continue to inform current practice. Many lessons may be learnt from interventions to tackle other forms of abuse and family violence, but it is crucial that these be adapted to take account of the unique facets of elder abuse.

With the ageing of the population in Australia and globally, elder abuse is a serious and potentially growing problem. Unfortunately, research in this area is in its infancy and data are scarce. In the words of the ALRC report: ‘Ageing eventually comes to all Australians and ensuring that all older people live dignified and autonomous lives free from the pain and degradation of elder abuse must be a priority’ (ALRC 2017).

Further reading

For more information on elder abuse, we recommend the following online resources.

The AIHW has information and statistics related to older people in Australia, including the reports *Family, domestic and sexual violence in Australia: continuing the national story 2019* www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019, and *Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over* detailed report www.aihw.gov.au/reports/indigenous-australians/vulnerabilities-aboriginal-torres-strait-50-full.

More information on ageing and elder abuse research is available on the National Ageing Research Institute (NARI) website www.nari.net.au/research/current-projects/elder-abuse.

The Australian Institute of Family Studies (AIFS) also conducts research into elder abuse aifs.gov.au/projects/elder-abuse-national-research-strengthening-evidence-base-stage-one, including a recent paper, *Elder abuse: key issues and emerging evidence* aifs.gov.au/cfca/publications/cfca-paper/elder-abuse.

Information about the Australian Government's response to elder abuse is available at www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians. Further information on the review into elder abuse and legal frameworks can be found at www.alrc.gov.au/inquiries/elder-abuse.

References

- ABC (Australian Broadcasting Corporation) 2018a. Who cares? Four Corners, 17 September 2018. Sydney: ABC. Viewed 4 June 2019, <<https://www.abc.net.au/4corners/who-cares/10258290>>.
- ABC 2018b. Who cares? Part two. Four Corners, 24 September 2018. Sydney: ABC. Viewed 4 June 2019, <<https://www.abc.net.au/4corners/who-cares-part-two/10300264>>.
- ABS (Australian Bureau of Statistics) 2018. Australian demographic statistics, June 2018. ABS cat. no. 3101.0. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2018. Older Australia at a glance. Cat. no. AGE 87. Canberra: AIHW.
- AIHW 2019. Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over: 2019—in brief. Cat. no. IHW 207. Canberra: AIHW.
- Arai M 2006. Elder abuse in Japan. *Educational Gerontology* 32(1):13–23.
- ALRC (Australian Law Reform Commission) 2017. Elder abuse—a national legal response. ALRC report 131. Sydney: ALRC. Viewed 4 June 2019, <<https://www.alrc.gov.au/publications/elder-abuse-report>>.
- Bagshaw D, Adams V, Zannettino L & Wendt S 2015. Elder mediation and the financial abuse of older people by a family member. *Conflict Resolution Quarterly* 32(4):443–80.
- Bagshaw D, Wendt S, Zannettino L & Adams V 2013. Financial abuse of older people by family members: views and experiences of older Australians and their family members. *Australian Social Work* 66(1):86–103.
- Baker PRA, Francis DP, Hairi NN, Othman S & Choo WY 2016. Interventions for preventing abuse in the elderly. *Cochrane Database of Systematic Reviews* 2016 8:CD010321.
- Bezerra-Flanders W & Clark JC 2006. Perspectives on elder abuse and neglect in Brazil. *Educational Gerontology* 32(1):63–72.
- Biggs S, Manthorpe J, Tinker A, Doyle M & Erens B 2009. Mistreatment of older people in the United Kingdom: findings from the first national prevalence study. *Journal of Elder Abuse & Neglect* 21(1):1–14.
- Boldy D, Horner B, Crouchley K, Davey M & Boylen S 2005. Addressing elder abuse: Western Australian case study. *Australasian Journal on Ageing* 24:3–8.
- Braun J 2012. Elder guardianship mediation: threat or benefit to abuse victims? *International Perspectives in Victimology* 7(1):27–37.
- Brijnath B 2008. The legislative and political contexts surrounding dementia care in India. *Ageing & Society* 28(7):913–34.
- Brijnath B 2012. Why does institutionalised care not appeal to Indian families? Legislative and social answers from urban India. *Ageing & Society* 32(4):697–717.
- Brijnath B, Gahan L, Gaffey E & Dow B 2018. 'Build rapport, otherwise no screening tools in the world are going to help': frontline service providers' views on current screening tools for elder abuse. *Gerontologist* 2018 Dec 20. doi:10.1093/geront/gny166. [Epub ahead of print]

Choo WY, Hairi NN, Othman S, Francis DP & Baker PRA 2013. Interventions for preventing abuse in the elderly (protocol). Cochrane Database of Systematic Reviews 2013 1:CD010321.

Commonwealth of Australia 2019. Everybody's business: stocktake of elder abuse awareness, prevention and response activities in Australia, March 2019. Canberra: Australian Government Attorney-General's Department.

Cooper C, Barber J, Griffin M, Rapaport P & Livingston G 2016. Effectiveness of START psychological intervention in reducing abuse by dementia family carers: randomized controlled trial. *International Psychogeriatrics* 28(6):881–7.

Cooper C, Selwood A, Blanchard M, Walker Z, Blizard R & Livingston G 2010. The determinants of family carers' abusive behaviour to people with dementia: results of the CARD study. *Journal of Affective Disorders* 121(1):136–42.

Cooper C, Selwood A & Livingston G 2009. Knowledge, detection, and reporting of abuse by health and social care professionals: a systematic review. *American Journal of Geriatric Psychiatry* 17(10):826–38.

Council of Attorneys-General 2019. The National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023. Canberra: Australian Government Attorney-General's Department.

Daly JM, Merchant ML & Jogerst GJ 2011. Elder abuse research: a systematic review. *Journal of Elder Abuse & Neglect* 23(4):348–65.

Dong X 2013. Culture diversity and elder abuse: implications for research, education, and policy. *Generations* 36(3):40–2.

Dong X, Chen R & Simon MA 2014. Elder abuse and dementia: a review of the research and health policy. *Health affairs (Project Hope)* 33(4):642–9.

Dow B, Gaffy E & Hwang K 2018. Elder Abuse Community Action Plan for Victoria, February 2018. Parkville: National Ageing Research Institute.

Dow B, Hempton C, Cortes-Simonet EN, Ellis KA, Koch SH, LoGiudice D et al. 2013. Health professionals' and students' perceptions of elder abuse. *Australasian Journal on Ageing* 32(1): 48–51.

Ernst JS & Smith CA 2012. Assessment in adult protective services: do multidisciplinary teams make a difference? *Journal of Gerontological Social Work* 55(1):21–38.

FMC Mediation and Counselling 2018. Elder abuse discussion paper: based on FMC's Respecting Elders service findings, June 2018. Melbourne: FMC Mediation and Counselling.

Gooda M 2012. Speech given at the AAG Elder Abuse and Neglect Conference, Alice Springs, 5 September 2012. Sydney: Australian Human Rights Commission. Viewed 8 May 2019, <<https://www.humanrights.gov.au/news/speeches/aag-elder-abuse-and-neglect-conference>>.

Hansberry MR, Chen E & Gorbien MJ 2005. Dementia and elder abuse. *Clinics in Geriatric Medicine* 21(2):315–32.

- Hebert R, Lévesque L, Vézina J, Lavoie J-P, Ducharme F, Gendron C et al. 2003. Efficacy of a psychoeducative group program for caregivers of demented persons living at home: a randomized controlled trial. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences* 58(1):S58–67.
- Hill T & Katz I 2019. *Insights into abuse of older people—analysis of Australian Bureau of Statistics datasets*. Sydney: Social Policy Research Centre, University of New South Wales.
- Hobbs A & Alonzi A 2013. Mediation and family group conferences in adult safeguarding. *Journal of Adult Protection* 15(2):69–84.
- Jackson SL & Hafemeister TL 2011. Risk factors associated with elder abuse: the importance of differentiating by type of elder maltreatment. *Violence and Victims* 26(6):738–57.
- Jackson SL & Hafemeister TL 2015. The impact of relationship dynamics on the detection and reporting of elder abuse occurring in domestic settings. *Journal of Elder Abuse & Neglect* 27(2):121–45.
- Johannesen M & LoGiudice D 2013. Elder abuse: a systematic review of risk factors in community-dwelling elders. *Age and Ageing* 42(3):292–8.
- Joosten M, Dow B & Blakey J 2015. *Profile of elder abuse in Victoria: analysis of data about people seeking help from Seniors Rights Victoria—summary report, June 2015*. Melbourne: National Ageing Research Institute and Senior Rights Victoria. Viewed 4 June 2019, <https://seniorsrights.org.au/wp-content/uploads/2014/03/Summary-Report_Profile-of-Elder-Abuse-in-Victoria_Final.pdf>.
- Joosten M, Vrantsidis F & Dow B 2017. *Understanding Elder Abuse: A scoping study*. Melbourne: University of Melbourne and the National Ageing Research Institute. Viewed 4 June 2019, <https://socialequity.unimelb.edu.au/__data/assets/pdf_file/0011/2777924/Elder-Abuse-A-Scoping-Study.pdf>.
- Kaspiew R, Carson R & Rhoades H 2016. *Elder abuse: understanding issues, frameworks and responses*. Research report no. 35. Melbourne: Australian Institute of Family Studies.
- Kosberg JI & Garcia JL 2013. *Elder abuse: International and cross-cultural perspectives*, London: Routledge.
- Kurrle S & Naughtin G 2008. An overview of elder abuse and neglect in Australia. *Journal of Elder Abuse & Neglect* 20(2):108–25.
- Moon A & Benton D 2000. Tolerance of elder abuse and attitudes toward third-party intervention among African American, Korean American, and white elderly. *Journal of Multicultural Social Work* 8(3/4):283–303.
- Panayiotou A, Chiang J, Bryant C, Tropea J, Capon H, Gaffy H et al. 2018. *STrategies for RelaTives (START) on-line*. Paper presented at 2018 AAG (Australian Association of Gerontology) Conference, Melbourne, November. Viewed 4 June 2019 (abstract, p.149), <<https://www.aag.asn.au/documents/item/2487>>.
- Patterson M & Malley-Morrison K 2006. A cognitive-ecological approach to elder abuse in five cultures: human rights and education. *Educational Gerontology* 32(1):73–82.

- Penhale B 2010. Responding and intervening in elder abuse and neglect. *Ageing International* 35(3):235–52.
- Phillips LR 2008. Abuse of aging caregivers: test of a nursing intervention. *Advances in Nursing Science* 31(2):164–81.
- Petosic T, Guruge S, Wilson-Mitchell K, Tandon R, Gunraj A, Robertson A et al. 2015. Intergenerational violence: the post-migration context in Canada. RCIS working paper no. 2015/2. Toronto: Ryerson Centre for Immigration and Settlement, Ryerson University.
- Rabi K 2006. Israeli perspectives on elder abuse. *Educational Gerontology* 32(1):49–62.
- Rizzo VM, Burnes D & Chalfy A 2015. A systematic evaluation of a multidisciplinary social work-lawyer elder mistreatment intervention model. *Journal of Elder Abuse & Neglect* 27(1):1–18.
- Roulet Schwab D & Wangmo T 2017. Perceptions of elder abuse from community-dwelling older persons and professionals working in western Switzerland. *Journal of Interpersonal Violence* 2017 Sep 1. doi:10.1177/0886260517732345 [Epub ahead of print]
- Schmeidel AN, Daly JM, Rosenbaum ME, Schmuck GA & Jogerst GJ 2012. Health care professionals' perspectives on barriers to elder abuse detection and reporting in primary care settings. *Journal of Elder Abuse & Neglect* 24(1):17–36.
- Spector K & Nguyen AL 2016. Expert perspectives on elder abuse among people with dementia. *Gerontologist* 56(Suppl.3):510.
- Sykes D 2018. Rights and people living with dementia. Paper presented at the Protecting the rights, choices and freedoms of older people living in residential aged care facilities seminar, Centre of Research Excellence in Patient Safety, Monash University, Melbourne, 15 June.
- Tauriac JJ & Scruggs N 2006. Elder abuse among African Americans. *Educational Gerontology* 32(1):37–48.
- Taylor BJ, Killick C, O'Brien M, Begley E & Carter-Anand J 2014. Older people's conceptualization of elder abuse and neglect. *Journal of Elder Abuse & Neglect* 26(3):223–43.
- Tilse C & Wilson J 2013. Recognising and responding to financial abuse in residential aged care. *Journal of Adult Protection* 15(3):141–52.
- Wainer J, Owada K, Lowndes G & Darzins P 2011. Diversity and financial elder abuse in Victoria: Protecting Elders' Assets Study. Melbourne: Monash University, Eastern Health Clinical School.
- Wiglesworth A, Mosqueda L, Mulnard R, Liao S, Gibbs L & Fitzgerald W 2010. Screening for abuse and neglect of people with dementia. *Journal of the American Geriatrics Society* 58(3):493–500.
- WHO (World Health Organization) 2018. Elder abuse. Ageing and life-course. Geneva: WHO. Viewed 4 June 2019, <http://www.who.int/ageing/projects/elder_abuse/en/>.
- Yon Y, Mikton CR, Gassoumis ZD & Wilber KH 2017. Elder abuse prevalence in community settings: a systematic review and meta-analysis. *The Lancet Global Health* 5(2):e147–56.
- Zannettino L, Bagshaw D, Wendt S & Adams V 2015. The role of emotional vulnerability and abuse in the financial exploitation of older people from culturally and linguistically diverse communities in Australia. *Journal of Elder Abuse & Neglect* 27(1):74–89.