



# Elder Abuse in South Australia

June 2025

# Contents

<b>Executive Summary</b>	<b>3</b>
<b>Introduction and Literature Review</b>	<b>5</b>
<b>Quantitative Analysis</b>	<b>6</b>
<b>Qualitative case study analysis</b>	<b>17</b>
Case study 1 – Moving back in with mum to be her carer	17
Case study 2 - Stepmother vs Stepchildren	19
Case study 3 – Domestic violence grown old	20
Case study 4 – “I just don’t know what came over me.”	21
Case study 5 – Failure to launch	22
Case study 6 – A large sum of money for co-ownership that does not exist	23
Case study 7 – Watching over or protecting a large sum of money	24
Case study 8 - The corrupt Power of Attorney	25
1. Type of abuse	27
2. Factors that make the older person vulnerable to abuse	28
3. The impact of abuse on the older person	30
4. Reporting abuse and referral to the EAU	31
5. The abuser	32
6. The system	33
<b>Recommendations</b>	<b>35</b>
<b>References</b>	<b>37</b>



## Executive Summary

The Elder Abuse Unit at Uniting Communities in South Australia worked together with Social Work Innovation Research Living Space (SWIRLS) at Flinders University to develop knowledge about the prevalence of elder abuse in South Australia. Professor Sarah Wendt led this project alongside Associate Professor Lana Zannettino and Dr Alhassan Abdullah, all of whom were faculty members at Flinders University at the time. The focus of the project was to generate knowledge about the prevalence of elder abuse in South Australia as well as the drivers and dynamics of elder abuse. The researchers analysed data in referrals received by the Uniting Communities Elder Abuse Unit (EAU) as well as specific cases of elder abuse dealt with by the EAU. The EAU receives referrals regarding elder abuse from key stakeholders including the South Australian Police (SAPOL), hospitals, Aged Rights Advocacy Service (ARAS), the Adult Safeguarding Unit, law firms, as well as from older people themselves, and their families and carers, among others. The Uniting Communities EAU provides multi-method social work services combined with legal interventions to assist and support older people experiencing elder abuse.

The first part of this project involved a quantitative analysis of referral cases received by the Elder Abuse Unit between October 2019 to May 2023 to examine the prevalence and types of elder abuse, identify the main perpetrators and victims, and the key risk factors that influence specific types of abuse. De-identified data were drawn from the case management system of the EAU and coded into numeric data for statistical analysis. The second part of the project involved a qualitative case study analysis of selected cases of elder abuse dealt with by the EAU. The case study analysis provides depth and nuance to the quantitative findings as well as possible explanations for these findings. Collectively, the results provide evidence that can be useful for Uniting Communities EAU in designing interventions, including preventative elder abuse programs. Considering the spatial distribution of the referral cases, broad inferences can be drawn from the study for elder abuse prevention and response in South Australia. A series of recommendations based on the findings are presented.

### *Key Quantitative Findings:*

- Victims of elder abuse were predominantly female (71%).
- Approximately 1 out of 2 of the reported primary elder abuse cases were financial abuse.
- More than half of the elder abuse cases involved more than one type of abuse with different types of abuse co-occurring.
- Most primary elder abuse cases involved psychological abuse as a secondary form of abuse.
- Most cases of elder abuse were perpetrated by immediate family members, mainly adult children abusing their parents, with sons being the primary abusers. Male partners were also more likely to abuse their female partners.
- Men were more likely to perpetrate physical elder abuse and women were more likely to perpetrate financial elder abuse.
- Personal gain was the primary cause or motivating factor in financial elder abuse.
- Addiction and mental health of the perpetrator were associated with neglect of the older person, but this relationship was inconclusive.
- Mental health and family conflict issues were strongly associated with psychological elder abuse.
- Mental health and addiction were strongly associated with physical abuse.
- Contrary to what we know about the pervasive relationship between conflict and physical violence, physical elder abuse was less likely to occur in situations of family conflict.

### *Key Qualitative Findings:*

- Financial abuse and exploitation are evident in all the case studies except case study 3.
- Emotional and psychological abuse drives and sustains financial abuse and exploitation and accompanies physical abuse or threats of physical abuse.

- Social isolation, physical and cognitive decline, and dependence on the abuser make older people extremely vulnerable to abuse, and this vulnerability is exploited by the abuser.
- Elder abuse is complex and insidious because it involves the older person having emotional connections to the abuser, often manifesting in an ardent sense of loyalty and obligation to the abuser. These emotional connections can keep the older person in the abusive situation as they are less likely to report abuse or to take action to prevent further abuse.
- Elder abuse is a betrayal of the trust of the older person and increases their vulnerability through financial loss, physical harm, emotional distress, and increased social isolation due to the further erosion and fragmentation of family networks and support.
- Often, it is only when their situation becomes extreme that the older person will take action to report and prevent further abuse, highlighting the need for nuanced approaches in elder abuse interventions that consider familial dynamics and the emotional complexities involved in these situations.
- The abuser often has a sense of entitlement to the older person's finances or is dependent on the older person's finances and resources due to mental health, addiction, or alcohol/substance abuse issues.
- Broader systemic and contextual forces may inadvertently support abusers and/or facilitate the dynamics of abuse, particularly in cases where the abuser knows how to "use the system to their advantage", highlighting the importance of improved awareness of elder abuse and its manifestations among medical, legal, financial, aged care and support service providers.

#### *Recommendations*

The recommendations sit across three core pillars:

- Raising awareness and understanding of elder abuse.
  - Changing the legislation and legal frameworks.
  - Acknowledging and reinforcing best practice.
1. The State government continues to implement community awareness campaigns that also target key service providers, particularly those services who engage with older people and/or their families regarding medical, legal, and financial matters, including the potential misuse of Power of Attorney (POA).
  2. Introduce a standalone offence for elder abuse (or provisions within current Acts) as there is currently no offence specifically addressing Elder Abuse in South Australia and there are limitations to the Intervention Order (Prevention of Abuse) Amendment Act 2009 and the Criminal Law Consolidation Act 1935.
  3. Introduce an efficient and cost-effective way for older people to get money back via a state-based board or Tribunal as the current method for recovering financial losses is challenging and often unattainable.
  4. Place greater accountability on financial institutions to ensure they are monitoring for financial abuse of older persons.
  5. Update the Power of Attorney legislation and provide consequences for Enduring Power of Attorneys who have misused their powers, including an alternative dispute resolution process for the misuse of POA as the Supreme Court mechanism is inaccessible and often inappropriate.
  6. Implement a third-party signature requirement in approvals to transfer property into another person's name. For example, if an older person transfers ownership of property into a child's name, they must go through a more thorough process before this is finalised such as being subject to lawyer oversight. This requirement should be inclusive of all age groups.

7. Introduce legislation to evict someone from an existing home that the older person owns as an alternative to using current Intervention Orders as they require evidence of abuse that can be difficult to demonstrate or provide, especially in cases of neglect or financial abuse.
8. Recognise the EAU multidisciplinary model as one example of best practice in responding to elder abuse in South Australia that should be supported and expanded across the State.
9. Increase resourcing to the EAU to expand and sustain its important work in the South Australian community. Since its inception, the EAU has received over 1300 referrals from the South Australian community, and these numbers are only set to increase in line with an exponentially ageing population in South Australia.
10. Increase research funding for ongoing investigation and further research into elder abuse in South Australia. This would include incentivising University academics to include elder abuse in research focusing on domestic and family violence and ageing.

## Introduction and Literature Review

Concerns about the welfare of older people have heightened in recent years, particularly in Australia, due to the exponential increase in the population of older people over the last two decades (Ploeg et al., 2009), and the associated increase in the proportion of older people (aged 65 and over) who continue to experience abuse. Evidence from a global meta-analytic study reports that about 1.6 million older people have experienced abuse over the last twelve months (Yon et al., 2017), and nearly half of older people in the world are reported to have experienced some form of abuse in their lifetime. The increasing prevalence of elder abuse has received global attention with researchers labelling it an urgent public health problem in society (Shen et al., 2021) as it is associated with a three-fold increase in mortality (odds ratio, 3.1; 95% confidence interval [CI], 1.4–6.7) (Lachs et al., 1998).

Practitioners working with clients experiencing elder abuse, including social workers, police, legal and medical practitioners, aim to implement strategies and measures to protect older people from abuse with the goal of preventing the abuse of older people. Elder Abuse intervention programs aim to achieve specific outcomes such as reducing the occurrence of abuse (including re-victimisation) (Hsieh et al., 2009; Khanlary et al., 2016), promoting victims' self-determination, and mitigating the effects of abuse, such as psychosocial and financial stress (Baker et al., 2016; Estebarsari et al., 2018; Pellfolk et al., 2010). Common forms of interventions to prevent or address abuse among elder populations include legal intervention services and police involvement (Filinson, 1993), therapeutic support (including counselling, case management programs and psychoeducation) for both older people and their families (Brownell & Wolden, 2003) as well as home-visiting programs (Jogerst & Ely, 1997). Growing evidence has shown that these interventions are largely effective in achieving better outcomes for victims (Baker et al., 2016; Estebarsari et al., 2018; Ploeg et al., 2009; Shen et al., 2021).

### *Multi-method and interdisciplinary intervention*

Although findings from evaluation studies of single interventions are encouraging, researchers have raised doubts about the efficacy of single interventions, such as home-visiting programs, especially in cases of poly-victimisation or complex abuse. The efficacy of multi-method interventions is theorised to be higher if the approach utilises a multi-disciplinary team and/or relies on the expertise of diverse practitioners. Multi-method approaches are effective in addressing the various facets of abuse, such as the motivations and characteristics of perpetrators, as well as the consequences of abuse for older people (emotional, psychological, and economic aspects) (Shen et al., 2021). Education about family violence (provided by social workers), home visits by police, and counselling (provided by family violence counsellors) were found to deter abuse in most cases as it encouraged victims to identify abuse and to reach out for help (Davis and Medina-Ariza (2001).

Although empirical evaluation studies on multi-method interventions or interdisciplinary elder abuse interventions have been minimal, such interventions, theoretically, provide promising direction to achieve the goals of prevention and protection. Multi-method approaches may also offset the biases and limitations often associated with single intervention approaches as they usually require practitioners to work together to formulate interventions. For example, social workers are oriented towards therapeutic interventions over legal (Alon & Berg-Warman, 2014; Lithwick et al., 1999; Preston-Shoot & Wigley, 2002) as the provision of therapeutic interventions and clinical services are central to their profession. Input from other professionals, such as police and lawyers, can complement and strengthen the services social workers provide. Thus, a multi-method and interdisciplinary team approach has the capacity to provide clients with a more holistic and comprehensive service that can respond to the many complexities associated with abuse. The work of the Uniting Communities Elder Abuse Unit (EAU) reflects this progressive multi-method and multi-disciplinary approach.

## Quantitative Analysis

### *Data source*

Quantitative data was extracted from the case management system of Uniting Communities. The data contained referral information for all elder abuse victims from October 2019 to May 2023. The data captured basic information on the victims, including age, geographical location, gender of victims and perpetrators, referral method, abuse type experienced, and the main issues that precipitated the abuse report. The perpetrator's relationship with the victim was also contained in the data. Each referral or case was assigned a unique identification number within the case management system of Uniting Communities. These unique identifiers were maintained as the only indicator for identifying cases. All other identifying information in the case management system was removed to ensure that the final data was de-identified for statistical processing. A total of 724 cases of elder abuse remained in the dataset after de-identification and initial cleaning.

### *Data coding*

The data extracted included numeric values and textual information which needed to be coded for the purposes of statistical analysis. A codebook was developed to record the codes for each variable and response. Dummy responses for victim's gender and perpetrator's gender were coded as zero (0) for males and (1) for females. The same coding category was used if the victim was identified as someone from a culturally and linguistically diverse background (CALD), with zero (0) for no CALD member and (1) for a CALD member. The abuse type experienced was initially coded in a continuous format with (1) financial abuse, (2) neglect, (3) physical abuse, (4) psychological abuse, (5) social abuse, and (6) sexual abuse. Dummy response scales with zero (0) for "No" and (1) for "Yes" were used to create a dummy variable for each abuse category. Likewise, key issues that precipitated the abuse were also coded in a continuous format with (1) physical illness, (2) family conflict, (3) mental illness, (4) personal gain, and (5) addiction. A dummy variable was created for each issue category, where zero (0) represented "No" and (1) represented "Yes". Over fifteen categories of individuals or organisations were identified as abusers including male partners, sons, daughters, grandsons etc. Because of the small number of cases associated with each category, we combined these individuals under five broad categories: (1) immediate family, which included husbands and wives, sons, and daughters, (2) extended family, including in-laws, nephews and nieces, and cousins, (3) friends, (4) neighbours, and (5) professional organisations and institutions, including health professionals, real estate agents, banks etc. Each abuser category was dichotomised to create dummy response variables. The same coding structure was used for the relationship between the abuser and the abused.

### Statistical analysis

Descriptive statistics provided a detailed summary of the dataset and prevalence estimates of each type of abuse. Binary logistic regression models were used to establish bivariate associations between variables, and multivariate associations among key variables. Types of abuse were the key outcome variable in the multivariate logistic regression models. The multivariate logistic regression models controlled for key covariates such as the age of the victims, and the gender of both the victims and the abusers. Sub-group analysis was conducted to understand the effects of explanatory variables on outcomes for specific populations, such as members of CALD families.

### Results

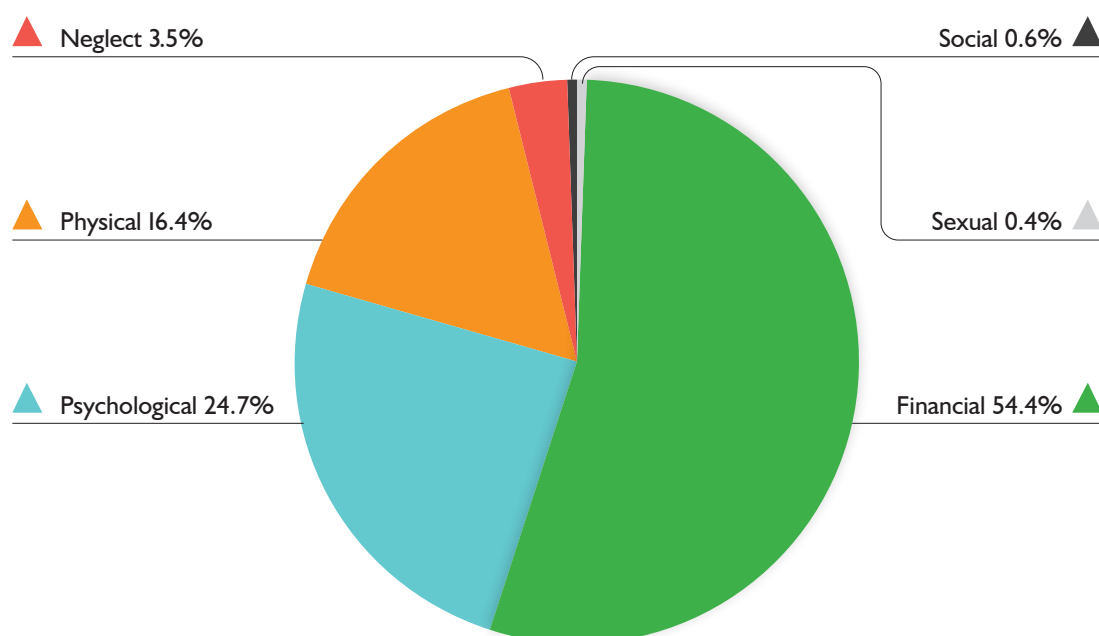
#### General Sample Characteristics and Prevalence

We analysed over 900 cases of elder abuse in the referrals made to Uniting Communities, but only 724 cases had complete information on the key variables of interest. The 724 cases (herein general sample data) were analysed to estimate the prevalence of elder abuse. The victims of abuse were predominantly female (71%, 514). The ages of the victims ranged from 45 to 101, with a mean age of 77.9 years (SD = 9.4). Nearly a quarter (24.9%) of the victims (n=169) identified as having a culturally and linguistically diverse (CALD) background.

#### Prevalence of primary elder abuse

The most prevalent type of primary abuse was financial 54.4% (394), followed by psychological 24.7% (179), and physical 16.4% (119). Neglect 3.5% (25), social 0.6% (4), and sexual 0.4% (3) types of abuse cumulatively accounted for less than 5% of all cases (See Figure 1). A similar pattern of results was found when the analysis was restricted to only CALD families.

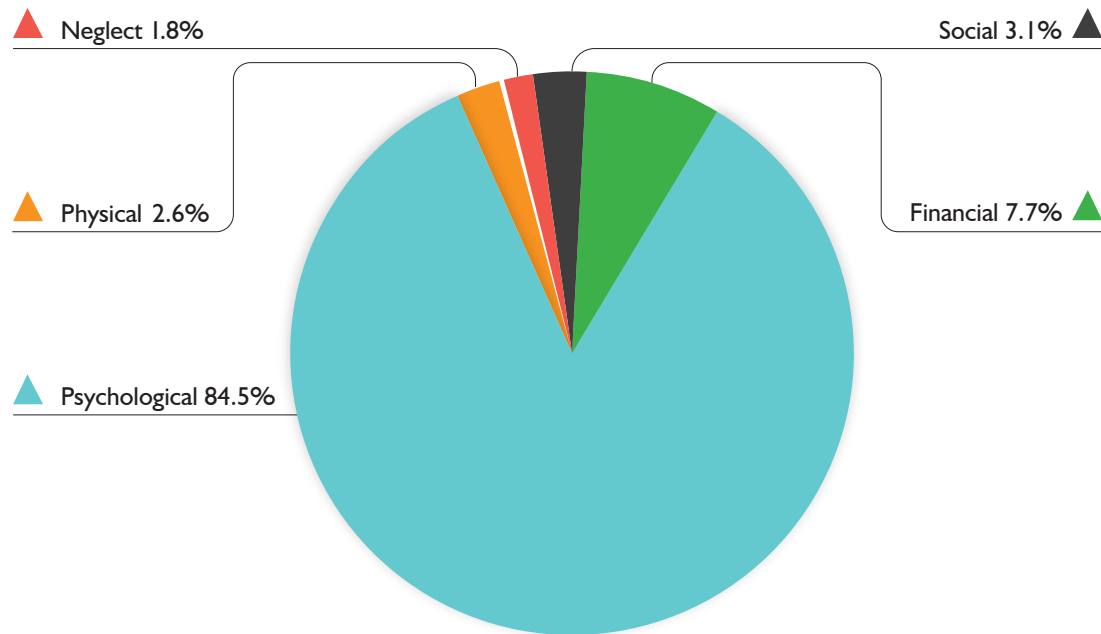
**Fig 1. Prevalence of primary abuse types in general population.**



#### Prevalence of secondary elder abuse

Secondary types of abuse were recorded in over 54% of the cases (390 cases). This suggests that 390 elder abuse victims reported experiencing more than one type of elder abuse. The most prevalent type of secondary abuse was psychological 84.5% (331), followed by financial 7.7% (30), social 3.1% (12), physical 2.6% (10), and neglect 1.8% (7).

**Fig 2. Prevalence of secondary abuse types in general population.**



*Association between primary and secondary types of abuse*

In 61.8% (241) of cases, primary financial abuse was associated with secondary psychological abuse. This suggests that over 61.8% (241) of the participants who experienced financial abuse also experienced psychological abuse (see Table 1). In 15.4% (60) of cases, primary physical abuse was associated with secondary psychological abuse. This suggests that irrespective of the type of primary abuse experienced, older people in South Australia are more likely to also experience psychological abuse. In 4.6% (18) of cases, primary psychological abuse was associated with secondary financial abuse. The prevalence data highlight financial and psychological abuse as the primary types of elder abuse cases.

**Table 1: Percentages (frequencies) of secondary abuse types associated with primary abuse.**

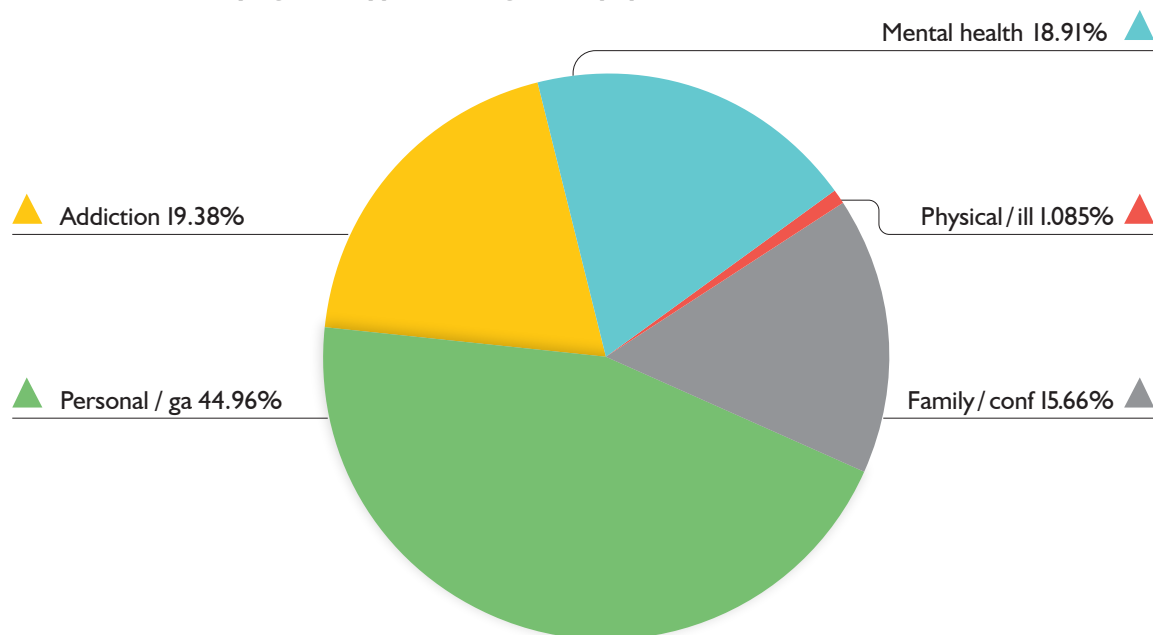
		Secondary				
		▲ Financial	▲ Physical	▲ Psychological	▲ Social	▲ Neglect
Primary	▲ Financial		0.8% (3)	61.8% (241)	0%	1.3% (5)
	▲ Physical	1.8% (7)	15.4% (60)	0.3% (1)	0%	
	▲ Psychological	4.6% (18)	1.8% (7)	2.1% (8)	0.5% (2)	
	▲ Social	0%	0%	0.5% (2)	0%	
	▲ Neglect	1% (4)	0%	1.3% (5)	0.8% (3)	

*Prevalence of underlying issues*

There were 645 cases that identified an underlying issue or precipitating factor in relation to the abuse. The underlying issue or precipitating factor is the key reason or cause of the abuse being reported in the referral. The most prevalent reason or cause of the abuse was the personal gain of the abuser 45% (290), followed by addiction 19.4% (125), and mental illness of the abuser 18.9% (122). Family conflict was identified as the cause of abuse in 15.6% of cases (101), and 1% (7) of cases were attributed to physical illness. A similar pattern of results was found in the CALD population.



**Fig 3. Prevalence of underlying issue types in the general population.**

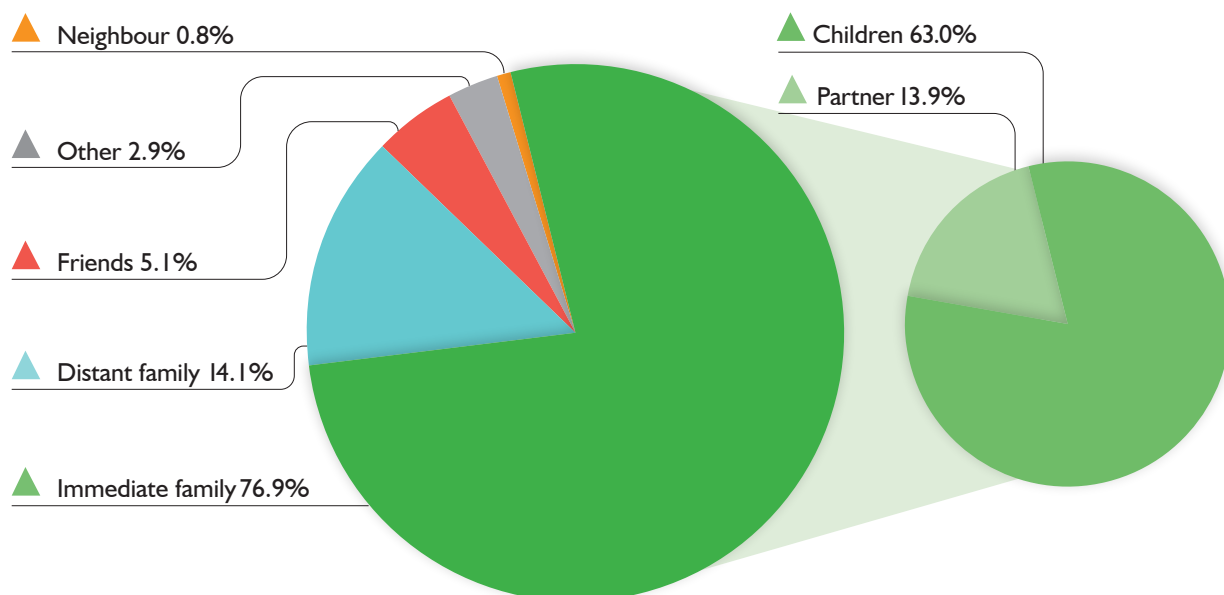


#### *Relationships between victim and abuser*

Analysis of the cases revealed that the main perpetrators of elder abuse were immediate family members 76.9% (557). Extended family members, including in-laws, nephews, and cousins were the primary perpetrators in 102 (14.1%) cases, and friends perpetrated 5.1% of the total abuse cases. Professionals and institutions, including health professionals, carers, real estate agents, and banks, were identified as perpetrators in 21 cases of abuse (2.9%) whereas neighbours were least likely to perpetrate abuse 0.8% (6).

In the immediate family category, children were more likely to abuse their parents 81.9% (456). Specifically, sons were the primary abusers in 351 cases (76.1%). Male partners were also more likely to abuse their female partners (84 out of 101 partners). However, when analysis was restricted to the CALD population, there were no reports of women abusing their partners.

**Fig 4. Relationships between victims and abusers.**

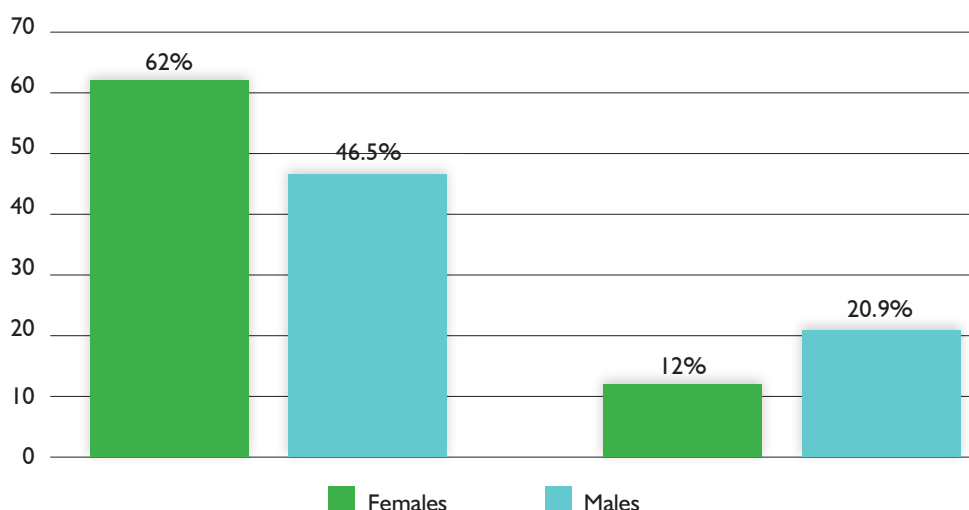


#### *Prevalence of abuse type by gender of victim*

There were no statistically significant differences in types of abuse for male and female victims, with the only exclusion being for psychological abuse. Female victims were 1.6 times more likely to experience psychological abuse than male victims ( $p = .003$ ). It should be noted that while all reported cases of sexual abuse were conducted against female victims, the number of cases (3) was too small to confirm their statistical significance.

#### *Prevalence of abuse behaviour and gender of the perpetrator*

Out of the 645 cases of abuse with complete data on gender reported, female perpetrators were more likely to abuse their victims financially (62%, 145 out of 234) than male perpetrators (46.5%, 191 out of 411),  $p < .001$ . However, male perpetrators were more likely to physically abuse their victims (20.9%, 84 out of 411) than female perpetrators (12%, 28 out of 234),  $p = .004$ . There was no statistically significant difference associated with the perpetrators' gender and other types of abuse including neglect, social, and psychological abuse. While only male perpetrators committed sexual abuse, there were not enough cases (3 cases) to establish the statistical significance of the findings. Similar results were found in the CALD population.



#### *Modelling association between issues of concern and each type of abuse*

Tables 2 to 6 present multivariate logistic regression models on the association between each issue of concern and the specific types of elder abuse. Collectively, the models provide evidence on the likelihood of a type of elder abuse being reported due to a particular issue of concern, for example, the mental health of the perpetrator.

Table 2 (models 1 to 5) shows evidence of the association between key underlying issues and financial abuse. Having a mental health issue as the primary issue of concern predicted lower odds of financial abuse ( $OR=0.22$ ), which suggests that the likelihood of financial abuse occurring is 0.78 times lower if the mental health of the perpetrator is the underlying issue. A similar pattern of evidence was found if family conflict ( $OR=0.79$ , model 2) and addiction were the main issues of concern ( $OR=0.62$ , model 4). However, financial abuse is 7 times more likely to occur in cases that identify personal gain as the main underlying issue ( $OR=8.01$ ). This finding is consistent with what is intuitively known, that is, personal gain is likely to be a greater motivating factor in financial elder abuse than other factors such as poor mental health or family conflict.

Evidence from a full regression model that included all underlying issues as predictors (model 5) revealed that if personal gain is the main issue of concern, financial abuse is more than 8 times likely to occur ( $OR=9.07$ ). This finding validates the results in model 4 as it implies that even if effects from all underlying issues (mental health, family conflict, and addiction) are considered, personal gain strongly predicts higher odds of financial abuse within the sample.

**Table 2: Association between financial abuse and the core underlying issues.**

<b>Variables</b>	<b>Model 1: Mental health (n = 722)</b>			<b>Model 2: Family Conflict (n = 722)</b>			<b>Model 3: Personal Gain (n = 722)</b>			<b>Model 4: Addiction (n = 722)</b>			<b>Model 5: All issues (n = 645)</b>		
	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>
<b>Age</b>	1.01*	0.01	1.00 - 1.02	1.01**	0.01	1.00 - 1.02	1.00	0.01	0.99 - 1.02	1.01*	0.01	1.00 - 1.02	1.00	0.01	0.99 - 1.02
<b>Gender</b>	0.78	0.14	0.55 - 1.11	0.75	0.13	.53 - 1.06	0.93	0.18	0.63 - 1.36	0.74	0.13	0.53 - 1.05	1.00	0.13	0.67 - 1.49
<b>Referral method</b>	2.15***	0.31	1.61 - 2.86	2.14***	0.30	1.62 - 2.81	1.92***	0.29	1.42 - 2.58	2.03***	0.29	1.54 - 2.67	1.89***	0.29	1.36 - 2.61
<b>Abuser gender</b>	1.08	0.15	0.83 - 1.41	1.16	0.15	.90 - 1.50	1.04	0.15	0.77 - 1.39	1.17	0.15	0.90 - 1.52	0.99	0.15	0.72 - 1.34
<b>Abuser relationship</b>	1.22***	0.07	1.08 - 1.36	1.24***	0.07	1.11 - 1.39	1.15*	0.07	1.02 - 1.30	1.23***	0.07	1.10 - 1.38	1.17*	0.07	1.02 - 1.34
<b>Mental health</b>	0.22***	0.05	0.14 - 0.34										1.91	1.69	0.34 - 10.86
<b>Family conflict</b>				0.79	0.18	.51 - 1.22							0.65	0.58	0.11 - 3.71
<b>Personal gain</b>							8.01***	1.55	5.49-11.69				9.07***	7.95	1.63 - 50.53
<b>Addiction</b>										0.62*	0.13	0.41 - 0.93	1.56	1.37	0.28 - 8.77

\*p < .05. \*\*p < .01. \*\*\*p < .001

Table 3 shows odds ratios and coefficient standard deviations for the logistic regression models on the association between neglect and the underlying issues (mental health, family conflict, personal gain, and addiction). Although the odds of neglect occurring is higher with mental health (OR= 1.27), and addiction (OR= 1.78) as the primary issues of concern, the findings are not statistically significant (models 1 and 4). Hence, while it may be true that the risk of neglect occurring is 0.27 higher when mental health is an issue of concern and 0.78 times higher when addiction is an issue of concern, these findings are not conclusive as they are not statistically significant.

In contrast, the evidence contained in models 2 and 3 showed that the association between neglect and family conflict or neglect and personal gain is lower (OR=0.51 vs OR=0.29). The results are statistically significant for the addiction model. It can be argued, tentatively, that there is a strong inverse association between some types of elder abuse and specific issues that underly elder abuse cases. For example, findings so far suggest that there is an inverse relationship between neglect and family conflict or personal gain.



**Table 3: Association between neglect and the core underlying issues.**

<b>Variables</b>	<b>Model 1: Mental health (n = 722)</b>			<b>Model 2: Family Conflict (n = 722)</b>			<b>Model 3: Personal Gain (n = 722)</b>			<b>Model 4: Addiction (n = 722)</b>			<b>Model 5: All issues (n = 645)</b>		
	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>
<b>Age</b>	1.01	0.02	0.98 - 1.04	1.01	0.02	0.98 - 1.04	1.02	0.02	0.98 - 1.05	1.01	0.02	0.98 - 1.04	1.07*	0.03	1.01 - 1.13
<b>Gender</b>	1.06	0.48	0.43 - 2.59	1.08	0.49	0.44 - 2.65	0.93	0.43	0.38 - 2.29	1.07	0.49	0.44 - 2.61	0.94	0.49	0.34 - 2.60
<b>Referral method</b>	1.45	0.56	0.68 - 3.09	1.47	0.57	0.69 - 3.13	1.60	0.62	0.75 - 3.44	1.54	0.61	0.71 - 3.37	1.67	0.75	0.69 - 4.02
<b>Abuser gender</b>	0.8	0.28	0.40 - 1.57	0.78	0.27	0.40 - 1.54	0.84	0.30	0.42 - 1.69	0.78	0.27	0.40 - 1.53	0.76	0.31	0.34 - 1.70
<b>Abuser relationship</b>	1.03	0.13	0.81 - 1.31	1.02	0.13	0.80 - 1.30	1.08	0.13	0.85 - 1.37	1.04	0.13	0.81 - 1.32	1.2	0.15	0.94 - 1.54
<b>Mental health</b>	1.27	0.65	0.46 - 3.49										0.11	0.14	0.01 - 1.46
<b>Family conflict</b>				0.51	0.38	0.12 - 2.22							0.25	0.3	0.02 - 2.71
<b>Personal gain</b>							0.29*	0.15	0.10 - 0.82				0.06*	0.07	0.00 - 0.66
<b>Addiction</b>										1.78	0.87	0.68 - 4.66	0.33	0.4	0.03 - 3.45

\*p < .05. \*\*p < .01. \*\*\*p < .001

Table 4 shows evidence of the association between psychological abuse and key underlying issues. There was a positive association between psychological abuse and mental health (OR=2.72), as well as family conflict (OR=2.06). The results suggest that the risk of psychological abuse occurring is higher within cases that identify mental health and family conflict as the main drivers. But results in models 3 and 4 suggest a negative association between psychological abuse and personal gain (OR=0.29), and addiction (OR=0.66).

Also, with respect to physical abuse, results contained in Table 5 suggest that the risk of physical abuse is higher within cases that identify mental health (OR=2.02) as the primary issue. Similar, but much higher, results were recorded in cases where addiction was the primary issue of concern (OR=2.77). However, the relationship between physical abuse and family conflict (OR=0.38) as well as personal gain (OR=0.13) demonstrated an inverse relationship.

Collectively, models on the association between underlying issues and specific types of elder abuse reveal complexities around key issues of concern and the types of abuse they are likely to motivate. While some of the evidence supports intuitive hypotheses, others raise more questions. For example, the negative association between family conflict and physical abuse goes against what we intuitively know about the pervasive link between conflict and physical violence. We expect that the qualitative case studies will assist in demonstrating and explicating some of these complexities.

**Table 4: Association between psychological abuse and the core underlying issues.**

<b>Variables</b>	<b>Model 1: Mental health (n = 722)</b>			<b>Model 2: Family Conflict (n = 722)</b>			<b>Model 3: Personal Gain (n = 722)</b>			<b>Model 4: Addiction (n = 722)</b>		
	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>
<b>Age</b>	0.99	0.01	0.98 - 1.00	0.99	0.01	0.98 - 1.00	1.00	0.01	0.99 - 1.01	0.99	0.01	0.98 - 1.00
<b>Gender</b>	1.74*	0.37	1.14 - 2.64	1.77**	0.38	1.16 - 2.68	1.62*	0.35	1.06 - 2.48	1.8**	0.38	1.19 - 2.73
<b>Referral method</b>	0.78	0.12	0.58 - 1.04	0.72*	0.11	0.54 - 0.97	0.84	0.13	0.62 - 1.13	0.72*	0.11	0.54 - 0.97
<b>Abuser gender</b>	1.11	0.17	0.81 - 1.51	1.03	0.16	0.76 - 1.38	1.12	0.18	0.82 - 1.53	1.04	0.16	0.77 - 1.39
<b>Abuser relationship</b>	0.83*	0.06	0.72 - 0.96	0.82***	0.06	0.71 - 0.94	0.86*	0.06	0.75 - 0.99	0.81***	0.06	0.70 - 0.93
<b>Mental health</b>	2.72***	0.58	1.79 - 4.13									
<b>Family conflict</b>				2.06***	0.48	1.31 - 3.24						
<b>Personal gain</b>							0.29***	0.06	0.19 - 0.44			
<b>Addiction</b>										0.66	0.16	0.41 - 1.08

\*p < .05. \*\*p < .01. \*\*\*p < .001

**Table 5: Association between physical abuse and the core underlying issues.**

<b>Variables</b>	<b>Model 1: Mental health (n = 722)</b>			<b>Model 2: Family Conflict (n = 722)</b>			<b>Model 3: Personal Gain (n = 722)</b>			<b>Model 4: Addiction (n = 722)</b>		
	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>	<b>OR</b>	<b>SE</b>	<b>95% CI</b>
<b>Age</b>	0.98*	0.01	0.97 - 0.99	0.98*	0.01	0.97 - 0.99	0.99	0.01	0.98 - 1.00	0.98*	0.01	0.97 - 0.99
<b>Gender</b>	0.68	0.15	0.43 - 1.05	0.72	0.16	0.46 - 1.13	0.57*	0.14	0.36 - 0.92	0.71	0.16	0.45 - 1.12
<b>Referral method</b>	0.4***	0.07	0.29 - 0.56	0.41***	0.07	0.29 - 0.57	0.44***	0.08	0.31 - 0.62	0.43***	0.07	0.31 - 0.60
<b>Abuser gender</b>	0.94	0.17	0.65 - 1.35	0.9	0.17	0.63 - 1.29	0.97	0.19	0.66 - 1.42	0.88	0.16	0.61 - 1.26
<b>Abuser relationship</b>	0.84*	0.07	0.71 - 0.99	0.83*	0.07	0.70 - 0.98	0.90	0.08	0.76 - 1.06	0.85*	0.07	0.72 - 1.00
<b>Mental health</b>	2.02***	0.5	1.24 - 3.29									
<b>Family conflict</b>				0.38*	0.16	0.17 - 0.86						
<b>Personal gain</b>							0.13***	0.04	0.07 - 0.26			
<b>Addiction</b>										2.77***	0.65	1.74 - 4.40

\*p < .05. \*\*p < .01. \*\*\*p < .001



## Qualitative case study analysis

### *The case study approach*

This section of the report presents the analysis of 8 case studies. Case study research is a qualitative method that involves an in-depth exploration of a single case or a small number of cases within their real-life context. The purpose of such research is to gain a comprehensive understanding of the subject matter which can be an individual, group, organisation, or community (Rubin & Babbie, 2016). Case study research enables an exploration of the how and why questions, providing rich, holistic understandings of specific instances (Yin, 2018).

The following case study analysis provides depth and nuance to the quantitative findings as well as possible explanations for these findings. The strength of case study research is that it can provide information about the micro-dynamics of elder abuse that is not always evident in quantitative or more macro-qualitative studies (Wendt, Bagshaw, Zannettino, Adams, 2015). The case study analysis conducted herein illustrates the complexities, nuances, and distinct elements of elder abuse, giving depth and meaning to a more general understanding of the phenomenon.

### *Selection of case studies*

The 8 case studies were drawn from the case files of the Uniting Communities Elder Abuse Unit (EAU). These case studies were selected because they encompass and represent the most common cases and aspects of elder abuse encountered by the EAU. The case studies also include a description of how the EAU intervened in each case. The case studies were subject to some modification to protect the identity of the persons involved. All identifying details have been removed, and the real names of individuals have been replaced with pseudonyms.

### *Analysis of case studies*

A member of the Flinders University research team engaged in a thematic analysis (Clarke & Braun, 2017) of the case study data. The data was coded and categorised to identify meaningful patterns and themes pertaining to the lived experience of elder abuse across the cases, including the types of elder abuse experienced, the circumstances of older persons and abusers, including their relationships with each other, and the broader systemic and contextual issues framing the abuse. Importantly, the analysis also demonstrates how the EAU attempts to respond to elder abuse in ways that protect and respect the human rights of older people in the South Australian community.

Case study research is highly interpretive and dependent on the researcher constructing meaning from the data. This interpretive act is central to making sense of the complex, context-dependent phenomena studied in case study research (Stake, 1995). However, to ensure a robust and credible analysis, the preliminary themes were reviewed by the EAU to ensure the accuracy and credibility of the researcher's interpretation, and all members of the Flinders University research team were involved in reviewing and refining the themes identified.

### *Case study presentations*

## Case study I

### **Moving back in with mum to be her carer**

The following case study describes one of the most common forms of elder abuse dealt with by the EAU. This form of abuse involves a mother or father who has been living independently (albeit with frailty, declining physical functionality and increasing dependence) agreeing to have an older child (or other family member or friend) move in with them to assume a caring role. Typically, the potential carer has mental health or substance dependence issues or both and is escaping a failed relationship or dysfunctional lifestyle. Part of the older person's motivation in this situation is to support the potential carer to find stability in their life.

Alice is an 82-year-old woman who is admitted to a general hospital following a fall at the local supermarket. During the admission she is assessed by a social worker, to whom she discloses information about her home life. She describes her difficulties living with her 50-year-old son Mark who she says is taking over her home and “treating her like dirt”. The social worker makes a referral to the EAU and a lawyer and social worker from the EAU visit the client in the hospital.

Several years prior to this hospital admission, Mark had been evicted from his private rental because of his problematic behaviour (hoarding, property destruction, anti-social behaviour towards neighbours) and ongoing chronic mental illness (Mark has a diagnosis of bipolar disorder). Mark generally attends the local community mental health service where he receives a monthly depo injection, but occasionally he forgets to attend.

At this point, Mark comes to an agreement with Alice to become her full-time live-in carer in exchange for free accommodation. Alice, aware of her declining functionality and growing dependence, felt it was a great opportunity to see more of Mark and afford him the space to get back on his feet. Mark successfully applies for the Carers Pension and moves into Alice’s spare room.

Mark behaves well. He takes Alice to appointments when required, mows the lawn, and manages the garden, he runs errands and generally acts appropriately. His siblings question his motivation and wait for him to “show his true colours” but they still visit occasionally. Mark is drinking but not to excess, and if he agrees to receive his monthly injection, Alice is happy for him to have a relaxing drink at night. Mark has also moved an old car of his into Alice’s driveway which he intends to work on as his current car is no longer functional. Alice allows him to use her car when necessary.

Mark’s belongings now take up considerable space in Alice’s garage and in his own room. His belongings also occupy part of the family room which is now a falls risk to Alice. Mark is drinking every night now, inviting his friends over frequently, and is occupying the family room most of the time. He sometimes falls asleep on the couch when he has had too much to drink. He is becoming more frustrated with Alice and has started putting her down at times and making her feel guilty for his underachievement in life. He starts gaslighting his mother by questioning her memory and telling her that she’s losing it. Mark starts waking later in the day, so Alice needs to stay in her room, not flush the toilet or make food until he wakes around lunchtime. She now reads or watches TV mostly in her room. She feels isolated as her other children no longer want to visit.

Soon, Alice starts to feel like she has minimal choice in what goes on in her own home. Mark still drives her to appointments but is becoming more vocal and now takes over at the doctors. He’s sleeping on the couch all the time now, getting very drunk, verbally abusive, and is physically intimidating almost every night, but Alice is more concerned that he is refusing to get his monthly injection. Mark has also started arguing with Alice’s aged care package provider and yelling at the visiting carers who are starting to complain about him. Mark is now keeping Alice’s ATM card in his wallet and telling her that it’s because she might misplace it. Mark is also using Alice’s account password to access online banking to make personal purchases that Alice wouldn’t normally be purchasing herself. He is using her money to buy cigarettes and alcohol so there is not enough money to pay the rates or power bills. He is also using her bank account for online gaming material. His siblings no longer visit because they are frightened of him. Alice has no access to her own car and Mark is restricting or monitoring her phone calls. Mark has also taken Alice to a new lawyer and pressured her into making him her Substitute Decision Maker (SDM) and Enduring Power of Attorney (EPOA).

After a few months, the lawn is overgrown and there are multiple car bodies on the lawn. There are no visiting services supporting Alice as the service provider deems Mark to be a high risk. Alice is in her room almost all day now and rarely leaves the home, perhaps only to attend an appointment at the GP practice where she says nothing. She is beginning to get UTIs, her hypertension and angina are now unstable, and she experiences frequent skin tears from falling over Mark’s belongings. Alice rarely talks when at home as she does not want to make Mark angry. Her other children are too scared to visit, and their numbers have been blocked in Alice’s phone. The house is not being cleaned, Uber Eats is the main source of food, and empty beer bottles are piled high in the kitchen.

## Intervention by the EAU

Initially, Alice is not happy with the choices provided by the EAU which recommends that she evict Mark from her home. Alice is very concerned that if evicted, Mark will have no accommodation and will be forced into homelessness. However, after some counselling and further consideration of her options, Alice instructs the EAU lawyer to apply for a private intervention order (IO) with an eviction clause so that Mark will be forced to leave her home. The EAU social worker works with the hospital social worker to locate a short respite stay for Alice, during which Alice and the lawyer work together to prepare the IO application. Two days after Alice gives evidence in the Adelaide Magistrate's Court, police attend her home and serve the order to Mark who is immediately evicted and banned from contacting Alice in the future. After the EA lawyer revokes the Enduring Power of Attorney (EPOA) and completes a new Advance Care Directive (ACD) with Alice, Mark is informed that he has been removed as Enduring Power of Attorney (EPOA) and Substitute Decision Maker (SDM) and asked to return Alice's ATM card. Prior to the matter being closed, the EAU lawyer negotiates with Mark over the collection of his belongings, Alice's home services are restored, and her children and grandchildren now feel free to visit her at home.

Alice explains to the EAU social worker that she only wanted the best for her son Mark so was prepared to put herself second in order that he had a safe place to live. Alice was also prepared to endure Mark's abusive behaviour and distance herself from her other children in order that Mark did not suffer. When questioned, Alice says she always felt a sense of obligation to do and give more to Mark as he was badly abused by his father as a child.

## Case study 2

### Stepmother vs Stepchildren

The following case study describes a form of elder abuse that is only seen in relationships where there has been a second marriage. The client in these matters is generally the stepmother, and the abuse is generally perpetrated by the adult children of her husband's first marriage. The adult children want to take control of their parent's finances, so they pressure the older person to appoint them as financial decision-makers. Often, the adult children deceive and alienate the stepparent to ensure that they receive the bulk of any potential inheritance.

*Evelyn is a 78-year-old woman who contacts the EAU needing legal support to manage the behaviour of her husband's children who are preventing her from making key decisions about his health and welfare. Evelyn married her husband Frank when she was 55, however, they had both been married previously and each had two children from their first marriages. There was no tension between Evelyn and her stepchildren until Frank lost capacity and she was forced to start making decisions on his behalf about finance, property, health, and lifestyle. At this point, his children became obstructive by not responding to messages and secretly meeting with Frank to encourage him to remove her as a key decision maker and to appoint them instead.*

*Evelyn has been caring for Frank at home for the last few years; taking him to appointments, doing all the housework and managing the finances, because his memory has really deteriorated. At night he often becomes confused and aggressive towards Evelyn who is becoming tired and burnt out from having to care for and support Frank. Although she has asked his children to become more involved, they have busy lives and rarely seem to visit.*

*One day Frank's children offer to take him out for the afternoon to give Evelyn a much-needed break. However, unbeknown to her, they secretly took him to a new GP who assessed Frank as having the cognitive capacity to appoint a new Power of Attorney (POA) and a new Substitute Decision Maker (SDM). After downloading some online forms, Frank's children drafted a new Advance Care Directive (ACD) and Enduring Power of Attorney (EPOA) assigning*

*themselves decision-making positions. Frank was then taken to a JP at the local library who witnessed his signature on the documents.*

*Frank's children then start pressuring Evelyn to agree to Frank being placed in residential care following requests from Evelyn for general support as she is burnt out. Frank is moved to a residential facility where his children begin to isolate him from Evelyn and reinforce misinformation. When Frank is eventually seen by a geriatrician and deemed to have lost capacity several months later, his documents become activated, and his children take control of his decision-making. They ban Evelyn from visiting Frank and try to force her to sell her home in order to be in a position to pay the nursing home bond. Frank's children also start to threaten to instigate legal proceedings to formally separate the couple.*

*Evelyn felt she had strong relationships with her stepchildren prior to Frank losing capacity, so it seemed to her that they had completely turned against her, and she had no idea why.*

## Intervention by the EAU

Initially, the EAU social worker met with Frank's children in an attempt to negotiate a resolution to the issues affecting Evelyn. However, when this measure proved ineffective, the family was referred to the Office of the Public Advocate's (OPA) Dispute Resolution Service (DRS) where attempts are made to negotiate an agreement around health and lifestyle issues. As no agreement is reached, the DRS makes an application to the South Australian Civil and Administrative Tribunal (SACAT) for a guardian and administrator to be appointed, and a hearing results in the appointment of the OPA as the full guardian and the Office of the Public Trustee as Administrator. Evelyn is provided legal advice by the EAU lawyer in relation to the SACAT hearing and processes and is accompanied and supported by the EAU social worker throughout the SACAT process. The EAU social worker is also able to provide information to the Tribunal member in relation to the family dynamics and steps taken to try to resolve the matter. Evelyn is also referred to as a family lawyer to receive advice in relation to property settlement and divorce.

The independent guardian appointed overrules the decision to ban Evelyn from visiting Frank. When she visits Frank in the facility, her number has been deleted from his phone, her photos have been removed and he explains that he has been told she had left him and taken all his money. His children now attempt to influence decisions made by the guardian by exaggerating situations and information which casts Evelyn in a negative light. In most cases, relationships between stepmother and stepchildren affected by this form of abuse never recover and constant tension remains.

## Case study 3

### Domestic violence grown old

The following case study describes a form of elder abuse that involves intimate partner or domestic violence occurring in couples who are 65 years of age and older. Domestic violence "grown old" refers to a situation in which one partner in the intimate relationship (usually the woman) has experienced domestic violence throughout the relationship which continues into their later years.

*Brenda is an 80-year-old woman who was referred to the EAU by SAPOL after police attended her home following an assault perpetrated by her husband Dennis who had punched her in the face whilst drunk. The following day, Brenda was contacted by the EAU social worker and an appointment was scheduled for the following week at a local café. However, the day prior to the appointment Brenda phoned to advise that things had "settled down" and that she "no longer required assistance".*



Several months later, Brenda was again referred to the EAU following an admission to a local hospital for chest pain, which was later diagnosed as a heart attack. During this admission, Brenda disclosed to a social worker that her husband was a violent alcoholic who had developed cognitive decline following years of falls and head injuries sustained whilst drunk. Brenda also advises that Dennis has started having paranoid thoughts lately, as well as becoming incontinent. This in turn has meant that he has become very physically dependent on her which she believes is the cause of the stress that has precipitated her heart attack. When Brenda tells her story she becomes very angry and says that no one has been prepared to help her husband. The social worker notes that Dennis has been assessed as having decision-making capacity when he has presented to emergency in the past.

On this occasion, the social worker from the EAU attends the hospital, completes an initial assessment, and recommends that Brenda meet with the EAU lawyer to discuss an intervention order. An appointment is made for the following week for her to see the lawyer, however, at the last moment, Brenda cancels the appointment.

## Intervention by the EAU

Several days later, Brenda contacts the EAU again and requests an urgent appointment with the lawyer to discuss her legal options. At this meeting, she instructs the lawyer to apply for an intervention order with an eviction clause which she hopes will result in Dennis being evicted and taken to emergency for assessment. As it is too unsafe for Brenda to remain in the family home during the period of application, the social worker liaised with Women's Safety Services to locate emergency accommodation. When the police later serve the order and evict Dennis, Brenda returns home to live safely.

Several weeks later, Brenda contacts the EAU again to advise that Dennis has experienced a serious medical episode and that she wants to be able to see him in the hospital (which would breach the conditions of the intervention order). As such, the EAU lawyer applied for the conditions in the intervention order to be varied so that the client could visit Dennis in the hospital. The lawyer was also able to provide information to the hospital social workers about a guardianship application.

Brenda was clearly still in love with Dennis despite many years of abuse. As such, her main requests were focused on getting help and support for her husband. As the EAU is unable to provide support for abusers, the challenge for Brenda was to frame her potential actions to protect herself as the only viable way of safeguarding Dennis's health and security into the future (arguing that if she was not around then there would be no one to support Dennis).

## Case study 4

### "I just don't know what came over me."

The following case study describes a form of elder abuse usually involving an older person who becomes involved in a relationship with a new partner. In most cases, the older person gives the new partner a large sum of money or property before the relationship sours and the older person feels they have been manipulated.

Warren is a 72-year-old man who contacts the EAU asking for support to remedy a property issue that involves the transfer of property to his former partner, Janine. Warren began a new relationship with Janine several years before, and at some point, was feeling pressured to transfer the title of his investment property into her name. Warren says that at the time of the transfer, he felt a sense of obligation to Janine that he no longer feels – "I just don't know what came over me" – and upon reflection realises that she was probably manipulating him.

*The EAU lawyer and social worker met with Warren to discuss his options at which time he presented as flat and resentful. Warren explains that Janine's actions have resulted in conflict with his children, significant financial hardship, and have caused him to drink more than he normally would.*

## Intervention by the EAU

The EAU lawyer provides basic property law advice but strongly recommends that Warren consult a specialist property lawyer to discuss the option of placing a caveat on the property. However, the lawyer advises Warren that to remediate his actions it is likely to require legal proceedings and potentially legal fees to be paid to a private solicitor.

The EAU social worker assesses Warren's mental health and recommends counselling. A week later, Warren attends a face-to-face counselling session with the social worker where a risk assessment is conducted, and Warren is supported to confront issues such as self-esteem and substance dependence. Warren is also taught some basic mindfulness skills to help him recognise and manage his anxiety. Two further counselling appointments are required before Warren feels he is equipped to move on from the episode and move forward with his life.

From the outset, Warren was told that it would be extremely difficult to reverse his actions using legal means. However, Warren was strongly encouraged to get specialist legal advice from a property lawyer.

## Case study 5

### Failure to launch

The following case study describes a form of elder abuse in which the older person has a long history of supporting a child with gifts, loans, propping up their businesses, bailing them out of financial failure, and generally continuing to make allowances or excuses for their dysfunctional or abusive behaviour.

*Meryl is an 81-year-old woman who contacted the EAU requesting support to deal with her 48-year-old son Darren who is "bleeding her dry". Meryl, who lives independently in her own home in the southern suburbs, claims to have been supporting her "hopeless" son over many years by supporting his failed business ventures, paying his rent and mortgage at various points, stocking his fridge with food when his children come to visit, and generally supporting him throughout his various low points. She describes Darren as having a long history of making irresponsible decisions at both personal and business levels, attributing this to his addiction to alcohol as well as to his diagnosis of bipolar disorder. Meryl also describes Darren as having no idea how to manage money, always looking for the easy way out, and someone who has never had to endure real hardship because his mother always bails him out.*

*Although Meryl claims to have refused requests from Darren on many occasions, she clarifies that when she does so there are always consequences. These can include verbal abuse, swearing, humiliation, intimidation and more recently threats to block her from seeing her grandchildren if she does not comply. She now feels that she does not have the financial or psychological capacity to continue to support his requests and would like to know her rights.*

## Intervention by the EAU

The social worker and lawyer meet with Meryl in her home and provide legal and psychosocial options. The lawyer proposed the idea of writing to Darren to ask him to cease asking for money. She also referred Meryl to a family lawyer where the client could obtain advice about grandparental access.

The social worker provided several counselling sessions, during which Meryl was given the opportunity to vent and communicate her frustrations. Over time, counselling allowed Meryl to identify and accept the factors underlying the abuse, which included accepting her role in continually bailing Darren out. Meryl developed the ability to modify her responses and to reframe her role from rescuer to teacher. During counselling, Meryl disclosed to the social worker that she had always felt a sense of guilt and obligation to Darren given that his father had treated him so badly as a small child.

The social worker also referred Meryl to MyAgedCare for an assessment, for her to access some home supports which included a safety pendant and some domestic support. Meryl also participated in the in-house support group for older women affected by elder abuse run by the social worker which was aimed at building social connections and sharing wisdom.

## Case study 6

### A large sum of money for co-ownership that does not exist

The following case study describes a form of elder abuse in which the older person has provided their child, grandchild, or other close relative with a large sum of money in return for a life interest in a property which the older person assumes to include co-ownership of the property. However, the older person later discovers that their name is not on the title of the property.

*Joy is a 75-year-old woman who early last year had been living with her niece and her niece's partner in their home, but it had become a little cramped. One morning when she was walking, Joy noticed that a larger house around the corner was for sale and discussed it with her niece. An agreement followed whereby Joy and her niece would each contribute half the cost of the house which would provide a much more comfortable space for them all to live. Critically, it was Joy's understanding that her name would be on the title of the property.*

*Months later, after moving into the new house, Joy's relationship with her niece soured and Joy was ordered out of the house and forced to live temporarily in a residential aged care facility. When Joy made enquiries about her ownership of the home, she was advised that her name was never put on the title of the property. Joy also learned that Centrelink now viewed her contribution towards the house as a gift, and as such, her pension and access to residential aged care were compromised. Joy was now effectively homeless, had \$300K less in her bank account, had her pension reduced and was forced to pay a large daily fee for residential aged care.*

*Joy also told the social worker that when she was living with her niece, there was psychological abuse perpetrated against her by her niece's partner who has a substance abuse issue that impacts his behaviour.*

## Intervention by the EAU

Joy's good friend, Tess, rang the EAU for support, and several days later the EAU lawyer and social worker conducted an assessment with her via teleconference. Subsequently, the lawyer advised Joy to remove her niece as a decision-maker under her Advance Care Directive (ACD) and Enduring Power of Attorney (EPOA) and to consent to a referral to a specialist property lawyer for advice in relation to the ownership of the property. The lawyer also referred Joy to a specialist Centrelink lawyer within the Uniting Communities Law Centre.

Eventually, Joy instructed the EAU lawyer to revoke her EPOA and ACD and write a letter of demand to her niece requesting the return of her contribution to the property or restoration of her name on the title of the property. Joy consulted with the specialist property lawyer who placed a caveat and recommended that she consider initiating legal proceedings against her niece.

## Case study 7

### Watching over or protecting a large sum of money

The following case study describes a form of elder abuse in which the older person has received a large sum of money, a pay-out or inheritance, and is then approached by a family member or friend who offers to help them look after the money. Often the plan involves giving the money to the abuser to watch over, invest, or protect. There is almost always an understanding that the money will be repaid or used for the older person's benefit, however, when the relationship breaks down and the older person requests the return of the money, the request is not honoured. As is often the case, the perpetrator has no assets themselves and once they have spent the money there are limited ways to recover the full amount of money taken.

*Marlene is a 70-year-old Aboriginal woman who was awarded \$75,000 via the Stolen Generations Reparation Scheme two years ago. Marlene, who is badly affected by emphysema, lives in a SA Housing Association unit. Around the time she received her payment, her niece Lyola started visiting her more and supporting her with shopping and cleaning. Often when they chatted, Lyola would discuss her dream of buying a house together where they could both live safely and comfortably. The plan would involve saving for a deposit, buying the house together, and then sharing the mortgage repayments - Marlene's half from her pension and Lyola's half from her wage. Marlene eventually agrees that Lyola can use her \$75,000 as the deposit for the home. However, soon after transferring the money to Lyola, she stops contacting Marlene and blocks her from calling. When Marlene attempts to call Lyola's brother to find out what has happened, he visits her at home and scares her into stopping her enquiries. Marlene tells her visiting support worker about her situation, and a referral is eventually made to the EAU.*

### Intervention by the EAU

Marlene receives a call from the EAU lawyer who obtains more information about the situation before a face-to-face appointment is booked for the following week. The EAU lawyer and social worker attend Marlene's home to conduct a further assessment where key documents are examined, and details of the financial transfer are verified.

Marlene agrees for the lawyer to write a letter to Lyola requesting that the money be returned. A week later, Lyola called the EAU lawyer and clarified that the money was given as a gift, and that as such it did not need to be returned. She further clarified that the money was used for general purposes, no property was purchased, and that all of it had been spent. As there was no viable way of recovering the money, Marlene did not pursue the matter.

The EAU finds out that Lyola is employed as an aged care support worker with an Aboriginal health service. As such, concerns have been raised regarding the potential for her to abuse others who are vulnerable and whether it is appropriate to notify her employer.



## Case study 8

### The corrupt Power of Attorney

The following case study describes a form of elder abuse in which the client's Power of Attorney (POA) is misused by someone with whom they have a relationship of trust. This misuse typically results in money being taken from the older person without their authorisation. After the older person delegates responsibility for their finances to the trusted person, the misuse begins; often the amounts are frequent and small in the beginning and are planned to appear as normal, unremarkable transactions. However, in some instances, the unauthorised transactions are obvious or blatant and remain undetected for an extended period.

*Over a period of two years, 90-year-old Cyril grew very close to his support worker, Theresa, who was funded via an age-care package to provide support to him in his home. Cyril had the beginnings of dementia, found it difficult to walk or shower independently, and was unable to leave his unit on his own due to blindness. Cyril had no family close to him and most of his friends had passed away, so when Theresa entered his world, he felt secure. Soon, Theresa became his only visitor and his main connection with the outside world - getting him out of bed, making his breakfast, helping him shower, taking him shopping and even taking him to medical appointments. Over time, Cyril began to consider Theresa a friend, so when she shared her stories of hardship and suffering, he felt like he genuinely wanted to support her. Theresa stopped working for the package provider, however she still visited Cyril and helped him. In return, Cyril bought her a car, gave her money towards a holiday, and allowed her to take money from his bank account when she desperately needed it to buy food or pay her medical bills. Soon, Cyril had appointed Theresa as his POA and SDM and was reliant upon her to coordinate his finances.*

*When Cyril asked his new support worker to bring in the mail and read out his bank statement, the worker was shocked at seeing regular withdrawals being made from the ATM at a gaming venue on the other side of town. It appeared that someone was spending large amounts of Cyril's veteran's pension at the pokies, and Cyril had no knowledge that it was occurring. The worker reported the suspicious transactions to her manager who called the EAU to discuss the situation.*

### Intervention by the EAU

Within the week, Cyril was visited by the social worker and lawyer from the EAU who conducted a comprehensive assessment. They organised for Cyril to be taken to the bank to obtain copies of his bank statements and to confirm who had access to his accounts. The social worker took Cyril to his GP who completed a preliminary assessment of capacity as well as referring Cyril to a geriatrician for a more comprehensive capacity report. At a second visit, the same GP completed the medical evidence form required to make an application for guardianship and administration at SACAT. Within two days, the social worker and Cyril's package manager provided evidence at an urgent hearing at SACAT where the Public Trustee and Public Advocate were appointed as Administrator and Guardian respectively. The Public Trustee instructed Cyril's bank to block Theresa from accessing his accounts and Cyril's guardian placed strict limitations on Theresa visiting Cyril.

Three weeks later a formal hearing was held to appoint permanent decision-makers for Cyril who was represented by the EAU lawyer. At this hearing, it was confirmed that Theresa had withdrawn almost \$90,000 from Cyril's account without his knowledge or authorisation, almost all of which was spent by Theresa at the pokies. It was also revealed that Theresa had blocked the agency from providing care to Cyril and had cancelled medical appointments after receiving SMS notifications from Cyril's GP practice.

At some point, Cyril told one of his support workers that Theresa would shower him while she was naked. This could be seen as an attempt by Theresa to build in Cyril a false understanding that they were in a deeper relationship, perhaps

allowing Theresa to have more control over Cyril's feelings and making him more vulnerable to her manipulation. The EAU social worker provided Cyril with counselling to help him deal with his emotions relating to Theresa's abuse and betrayal.

#### Summary of themes

The table below outlines the key themes identified across the 8 case studies. The themes have been categorised under the following headings:

1. Type of abuse.
2. The factors that make the older person vulnerable to abuse.
3. The impact of abuse on the older person.
4. Reporting abuse and referral to the EAU.
5. The abuser.
6. The system.

<b>Type of abuse</b>	<ul style="list-style-type: none"> <li>Financial abuse is evident in all the case studies (except for case study 3) and is always accompanied by some form of emotional/psychological abuse (including manipulating, deceiving, threatening, intimidating, coercing, or verbally abusing the older person).</li> <li>Physical abuse and the threat of physical abuse is evident in case studies 3 and 7 respectively.</li> </ul>
<b>Factors that make the older person vulnerable to abuse</b>	<p>In all the case studies, the older person is vulnerable to abuse and exploitation by one or more of the following factors:</p> <ul style="list-style-type: none"> <li>The older person is socially isolated/lonely.</li> <li>The older person has physical and/or cognitive decline.</li> <li>The older person is physically and/or emotionally dependent on the abuser.</li> <li>The older person trusts the abuser to do the right thing by them.</li> </ul> <p>Other factors include:</p> <ul style="list-style-type: none"> <li>Mothering from guilt.</li> <li>Loyalty or obligation to the abuser.</li> <li>Desire for social connection, including romantic relationships.</li> <li>Lack of access to appropriate care or accommodation.</li> </ul>
<b>The impact of abuse on the older person</b>	<p>The case studies demonstrate that:</p> <ul style="list-style-type: none"> <li>Abuse can exacerbate the older person's isolation and loneliness.</li> <li>Abuse can lead to poor physical and mental health, and substance abuse issues for the older person.</li> <li>It can be difficult or impossible to reverse legal and financial actions already taken by the older person leading to significant and irreparable financial loss.</li> <li>Financial loss involves more than the loss of dollars and cents.</li> </ul>
<b>Reporting abuse and referral to the EAU</b>	<p>The case studies demonstrate that:</p> <ul style="list-style-type: none"> <li>Extreme situations can trigger the older person to report and/or prevent further abuse.</li> <li>Abuse is often reported by someone concerned about the welfare of the older person (e.g., police, social workers, friends, support workers).</li> </ul>

<b>The abuser</b>	<p>The case studies demonstrate that:</p> <ul style="list-style-type: none"> <li>• Abusers use emotional and psychological abuse to financially abuse the older person.</li> <li>• Abusers demonstrate a sense of entitlement to the older person's finances or resources.</li> <li>• Abusers' mental health, addiction, and alcohol/substance issues contribute to their abusive behaviour.</li> </ul>
<b>The system</b>	<p>The case studies demonstrate that:</p> <ul style="list-style-type: none"> <li>• There can be a lack of awareness of potential financial elder abuse by key service providers such as GPs, lawyers, JPs.</li> <li>• Family disputes can be poorly managed within residential aged care facilities.</li> <li>• Older people can be subject to the service provider lottery and a lack of checks and balances when receiving support services in their home.</li> <li>• Domestic violence grown old can become invisible or hidden.</li> </ul>

### Discussion

This section of the report discusses the key themes outlined in the table above, drawing on the 8 case studies to illustrate the themes. The discussion also situates the findings within the broader context of existing research.

## 1. Type of abuse

***Financial abuse is evident in all case studies (except case study 3) and is always accompanied by some form of emotional/psychological abuse (including manipulating, deceiving, threatening, intimidating, coercing, or verbally abusing the older person).***

Emotional and/or psychological abuse accompany and often drives, financial abuse due to the intrinsic power dynamics involved in such exploitative relationships. Recent literature has brought attention to the ways that financial abuse, where older adults are coerced or deceived into relinquishing their money or assets, often involves a systematic attrition of the older person's autonomy and self-esteem (Burnes et al., 2017).

Perpetrators typically use emotional manipulation, such as threats, intimidation, or deceptive affection, to gain the trust and compliance of the older person, creating a dependent relationship where the older person feels unable to refuse demands or report the abuse. This emotional manipulation is evident in case studies 1 and 5. In case study 1, Alice's son, Mark, becomes increasingly frustrated with Alice and starts putting her down and making her feel guilty for his underachievement in life, leading her to feel as though she owes him, and in case study 5, Meryl's son, Darren, uses verbal abuse, swearing, humiliation, intimidation, and threats to block her from seeing her grandchildren when she does not comply with his demands for money.

Deceptive affection is evident in case studies 7 and 8. In case study 7, Marlene's niece, Lyola, begins to visit her more frequently when Marlene is awarded a large payment through the Stolen Generations Reparation Scheme, supporting her with shopping and cleaning, and convincing Marlene to put her money into a deposit for a house so they can live together, but the house never eventuates and her money is gone. In case study 8, Cyril is manipulated by his carer, Theresa, to believe that their relationship is more profound than it is, resulting in Cyril appointing Theresa as his Power of Attorney (POA) and Substitute Decision Maker (SDM) and allowing her to have unreserved access to his bank accounts. Such emotional manipulation not only facilitates financial exploitation but also serves to maintain control over the older person, ensuring continued access to their resources (DeLiema et al., 2018). The intertwining of financial and emotional abuse creates a vicious cycle in which the older person's compromised emotional state renders them more susceptible to ongoing financial exploitation.

***Physical abuse and the threat of physical abuse is evident in case studies 3 and 7 respectively.***

In case study 3, Brenda has endured many years of domestic violence perpetrated against her by her husband, Dennis, and in case study 7, the threat of physical abuse is foreshadowed when the brother of Marlene's niece and abuser, Lyola, visits Marlene at home and scares her from continuing to enquire about what happened to her money and housing plans with Lyola.

## **2. Factors that make the older person vulnerable to abuse**

In all the case studies, the older person is vulnerable to abuse and exploitation by one or more of the following factors:

***The older person is socially isolated or lonely.***

Social isolation reduces the number of interactions older persons have, limiting opportunities for others to notice signs of abuse or neglect (Australian Institute of Family Studies (AIFS), 2019). This isolation can result from the loss of friends and family members, mobility issues, or living alone. Recent studies indicate that isolation not only increases emotional and psychological stress but also diminishes the social checks and balances that could protect against abuse (Storey, 2020). This was noted during the COVID-19 pandemic, where increased isolation correlated with a rise in reported elder abuse cases (Storey, 2020). This scenario is evident in case study 1 in which Alice becomes increasingly isolated by her son, Mark's, abusive behaviour, and in case study 8 in which Cyril's carer, Theresa, becomes his only connection to the outside world allowing her abuse to go undetected for a significant period.

Loneliness and social isolation have been linked to higher risks of emotional, physical, and financial abuse because perpetrators can exploit the lack of external oversight and the victims' heightened emotional dependency. For example, in case study 1, Mark's behaviour ensures that Alice is alienated from her support workers and her own children who fear coming to her home.

In a US population-based study, a higher level of social support was found to both reduce the negative impacts of elder abuse and be a protective factor against future abuse (Acierio et al., 2017). Formal social supports or networks for older people have been suggested as a key protective factor for older adults at risk of social isolation (Johannesen & LoGiudice, 2013, cited in Australian Institute of Family Studies, 2019).

***The older person has physical and/or cognitive decline.***

Older adults are increasingly vulnerable to abuse and exploitation due to physical and cognitive decline as these impairments can severely limit their ability to recognise, resist, or report abusive situations. Physical decline, such as reduced mobility or chronic illnesses, can make the older person dependent on caregivers, who may exploit this dependency to exert control or inflict harm (AIFS, 2019). This situation is evident in case study 8 in which Cyril's dementia, inability to walk or shower independently, and blindness further exacerbate his vulnerability by reducing his capacity to understand his situation, such as his finances, and to make informed decisions regarding the Power of Attorney (POA). Recent studies highlight the ways that a combination of physical frailty and cognitive decline can create a power imbalance between the older person and the abuser, often a family member or caregiver, who may misuse their position of trust for emotional manipulation and financial gain (Storey, 2020).

***The older person is physically and/or emotionally dependent on the abuser.***

The dependence of an older person often arises when they require assistance with daily activities, medical care, or emotional support, which can be provided by family members, caregivers, or trusted individuals. Recent studies reveal that this dependency creates a significant power imbalance, enabling abusers to manipulate or control the older person to meet their own needs, often without fear of being reported (Storey, 2020). Physically dependent older persons may lack the mobility or strength to escape abusive situations, while emotionally dependent older persons might fear losing their caregiver's support or worry about being abandoned, which abusers can exploit to maintain dominance (Storey, 2020).

In some cases, emotional dependence on the abuser, who often uses manipulative tactics to reinforce this dependence, can prevent older persons from detecting the abuse, leading to strong feelings of betrayal when the abuse is finally discovered. This scenario is evident in case studies 4 and 8. In case study 4, Warren feels obligated to transfer his property to his new partner, Janine, to strengthen his romantic relationship with her, only to regret this decision once he realises that he has been manipulated by Janine. In case study 8, Cyril's increasing emotional dependence on his carer, Theresa, which blurs the ethical boundaries of their professional relationship, leads him to entrust her with his finances and major life decisions. In both cases, Warren and Cyril's emotional dependence on their abusers prevented them from being able to detect the abuse while it was occurring.

***The older person trusts the abuser to do the right thing by them.***

Older persons are particularly susceptible to abuse and exploitation due to their inherent trust in caregivers or family members, who are often perceived as protectors. This trust can be profoundly exploited by abusers, who manipulate the older person's belief that their caregiver or family member will act in their best interest. This trust can place the older person in a vulnerable position, as they may not recognise abusive behaviours or may be reluctant to report them out of fear of losing essential support or due to emotional attachment to the abuser (Storey, 2020). Studies have shown that this dynamic is exacerbated when the abuser is a close family member or a trusted caregiver, as the older person may rationalise the abuse or feel a sense of loyalty and dependence that prevents them from seeking help (Storey, 2020). The exploitation of this trust is insidious because it can mask the abuse, making it difficult for outsiders to detect and intervene. This scenario is evident in case study 2 in which Evelyn appears to trust her husband, Frank's, children to make decisions that will benefit their father, resulting in her losing her home and forcing a separation between herself and Frank. It is also evident in case studies 6, 7 and 8. In case study 6, Joy trusts her niece to put her name on the title of the house that Joy has contributed money to, only to discover that this has not occurred. In case study 7, Marlene trusts her niece, Lyola, to put the funds she gives her into a house for them both, which never materialises. In case study 8, Cyril trusts his carer, Theresa, to such a degree that he appoints her as his Power of Attorney (POA) and Substitute Decision Maker (SDM), only to find out that she has been stealing from him to support her gambling addiction.

Other factors evident in the case studies that make the older person vulnerable to abuse and exploitation include:

***Mothering from guilt.***

Older women may tolerate abuse from their adult children due to a complex interplay of emotional, familial, and societal factors. Recent studies highlight that feelings of maternal obligation, fear of abandonment, and a deep-seated belief in familial duty often compel older women to endure abuse silently (Lachs & Pillemer, 2015; Pillemer et al., 2016). Many older women rationalise the abuse as stemming from their children's stress or perceive it as a lesser evil compared to the prospect of being placed in institutional care. Additionally, societal norms and stigmas surrounding family loyalty and elder abuse further discourage these women from seeking help. Emotional bonds and hope for reconciliation also play a significant role, as these women often hold onto the belief that their children will eventually change and treat them better (Pillemer et al., 2016). These factors are evident in case studies 1 and 5. Alice feels a sense of obligation to give more to her son, Mark, as he was badly abused by his father as a child. In case study 5, Meryl indicates that she always felt a sense of guilt and obligation to her son, Darren, because his father had treated him so badly as a small child.

***Loyalty or obligation to the abuser.***

Loyalty to the abuser can stem from complex emotional dynamics, including feelings of guilt, shame, and a sense of duty or obligation towards family. A study by Johnson and Luthra (2020) found that older persons often prioritise maintaining family harmony and preserving relationships over-reporting abuse, even when the abuse is significant. Additionally, societal expectations and norms around familial piety can reinforce this sense of loyalty, causing older adults to downplay or to rationalise abusive behaviours. In case study 1, Alice was very concerned about taking action to protect herself

against the abuse of her son, Mark, even if it meant losing contact with her other children because she felt obligated to protect his welfare over her own. In case study 3, Brenda wanted to visit her abusive husband, Dennis, in the hospital even after he had abused her for decades, requiring the modification of an existing intervention order the EAU had secured for her.

#### ***Desire for social connection, including romantic relationships.***

As people age, they often experience heightened feelings of loneliness and social isolation due to the loss of spouses, friends, and diminished social networks. This vulnerability can leave older persons open to exploitation by those who offer companionship or romantic interest. Abusers may exploit these emotional needs by establishing trust and intimacy, only to manipulate and control their victims for financial gain or other benefits (Burnes et al., 2021). The emotional dependency created through these relationships can lead older persons to overlook or rationalise abusive behaviours, fearing the loss of the newfound connection. In case study 4, Warren's desire to strengthen his emotional bond with his new romantic partner, Janine, made him vulnerable to her financial exploitation, and in case study 8, Cyril's carer, Theresa, took advantage of Cyril's desire to form a close and trusting friendship with her by making him feel that their relationship was deeper and more personal than it was.

#### ***Lack of access to appropriate care or accommodation.***

Recent studies indicate that inadequate care environments often fail to meet the physical, emotional, and social needs of older persons, leading to increased dependency on caregivers who may exploit this dependency for their own gain (Pillemer et al., 2016). This scenario is evident in case study 8 in which Cyril, who lives alone with minimal support and a range of complex health issues, becomes completely dependent on his carer, Theresa, to provide for his everyday needs. A lack of suitable accommodation options can also make older persons more vulnerable to financial and emotional abuse. In case study 6, Joy's cramped living space with her niece made her more susceptible to her niece's deception regarding the purchase of a larger home, and in case study 7, Marlene's lonely life in a small housing trust unit made her more vulnerable to her niece, Lyola's, false affections and promises of co-habitation, resulting in both women being financially exploited by their nieces.

### **3. The impact of abuse on the older person**

#### ***Abuse can exacerbate the older person's isolation and loneliness.***

Social isolation and loneliness are fertile ground for abuse, but the abuse itself can lead to further isolation and loneliness – that is, the actions of the abuser can further diminish and fragment the older person's family networks and sources of support - creating a vicious cycle that further entrenches their vulnerability (Burnes et al., 2017). Abusers may intentionally isolate the older person to exert control and prevent them from seeking help, cutting off their access to friends, family, and social services. In case study 1, Alice's other children and her support workers stop visiting her because they fear her son, Mark, thus removing these potential avenues of support and protection. In case study 2, Evelyn becomes alienated from her husband, Frank, because of his children's emotional and financial abuse which included making Frank believe that Evelyn had deserted him. In case study 4, Warren experiences conflict with his children after signing his property over to his new romantic partner, Janine, and in case study 5, Meryl's son, Darren, threatens to block her contact with her grandchildren if she does not comply with his demands for money.

#### ***Abuse can lead to poor physical and mental health, and substance abuse issues for the older person.***

The psychological and emotional impact of abuse can lead to declining physical and mental health as well as increased dependency on harmful coping mechanisms (Lachs & Pillemer, 2015). In case study 1, Alice develops UTIs, unstable hypertension and angina, and frequent skin tears from falling over her son, Mark's, belongings. In case study 3, Brenda has a heart attack caring for her abusive and increasingly dependent husband, Dennis. In case study 4, Warren is drinking more than usual to deal with his regret at being manipulated by his new partner, Janine, to put his property in her name.



***It can be difficult or impossible to reverse legal and financial actions already taken by the older person leading to significant and irreparable financial loss.***

An older person may transfer property into an abuser's name, effectively losing ownership and control over the asset. In most jurisdictions (including Australia), reversing such a transfer can be legally complex, time-consuming, and costly, often requiring the older person to prove coercion or undue influence, which is not always straightforward. In case study 4, Warren is not able to reverse the transfer of his investment property to his new romantic partner, Janine, even though he regrets his actions and feels that he was manipulated by Janine.

Financial abuse may involve the older person giving money to the abuser with the expectation of future benefits that never materialise. In case study 6, Joy discovers that her name is not on the title of a house that she contributed money to and was residing in before her niece forced her to leave, and in case study 7, Marlene transfers funds to her niece, Lyola, for a house deposit that never eventuates with Lyola later claiming that the money was a gift from Marlene and had already been spent. In case study 8, Cyril gives his carer, Theresa, control of his finances, allowing her to steal a significant sum of money from his bank account to fund her gambling addiction before the abuse is detected. Such situations not only result in the immediate loss of significant amounts of money but also leave the older person with little recourse to recover their losses.

***Financial loss involves more than the loss of dollars and cents.***

Older persons who are financially abused commonly experience significant emotional distress, as the betrayal of trust by a family member or caregiver compounds the trauma of losing their financial security (Jackson & Hafemeister, 2021). In case study 7, Marlene's financial loss needs to be considered in its cultural context because it was money awarded to her via the Stolen Generations Reparation Scheme. Hence, the loss of this money represents a loss of the fiscal acknowledgment of her pain and suffering and a recognition of her history and identity. In all cases, financial loss means a loss of security for the older person that is almost always enduring because older persons have less time and/or capacity to make up for this loss.

## **4. Reporting abuse and referral to the EAU**

***Extreme situations can trigger the older person to report and/or prevent further abuse.***

The case studies demonstrate that certain trigger points can prompt an older person to make the crucial decision to report abuse and/or take subsequent action to protect themselves from further abuse.

In case study 1, Alice contacts the EAU for assistance, but she is initially reluctant to agree to the options presented to her because she is concerned about the welfare of her abusive son, Mark, especially the prospect of him becoming homeless. However, after counselling from the EAU and further consideration of her options, Alice instructs the EAU lawyer to apply for a private Intervention Order (IO) with an eviction clause so that Mark will be forced to leave her home. In this case, it appears that the counselling intervention by the EAU was instrumental in Alice making the decision to have Mark removed from her home. It is not clear what motivated Alice to report the abuse to the EAU in the first place, but it appears that the significant deterioration in her physical and mental health may have been the trigger point.

In case study 3, Brenda is initially referred to the EAU by SAPOL, following a violent assault by her husband, Dennis, and a subsequent referral is made to the EAU by a social worker at the hospital following Brenda's heart attack. Like Alice, Brenda is also reluctant to pursue the eviction of her abuser, Dennis, and is angry that the system is not able to help and support him. However, after several sessions with the EAU lawyer, Brenda finally agrees to an intervention order and to have Dennis evicted from her home. The trigger points in this case appear to be the serious physical assault by her husband, Dennis, as well as Brenda's subsequent heart attack brought on by the stress of caring for Dennis.

These case studies highlight that situations often must become extreme before the older person reports abuse or takes action to protect themselves from further abuse. It is also clear that emotional connections to the abuser and concerns about their welfare can deter older persons from taking actions that they think may hurt or disadvantage the abuser, even if this means that they will continue to endure abuse. The cases also show how crucial the work of the EAU is in protecting and supporting the human rights of older persons affected by abuse.

The EAU fills an essential need within the system supporting victims of elder abuse. Many of the clients who have engaged with the EAU had tried other avenues for support but were not successful prior to being referred to the EAU. Other avenues of support include with police, practitioners, or the Adult Safeguarding Unit who have subsequently made a referral to the EAU on behalf of the older person.

***Abuse is often reported by someone concerned about the welfare of the older person (e.g., police, social workers, friends, or support workers).***

The case studies also highlight that elder abuse is often reported by someone concerned about the welfare of the older person (e.g., friends, carers, social workers). This may also be due to older persons being less likely to report abuse themselves until there is a triggering event or the abuse has become extreme as highlighted above. Unfortunately, the case studies also indicate that by the time the abuse comes to the attention of concerned citizens (e.g., police, social workers, friends, support workers), a triggering event may have already occurred, or the abuse and its impact have already become extreme.

## **5. The abuser**

***Abusers use emotional and psychological abuse to financially abuse the older person.***

As previously discussed, abusers often use emotional and psychological abuse to control and financially abuse the older person. In this way, emotional and psychological abuse are the drivers of financial abuse. Other themes evident across the case studies are as follows.

***Abusers demonstrate a sense of entitlement to the older person's finances or resources.***

A sense of entitlement to the older person's finances and resources appeared to be evident to a greater or lesser degree in almost all the case studies. A sense of entitlement can occur when abusers perceive their role in the older person's life as arduous or underappreciated, thereby legitimising, in their view, the unauthorised taking of funds or property (Bagshaw et al., 2013). For example, while it is probably impossible to know what is going on inside the minds of abusers, in case study 1, it is likely that Alice's son, Mark, feels a sense of entitlement to his mother's housing and financial resources as her live-in carer. This sense of entitlement is exacerbated by Mark's financial instability and personal grievances, creating a personal narrative that views Alice's home and assets as rightful compensation for his efforts and hardships endured.

Jackson and Hafemeister (2021) make the point that societal norms that prioritise familial duty over individual rights can obscure the line between care and exploitation, making it easier for family members to justify their actions. This mindset not only facilitates financial abuse but also makes it challenging to address, as the abusers often see their actions as justified rather than harmful while older people may feel obligated to tolerate the abuse. Alice feels a strong sense of responsibility for the welfare of her son, Mark, contributing to her reluctance to have Mark evicted from her home.

***Abusers' mental health, addiction, and alcohol/substance abuse issues contribute to their abusive behaviour.***

Mental health, addiction, and alcohol/substance abuse issues among family members are significant predictors of elder abuse. The latest studies reveal that family members with substance abuse problems or untreated mental illnesses are more likely to engage in abusive behaviours due to impaired judgment and increased aggression (Jackson & Hafemeister,

2021). Individuals who have limited financial resources or who are struggling with mental health issues may resort to abusive behaviours out of desperation or inability to cope with their own circumstances (Rabiner et al., 2021). These findings are exemplified in case studies 1 and 5 in which Alice's son, Mark, takes over her home and "treats her like dirt" and Meryl's son, Darren, has been "bleeding her dry" for years with constant demands for money. Alice's son, Mark's, lack of appropriate housing has also contributed to his abuse of Alice. As Pillemer et al. (2016) point out, a lack of adequate housing is often the catalyst for family members to move in with the older person, overcrowding their living space and creating stressful, conflict-ridden environments that precipitate abuse (Pillemer et al., 2016).

According to DeLiema et al. (2018), addressing mental health, addiction, and alcohol/substance abuse issues as the root causes of elder abuse has the potential to significantly reduce the risk of elder abuse occurring because it can stabilise the abusers' circumstances and improve their capacity to provide appropriate care and support to the older person. DeLiema et al. (2018) emphasise the importance of providing comprehensive social services, including housing and mental health care, to potential abusers to prevent the exploitation and mistreatment of older adults.

## 6. The system

The case studies demonstrate a range of systemic issues that may inadvertently contribute to elder abuse, most notably, service providers in the medical, legal, and financial fields who are not adequately equipped to identify and address elder abuse.

### ***There can be a lack of awareness of potential financial elder abuse by key service providers such as GPs, lawyers, JPs.***

Recent literature shows that professionals such as GPs, lawyers, and JPs play a critical role in identifying and intervening in cases of elder abuse, yet they frequently lack the training and awareness necessary to recognise subtle indicators of financial exploitation (Jackson & Hafemeister, 2021). GPs may overlook signs such as sudden changes in an older person's financial situation or unexplained withdrawals, attributing these to normal ageing processes or medical issues. Lawyers and JPs, who often encounter older persons during estate planning or legal transactions, may fail to detect undue influence or coercion exerted by family members or caregivers (Rabiner et al., 2021).

In case study 1, Alice's son, Mark, convinces a GP that his mother needs residential care, and a lawyer makes Mark her Substitute Decision Maker (SDM) and Enduring Power of Attorney (EPOA). In case study 2, Frank's children arrange for him to appoint them as his new decision-makers through an improperly assessed new GP visit, and in case study 8, Cyril has appointed his carer, Theresa, as his POA and SDM. The gap in knowledge and training for these service providers means that many cases of financial elder abuse remain undetected or hidden, with older persons unable to receive the necessary support and protection they require. As highlighted in case studies 1, 2, and 8, medical, legal, and financial systems and service providers can inadvertently support abusers and/or facilitate the dynamics of abuse, particularly in cases where the abuser knows how to "use the system to their advantage". Enhancing awareness and education among these professionals is crucial for early detection and intervention, ensuring that the financial exploitation of older persons is promptly addressed and prevented (DeLiema et al., 2018).

### ***Family disputes can be poorly managed within residential aged care facilities.***

In case study 2, Frank's children were able to exclude their stepmother, Evelyn, from visiting their father, forcing a separation between Evelyn and her husband, Frank. When aged care staff are not adequately trained to mediate disputes or address complaints effectively, family members may take matters into their own hands, often inappropriately. Inadequate oversight and failure to recognise and intervene in abusive dynamics further perpetuate the cycle of abuse (Lachs & Pillemer, 2015). Ensuring robust dispute resolution mechanisms and staff training in aged care facilities is crucial to mitigating these risks and protecting older persons from potential abuse by their family members (Yon et al., 2018).

***Older people can be subject to the service provider lottery and a lack of checks and balances when receiving support services in their homes.***

The term “service provider lottery” refers to the randomness of whether an older person will receive help from a well-trained, vigilant professional or one who lacks the necessary awareness and training to detect abuse. This inconsistency means that many cases of financial elder abuse, which is often much more difficult to detect than physical abuse and neglect, slip through the cracks, as not all providers are equipped to recognise the often subtle signs of financial manipulation or exploitation. In case study 8, Theresa’s financial abuse of Cyril may have continued undetected if Cyril’s new support worker had not discovered the unauthorised withdrawals from Cyril’s bank account. Inconsistencies in the quality and vigilance of service providers, such as financial advisors, social workers, and healthcare professionals, can create gaps in identifying and addressing financial exploitation (Rabiner et al., 2021).

In addition to not being equipped to detect abuse, the “service provider lottery” also refers to the randomness of whether an older person will receive care and support from a professional who has their best interests at heart or one who seeks to abuse or exploit the older person. A lack of systematic checks and balances, such as routine audits and mandatory reporting protocols, may allow abusers to exploit older persons without fear of detection, particularly when an older person is receiving support services in their home (DeLiema, 2018). Enhanced training for service providers and the implementation of stringent oversight mechanisms are essential to ensure that financial elder abuse is promptly identified and addressed, protecting older persons from exploitation (Burnes et al., 2017).

***Domestic violence grown old can become invisible or hidden.***

Domestic violence in the relationships of older couples can become invisible or hidden because abuse in later years is often viewed as the consequence of ageing rather than the manifestation of gendered power relations. In case study 3, Brenda’s situation may not be immediately recognised as domestic violence as her husband, Dennis, has become increasingly dependent upon her for care. The fact that police referred Brenda to the EAU following an incident of serious physical assault by Dennis in their home attests to this point. Recent literature highlights that societal and professional perceptions tend to normalise and excuse abusive behaviours in older couples by attributing them to age-related stressors, such as cognitive decline, physical frailty, or caregiver burden (McGarry et al., 2016). This misinterpretation overlooks the underlying dynamics of control and domination that characterise domestic violence, thereby obscuring its recognition and intervention.

Additionally, ageist attitudes and stereotypes contribute to the invisibility of abuse, as older individuals are frequently perceived as asexual and non-violent, further minimising the seriousness of their experiences (Wendt & Zannettino, 2015). The intersection of ageism and sexism means that the abuse of older women by their partners is often dismissed or inadequately addressed, leaving older women without the necessary support and protection. Recognising domestic violence in the relationships of older couples requires a shift in understanding that emphasises the role of power and control, irrespective of age (Bows, 2016).

## Recommendations

The following recommendations sit across three core pillars:

- Continue to raise awareness and understanding of elder abuse.
  - Changing the legislation and legal frameworks.
  - Acknowledging and reinforcing best practice.
1. **The State government continues to implement community awareness campaigns that also target key service providers, particularly those services who engage with older people and/or their families regarding medical, legal, and financial matters, including the potential misuse of Power of Attorney (POA).**
  2. **Introduce a standalone offence for elder abuse (or provisions within current Acts) as there is currently no offence specifically addressing Elder Abuse in South Australia.** There are limitations to the Intervention Order (Prevention of Abuse) Amendment Act 2009 and the Criminal Law Consolidation Act 1935. Any new legislation could seek to implement other consequences instead of a prison sentence (as parents often do not want their child to go to prison) and could include other forms of remedy e.g., a way to recover financial losses that is accessible. This could include financial penalties and mandatory engagement with a service.
  3. **Introduce an efficient and cost-effective way for older people to get money back via a state-based board or Tribunal.** South Australia needs an effective method for obtaining stolen and/or misused money back for victims of elder abuse. This mechanism may be best placed within the Tribunal or a state-based board. The current method for recovering financial losses is challenging and often unattainable. When cases involve a large amount of money, the older person can go to the Supreme Court, but this can be a costly and lengthy process that is not pursued by clients of the EAU as it can be prohibiting especially in cases where the older person has lost all financial assets because of the abuse.
  4. **Place greater accountability on financial institutions to ensure they are monitoring for financial abuse of older persons.** As misused funds can often not be recovered, prevention is the key. There are a variety of preventative measures from a financial institution's perspective that could be made, such as a legislative obligation that requires banks to detect and notify customers when there is a change in spending patterns in accounts (suspicious activity detected that could be indicative of financial abuse) and make active efforts to resolve the issue with the customer.
  5. **Update the Power of Attorney legislation and provide consequences for Enduring Power of Attorneys who have misused their powers.** The *Powers of Attorney and Agency Act 1984* is outdated and in need of a review and an update. There needs to be stronger penalties for someone misusing their role as Power of Attorney as the current penalties do not provide an effective deterrence. In addition, an alternative dispute resolution process, such as the Australian Civil and Administrative Tribunal (SACAT) for the misuse of POA, needs to be considered as the Supreme Court mechanism is inaccessible, costly, and often inappropriate.
  6. **Implement a third-party signature requirement in approvals to transfer property into another person's name.** There are many examples where EAU clients have transferred property into the name of an adult child, relative or partner, and then that person has sold the property with drastic consequences for the older person. As a preventative measure, a third-party approval scheme could be implemented (for all age groups) that includes lawyer oversight.

- 7. Introduce legislation to evict someone from an existing home that the older person owns.** Many clients of the EAU are not able to evict a family member who is living with them (either the abuse does not meet the threshold for applying for an Intervention Order or their situation does not meet the residential tenancy requirements). Such clients have no legal pathway available to address elder abuse so are forced to remain living with their abusers. Having a legal pathway that is easily accessible, perhaps through a Tribunal, would assist in lowering the cases of elder abuse in South Australia.
- 8. Recognise the EAU multidisciplinary approach as one example of best practice in responding to elder abuse in South Australia.** As well as demonstrating the prevalence and complexities of elder abuse and highlighting the complex intersection of legal and psychosocial issues in elder abuse, the findings also demonstrate that there are considerable benefits when deploying a multidisciplinary approach to respond to elder abuse. The EAU's lawyer-social worker model provides a more holistic response ensuring that the complex legal and psychological aspects of elder abuse are addressed appropriately and comprehensively. As such, the EAU's multidisciplinary model is an effective example of best practice in tackling elder abuse in the South Australian community. This report recommends that this model be supported and expanded across the State.
- 9. Increase resourcing to the EAU to expand and sustain its important work in the South Australian community.** The work of the EAU is crucial in responding to and preventing elder abuse in South Australia. Since its inception, the EAU has received over 1500 referrals from the South Australian community, but these numbers are only set to increase in line with both an ageing population and global trends that reflect increasing rates of elder abuse. These pressures, along with the increasingly complex nature of cases and the growing number of regional and rural clients have forced the EAU to prioritise direct client referrals over third-party referrals. Greater resourcing is required to address this growth and complexity of referrals.
- 10. Increase research funding for ongoing investigation and further research into elder abuse in South Australia.** This would include incentivising University academics to include elder abuse in research focusing on domestic and family violence and ageing. Although this research has demonstrated that the lawyer-social worker model has contributed to the successful outcomes achieved for many South Australians, there is an opportunity to learn more. There is a need to expand the body of evidence around therapeutic support so that services are better placed in the future to tailor responses.



## References

- Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. *Journal of Elder Abuse & Neglect*, 29(4), 254–269.
- Australian Institute of Family Studies (2019). *Elder Abuse: Key issues and emerging evidence*, Child Family Community Australia paper no 51. Victoria, Australia.
- 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.
- Bows, H. (2016). Domestic Violence Against Older Women: Understanding the Nature and Extent of Domestic Violence in Later Life. *British Journal of Criminology*, 58(1), 1–18.
- Burnes, D., Pillemer, K., Riffin, C., & Lachs, M. S. (2017). Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *The Gerontologist*, 56(Suppl 2), S194-S205.
- Burnes, D., Acierno, R., & Hernandez-Tejada, M. (2021). Help-Seeking Among Victims of Elder Abuse: Findings from the National Elder Mistreatment Study. *The Gerontologist*, 61(6), 994–1001.
- Clarke, V. and Braun, V. (2017). Thematic Analysis. *The Journal of Positive Psychology*, 12(3), 297–298.
- DeLiema, M., Yonashiro-Cho, J., Gassoumis, Z. D., Yon, Y., & Conrad, K. (2018). Using latent class analysis to identify profiles of elder abuse perpetrators. *The Journals of Gerontology, Series B*, 73(5), e49–e58.
- Jackson, S. L., & Hafemeister, T. L. (2021). Risk Factors Associated with Elder Abuse: The Importance of Differentiating by Type of Maltreatment. *Violence and Victims*, 36(1), 3–25.
- Johnson, I. M., & Luthra, R. (2020). “Elder Abuse: Understanding the Dynamics.” In Dong, X. (Ed.), *Elder Abuse: Research, Practice and Policy* (pp. 317–342). Springer.
- Lachs, M. S., & Pillemer, K. (2015). Elder abuse. *The New England Journal of Medicine*, 373(20), 1947–1956.
- McGarry, J., Simpson, C., & Hinsliff-Smith, K. (2016). “The impact of domestic abuse for older women: a review of the literature.” *Health & Social Care in the Community*, 25(5), 1340–1351.
- Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *The Gerontologist*, 56(Suppl 2), S194-S205.
- Rabiner, D., O’Keeffe, J., & Brown, D. (2021). Financial exploitation of older adults: Implications for future research and policy. *Journal of Elder Abuse & Neglect*. 33(4), 321–342.
- Rubin, A and Babbie, E.R. (2016). *Essential Research Methods for Social Work*, 9th Edition. Cengage Learning.
- South Australian Law Reform Institute (SALRI) (2020) <https://law.adelaide.edu.au/ua/media/1572/POA%20Report%20FINAL%20-%2012%20Jan%202021.pdf>
- Stake, R. E. (1995). *The Art of Case Study Research*. Sage Publications.
- Storey JE. (2020). Risk Factors for Elder Abuse and Neglect: A Review of the Literature. *Aggression and Violent Behaviour*. 50, 101339.
- Wendt, S., Bagshaw, D., Zannettino, L. and Adams, V (2015). Financial abuse of older people: A case study, *International Social Work*. 58(2), 287–296.
- Yin, R. K. (2018). *Case study research and applications: Design and methods*. Sage.
- Yon, Y., Ramiro-Gonzalez, M., Mikton, C. R., Huber, M., & Sethi, D. (2018). The prevalence of elder abuse in institutional settings: A systematic review and meta-analysis. *European Journal of Public Health*. 29(1), 58–67.

