

Elder Abuse **Discussion Paper**

Based on FMC's Respecting Elders
service findings

June 2018

2nd Edition



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About FMC

FMC Mediation and Counselling is a not-for-profit agency in Australia that has been providing family dispute resolution support, relationship support, psychological services and financial counselling for over thirty years.

During this time, we have evolved into one of the most successful providers of relationship services in Victoria. From 25 locations, FMC supports over 8500 Victorians every year, many of whom are experiencing family, relationship, financial issues and other related challenges.

FMC enjoys a strong relationship with organisations in the community, in the not-for-profit sector and maintains excellent state and federal Government ties. We have developed a reputation as a high performing and trusted partner providing family support services. Creative and innovative thinking is instilled in our culture; with a core focus on quality, performance and consumer-centric service delivery.

Our doors are open to a wide range of people from all walks of life. Our family and relationship services range from alternate dispute resolution and counselling services to support and conflict resolution services for older people. This includes a suite of school and parent group programs offering in-school programs from professional development for staff to individual psychological services for students.

FMC is funded to provide services across the age and family spectrum. FMC has received grants from the Lord Mayor's Charitable Foundation and the Victorian Department of Health and Human Services (DHHS) to deliver prevention and support services to older people. FMC employs four Family Consultants to deliver elder abuse prevention and support services.

Executive Summary

This discussion paper is based upon FMC's experience of providing front line response services to older people affected by elder abuse over the last three years. The paper initially considers the risk factors that FMC is observing amongst clients of its Respecting Elders service. These risk factors relate to three areas of life change: Changes of the older person's situation related to a life event such as death of their spouse or change in health status; Changes in their adult children's situation such as increasing financial burdens or addiction behaviour; Lastly, any change in a Culturally and Linguistically Diverse (CALD) community member's living situation.

FMC provides an overview of the current service system response to elder abuse and observes that many of its clients sought support through alternative, non-legal pathways to preserve their family relationships and pose less risk in terms of cost and emotional damage. As a complementary entry point to a legal pathway FMC has developed a multidisciplinary model of care called Respecting Elders. The service is based on multidisciplinary responses and focusses on risk management, family support and self-determination for the older person. The voluntary and non-adversarial nature of the service ensures that the best interests of the older person are at the centre of the model. The FMC Family Consultant role is the hub for the service. The role requires significant experience in capacity and capability assessment of the older person and understanding of the complexities of the aged care system. FMC client data to date shows that over 80% of clients report a cessation in abuse. The service delivery can occur in home, residential care or FMC office locations.

The Victorian DHHS is currently piloting an Integrated Model of Care across health services and community services as a complementary pathway for referrals and response. FMC is participating in three of the pilot locations and considers that this innovative option for older people is essential.

Drawing upon its client experience and understanding of the current sector responses, FMC concludes with seven considerations:

- 1.** Elder abuse requires a nuanced response that focuses on self-determination and is able to respond to an older person's wishes to maintain relationships where safe and possible
- 2.** A paradigm shift is required to a system that responds to older persons' situations by providing a multidisciplinary hub of services with the legal response as a key spoke
- 3.** Older people in Victoria require easy access to response and support through a centralised phone service and website that is actively promoted to generate enquiries
- 4.** Older people would benefit from a joint federal state initiative that utilises the footprint of federally funded family support locations to provide an Integrated Model of Care
- 5.** Support services for perpetrators should be funded and legislative changes made in regards to privacy if older people are to be protected
- 6.** Measuring community harm in conjunction with prevalence will better inform system responses to elder abuse
- 7.** Cultural values and traditions intersect with the dynamic factors causing elder abuse in CALD communities. Additional support is required.

FMC's role in responding to elder abuse

Elder abuse is a complex phenomenon and is a great source of harm in our community. It is pervasive and hidden from view. The most challenging aspect of elder abuse is that it is significantly under-reported and most often perpetrated by people closest to the person experiencing the abuse such as adult children, spouses or care givers. Older people are reluctant to seek assistance for a multitude of reasons including fear and shame, and many report they are unaware of where and how to access support.

An effective response to elder abuse requires an understanding of the complex nature of the relationships involved. The Victorian Royal Commission into Family Violence Report describes elder abuse as family violence when it occurs within the context of a family relationship.

Whilst elder abuse is recognised as form of family violence, there are a few clear differences between elder abuse and the type of family violence which is commonly experienced in intimate partner violence or parent to child violence. One of the critical differences is that it is frequently intergenerational and the victim of the abuse often wants to maintain relationships with the family, including the person causing harm.

The Australian Law Reform Commission recently recommended the development of a National Plan to address elder abuse. A key purpose for this paper is to inform a national approach. FMC is in a unique position to contribute to the discussion on elder abuse as it is one of the few organisations in Australia which has developed a service specifically to manage and prevent elder abuse.

FMC's Respecting Elders service was established in 2017. This service is older person centred and the model of care seeks to empower the older person. It is built within a family inclusive framework of mediation and counselling, and provides a prevention and early intervention response, which ultimately seeks to address conflict before it escalates and causes harm. More recently, FMC's participation in the Victorian DHHS Integrated Model of Care for responding to elder abuse has also framed our thinking in this complex area.

The seven recommendations presented in this report are based on our experience in providing these services and our learnings in managing this complex issue. Unlike many of the discussions to date, which tend to be heavily focused on legal solutions, our preferred approach is based on prevention and early intervention strategies. FMC considers legal remedies, while an important response in some cases, should be applied as a last resort.

What is elder abuse?

In Australia, elder abuse has been defined as ‘any act occurring within a relationship where there is an implication of trust’, which results in harm to an older person. Abuse may be physical, sexual, financial, psychological, social and/or neglect.’

Prevalence and community harm

The private nature of elder abuse makes it difficult to know how often and to whom it is occurring. A recent report by the Australian Institute of Family Studies (AIFS) reports between 2 - 10% of older Australians experience elder abuse.

The National Ageing Research Institute (NARI) analysed Seniors Rights Victoria helpline data for a two-year period. This showed that over 90% of alleged perpetrators were related to the older person, or in a de facto relationship, with two thirds of abuse being perpetrated by a son or daughter of the older person.ⁱⁱ While prevalence varies across abuse types, with psychological and financial abuse being the most common types of abuse reported, one study suggests that neglect could be as high as 20% among women in the older age group.ⁱⁱⁱ

Abuse has a significant impact upon an older person’s health and wellbeing leading to feelings of isolation, vulnerability, ill health and financial disadvantage. Community-based studies show that abuse, neglect and financial exploitation of elders are more common than societies admit. Emerging evidence shows that elder maltreatment has great economic costs, including direct costs to victim/survivors as well as indirectly through the cost of providing health, social, legal, police and other response and management services.

Who is at risk?

While research on elder abuse is relatively limited, there are several common overall risk factors identified for which empirical evidence is strong. Those most at risk tend to:

- Have a cognitive impairment or other disability ^{iv}
- Are isolated and lacking social support ^v
- Have a prior history of traumatic events ^{vi}
- Are care dependent ^{vii}
- Have a low income ^{viii}
- Have an interdependent relationship between the parent and adult child ^{ix}
- Be victim to a perpetrator who experiences depression or alcohol and drug misuse. ^x

Types of elder abuse

- **Psychological abuse** includes humiliation, harassment, emotional abuse or threats which can create a feeling of shame or distress in the elder, which can lead to feelings of powerlessness
- **Social abuse** includes isolating the older person from their network or family members and may involve controlling of all social contacts
- **Financial abuse** can range from pressuring an elder to sign a will or sign documents, to stealing money or assets
- **Physical abuse** includes any personal harm or injury to the elder
- **Sexual abuse** includes any non-consensual sexual activity
- **Neglect** can include failing to provide adequate food, water, clothing, medical treatment, or preventing an older person from accessing aged care services

Figure 1: Types of elder abuse

FMC Respecting Elders service triggers and referral sources

FMC's experience demonstrates that the risk factors tend to be broader than just the acute risks identified in the research. Societal pressure includes an ageing population and the ongoing impact of age and gender discrimination; an increase in housing pressures; and increasing intergenerational conflict and disparity in wealth distribution. Discrimination against people based on age can be linked to elder abuse.^{xi}

The Council of the Ageing Victoria reports elder abuse as one of the worst manifestations of ageism.^{xii} Ageism leads abuse perpetrators to believe the older person to have less utility, of less value and therefore can be exploited.

A phenomenon known as 'inheritance impatience' is frequently observed in elder abuse management programs. This is a situation where family members deliberately or recklessly and prematurely acquire their ageing relative's assets that they believe will, or should, be theirs one day.

FMC Respecting Elders service experience

Identified triggers for elder abuse:

- Recently widowed
- Change in health status including recent hospital admission
- Increasing care needs
- New diagnosis i.e. cancer, dementia
- Change in cognitive status
- Depression, anxiety or other mental health issue
- Residential care entry
- Change in financial status
- Culturally and Linguistically Diverse community
- New immigrants particularly those with limited English skills and limited access to information
- High carer stress
- Children with financial burden
- Children separating or divorcing
- Children moving back into the family home
- Children with addictions, such as gambling, drugs, alcohol
- Children with a mental health issue
- Change in care arrangement
- Withdrawal of access to grandchildren

Figure 2: Triggers for elder abuse identified by FMC

Responses to elder abuse - what works?

Current systemic approaches to dealing with elder abuse cases tend to incorporate two broad elements – funding for community legal services to respond to elder abuse cases; and secondly, changing the values and attitudes among the broader community, and skilling up professionals who interact with elders.

FMC believes that what is needed now is an integrated system of service provision that balances self-determination with a stronger focus on family inclusive practices for preventing, de-escalating, and responding to elder abuse.

There is strong evidence to demonstrate that interventions which empower the individual to act or be heard, preserve family relationships and/or avoid a criminal justice response, are of benefit to older people caught in complex family dynamics.

The complexity of elder abuse cases requires responses across a broad range of services, depending on each situation and can be seen in Figure 3.

(i) An overview of the Elder Abuse Service System

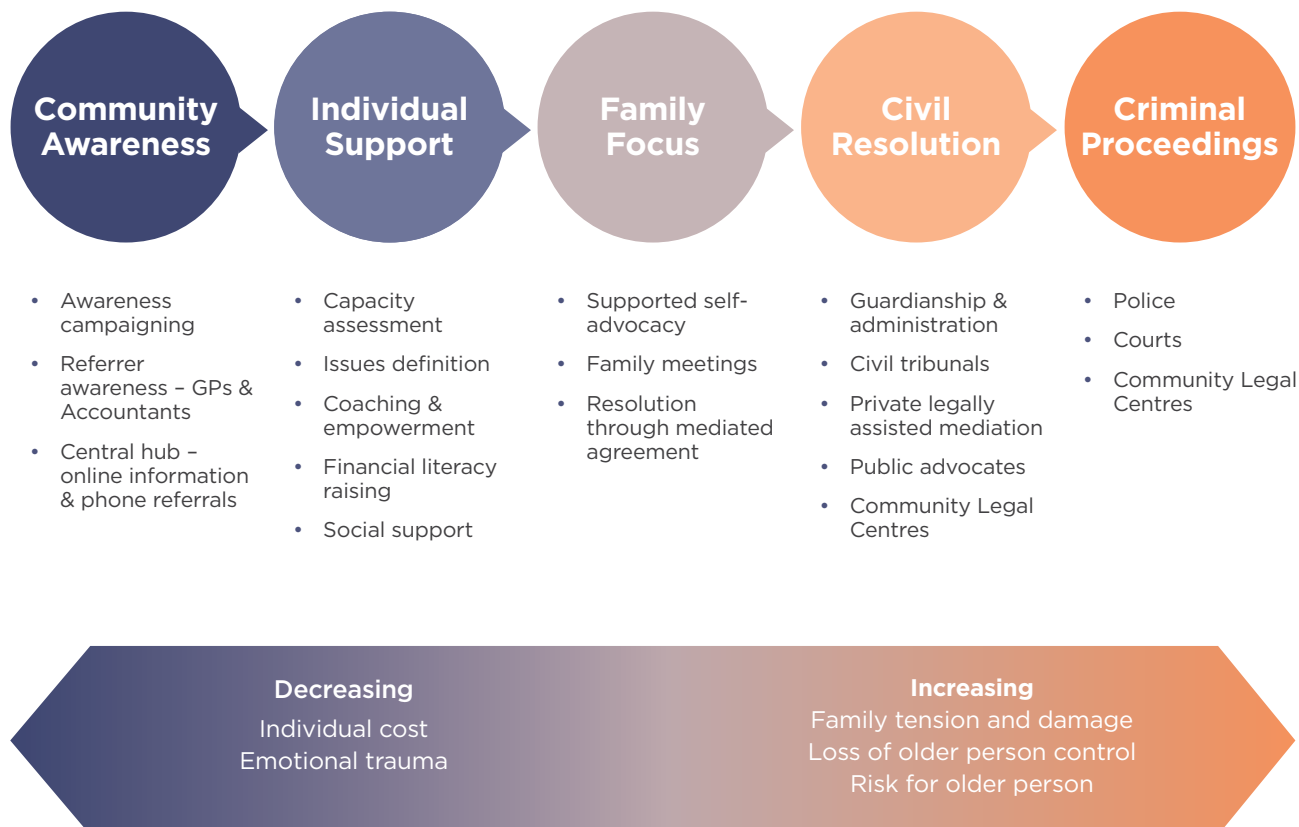


Figure 3: Elder abuse service system overview

At a systemic level, the current focus (and funding) is predominantly on the right-hand side of the model – legal protection and response. Although critically important in some cases, it is not necessarily the ideal primary entry point for all older people to receive support. For many older people a legal response is likely to present a high risk of increasing family damage, loss of personal control and greater emotional and psychological fall out. This is particularly relevant if it is their children perpetrating the abuse. The more recent Integrated Model of Care being piloted by the Victorian DHHS pushes the emphasis back towards the middle ground – the family and individual support. From FMC’s experience this is where the individual emotional and individual cost is most diminished, and escalation is avoided. The challenge now is to create a fully-integrated stepped-care system with one entry point and coordination across all service types.

As highlighted by the World Health Organisation, ‘elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair. Confronting and reducing elder abuse requires a multisector and multidisciplinary approach’. ^{xiii}

These approaches often include interventions as a means to reduce or prevent abuse of older people, allowing those at risk to be screened for elder abuse.

(ii) Effective interventions for an 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. ^{xiv}

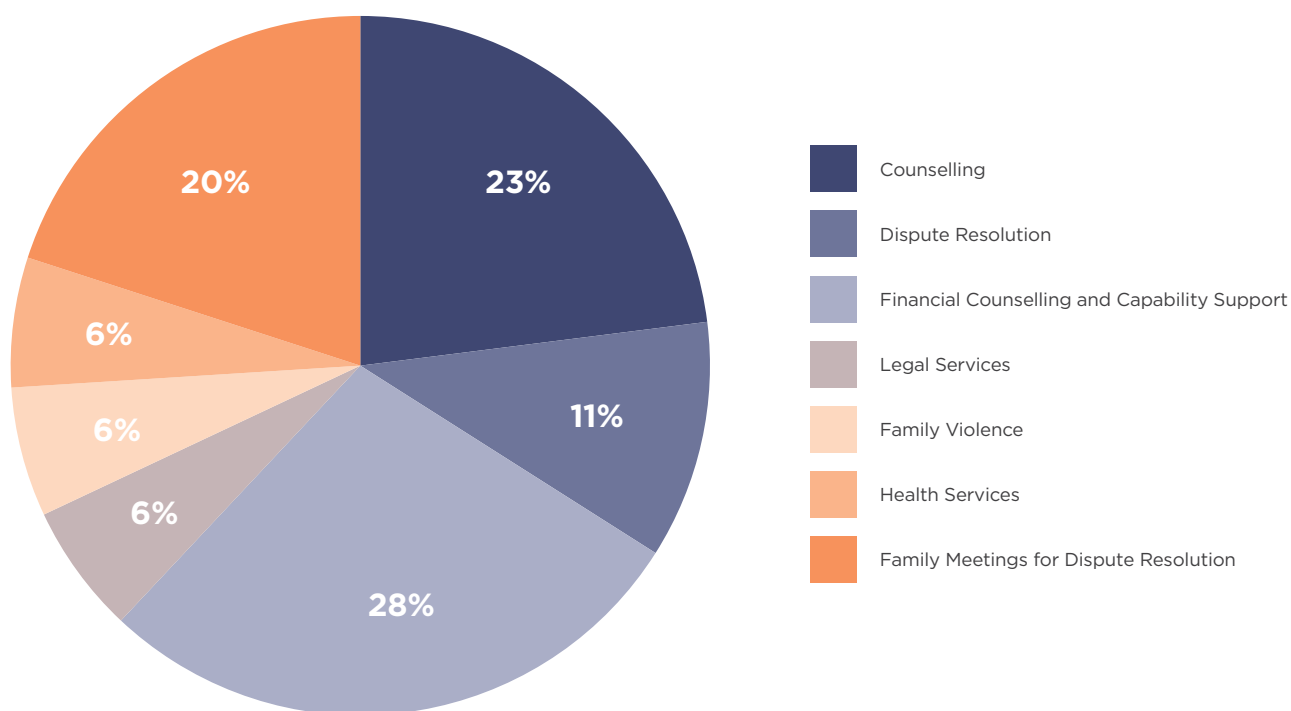
Successful intervention needs to take an individualised, tailored approach that targets risk factors as well as the specific form of abuse experienced by the older person. ^{xv}

FMC's response - the Respecting Elders service

The Respecting Elders service is based on the identified needs of the older person (garnered through a thorough assessment). It is client focussed and seeks to empower the older person to take back control and address the power imbalance within the relationship (often a family member) which is causing them harm. As an integrated model of care the service offers older people support by incorporating a multidisciplinary response. It is flexible, person centred and encompasses individual and family assessment, counselling and support; advocacy, coaching, financial counselling, case management, family meetings and mediation, all internally provided by FMC. External referrals are made to external services such as family violence, aged care management and legal services as needed (see Figure 4).

(i) FMC – percentage of cases referred to other practices

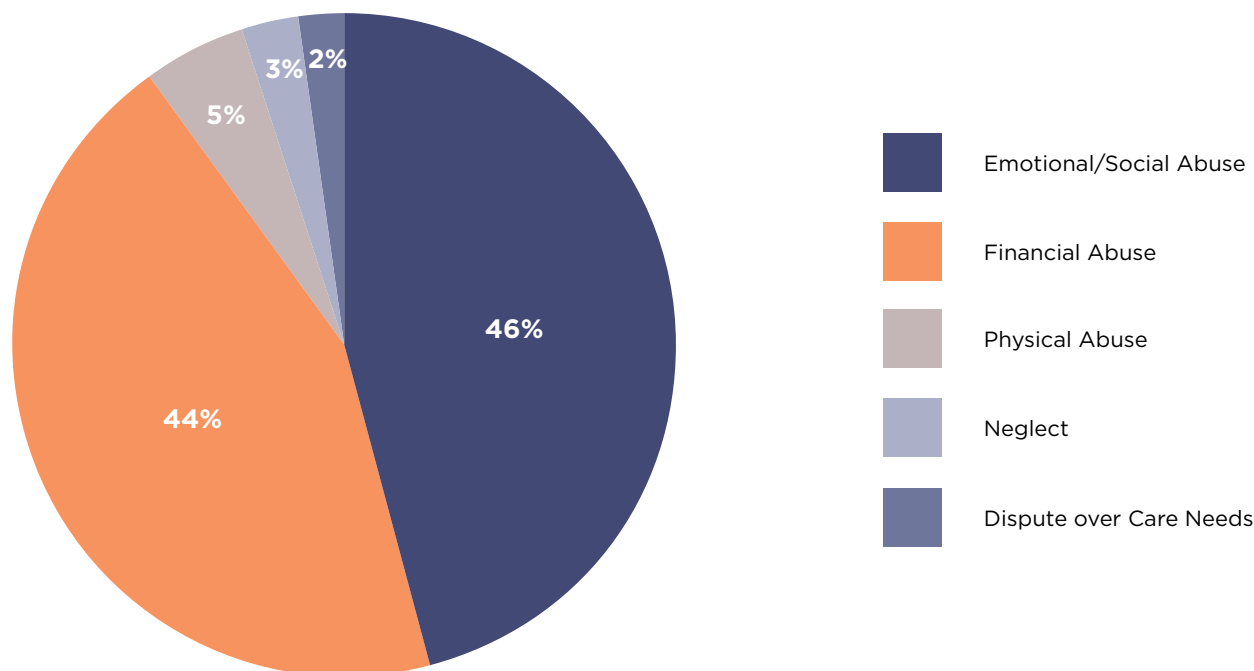
Figure 4



The Respecting Elders service is based on the identified gaps in the current service system and seeks to address the drivers and risk factors for elder abuse. The benefits of this model are both at the individual/family and community level, offering a seamless, wrap-around model of care that is fully integrated with complementary support services.

(ii) FMC – primary presenting issue in elder abuse cases

Figure 5



FMC's records the primary presenting issue amongst its elder abuse cases. Figure 5 shows the majority of issues relate to emotional/social abuse or financial abuse. This is reasonably consistent with three Australian published sources from Queensland,^{xvi} Victoria,^{xvii} and NSW.^{xviii} Of the three Australian sources, the FMC data is closest to the Queensland Elder Abuse Prevention unit data with similar reporting of 40% financial abuse, 45% for combined emotional and social abuse, and 5% physical abuse. The Elder Abuse Prevention unit is one of two services funded by the Queensland Government specifically to address elder abuse in Queensland, working alongside Seniors Legal and Support Services (SLASS). The general nature of the FMC service may contribute to the similarity of issue presentation.

In elder abuse cases there is frequently one or multiple presenting issues. The above graph in Figure 5 is reflecting of the primary issue presenting in elder abuse cases. However, there are usually one or more types of abuse present.

For FMC clients to date, the service response has required a strong focus on support and empowerment. The older person, through the Family Consultant, has access to counselling and support to enable them to achieve self-determination or advocacy depending upon their needs. The high incidence of emotional/social abuse amongst FMC clients demonstrates the need for this response. FMC's more general service proposition complements the legal response and has drawn in a wide pool of older people affected by abuse.

FMC considers that reducing the barriers to service entry through a community services approach will encourage more older people to seek a response sooner, rather than waiting until their situation is severe.

(iii) The Model of Care

The Respecting Elders model of care is based on the following underlying principles:

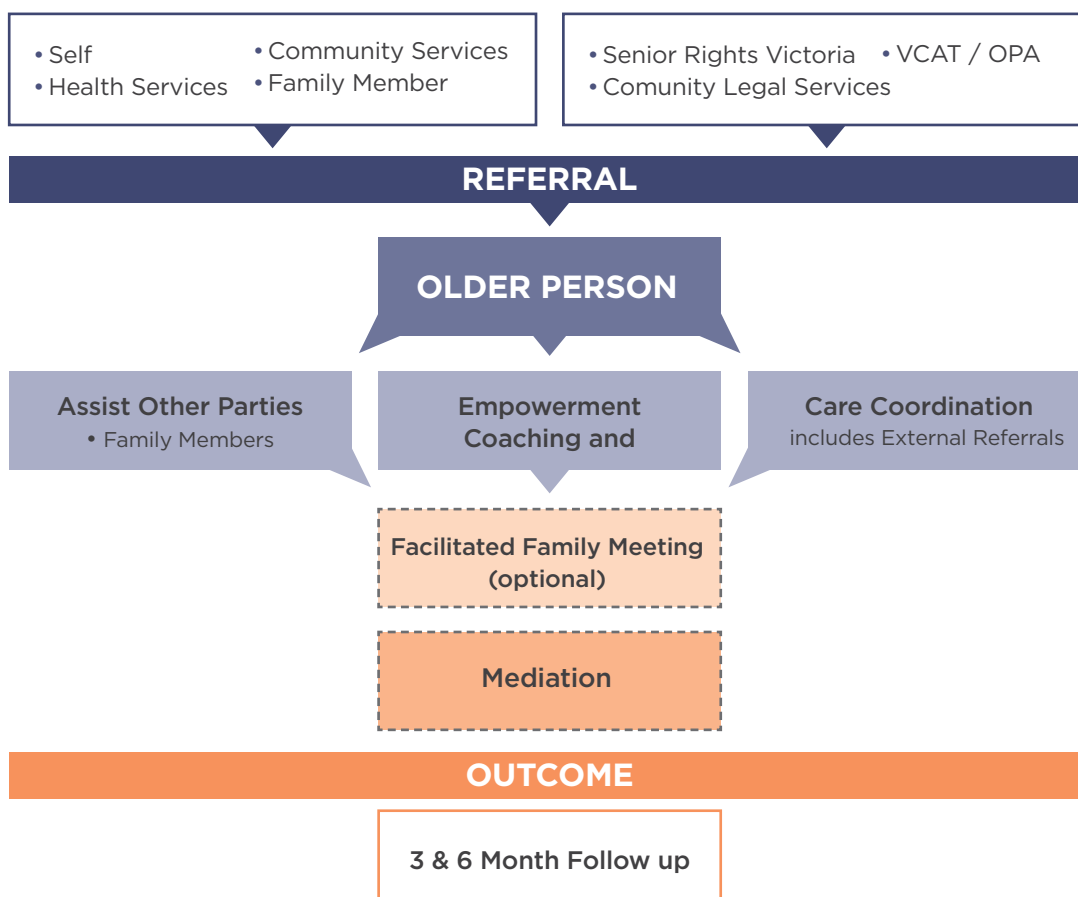
- Voluntary and non-adversarial
- Ensures the best interests and wishes of the older person are at the centre of the model
- Assessment and counselling are key to the service
- Family centred model
- Keeps the voice of the older person in the room even if they are unable to participate
- Provides a large degree of flexibility to adapt to the individual needs of the older person
- Service delivery can occur in home, residential care and FMC office locations
- Identification of referral to appropriate external supports/services

Delivering this model requires a multidisciplinary approach as evidenced in Figure 6.

A key learning from FMC's initial pilot phase in 2016 was that a response model requires a range of available services as the family issues cannot be resolved in isolation (i.e. mediation alone is unlikely to work). The initial service offered by FMC was focussed on Seniors Mediation or Elder Mediation. After a number of cases were responded to it became evident that a better approach was to provide a number of services to support the older person through a self-determination process. This may or may not require mediation.

As Figure 6 shows dispute resolution is important however it is a component and not the core of the service.

Figure 6



Additionally, FMC has been surprised by the high demand for financial counselling and capability development amongst our clients experiencing elder abuse. Older women who are widowed or no longer with a partner are at a higher risk of predatory behaviour from their children, and as such financial capability development is an important strategy in reducing the risk of elder abuse for women. Client outcomes of this model have been promising.

(iv) Some statistics from our Respecting Elders service:

- 75% who underwent family meetings and/or mediation, reached an agreement and abuse no longer being reported
- 80% reported an increased improvement in decision making
- 78% reported reduced conflict.

Discussion and Considerations

1. Elder abuse requires a unique response

The Royal Commission into Family Violence Report defines elder abuse as a form of family violence. FMC's experience of elder abuse situations indicate that the drivers of the abuse are complex and not a binary situation about unequal power relations between men and women nor just ageism.

To contend with the drivers it is necessary to have a multi-faceted approach that is human rights based. The development of supporting risk assessment tools and the service response frameworks need to be nuanced and focused on enabling the older person to achieve self-determination.

In many family violence responses, it is generally in the best interests of the victim to dissolve the relationship with the perpetrator and restrict any contact. This is not always the case with elder abuse where evidence suggests that in most cases the older person wishes to retain the relationship and stop the abuse.

Considerations

- Elder abuse is not driven by a small set of factors. It is complex. The service response must focus on safety and respond in a nuanced way to the individual's situation
- Elder abuse responses must focus on the older person achieving self-determination and respecting their wishes. This may include their wishes to maintain a relationship with the person causing harm where safe and possible.

2. A paradigm shift is required

Elder abuse predominantly involves family issues however, the current dominant paradigm to respond to elder abuse is based on a legal framework and not a family focussed approach. FMC's data shows that of the approximately 200 people engaged with the service, only 6% requested a legal response.

FMC believes there is a danger in focusing too heavily on the development of legal responses to elder abuse. While legal protections are critical, a legal or criminal response should be considered only in severe cases of abuse, or as a last resort in resolving family disputes.

Typically, older people will avoid legal channels as they do not want to see their child or family member punished. They also feel ashamed of their situation. A focus on legal responses will discourage people from reporting cases of abuse. The adversarial nature of the legal system can often result in a swapping of one type of abuse (e.g. financial) for another (e.g. emotional, isolation) if the outcome results in destroying the family relationship.

A growing number of scholars support this observation. Rather, they advocate the use of a 'restorative justice' approach, which aims to restore social relationships, by involving the victim and other members of the family or community as active participants in the safeguarding process.^{xvi}

The legal paradigm that has underpinned elder abuse responses is perhaps due to the pioneering work of community legal centres (CLC) and similar legal advocacy services that have been on the frontline of this issue for many years. Such organisations have endeavoured to tackle this complex issue drawing on their strengths in law and advocacy. They are to be credited for bringing this issue into the public discourse and continuing to advocate for a stronger policy approach to prevent and respond to elder abuse. Their experience has been vital in framing the Federal Law Reform Commission considerations.

The challenge now remains how to best confront this growing issue and provide a systemic response that incorporates the great work of CLCs, into a fully integrated response system with a stronger focus on the family system and all its complexities.

Considerations

- Models of responding to or preventing elder abuse should be embedded within a family system response and better integrated with CLCs as one spoke of a broader system
- The Elder Abuse Service System must work across a spectrum from raising community awareness to family support to civil/criminal proceedings

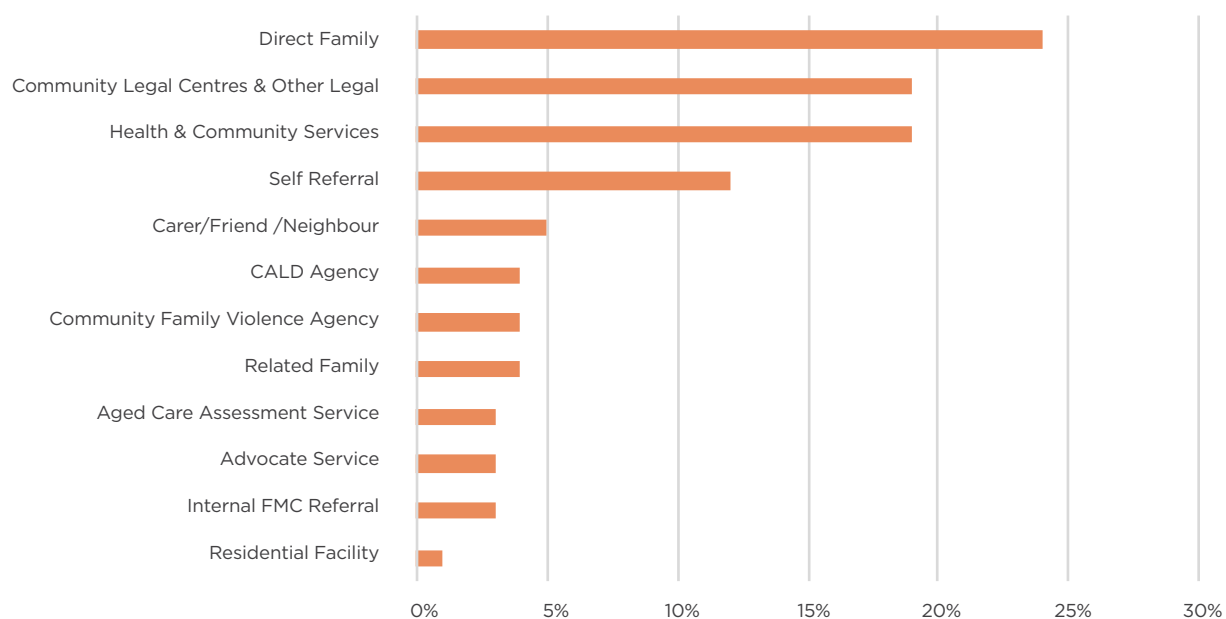
3. Easy access into an integrated system

As with any new social issue and corresponding services, coordinating easy access remains a significant challenge. Currently, accessing the appropriate type of support can be confusing. A simple internet search takes a person to a CLC, the police, or a family violence service as the dominant search results. For many older people, this means entering the service system at the more serious intervention end of the spectrum. This is intimidating and can be a barrier to seeking help.

The family and carer network have been the largest sources of referrals for the FMC service, including self referrals - these account for 45% of all referrals. In opening to a wider source of referrals through family, health and community pathways the demand for the FMC service has significantly expanded. Refer to Figure 7. The community health referral demand has become equivalent to the CLC demand in a matter of five months through the DHHS Integrated Model of Care framework. The Lord Mayor's Charitable Foundation client annual target was exceeded within five months. FMC believes that there is latent community demand that needs a response that is broader than a legal referral channel approach.

Figure 7: FMC client referral sources

Source of client referrals to Respecting Elders service



In the preliminary discussions with older people or their concerned relatives, the FMC Family Consultants are reporting that people experience considerable challenges in finding an appropriate service. Some family members complained that existing, more prominent support services were sympathetic but could not take referrals from them and would only speak with the older person.

FMC recommends the establishment of a Victorian state-based phone support service to triage referrals from all sources and connect them with the relevant support services. The NSW Elder Abuse 2016/17 hotline data shows that 60% of calls for support are made by family members or concerned others such as neighbours. Phone operators need to possess the skills to conduct in-depth initial risk assessments to enable accurate referrals across the service spectrum. This service would also have embedded referral pathways from existing older persons advocacy services where a service deems the centralised service could provide complementary services.

Considerations

- There is a latent community demand for a broader service response to elder abuse
- In Victoria a centralised response and referral service is required to enable easier service access for older people and referrers who can be triaged and connected with the relevant support services
- The centralised referral service should be in the form of a phone hotline and a corresponding website to enable online enquiries
- The phone response team should have a strong understanding of elder abuse issues and be trained to conduct complex assessments over the phone
- A communications campaign would be required to promote the new referral service

4. A joint federal-state response is required to expand service options

A big part of the success of FMC's Respecting Elders service is its ability to connect clients with existing internal wrap-around services. Other than family dispute resolution, FMC delivers family counselling, mental health services and financial counselling. Given the complexities in elder abuse cases, FMC is firmly of the belief that this variety of complementary disciplines should be a critical element of any elder abuse service.

Such complementary disciplines typically already exist in the various, predominantly federally funded Family Support Services such as Family Relationships Centres and other community based organisations delivering family services. These organisations typically already deliver family focused services from children to adults.

With the existing infrastructure already in place, it would take minimal effort and minor funding to expand the remit of family support services to include elder abuse support by funding a Family Consultant embedded within existing infrastructure.

The innovative Integrated Model of Care delivered in Victoria and funded by the DHHS would easily complement such a system and potentially increase its ability to focus more on preventative approaches.

Considerations

- A joint federal-state government initiative to expand Family Support Services to respond to elder abuse
- The current Integrated Model of Care such as the Respecting Elders service should be replicated across Victoria

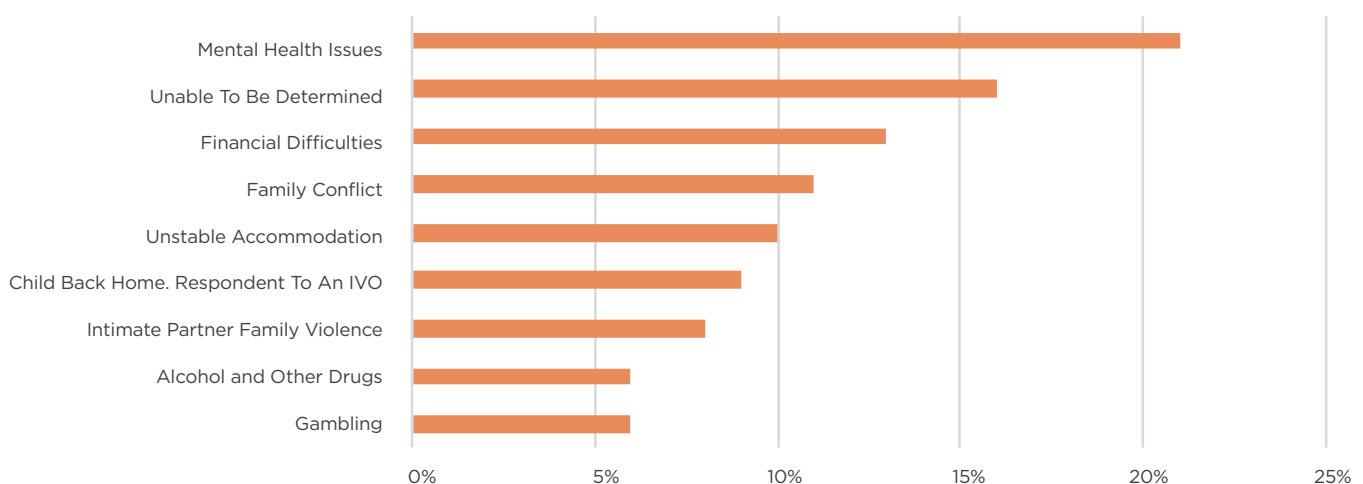
5. Perpetrators require specific services if the harm they cause is to be reduced

FMC has drawn upon its Family Consultant data of 141 cases where the perpetrator information is known to categorise the presenting issues of perpetrators in the Respecting Elders service. Figure 8 shows that there are complex issues that older people experience. The FMC service is designed to support the older person however in many cases a perpetrator response is required. Privacy factors and a reluctance of perpetrators to seek assistance are significant impediments. There are limited pathways of support for cases where there are adult children with housing, gambling, alcohol and other drugs (AOD) and family violence issues. Perpetrators' mental health services and elder abuse services need to be able to work collaboratively. The current practice for the Integrated Model of Care is to refer the perpetrator to a counsellor/psychologist taking a case management approach. This is done in the context of safety planning and monitoring by the Family Consultant with the victim. This role needs to be separate as the Family Consultant role is an advocate for the older person only. The Family Consultant may use family meetings to bring a lens upon the perpetrator for accountability. There is no funding to work with perpetrators at all. It is particularly problematic where there are mental health, housing or AOD issues. Privacy considerations prevent agency cooperation.

Figure 8: Perpetrator issues based on Respecting Elders service

Primary presenting issue of perpetrator

(often will have multiple issues present)



Considerations

- A funded intervention is required to respond to perpetrators
- There is particular concern of the absence of funding and support where the perpetrator has mental health and AOD issues and is often living under the same roof
- A review in regards to potential legislative change to enhance collaboration and protect the older person being harmed. This is particularly pertinent in cases where there are mental health and AOD issues

6. Measuring community harm caused by elder abuse provides a more complete picture than just measuring prevalence

Measuring the percentage of older people who have been abused will not provide adequate information on the level of overall social, emotional, or economic harm caused by elder abuse.

Understanding levels of harm is an important component for designing prevention and treatment approaches. Measuring harm shifts the paradigm from “counting the number of people experiencing elder abuse” to providing a comprehensive understanding of the total impact of elder abuse at an individual, family, societal and economic level.

Considerations

- In conjunction with a prevalence study, to commission a study to understand and determine levels of community harm caused by elder abuse within the community

7. Responding with culturally sensitive practice

FMC has significant experience with CALD communities, with over 30% of elders using our Respecting Elders service speaking English as a second language. Culturally diverse populations have unique barriers and issues regarding elder abuse, including poor English skills, social isolation, dependency on family members, stigma and shame, and cross-generational factors of care and support.

Various cultural values and traditions also intersect with the already complex issue of elder abuse. While FMC has endeavoured to provide its staff with considerable cross-cultural training and awareness, elder abuse cases from CALD communities can be far more complex and challenging to progress when considering the multitude of cultural nuances at play.

FMC is of the view that existing CALD community services providers are best placed to provide elder abuse support services, providing they receive the necessary training, support and resources. Existing CALD agencies are better networked and integrated into local communities. They are better placed to identify abuse and respond appropriately with the assistance of a Family Consultant in a collaborative model.

Considerations

- Implement a program to develop capacity to delivery elder abuse services within CALD community services organisations using the Integrated Model of Care co-designed to respond to cultural practices and integrating a Family Consultant into the collaborative model

Endnotes

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