Financial abuse of elders: a review of the evidence

Protecting Elders’ Assets Study

June 2009

Produced for State Trustees by:
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The report was written by Dr Georgia Lowndes, Professor Peteris Darzins, Dr Jo Wainer, Ms Kei Owada and Ms Tijana Mihaljcic.


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<th>Full Form</th>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ACAS</td>
<td>Aged Care Assessment Service</td>
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<td>ACAT</td>
<td>Aged Care Assessment Teams</td>
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<td>AIC</td>
<td>Australian Institute of Criminology</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>ANPEA</td>
<td>Australian Network for the Prevention of Elder Abuse</td>
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<td>APATT</td>
<td>Aged Psychiatry Assessment and Treatment Teams</td>
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<td>APMHT</td>
<td>Aged Persons Mental Health Teams</td>
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<td>APEA:WA</td>
<td>Alliance for the Prevention of Elder Abuse: Western Australia</td>
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<td>APS</td>
<td>Adult Protective Services</td>
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<td>ARAS</td>
<td>Aged Rights Advocacy Service</td>
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<tr>
<td>CALD</td>
<td>Culturally And Linguistically Diverse</td>
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<td>CAPC</td>
<td>Community Aged Care Packages</td>
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<td>COTA:WA</td>
<td>Council on the Ageing, Western Australia</td>
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<td>DMM</td>
<td>Daily Money Management</td>
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<td>EAFC</td>
<td>Elder Abuse Forensic Centre</td>
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<td>EAPA</td>
<td>Elder Abuse Prevention Association</td>
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<td>EAPP</td>
<td>Elder Abuse Prevention Project</td>
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<td>EAPU</td>
<td>Queensland Elder Abuse Prevention Unit</td>
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<td>EPA</td>
<td>Enduring Powers of Attorney</td>
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<td>FAST</td>
<td>Financial Abuse Specialist Team</td>
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<td>FIS</td>
<td>Centrelink Financial Information Service</td>
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<td>GBE</td>
<td>Government Business Enterprise</td>
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<td>LIV</td>
<td>Law Institute of Victoria</td>
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<td>LPA</td>
<td>Lasting Powers of Attorney</td>
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<td>LRSE</td>
<td>Legal Research and Services for the Elderly</td>
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<td>OSV</td>
<td>Office of Senior Victorians</td>
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<td>PEAS</td>
<td>Protecting Elders’ Assets Study</td>
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<td>PEAT</td>
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<td>POA</td>
<td>Powers of Attorney</td>
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<td>SCAMS</td>
<td>Senior Citizens Against Marketing Scams</td>
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<td>SRV</td>
<td>Seniors Rights Victoria</td>
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<td>TPA</td>
<td>Theory of Planned Behaviour</td>
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<td>UK</td>
<td>United Kingdom</td>
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<td>US</td>
<td>United States of America</td>
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<td>VCAT</td>
<td>Victorian Civil and Administrative Tribunal</td>
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<td>VLA</td>
<td>Victorian Legal Aid</td>
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<td>VOPA</td>
<td>Victorian Office of the Public Advocate</td>
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<tr>
<td>WANPEA</td>
<td>Western Australia Network for the Prevention of Elder Abuse</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary of evidence review

The 2008 Annual Report of State Trustees defines its core purpose as centred on helping people with their financial needs so they can make the most of their opportunities. This is achieved through the provision of a comprehensive range of Trustee, Executor, and personal financial administration products and services.

Services include Will preparation, Enduring Powers of Attorney (Financial, Medical Treatment and Guardianship), deceased estate administration, trust administration, compensation administration, genealogical services, legal, taxation and financial planning services and personal administration services.

State Trustees has been operating since 1939, when they were originally established as the Public Trust Office of Victoria. They became a state owned company on 1 July, 1994 under the State Trustees (State Owned Company) Act 1994. It was the first Government Business Enterprise (GBE) in Victoria to gain full company status.

Consistent with its mission, to be known for outstanding service to clients, State Trustees has initiated a long-term research project into financial elder abuse with the aim of providing greater support for elders. They have engaged the Monash University Institute of Health Services Research to carry out this project. This literature review is the first of the projects in the research program called Protecting Elders’ Assets Study (PEAS).

The purpose

A literature review is a summary of what has been written about a topic. The purpose of is to provide a summary of a topic so that further work can build on what is already known; it is not to argue for or against the merits of particular propositions or positions that various authors may have made. Typically, for people quite knowledgeable about a particular topic, literature reviews confirm their knowledge and provide confidence that there is no major body of work on the topic of which they are unaware.

This Review starts with an examination of possible definitions of financial elder abuse. It provides a summary of what is known about incidence and prevalence of abuse and about victims and abusers. It identifies agencies that have been engaged in ameliorating the effects of financial elder abuse and summarises formal policy and legislative responses around the world, focussing on what has been done in Australia. Specific interventions are identified and the evidence for their effectiveness is assessed. The Review concludes with consideration of the next steps that will take this work forward.

The problem

The World Health Organisation (WHO) defines financial elder abuse as ‘The illegal or improper exploitation or use of funds or other resources of the older person’. This definition includes a wide range of possible situations, from deliberate theft to inadvertent mismanagement. It does not clearly define what is improper exploitation. The differences between deliberate theft and inadvertent mismanagement are so large that it is difficult to operationalise the definition. A logical next step in dealing with financial elder abuse, both to describe it so that it could be better understood, and to design interventions to combat it, is to identify a matrix of abuse. This would allow a targeting of discreet, better defined, types of financial elder abuse for research and intervention.

Some 0.5 per cent to 5 per cent of older Australians have experienced financial elder abuse, yet there are no good Victorian data regarding financial elder abuse.

Possible interventions

There does not appear to be any jurisdiction that has satisfactorily addressed the problems posed by financial elder abuse. Five types of interventions have been proposed or implemented around the world. They are listed below.

1. Education and public awareness campaigns are frequently recommended as strategies for the prevention and amelioration of financial elder abuse. Evaluation of these interventions is required. The ‘Victorian Government Elder Abuse Prevention Strategic Implementation Plan 2006–09’ focuses on education rather than on deterrence with legal sanctions or restitution by legal remedies.

Community awareness campaigns have increased the number of calls made to elder abuse helplines without there being evidence of overall reduction in abuse.

Prevention programs that provide people with information about financial management have been recommended. This type of intervention has not been adequately evaluated. The socially isolated people who are emotionally or practically dependent upon others and often have cognitive impairment, who are the prime victims of financial elder abuse, may be unable to benefit from information or education programs.

2. Community-based multidisciplinary teams can investigate and manage financial elder abuse. Their effectiveness has not been established although there is face-validity for the concept. Improving the skills of health professionals, police, residential care workers, solicitors and bank staff to detect and report suspected cases of abuse has been advocated, and trialled in some jurisdictions.

3. The management of older people’s financial affairs by independent workers could prevent financial elder abuse, although there are practical difficulties and effectiveness has not been established. Optimal financial management may help prevent financial abuse in some settings.

4. There is some evidence that most Enduring Powers of Attorney (EPA) work satisfactorily, although they also provide a ready mechanism for attorneys to financially abuse the donors. Registration and supervision of EPAs may avert financial abuse. Issues of cost and compliance would need to be solved. Registration may lead to perverse outcomes, such as driving people to use informal, unregulated approaches, which would increase rather than decrease the occurrence of financial elder abuse.

5. Mandatory reporting of financial elder abuse is intuitively appealing, but is practically difficult, and is possibly harmful. There is no good evidence to support mandatory reporting.

Understanding the problem and testing different strategies requires a staged and coordinated approach to implementing change, and sound research to evaluate the effectiveness of different interventions.

One of the biggest problems detected in the literature is the absence of an operational definition, and of empirical outcome data after the introduction of various strategies. This requires identification of measurable performance indicators that form the basis of pre- and post-intervention comparisons. Unless sound empirical research is conducted to assess the most timely and cost-effective primary prevention and intervention strategies for different segments of the older community, there is a substantial risk of wasting resources through tackling the problem ad-hoc rather than through well considered, evidence-based practices.
An early goal is to establish methods for determining how it will be possible to know if any intervention has been effective in reducing financial abuse of elders in the community. There is a critical need to clearly define and operationalise the term ‘financial elder abuse’.

Summary
The issue of financial elder abuse is important and quantification of the size of the problem in Victoria remains to be undertaken.

Many approaches have been advocated for preventing or detecting and ameliorating financial elder abuse. There is a dearth of evidence about the effectiveness of these interventions. This may be due to a lack of evidence of effectiveness rather than a lack of effectiveness. Interventions may be effective and this is yet to be demonstrated. Paradoxically, some interventions may be harmful. The extent of state monitoring of citizen’s activities to provide protection is a policy decision.

Optimal protection of elders’ assets is likely to require a number of approaches. Further research to describe the nature, and to quantify the size, of the problem of financial elder abuse is needed to guide interventions, which then need to be evaluated. A matrix of the elements that make up the term ‘financial elder abuse’ will support research and policy development.

Expanded executive summary
In 2004 people aged 65 years and over made up 13 per cent of Australia’s population. This proportion is projected to increase to 26 per cent by 2051. There were nearly 300,000 people aged 85 years and over in Australia in 2004, making up 1.5 per cent of the population. This group is projected to grow, to 2 per cent to 3 per cent by 2021 (Australian Bureau of Statistics, 2007). How we look after older people is already the single biggest health issue facing Australia in the 21st century.

A Monash University research team has been engaged by State Trustees in a program to explore the issue of financial elder abuse and how it can be combated. This initiative will provide an evidence base to support State Trustees in their mission to promote ethical financial management and protect older people from financial exploitation and abuse of their financial assets. The review of the evidence is the first of the projects in the research program called Protecting Elders’ Assets Study.

The problem

No satisfactory definition of financial elder abuse
There is no satisfactory definition of financial elder abuse. For the purposes of this review, the definition outlined by the World Health Organisation (World Health Organisation, 2002a) will be adopted. It is commonly used in the literature and provides an international benchmark. According to this definition, financial abuse is, ‘The illegal or improper exploitation or use of funds or other resources of the older person’ (p.127). This includes acts with adverse financial outcomes committed not only by people known to and in a trusting relationship with the victims, but also those perpetrated by strangers and even institutions.

There are difficulties with the definition at the borders of financial abuse. Financial exploitation committed with intent (mens rea), such as through fraud or theft, deprives (older) people of the use of their assets, but this type of activity is not usually considered to be a part of financial elder abuse, rather it is criminal activity. At the other end of the financial elder abuse spectrum the various patterns of unwise or careless behaviours by the alleged abusers and those who are abused blend imperceptibly with what appears to be normal behaviour between people who trust each other. Like some other social constructs, such as sexual harassment and family violence, it is difficult to define clearly what is and what is not financial elder abuse. The challenge is to operationalise the definition.

This difficulty with the definition of financial elder abuse complicates attempts to address it. First, if there is no clear agreement about what constitutes financial elder abuse then it is not possible to determine the extent of the problem. If broad definitions are applied then the problem of financial elder abuse appears to be widespread. If narrow definitions are applied then the problem appears to be much less common. Second, if a broad definition is used then almost normal, financially unwise or careless, behaviours are included together with deliberately criminal behaviours of fraud and theft – this grouping together of quite disparate situations threatens the validity of the definition and can strain the credibility of individuals or organisations that are attempting to study, prevent or ameliorate financial elder abuse. Third, if a narrow definition is used, then some situations would be excluded when there is still an element of financial elder abuse present. Fourth, different families and cultures have different norms regarding what constitutes proper management of finances and assets between generations.

A working definition of financial abuse could include both intended and unintended deprivation of benefit:

- **Intended financial abuse** – the separation of a person from the benefit of their assets for the benefit of another, involving deliberate intention.

- **Unintended financial abuse** – the inadvertent and/or uniformed financial mismanagement or neglect of financial assets which causes the deprivation of benefits to be derived from those assets.

Financial abuse of elders is a social problem with legal and financial implications.

Prevalence and incidence of financial elder abuse
Depending upon definitions used 0.5 per cent to 5 per cent of older Australians have experienced financial elder abuse. These data are in keeping with overseas data. Rates are higher in more vulnerable groups. There are no good Victorian data regarding financial elder abuse.

Impact of financial elder abuse
Financial elder abuse may have a profound effect. Even though the sums of money may be small their relative importance may be great because of some older peoples’ meagre assets. The impact of financial losses may be greater for older people than for younger people as they have neither the time nor the capacity to recover from economic loss. Financial loss may have far-reaching effects on an older person, including forcing major life decisions such as sale of their homes, may cause marked emotional distress and may even be linked to adverse health states. Financial abuse may be just as traumatic as sexual abuse. Research into the psychological impact of financial elder abuse is lacking. Further, if older persons’ assets are no longer available to them to purchase the necessities of life provision of such falls to others and, ultimately, the State.
Conceptual models of financial elder abuse
A model of financial elder abuse has been proposed, but research about its components is limited. The model acknowledges the importance of the attributes of the abused, and their abusers, the relationships between them, and the social systems of the parties. Cultural norms, attitudes and public policy all have potential importance.

Characteristics of victims and abusers
Research has identified key characteristics of both people vulnerable to abuse and those likely to enact abuse. Key features are vulnerability, reduced capacity, dependency and isolation. Financial abuse is most commonly carried out within families, with sons the most prominent perpetrators. Very little research has focussed on protective features for avoiding abuse, although having children who care about you has been identified as protective.

Protection agencies
Various agencies have been identified as having the capacity and scope to contribute to protecting older people from abuse, including financial abuse. These include agencies that deal with vulnerable people, such as the Office of the Public Advocate (OPA), the State Trustees, and the Victorian Civil and Administrative Tribunal (VCAT). Other agencies with a developing role are those that deal with the older population, such as Aged Care Assessment Teams (ACAT) or Services (ACAS); financial institutions such as banks and financial advisers; accountants, lawyers and community legal centres; Centrelink Financial Information Service (FIS); and specific elder abuse prevention organisations such as Seniors Rights Victoria (SRV).

Policy responses
In 2002, the World Health Organisation (World Health Organisation, 2002a) encouraged countries around the world to develop policies and strategies to prevent elder abuse, including financial elder abuse. Countries that have responded with specific legislation and policies include the UK, USA, Canada, South Africa, Israel, Japan, and Australia. Responses have varied from mandatory reporting to integrated service responses, to community awareness and education. Each of the states in Australia has initiated specific responses independently of each other. The Senate Inquiry in 2007 recommended a national response.

Possible interventions
Education about financial management
Prevention programs that provide people with information about financial management have been recommended. It could be expected that the onset of cognitive impairment might negate the benefits of this type of program. Indeed the observation that elders in early retirement experience less financial elder abuse than those in late retirement would fit this notion.

Victorian Government initiative – primarily educational
The approach to elder abuse in Australia is state-based rather than national. The “Victorian Government Elder Abuse Prevention Strategic Implementation Plan 2006–09” (Office of Senior Victorians, 2007b) focuses on:

1. Increasing community awareness, support and information for older people in need of assistance.

2. Supporting communities to promote an environment where older people feel safe and confident and social isolation is addressed.

3. Building the capability of professional groups to prevent and respond to situations of abuse.

4. Improving the effectiveness of service responses.

The principal focus of this strategy is on education, rather than on deterrence with legal sanctions or restitution by legal remedies. Education and public awareness campaigns are among the most frequently recommended strategies for the prevention and amelioration of financial elder abuse. There is, however, little evidence about the benefits of education, which may indicate a lack of evidence rather than a lack of benefit. An obvious challenge is that abused older people often do not report financial abuse due to a fear of losing the support of the abusers, or to protect the abusers from being harshly penalised.

Community awareness campaigns
Community awareness campaigns have increased the number of calls made to elder abuse helplines, presumably due to greater reporting of abuse, without there being evidence of overall reduction in abuse. Various elder abuse helplines have provided those who use them with a high degree of satisfaction, but little is known about their overall effectiveness in reducing abuse.

Community-based multidisciplinary teams
The use of community-based multidisciplinary teams to investigate possible financial elder abuse and to insightfully manage any abuse in ways that preserve the positive aspects of relationships between the abused and their abusers while dealing with the financial abuse has been proposed. This could be through purpose-designed teams or by existing teams that provide other clinical services. In Australia the Aged Care Assessment Teams (ACAT) or various community-based aged-psychiatry services provide this service, but the competing responsibilities of these services to deal with other matters and caseload issues may limit the extent of such services. Their effectiveness in dealing with elder abuse has not been examined.

Training for various professional groups that have contact with older people
Improving the skills of health professionals, police, residential care workers, solicitors and bank staff to detect and report suspected cases of abuse has been advocated. There are practical difficulties with such education, including establishing who would pay for this, what would be included in the curriculum, and to what standard the education would be provided. The available evidence suggests that even with additional knowledge practitioners and financial institution staff may be reluctant to act because of confidentiality issues or because of a lack of conviction that their actions would improve outcomes.

Prevention through optimal financial management
Prevention may have a role, and depends upon people being willing and able to engage in various financial management strategies. Automatic monitoring of financial transactions, as already occurs for credit card expenditures, may have a place, but this system could only work where those who were abused had the confidence and the cognitive ability to understand and to act on suspicious transactions. The likelihood of financial abuse being perpetrated by a trusted friend or family member acting in the role of an enduring power of attorney may be reduced if there is a monitoring system for attorneys. This could require that financial plans developed by attorneys are prospectively submitted for approval and that attorneys are given clear instructions about the basics of financial management such as avoiding the co-mingling of accounts. Auditing of active accounts could deter flagrant financial abuse, but not more subtle abuse.
Daily money managers
The pro-active management of older people’s financial affairs by independent workers who provide this service as a core part of their employment theoretically can prevent financial elder abuse. The overall benefits of such financial management, however, may be limited as the people who are inclined to use management services may not be those at high risk of financial elder abuse. Those who really need this type of service might be least likely to retain the paid or voluntary services of others for daily money management. Social service agencies have traditionally been reluctant to provide such services in part due to insurance issues and concerns about liability.

Enduring powers of attorney
While Enduring Powers of Attorney (EPA) can have practical benefits, the unsupervised use of EPA provides a ready mechanism for attorneys to financially abuse donors of the EPA. Better supervision of EPA may help avert financial abuse. The costs and inconvenience of monitoring may not be justified by any savings and may drive people away from formal management to informal, completely unregulated, approaches.

Mandatory reporting
Mandatory reporting of financial elder abuse by various professional groups is intuitively appealing, but practically difficult. The possibility that reporting may cause more harm than good is a serious concern. Even if financial elder abuse is detected there may be few genuine remedies since the abused might not wish to, or be able to, change the relationships with the abusers. There is insufficient evidence to support the benefit of mandatory reporting of financial elder abuse.

Legal sanctions
There does not appear to be any jurisdiction that has comprehensively or satisfactorily addressed the problems posed by financial elder abuse. Laws exist to protect all members of society against economic crimes. Lesser degrees of financial elder abuse are not well addressed. There are arguments against age-based legislation as this may unfairly stereotype older people. As long as financial elder abuse is primarily a family issue, legal action is not likely to be an effective measure for reducing the problem. Background police checks for convictions for murder, sexual assault and other serious assaults, are required for people who work with older people, but checks for theft, fraud, extortion, robbery or other financial crimes are not required.

Summary
The issue of financial elder abuse appears to be important, and as the population of Australia continues to age is likely to become even more important. When older people are victims of financial elder abuse the consequences can be serious and far-reaching. Quantification of the size of the problem in Victoria has not been done because of a lack of a widely accepted precise definition of financial elder abuse and because there is no systematic method of detecting financial elder abuse, much of which occurs in the privacy of families.

Many approaches have been advocated for preventing or detecting and ameliorating financial elder abuse. There is a dearth of evidence about the effects of the interventions. It is possible that all of the interventions have had some benefit for some people, but the real world effectiveness and the cost-utility of the various interventions has not been established. Paradoxically some interventions may at times be harmful by having serious unintended consequences, primarily by disrupting relationships that, although facilitating ongoing financial elder abuse, provide some benefits to the abused older people.

Ideally any intervention to prevent or to detect and ameliorate financial elder abuse would be inexpensive, effective and cause no harm. Optimal protection of elders’ assets is likely to require a number of linked approaches that are carefully constructed to minimise the risk of unintended negative consequences. Certain approaches are more likely to suit certain groups of people better than others, hence there is likely to be a place for targeted approaches as well as population-wide approaches. Further research to describe the nature and to quantify the size of the problem of financial elder abuse in Victoria is needed to establish a baseline that could be used to guide the implementation of interventions and to estimate the effectiveness and efficiency of any interventions.

There is a broad policy decision to be addressed regarding the extent to which the state monitors activities of citizen’s to protect them from harm.
1. Financial elder abuse

The purpose of this review is to provide the State Trustees and its shareholder with an environmental scan of existing national and international research and published reports on financial elder abuse. The review provides a comprehensive document that readers can draw on to identify effective approaches to ameliorating abuse and to provide justification of why particular ideas or interventions are worthy of further investigation.

The aim of the review is to provide a description of what is known nationally and internationally about best practice in ethical financial management for the elderly. It uses existing data sources to identify the problem, including definitions, prevalence and incidence, impact, characteristics of abusers and victims, protection agencies, and policy responses. Table 1 summarises the findings from this review about what is known about financial elder abuse.

Table 1: What is known about financial elder abuse

<table>
<thead>
<tr>
<th>Finding</th>
<th>Detail of Evidence</th>
<th>Author/source</th>
</tr>
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<tbody>
<tr>
<td>Operationalise definitions</td>
<td>World Health Organisation</td>
<td>(World Health Organisation, 2002a)</td>
</tr>
<tr>
<td>Establish incidence and prevalence</td>
<td>0.5% – 5%</td>
<td>(Procopis, 2007)</td>
</tr>
<tr>
<td>Adverse impact of financial abuse</td>
<td>Depression, psychological harm, declining physical health, fear, lack of trust, poverty</td>
<td>(Kemp and Liao, 2006, Kemp and Mosqueda, 2005, Deem, 2000, Graycar and James, 2000, Choi and Mayer, 2000, Bond et al, 1999)</td>
</tr>
<tr>
<td>Understanding of abuse is culturally specific</td>
<td>Financial abuse is recognised in many countries, less so in Japan</td>
<td>(Daskalopoulos et al, 2007, Daskalopoulos et al, 2006, Mecurico and Nyborn, 2006, Tsukada et al, 2001, Moon and Williams, 1993)</td>
</tr>
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</table>

The review then outlines the evidence for possible interventions.
Growth of the scientific literature describing elder abuse has gained momentum since the late 1980’s. While research and policy development on elder abuse has a strong focus on the particularly emotive forms of abuse, the field has more recently begun to focus more specifically on financial abuse and now contains reports of empirical studies (Cooper et al, 2008, Peri et al, 2008, Helmes and Cuevas, 2007, Titse et al, 2007a, Boldy et al, 2005), discussion of ethical and legal considerations (Nerenberg, 2008, Black, 2008), general reviews of the problem (Kurle and Naughtin, 2008, Black, 2008, Crosby et al, 2008, Erlingsson, 2007), recommendations for detection, intervention, and legislative changes (Gibbs and Mosqueda, 2007, Office of Senior Victorians, 2007a, Office of Senior Victorians, 2007b, Carers NSW, 2006, Kurle and Sadler, 1994), and exploration of the role of different agencies in detecting and managing this highly complex and poorly understood social problem (Chez, 2007, Office of Senior Victorians, 2005a). The number of reviews, reports and empirical research studies on financial elder abuse appears as abundant in the ‘grey’ or non-academic literature as it is in academic peer reviewed journals.

### 2. Definitional issues of financial elder abuse

According to the WHO’s definition, financial abuse is, ‘The illegal or improper exploitation or use of funds or other resources of the older person’ (World Health Organisation, 2002, p.127). This definition includes acts with adverse financial outcomes committed not only by people known to and in a trusting relationship with the victims, but also those perpetrated by strangers and even institutions. Since the release of this definition, there have been many discussions about its scope. In fact the amount of literature devoted to definitional issues almost surpasses any other individual topic discussed in this area. This reflects that operationalising the definition has been a major stumbling block for both researchers and the legal fraternity. The issue becomes pertinent when researchers investigate factors such as prevalence and risk factors for financial elder abuse.

Particular difficulty arises when attempting to operationalise what is meant by ‘improper exploitation or use of funds’. Different families and cultures have vastly different attitudes or norms regarding what constitutes improper use of funds (Moon et al, 2001, Hudson and Carlson, 1998, Anetzberger et al, 1996, Sanchez, 1996, Moon and Williams, 1993). The Australian Institute of Criminology (AIC) suggests that a good test of whether any given situation is abusive is whether or not the conduct was in the older person’s best financial interests (Australian Institute of Criminology, 2006), but this perspective can also be unhelpful, for example when considering gift-giving by older people (to their families or others) or in the support of charities from which there is no direct tangible benefit to the donor. The Victorian Government saliently points out that the width of actions considered as exploitative or improper has implications for determining whether or not financial abuse has occurred, highlighting the importance of this issue (State Government of Victoria, 2006).

Broad definitions, like the WHO’s, encompass a wide variety of behaviours that would in turn lead to high prevalence statistics. Other less encompassing definitions would lead to identification of less common but more serious forms of abuse, negating the personal and subjective experience of being abused by a trusted person.

### Table 2: Common example of illegal or improper use of an older person’s funds/resources

<table>
<thead>
<tr>
<th>Behaviour</th>
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<tbody>
<tr>
<td>Theft</td>
</tr>
<tr>
<td>Misappropriation or misuse of money, property, assets.</td>
</tr>
<tr>
<td>Exerting undue influence to give away assets or gifts.</td>
</tr>
<tr>
<td>Putting undue pressure on the older person to accept lower-cost/lower-quality services in order to preserve more financial resources to be passed to beneficiaries on death.</td>
</tr>
<tr>
<td>Carrying out unnecessary work and/or overcharging for services.</td>
</tr>
<tr>
<td>Misuse of powers of attorney.</td>
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<tr>
<td>Denial to access funds.</td>
</tr>
<tr>
<td>Failure to repay loans.</td>
</tr>
<tr>
<td>Living with the older person and refusing to contribute money for expenses.</td>
</tr>
<tr>
<td>Forging or forcing an older persons signature.</td>
</tr>
<tr>
<td>Promising long-term care in exchange for money or property and then not providing the promised care.</td>
</tr>
<tr>
<td>Getting an older person to sign a will, contract or power of attorney through deception, coercion or undue influence.</td>
</tr>
<tr>
<td>Abusing joint signatory authority on a blank form.</td>
</tr>
<tr>
<td>Getting an older person to be a guarantor for a loan where the benefit of the loan is for someone else without sufficient information or knowledge to make an informed decision.</td>
</tr>
</tbody>
</table>
Defining financial elder abuse is further complicated by the definition of an ‘elder’ or ‘older person’. Within most research, an older person is defined as an individual aged either 60 or 65 years and over. However, there are many individual differences when it comes to aging, and people over 60–65 years are not necessarily more vulnerable to abuse than younger people (Australian Institute of Criminology, 2006). The development of laws or policies aimed specifically at the older community raises issues of paternalism, discrimination and categorisation of the elderly as having special needs (Barr, 2007). Furthermore, within the Indigenous population the life expectancy is 20 years lower than other segments of the population and people who would be considered middle aged in non-Indigenous society might be considered elderly in Indigenous Australian society (Marshall, 2004).

Failure to establish a clear definition of elder abuse will continue to result in ongoing difficulties for researchers and legislators. The lack of an adequate definition prevents direct comparisons of different research studies because there is not a comparison of like with like. The lack of a suitable definition causes difficulties for the study of prevalence, incidence and risk factors as there is a lack of agreement about what would be included and what would be excluded from consideration. Further, trials of different prevention and intervention techniques cannot be readily compared because they may address different types of financial abuse. The organisation responsible for clarifying the issue is likely to be the WHO in consultation with international leaders in this area. Although the WHO has proposed a definition, it is not uniformly adopted and further work in this area is required. Progress is slow, and there do not appear to be good prospects for prompt resolution.

3. Incidence and prevalence of financial elder abuse

Previous research has not had a uniform approach to determining the incidence and prevalence of elder abuse. Incidence refers to the number of new cases reported during a certain time period, such as annually, whereas prevalence refers to the number of cases within the population at a particular point in time. Studies have used different methodologies for collecting statistics, such as surveys, agency records or telephone helpline activity. One of the limitations of collecting prevalence data is that the number of reported cases will vary according to the method used. For example, when surveying professionals about the number of suspected or known cases of abuse the estimated prevalence may be less than the true prevalence in the general population because individuals who have regular contact with health professionals may be less likely to be abused than individuals who are socially isolated and who have less contact with health professionals. Estimating prevalence from helpline data may underestimate the extent of the problem since contacting a helpline requires the abused elders to have knowledge that they have been abused, to have knowledge of the support via the helpline that is available to them, and the desire, capacity and opportunity to report the abuse. These purely practical requirements could prevent many in the community or who are resident in residential aged-care facilities, or dependent people in their own home, from reporting that they are being abused, hence their episodes and types of abuse would go unnoticed. This is a particular problem as it is precisely the dependent, isolated, mentally, cognitively or physically ill individuals who are at increased risk of abuse. Individuals’ lack of insight that they have indeed been victims of financial abuse also makes estimating the incidence or prevalence of financial abuse fraught with difficulty.

It is widely considered that financial abuse is under-reported by victims and is often only brought to the attention of authorities by health professionals or bank staff (Deem, 2000). Researchers need to consider carefully how their data collection approaches will be received when asking people whether they have or have not ever been financially abused, as this is likely to influence whether people will report abuse.

In 1998, an American Elder Abuse Incidence Study estimated that only one in five cases of elder abuse are reported to authorities (National Centre on Elder Abuse, 1998). Victims may be reluctant to report financial abuse, as it often occurs within the context of a trusting relationship, which frequently involves family members such as adult children, grandchildren or spouses. The elders may not want their family to be penalised or prosecuted (Sklar, 2000) or may feel somehow responsible for the abusers actions (Dessin, 2000). For example, if an adult son who has developed financial difficulties because of alcohol abuse and loss of employment is financially abusing his parents they may feel they are responsible for their son’s excessive alcohol use and financial failures and allow the financial abuse to continue in the hope that this will help their son become a success.

Elders may be dependant on the abusers in order to continue living in the community and therefore may fear institutionalisation if they report the abuse (Rosenman et al, 2006, Dessin, 2000). Some victims of financial abuse fear that they will lose their financial independence if family members decide they are unable to manage their own financial affairs (Deem, 2000), hence they will muddle along in states where they are quite vulnerable to exploitation. Victims of financial abuse are often ‘induced to cooperate in their own exploitation’, indeed the victims may blame themselves for the abuse (Nerenberg, 1999, p.4). Moreover, the victims may be unaware that they are being financially abused (Dessin, 2000, Sklar, 2000), believing that their family is assisting them with managing their assets, when in fact their financial resources are instead being depleted (Sklar, 2000).

In contrast to other forms of abuse, such as emotional abuse or sexual abuse which occur in private and leave few traces, financial abuse is potentially the most detectable form of abuse, because there may be a clear trail of financial transactions through the records of financial institutions that can be followed. Financial abuse is often detected by outsiders who note a lack of the elders’ monetary funds or assets for their care.

3.1 International data

Cooper et al (2008) conducted a systematic review of the literature on the prevalence of elder abuse in different countries. Six studies that sampled the general elder population reported prevalence of financial elder abuse within the ranges of 1.3 per cent and 5 per cent. The studies investigated the prevalence of elder abuse in Korea (2006), Britain (1992), India (2005), Canada (1992), Germany (1996) and Holland (1998). Different prevalence rates were found, which may reflect true differences across countries, but this may also reflect the differences in how financial abuse was defined and measured (Cooper et al, 2008). This is further illustrated in two Canadian studies that reported quite differing prevalence of financial abuse of 6 per cent and 18 per cent (Cooper et al, 2008).

In the US, cases of elder abuse reported to service protection agencies rose by 150 per cent between 1986 and 1996 (National Centre on Elder Abuse, 1998). Early studies on the prevalence of ‘elder abuse’ in broad terms found rates between 1 per cent and 10 per cent depending on the definitions used and the populations studied (Thomas, 2000). Wolf et al (2000) suggest that prevalence rates may be lower in research surveying healthy elderly people compared to when frail or institutionalised elderly are included, as studies in these samples tend to provide rates of between
10 per cent and 40 per cent. In a study on various types of elder abuse reported in North Carolina, financial abuse was found to be the most prevalent type of abuse, accounting for 46 per cent of reported cases (Coker and Little, 1997).

In the United Kingdom (UK), O’Keeffe et al. (2007) surveyed 2000 people older than 65 years, excluding those with dementia or in residential care, or those abused by a stranger. Any type of abuse (financial, physical, sexual, neglect and psychological) was reported by 2.6 per cent of the sample. Between 0.5 per cent and 2.5 per cent reported experiencing financial abuse, and 0.7 per cent reported being financially abused by friend, relative or care worker in the past year. Crosby et al. (2008) also found that 0.5 per cent to 2.5 per cent of older people living at home in the UK reported having been financially abused.

In India, prevalence and risk factors for elder abuse were investigated in 400 community dwelling Indians aged over 65 years (Chokkanathan and Lee, 2006). They found a 14 per cent prevalence of abuse, with chronic verbal abuse the most common, followed by financial abuse, physical abuse and then neglect. Of those reporting financial abuse, 80 per cent said their money was taken without their knowledge more than three times in the last year. Women were more likely to experience all forms of abuse than men, except in cases of financial abuse where the ratio was similar for both genders.

In China a recent survey of 412 elders living in a major urban centre revealed that 35 per cent had been the victims of elder abuse, with neglect the most common, followed by financial exploitation (Dong et al., 2008). The authors of this study report that the prevalence may be an underestimate due to the marked reluctance of Chinese people to speak negatively about their own families. Furthermore people with cognitive impairment or frank dementia were excluded from this study. These conditions are associated with high rates of abuse in other cultures, hence, for this reason too it is likely the derived prevalence estimate was an underestimate.

In Japan, an elder abuse Helpline was established in 1996. The most common type of abuse reported was financial (Yamada, 1999). Sons were the most common abusers, followed by daughter-in-laws. In a large study of the rates and risk factors for elder abuse in Japan by Anme et al. (2005) surveys were given to 1,134 frail elderly people living in the community receiving care-related services. Seventy eight surveys were returned. Of these people, 18 per cent reported they had been abused, with emotional/psychological abuse the most common form reported, followed by neglect, and then financial abuse. Multiple forms of abuse were reported by 86 per cent of the respondents.

In two separate studies carried out on the prevalence of elder abuse in care settings in Israel, financial abuse was found to be the second most common form of abuse after emotional/psychological abuse (Katzman and Litwin, 2002; Zoabi, 1994) In the study by Katzman and Litwin (2002), 65 per cent of the 163 older people living in care were subjected to psychological abuse, about 60 per cent were exploited financially, and 47 per cent were abused physically. In the study by Zoabi (1994), 128 professionals working with the aged reported 434 cases of abuse. Of these, 66 per cent of the victims suffered from emotional abuse, 11 per cent from financial exploitation, a similar proportion from neglect, and 3.5 per cent from physical abuse.

3.2 Australian incidence and prevalence data

No national prevalence study for elder abuse has been conducted in Australia so it is difficult to ascertain whether our national figures are similar to or vastly different from international prevalence data. To date, only a small number of state-based incidence or prevalence studies have been completed. Generally, studies in Australia indicate that elder abuse affects between 0.5 per cent to five per cent of people aged over 65 in any year, and these estimates could be much higher given that many cases are thought to go unreported (Kurle et al. 1991).

There is a dearth of research focusing on the prevalence of financial abuse explicitly. Kurle et al. (1997) investigated the prevalence of elder abuse reported in medical records of 5246 patients of four Australian ACAT teams (Rural New South Wales, Perth, Brisbane and Hornsby Ku-ring-gai). The prevalence of elder abuse was 1.2 per cent, and financial abuse was noted in the records of 22 participants indicating a prevalence of 0.41 per cent using this methodology. The following provides a summary of the state-based prevalence research conducted to date, which could be used to extrapolate a national estimate, or which could be used as a starting point from which a national study could commence.

A man spent some time in jail and got to know his jailor and the jailor’s wife. When the jailor died he befriended the wife. After some years, when she had deteriorated cognitively, he took an EPA on the jailor’s wife’s assets, and stripped them.

3.2.1 Western Australia

Boldy et al. (2005, 2002) investigated the prevalence of elder abuse in Western Australia (WA) with a mail-out questionnaire sent to 1017 organisations and 129 General Practitioners asking them to report the number of known and suspected cases of abuse they had encountered in the previous six months. Overall, 340 questionnaires were returned indicating a response rate of approximately 30 per cent. The prevalence of elder abuse was estimated to be 0.58 per cent. Within the study, financial abuse was defined as ‘the illegal or improper exploitation and/or use of funds or other resources’ of people aged over 60 years, and was associated with 51 per cent of the total number of reported cases of elder abuse (81 per cent of known cases of abuse and 21 per cent of suspected cases of abuse). The prevalence of financial elder abuse within the general population was extrapolated as being 0.3 per cent. A 2003 study in WA found that two-thirds of the cases in the elder abuse survey were related to financial abuse (Faye and Sellick, 2003).

3.2.2 New South Wales

Kurle (1992) investigated the prevalence of elder abuse in individuals aged over 65 years, living in the community, who presented to a Community Geriatric Team and Rehabilitation Service in Ku-ring-gai (a local government area located 16 kilometres north of the city of Sydney) between 1990 and 1991 (Kurle et al., 1992). The prevalence of financial abuse within this population was 1.1 per cent. In an investigation of referrals to the Central Coast ACAT in NSW between 1996 and 1997, the prevalence of confirmed cases of elder abuse was 5.4 per cent (Livermore et al., 2001). Financial abuse was associated with 33 per cent of reported cases of abuse of people aged over 65 years (suggesting the prevalence of 1.8 per cent). However, Livermore et al. (2001) acknowledged that their sample had a higher rate of illness and disability than the general aged population. This limits the generalisability of their findings.
3.2.3 South Australia
In 1999, a telephone survey was conducted in South Australia with 1,158 individuals aged over 65 years. Individuals were asked to report any form of abuse they may have experienced since the age of 65 years. Prevalence of any form of abuse was 2.7 per cent, and for financial abuse specifically it was 0.6 per cent in this population (Grande et al, 2003).

3.2.4 Queensland
Calls to the EAPU Helpline between 2006 and 2007 were analysed to determine the prevalence and nature of elder abuse in Queensland (Procopis, 2007). The main presenting problem represented the primary form of abuse, and any additional form of abuse impacting on the situation was categorised as a secondary form of abuse. The study found that financial abuse was the primary form of abuse in 38 per cent of cases. Financial abuse was also one of the most common forms of secondary abuse (Procopis, 2007).

3.2.5 Victoria
In 2005, Cooney (2005) stated that no systematic studies had been conducted on the prevalence of elder abuse in Victoria. A thorough review of the literature did not reveal any empirical research on the prevalence of elder abuse, or more specifically, financial elder abuse in Victoria. The Office of Senior Victorians has stated that funding for research and standardisation of data collection methods across agencies is required to enhance the evidence base of the problem in Victoria (Office of Senior Victorians, 2007a, Office of Senior Victorians, 2007b).

A young man, a pastry cook, aged 35, found he could supplement his income by preying on the elderly. Ultimately he managed to own eight houses. He befriended old women, took them shopping, got them to withdraw cash. One woman had a will which left money to charity, which she changed leaving it to the pastry cook.

4. Impact of financial abuse on the elderly
Statistically, older people are less likely to be victims of criminal activity than are other segments of the population (Australian Institute of Criminology, 2006). However the impact of financial abuse is much greater for older people than younger people as they do not typically have the time or opportunity to recover their financial losses (Crosby et al, 2008, Dessin, 2000, Rabiner et al, 2004). For older people, loss of financial security may be permanent and life-threatening (Australian Institute of Criminology, 2006), and can result in greater dependence on government assistance, and increase the potential costs of care to the community. An Australian study conducted in 1996 found that in New South Wales all types of elder abuse combined increased the costs of services provided to the victims of elder abuse by $311 per person per week, resulting in an estimated additional service cost of $300 million annually for that state (Setterlund, 2001).

Research suggests that elderly victims of financial abuse experience higher levels of psychological distress and depression than their peers, and have a decline in physical health coupled with decreased resources for managing their healthcare (Kemp and Liao, 2006, Choi and Mayer, 2000, Kemp and Mosqueda, 2005). Financial abuse may also lead to ongoing fear, lack of trust, and acute or chronic anxiety (Graycar and James, 2000). Bond et al (1999) reported that financial abuse of older people has far-reaching consequences not only for the victim, but also for unsuspecting family members, resulting in a loss of faith, confidence and trust in all individuals involved in the family.

Empirical research investigating the psychological impact of financial abuse on older people and their families is lacking. Such research is needed to explore and highlight the ongoing and broad effects of financial abuse, which some people may consider a relatively less serious form of elder abuse. Deem (2000) provides a valuable contribution to the literature on the personal impact of financial crime. Like previous researchers, she notes that the victims suffer physical and mental health repercussions, often occurring in a domino like effect. For example, she cites previous research that 20 per cent of victims suffer financial or personal credit problems, 14 per cent report that they had suffered health or emotional problems directly related to their victimisation in the financial crime. Consequences of financial crimes commonly include bankruptcy, having to sell one’s home and/or business, the loss of retirement funds, and loss of independence. Deem writes that victims of fraud (including tele-marketing) say that the financial, emotional, spiritual and physical impact of the crime can be as severe as that of a violent crime. Until recently, victims of financial crime have received little support in comparison to those of other types of crimes (eg victim assistance programs). Similarly, Nerenberg (2008) emphasised that there is a lack of services for victims of financial crimes and abuse to help victims reduce their risk, recover assets, or treat trauma.

She outlines the services that victims of financial abuse and crimes may require in Table 3 below.

Table 3: Services that victims of financial abuse and crimes may need (Nerenberg, 2008, p.222)

<table>
<thead>
<tr>
<th>Court advocacy</th>
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<tbody>
<tr>
<td>Restitution advocacy and assistance filing for victim compensation.</td>
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<tr>
<td>Counselling, support groups, or coaching to help victims overcome the trauma of financial abuse and resist the advances of other financial predators.</td>
</tr>
<tr>
<td>Capacity and undue influence assessments.</td>
</tr>
<tr>
<td>Private investigators or asset investigators to track down offenders and stolen assets.</td>
</tr>
<tr>
<td>Crisis intervention, including emergency shelter for those who have lost homes or been evicted from apartments, emergency funds for food and other basic necessities, and crisis counselling.</td>
</tr>
<tr>
<td>Support services, including help setting up new bank accounts, finding alternative housing (for those who have lost homes as a result of abuse), addressing problems with creditors, finding trustworthy attendants, and applying for public benefits.</td>
</tr>
<tr>
<td>Legal assistance to void contracts, to recover misappropriated assets and property, and to annul bogus marriages or adult adoptions. Legal services to address new and complex forms of financial abuse including predatory lending, identity theft, and mass-marketing fraud.</td>
</tr>
</tbody>
</table>
5. Conceptual models of financial elder abuse

The development of models that can faithfully reflect the often complex interactions between individual and societal factors that influence the occurrence of financial elder abuse could improve understanding of the context in which financial elder abuse occurs. For example, a better understanding of risk factors and protective factors could lead to the development of more effective prevention and intervention strategies. This review of the literature found two comprehensive models of elder abuse. The first model proposed by Schiamberg and Gans (2000) describes general elder abuse by their adult children incorporating the factors of time, the individual and the environment. Time refers to the changes that occur across parents’ and childrens’ lifespans, such as expectations of caregiving and significant life events or transitions. This can be pertinent to the understanding or assessment of all types of elder abuse. In this model the individual and environmental factors implicated in the occurrence of elder abuse include the attributes of the victims and the abusers, the relationships between the victim and abuser, and the formal support systems of the victims and the abusers (Schiamberg and Gans, 2000). Cultural norms, attitudes, and public policy are also factors thought to influence the likelihood that an adult child might abuse a parent (Schiamberg and Gans, 2000).

Others have also noted that while the circumstances surrounding financial elder abuse are different in each case, it is important to note among the characteristics of the situation the relationships between the abusers and the victims (Wilber and Reynolds, 1996). A model proposed by Rabiner et al (2004) takes these factors into account. The model is highly interconnected and involves multiple processes and relationships between and across settings (see Figure 2). The model includes two levels; microlevel/microprocesses and macrolevel/macroprocesses. The microprocesses are the factors which are associated with the risk of financial abuse within the immediate environment of the elder, which include relationships, individual attributes and social networks. The macroprocesses are embedded in cultural and social norms, legislation and policy. The model in Figure 2 does not consider changes across time within the framework. The model specifically aims to address financial abuse. Rabiner et al (2004) acknowledge that due to the lack of research regarding the factors and relationships within the macrolevel, further research is required to refine the model.

Figure 2: Financial elder abuse Model from Rabiner et al (2004)
6. Characteristics of victims and abusers and other risk factors

6.1 Characteristics of victims

The attributes of elders which make them vulnerable to financial abuse include cognitive, physical or sensory impairment (Wilber and Reynold, 1996). Research on the susceptibility to abuse of the different sexes has produced differing results, with several researchers reporting that females are at greater risk (Hafemeister, 2003, Malks et al, 2003, Choi and Mayer, 2000, Tueth, 2000, Bond et al, 1999) whereas one study reported males were at greater risk (Comijs et al, 1998). In the Western Australia prevalence study on elder abuse by Procopis (2007), two thirds of callers to their helpline during 2006–2007 were women. See Figure 3 below for the gender breakdown across different age groups. Other factors include social isolation, loneliness, widowhood, and dependency on the abuser (Hafemeister, 2003, Quinn, 2000, Bond et al, 1999, Comijs et al, 1998, Wilber and Reynold, 1996).

Figure 3: Age and gender of abused person from Procopis (2007)

Procopis (2007) also explored a range of psychological, environmental, financial and physical health risk factors for abuse and presented the results in Figure 4 (see below). While many victims did not have risk factors falling into each category, the figure demonstrates that within each category there are a number of specific risk factors making older people particularly vulnerable. For example, they found that for ‘environmental risk factors’, being isolated was the most significant risk factor. For ‘financial risk factors’, being dependent upon other people was the most significant risk factor. They also explored the impact of age on risk of abuse and found that older people (80 years +) were more likely to be the victim of all forms of abuse than younger people (60–79 years).

In the 1996 ‘National Incidence Elder Abuse Study’ conducted in the US by Tatara et al (1998), data were collected across the US in 15 states, from 2 primary sources, (1) reports from the local Adult Protective Services (APS) agency responsible for receiving and investigating reports within the state country targeted, and (2) reports from specially trained individuals in a variety of community agencies who had frequent contact with older people. Key findings on the risk factors for elder abuse in domestic settings were: female elders are abused at a higher rate than males, even after accounting for their larger proportion in the aging population. Like Procopis (2007), they also found that the oldest elders (80 years and over) are abused and neglected at two to three times their proportion of the elderly population. In almost 90 per cent of cases the elder abuse and neglect incidents were at the hands of someone known to the victim, and two-thirds of the perpetrators were adult children or spouses. Financial/material exploitation was the third most frequent type of abuse involving 30.2 per cent of victims.

A large study in the UK by O’Keefe et al (2007) found that risk factors for financial abuse included living alone, being in receipt of services, being in bad or very bad health, being an older man, a women who is divorced or separated, and being lonely.

Disability is an additional risk factor. Aging and disability alone do not automatically lead to elder abuse, however the increased vulnerability and dependence of older people with a disability does put them at higher risk than others in the community. According to data from the Australian Bureau of Statistics (ABS) from 2006, 41 per cent of Australians between age 65 and 69 years were living with a disability, and 92 per cent of those aged 90 and over had disabilities (Australian Bureau of Statistics, 2006). The same ABS figures predict that by the year 2046 more than a quarter of Australia’s population will be 65 years or older (Australian Bureau of Statistics, 2006), and the number of those living with disability will escalate accordingly. The proportion of older people living alone has also increased from around one fifth in 1971 to more than one quarter in 2001 (Human Rights and Equal Opportunity Commission, 2006), potentially leading to more isolation and greater vulnerability of elders in the community.
In recent times Australian society has moved further towards a user pays system of aged-care, where paying more can purchase better care. People are also living longer, however research from the Australian Institute of Health and Welfare (AIHW) suggests that between 1998 and 2003 people did not live out these additional years free of disability, particularly women. This means more years are spent potentially being vulnerable and dependent on others for some degree of support (Australian Institute of Health and Welfare, 2006). Therefore, many older people will either need to rely on family members to provide unpaid informal care, or they will need to pay for care beyond that which is provided from the public purse such as Community Aged Care Packages (CACP). Thus there is a conflict between older people who want to preserve their assets to pay for high quality care and accommodation as they age and become increasingly more disabled and vulnerable, and the expectations of their children who historically have grown up to expect that they will one day inherit their parents assets that have not been depleted through the purchase of needed healthcare.

Peri et al (2008) recently conducted one of the biggest studies of elder abuse in New Zealand. This study was unique in that it explored not only risk factors of abuse but protective factors also. A highlight of this work is first-hand accounts from older people who have been abused or neglected. Risk factors for abuse included isolation, poor physical health, mental incompetency, housing/living arrangements, ongoing partner violence, personal characteristics, personal shame or guilt. Protective factors included an assertive personality, being educated about rights, presence of a supportive family/friends/peer networks, and development of good coping strategies. At the family level numerous risk factors and a protective factor were identified. These are listed in Table 4.

Table 4: Risk and protective factors for elder abuse and neglect at a family level.

<table>
<thead>
<tr>
<th>Risk factors</th>
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<tbody>
<tr>
<td>Family member with mental health issues and/or substance abuse.</td>
</tr>
<tr>
<td>Dysfunctional families.</td>
</tr>
<tr>
<td>Ongoing intimate partner violence.</td>
</tr>
<tr>
<td>Children abusing parents.</td>
</tr>
<tr>
<td>Overburdened families</td>
</tr>
<tr>
<td>– Time constraints</td>
</tr>
<tr>
<td>– Lack of money; and</td>
</tr>
<tr>
<td>– Lack of capacity to cope with caring needs.</td>
</tr>
<tr>
<td>Overbearing families/take total control.</td>
</tr>
<tr>
<td>Family greed.</td>
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<td>Families that are geographically separated.</td>
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<tr>
<td>Suspected sexual abuse by husband, with wife not mentally competent.</td>
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<th>Protective factors</th>
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<td>Children and other relatives who care.</td>
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Ten years ago, a man of Dutch heritage, a veteran of World War II, gave his only relative, a niece, his Enduring Power of Attorney. Subsequently he developed cognitive impairment. He was admitted to a hostel as a concessional resident partly on the basis of her statutory declaration. Several years later the hostel built a sun room that he liked to sit in. The manager asked the niece to buy him a hat and sun glasses. She declined to do so on the basis that he had no money, this despite her having collected his pension for 10 years and paying only 80 per cent to the nursing home. It transpired his niece had sold his property and purchased four penthouse apartments, cashed in his superannuation, and sold his car. She had realised $7million of his assets. Ultimately his money was retrieved by legal action.

6.2 Characteristics of abusers
Perpetrators of financial abuse can be from organised crime groups that target the elderly, nefarious institutions, or be caretakers, friends and relatives (Sklar, 2000). Research has indicated that adult children, grandchildren and other relatives are the most likely perpetrators of financial abuse. The 1998 National Elder Abuse Incidence Study in America estimated that 60 to 90 per cent of perpetrators of reported cases of financial abuse were family members (60.4 per cent adult children, 9.7 per cent relative, 9.2 per cent grandchild, 4.9 per cent spouse). Similar results were found by Choi et al (1999) who found that 60 per cent of reported financial abuse cases involved adult children. Data from Queensland’s EAPU Helpline indicated that adult sons were the perpetrators in 41 per cent of the reported cases of financial abuse and daughters were the perpetrators in 25 per cent of the cases (see Figure 5 below).

Figure 5: Relationship of the alleged abuser to the abused from Procopis (2007)

In the UK study by O’Keefe et al (2007) partners (51 per cent) and other family members (49 per cent) were most commonly reported as perpetrators of abuse overall (see Table 5 below). Neglect and interpersonal abuse was mainly by partners and other family members. A different pattern was observed for financial abuse where the main perpetrators were other family members (54 per cent) and care workers (31 per cent), compared with only 13 per cent for partners.
Family members may be more likely to be perpetrators as they are in close proximity to the vulnerable person, have access to the money and other financial instruments such as cheque books, credit cards, automated teller machine passwords, and may have feelings of entitlement to the money, and believe that the funds they are improperly taking are simply advances on what they will inherit, or that their elderly relatives do not need the money. The factor of entitlement comes up many times in studies of why individuals took money from family members. It seems that the mere fact that people in the community have wills sets up an expectation that assets should and will be handed down to the next generation. There is no recent research on the role of wills in the community, despite the fact that only half the population have a will.

Some three years earlier an older woman had donated an EP0A. Her Attorney had explicit instructions not to deal with her son. The son returned and spoke with his mother and she was persuaded to remove the independent attorney. Her doctor said she had capacity to act. Her son took over EP0A, and took over the funds. He purchased a house in his name with her funds, moved her into a nursing home and 18 months later she died.

6.3 The role of culture and social context in financial elder abuse

According to ABS figures, in 2006, twelve per cent of the total population of older people aged 65 to 74 years came to Australia from Culturally And Linguistically Diverse (CALD) backgrounds (Human Rights and Equal Opportunity Commission, 2006). These CALD backgrounds may influence the patterns of financial elder abuse. There is a lack of empirical research about community and individual factors and attitudes that contribute to financial elder abuse. Attitudes are thought to influence behaviour. A meta-analysis of 41 studies on the attitude-behaviour relation indicated that attitudes account for 27 per cent of variance on behaviour (Glasman and Albarracin, 2006). Furthermore, Azjen’s (1991) widely supported theory, the Theory of Planned Behaviour (TPB), includes attitudes as a predictor of intentions, which in turn influence behaviour (Armitage and Conner, 2001, Azjen, 1991). Hence, since attitudes are one factor influencing behaviour, then attitude change could potentially reduce financial abuse in a number of cases. Further research into attitudes toward financial elder abuse seems warranted.

Research investigating attitudes and perceptions of elder abuse across different cultural backgrounds has found differences across groups. Studies often consisted of scenarios which could be considered financially abusive, and participants from different cultural backgrounds were required to express their attitudes toward the hypothetical situations. For example, Moon and Williams (1993) investigated the role of culture in elders’ perceptions of abuse using 13 scenarios, two of which describe a situation which could be considered financially abusive. The sample consisted of 30 African-American, 30 Korean-American and 30 Caucasian women aged between 60 and 75 years. The results indicated considerable group differences in perception of elder abuse. There were no significant difference between groups when the scenario included a son who sometimes refused the give his mother access to her money. All groups considered that abusive. However, in a scenario where the husband took his wife’s money without her permission, 80 per cent of African-American participants considered it abusive compared to 67 per cent of Caucasian-Americans and 47 per cent Korean-Americans (Moon and Williams, 1993). In a second study, Moon, Tomita and Jung-Kamei (2001) again proposed a range of scenarios, one related to financial abuse. They found that only 50 per cent of Korean Americans considered it financially abusive if a child borrowed money from his parents and did not return the money when asked, whereas 94 per cent of Chinese Americans and 92 per cent of Japanese Americans considered this financially abusive.

Open-ended survey questions which explored community perceptions of general elder abuse in England, Portugal, Greece and Japan indicated that in each country financial abuse was considered a form of elder abuse (Daskalopoulos et al, 2007, Daskalopoulos et al, 2006, Mercurio and Nyborn, 2006, Tsukada et al, 2001). Tsukada, Saito and Tataka (2001) also explored perceptions of elder abuse in a sample of 4,391 Japanese participants aged over 65 years. The authors categorised the range of responses provided by participants and reported that only 13.6 per cent of participants identified financial abuse as a form of elder abuse. Studies on factors contributing to elder abuse in Japan indicate that a sense of entitlement to the parents’ financial resources, which is supported by pre WWII inheritance law where inheritance automatically went to the eldest son, influence the pattern of financial elder abuse. Other factors that contributed to other forms of abuse included stress and poor family relationships, especially between mothers and daughters-in-law whose traditional responsibility it was to look after their husbands’ parents. Interestingly, 64.3 per cent of the alleged abusers were daughters-in-law in a study by Anne et al (2005).

Anetzberger et al (1996) found significant generational differences in perceptions of abuse using two hypothetical scenarios. The results indicated that elders and caregivers had slightly different perceptions of financial abuse and the circumstances in which various behaviours are acceptable. Furthermore, using three case examples, Sanchez (1996) concluded that perceptions of what is considered financial abuse may vary within families depending on community and family expectations (Anetzberger et al, 1996 , Sanchez, 1996).

Many researchers suggested, based on their accumulated knowledge and experience in the area of financial elder abuse, that the abusers’ attitude of entitlement to the elders’ assets is a common motivational factor in financial elder abuse (Rabiner et al, 2004, Tilse et al, 2005a). The abusers may feel that they deserve the victims’ money for providing services (Deszin, 2000), or may consider it acceptable to remove assets from the elders due to the perception that the elders are asset rich (Langan and Means, 1996), or no longer require the use of their assets (Gordon and Brill, 2001).

The abusers attitude of entitlement may be due to the social and culturally prescribed expectation of inheritance. If individuals expect to inherit elders’ assets they may consider various financially abusive behaviours as ways of simply getting their rightful future inheritance (Tilse et al, 2007b, Jayawardena and Liao, 2006, McCawley, 2006, Dessin, 2000). Furthermore, financial abuse of elders may occur when family members attempt to preserve their inheritance by stripping the elders of their assets in order to qualify them for government funded long term care (Tilse et al, 2005b, Lush, 1998). This could result in a loss of

Table 5: Relation of abuser to victim according to type of elder abuse from O’Keeffe et al (2007)
security for the elders and could be considered financially abusive, especially if the elders can no longer access their assets.

A 54 year old wheelchair-bound woman was living in a care home. At his death, her father left her only a little money. Her mother did not know what was going on – she was in a nursing home. The sister had an unsupervised EPA from the mother and controlled everything. There were hundreds of thousands of dollars involved and she had money hidden everywhere. The able sibling had arranged the parents’ finances to minimise benefit to her disabled sibling.

Comparisons between professional and public attitudes toward financial elder abuse indicate that attitudes toward financial elder abuse vary across different social groups. Within two studies, general practitioners and experts rated financial abuse as less severe than did caregivers and general members of the public (Helmes and Cuevas, 2007, Hudson and Carlson, 1998). However, these findings were based on just one item within a modified version of Moon and Williams’ (1993) questionnaire, which describes 10 potential elder abuse scenarios.

6.4 The role of social isolation in elder abuse
Social isolation is well established as a risk factor for abuse (O’Keeffe et al, 2007). This is concerning given the increasing trend in our society to keep older people living in their own homes for as long as possible where they may become quite isolated, rather than living in settings where they may have more community contact and avoid becoming socially isolated. In 2006, approximately 80 per cent of people of 65 years of age who required some form of assistance were in the community either living alone (20 per cent), with a partner (27 per cent), or with adult children (30 per cent) (Australian Bureau of Statistics, 2008). While much has been reported about the complexity of contracts and financial agreements with residential facilities, it has also possible that such institutions may provide residents with protection from abuse through the presence of staff and the informal monitoring of interactions with family members and visitors. Personnel at these facilities are becoming more aware of these issues and may be in a good position to report abuses of power. If the push to keep older and potentially vulnerable people at home is to continue then strategies need to be implemented that can prevent them from becoming isolated and therefore more vulnerable to being abused by those who are supposed to be caring for them.

A neighbour may do the shopping each week, and charge $200 for groceries, even though they only cost $80. At least the dependent person is being visited each week and this provides some counter to social isolation.

6.5 The role of cognitive impairment and mental incapacity
When reported cases of abuse are analysed it has been found that a majority of the victims had cognitive impairment such as results from dementia (Boidy et al, 2005). The rapidly increasing prevalence of dementia in our communities is widely understood. People with cognitive impairment are likely to be in a position where others have reason to be involved with their financial affairs, and are less likely to be aware that abuse is occurring, and also are less able to take steps to prevent or stop it. In such cases the abuse is typically detected and reported by outsiders, such as healthcare workers from ACATs or medical professionals, who have professional contact with the victims because of their cognitive impairment (Boidy et al, 2002).

Although financial abuse of cognitively impaired individuals is reported more often than those without marked cognitive impairment, it does not follow that they are necessarily being abused more often. People with lesser degrees of cognitive impairment may be able to continue to live in the community where their contact with society is limited to contact with their carers, who may become their abusers. This abuse may go undetected because there is limited social contact. People with more profound cognitive impairment are more likely to be in receipt of formal government funded community care packages, or live in residential care facilities, where they may be less likely to be abused. Furthermore, people with more profound cognitive impairment are likely to have had their legal status clarified and protective mechanisms put in place. Where there are no pre-existing Enduring Powers of Attorney (EPA) that could be used, legal determinations that decision-making capacity is lacking are required so that substitute decision-makers can be appointed. In Victoria when the state appoints the substitute decision-makers there is an opportunity to monitor their financial activities. There is no automatic mechanism for monitoring the activities of attorneys who are acting under the powers given to them through EPAs. In Tasmania, a Power of Attorney must be registered before it becomes effective. The document must be lodged with the Recorder of Titles and a fee of $90.50 must be paid (Legal Aid Commission of Tasmania, 2006).

6.6 Interdependence and undue influence
Financial elder abuse often occurs in social situations where it is a final manifestation of long standing patterns of behaviour that are deeply entrenched in families or certain social networks. The following is an example of how long-standing patterns of behaviour with a strong component of inter-dependence may evolve into elder abuse that has both financial abuse and physical abuse elements. It is also an illustration of the difficulty of defining financial elder abuse. It can be difficult to identify at which point financial elder abuse can be said to have started, indeed if a strict definition is taken then this series of events might not even satisfy a definition of financial elder abuse, rather it could be seen as just a series of poor, but legitimate financial decisions.

In a family where the adult son has dominated his parents with respect to financial matters, perhaps because they had limited education, when one of the parents dies, the son may assume even greater control over the remaining parent. This pattern of behaviour may meet the needs of the various members engaged in it. The parents may be relieved that their financial affairs are dealt with and the son may be pleased to do things for them by himself rather than needing to take the time to explain complex matters to his parents. While this may be an entirely satisfactory arrangement for all parties, it establishes a situation where financial elder abuse can readily occur. Were a situation to occur where the son encountered financial difficulties he might be sorely tempted to “borrow” money from his parent, with the intention of repaying the debt when his financial situation improved. In this situation, where he had been unilaterally making financial decisions for his parents for many years, he may not consider informing them of the loan arrangement, nor even feel the need to keep any records. Should his financial situation continue to deteriorate he may need to “borrow” more. If the readily accessible assets had been used, the son may liquidate fixed assets such as the family home, and displace his parent from it so that he could satisfy his needs. Ultimately, were the condition to continue to deteriorate, the unemployed son may need to live with his surviving parent, getting by on a combination of unemployment benefits and the old age pension, with him controlling how these meagre income streams were managed.
If his needs were more important to him than those of his parent then he might favour himself over his parent who might not be provided for as well as might be. The situation may be further compounded if his parent were to require more care than he was able to provide. The son may resist placement of his parent into a residential aged-care facility as then he would no longer have access to part of the old age pension, and he may intimidate his parent about this. His parent may have insight into the predicament and may feel guilt at having failed as a parent in raising a son who is a failure, so may want to continue to help the son. His parent might wish to stay at home, and be totally dependent upon the son to provide care, inadequate though it may be.

When peoples’ free agency is removed and they are induced to do something they would not have wished to do this may be an example of undue influence, which can result in financial elder abuse. At a common-sense level this is an easy concept to understand, but it can be difficult to define the boundary between reasonably influencing others through an appeal to their reason and unduly influencing others by some other method.

There is a rich and detailed legal history of common law cases examining the question of undue influence, particularly as it affects making wills, but also as it affects giving of financial benefits to others in life. A summary of this has been provided by Damien Mullins SC at the Elder Law Conference of the Queensland Law Society in 2008 (Mullins, October 31 2008).

Undue influence is the improper use of a position of superiority to gain a benefit that it would be unconscionable to have. It can be seen that the relationship and the situation of the parties who entered into an agreement must be considered to determine whether the relationship might have been such as to impair the free will or judgment of the weaker party. Aspects that would be considered include the confidence of the two parties, and the degree of influence, control or domination of one by the other. Undue influence can arise when the stronger party actually exerts influence over the weaker party, but it can also arise where the weaker party is influenced in giving a benefit to the stronger party solely on the basis of there being an existing relationship between the parties. Where there has been a benefit conferred upon the stronger party by the weaker party the onus is on the stronger party to show that the conferral of the benefit was due to the free will of the person who gave the benefit and it was not due to the pre-existing relationship. A pre-existing relationship is presumed to exist in certain well-established situations, including patient-physician, client-solicitor, devotee-spiritual leader and child-parent, but this is by no means an exhaustive list. Certainly the prolonged interaction between people as occurs within an extended family, or between care recipients and care-givers – both paid and unpaid – could be seen to be significant relationships in which there may well be important power differentials. In such instances the onus of proof for certain transactions, especially gift giving, would need to be viewed through the ‘lens’ of undue influence. This needs to be factored into any definition of financial elder abuse.

7. Protection agencies

An important consideration in the fight to reduce financial elder abuse in Australia is the existing protective mechanisms or agencies, whether these mechanisms are adequate and effective, and if not, what more can be done to either improve them or to supplement them.

7.1 Legal protection

Currently there is no specific legislation for dealing with financial elder abuse in Australia. Laws exist to protect all members of the community from theft, fraud, and embezzlement. The introduction of additional legislation to provide greater protection for specific segments of the community, such as the ‘elderly’, is fraught with difficulties. All individuals have a right to a legal framework offering optimal protection, but legislation developed specifically for older people risks perpetuating the stereotype that this group is more vulnerable, naive, and dependant than others in the community. In 2007, the Australian government introduced a new law requiring all people working with the elderly to undergo background police checks for convictions of murder, sexual assault, and prison sentences for any form of assault. However, similar police checks are not conducted for theft, fraud, extortion, larceny, blackmail, robbery and other related crimes. People with such convictions are not prevented from working with potentially vulnerable older people. These changes clearly demonstrate the governments’ priority of dealing with less common but more emotive cases of sexual abuse and serious physical abuse than the more common forms of abuse such as financial and psychological abuse that are arguably as psychologically damaging to the victims (Deem, 2000).

There are fewer prosecutions of financial elder abuse than might be expected. A myriad of reasons may be responsible for this, including lack of resources and a reluctance of victims to report the abuse or to initiate civil proceedings. However, increasing reports of financial elder abuse are emerging which may be due to more community education and awareness programs that encourage people to report instances of abuse.

The legal landscape is evolving as evidenced by the Australian Commonwealth Government’s ‘Inquiry into Older People and the Law’ in 2006 (see Slipper, 2007). The increasing interest in the legal needs of older people may be a response to the evidence that is emerging on the long-term adverse psychological and physical health effects of financial abuse (Australian Institute of Criminology, 2006, Kemp and Liao, 2006, Kemp and Mosqueda, 2005, Choi and Mayer, 2000, Graycar and James, 2000, Podnieks, 1992, Pillemer and Prescott, 1989), and the broader societal costs in terms of increased financial dependency on the government for support (Setterlund, 2001).

7.2 Victorian Civil and Administrative Tribunal (VCAT) – guardianship list

The Guardianship and Administration Act (1986)legislates Victorian state-based tribunals that can hear applications and appoint substitute decision makers in order to protect persons aged 18 years or over who, as result of a mental or physical disability, are unable to make reasonable decisions about their person or circumstances or their financial and legal affairs. The appointment of substitute decision-makers is done to protect vulnerable individuals from poor financial management and from being deliberately abused. Administrators appointed by VCAT are required to keep detailed financial records, can be audited annually, and may be legally liable for their actions. In conjunction with the Office of the Public Advocate (OPA), VCAT offers extensive written information and guidelines for Administrators to ensure they comply...
with the requirements of the Act, such as ‘Administration – A Guide for people appointed as administrators under the Guardianship and Administration Act 1986 (Office of Public Advocate, 2008).

7.3 Office of the Public Advocate (OPA)
The Victorian OPA sits within the Department of Justice. It reports to the Victorian Parliament and is independent of the government. It aims to promote and protect the rights and dignity of people with disabilities by providing services such as free advice, investigation, advocacy, and guardianship. OPA can be appointed Guardian by VCAT in cases where persons lacking decision making capacity have no willing or suitable family members or friends available to be substitute decision-makers.

7.4 Public trustees
Public trustees primarily perform the role of a trustee for people who are unable to look after their financial affairs due to mental illness, injury or disability. They also act as executor for deceased estates (State Trustees Limited, 2008). They also provide financial services and products to the community, such as drawing up wills and Enduring Powers of Attorney, trust administration, financial planning, and personal financial administration for people with disabilities (legal or otherwise), when required. The State Trustees of Victoria has been operating since 1939. State Trustees became a state owned company in July, 1994, under the State Trustees (State Owned Company) Act 1994. It was the first Government Business Enterprise (GBE) in Victoria to gain full company status (State Trustees Limited, 2009). The switch to company status was part of the government’s ‘GBE reform program’ to deliver long-term public benefits (State Trustees Limited, 2009). The objective of the program was to make state owned enterprises more efficient by exposing them to competition from the private sector (State Trustees Limited, 2009). Since 1994, the State Trustees of Victoria has evolved from a public service organisation to a competitive, efficient organisation managing finances for more than 9,000 Victorians who are unable to manage their own affairs (State Trustees Limited, 2008, p.14). The State Trustees had 667 active enduring power of attorney documents in 2008 (State Trustees Limited, 2008, p.18) and administered 1500 Deceased Estates.

In its 2007 Annual Report, titled ‘Trust is a People Issue’, the State Trustees of Victoria highlighted the concerning increase of dementia in our community, and its relationship to financial elder abuse. They convey the results of previous research, explaining that in more than 50 per cent of cases of elder abuse, the abusers are family members, and often those who have been previously appointed as attorneys by the victims of the abuse. The report notes the importance of, and their intentions to continue raising awareness about, the issue of financial abuse by EPA holders in the community (State Trustees Limited, 2007).

7.5 Aged-care Assessment Teams or Services (ACAT/ACAS) and Aged Persons Mental Health Teams (APMHT)
Before people can live in residential aged-care facilities or receive government funded in-home community services they must undergo assessments from an ACAT. In Victoria, these teams are referred to as the Aged Care Assessment Service (ACAS). ACAT and ACAS help older people and their carers determine what kind of care will best meet their care needs. The Commonwealth-funded ACAS are usually run through public hospitals or community centres. These multidisciplinary health teams conduct functional, medical and psychological assessments and are well placed to detect those either being abused or at risk of being abused. They can put services in place to help reduce the risk of older persons being abused, remove them from the situation with the persons’ consent, or submit an application for a substitute decision maker through the relevant state-based Guardianship and Administrative Tribunal if the person is at risk of abuse due to reduced decision making capacity as a consequence of a disability. Clients with predominantly psychological healthcare needs can be referred for further evaluation by their sister community care teams, known as Aged Persons Mental Health Teams (APMHT), Aged Psychiatry Assessment and Treatment Teams (APATT) or Psycho-Geriatric Assessment Teams (PGAT). Anyone can request a free assessment by one of these teams, including members of the general public, carers, doctors, social workers, and police.

7.6 Banks and finance sector
Banks have a role in protecting the financial assets of the elderly and other vulnerable members of the community. Nerenberg (2008) identified that employees of banks and financial institutions are often the first to suspect and detect financial abuse. A number of writers have recommended that regular training be established for staff in financial agencies to their raise awareness of the issue of financial abuse, to make staff aware of situations in which older people are at risk, and to better train them to respond appropriately (Black, 2008, Crosby et al, 2008, Boldy et al, 2005, Nerenberg, 2008, Peri et al, 2008, State Government of Victoria, 2006, Office of Public Advocate, 2006, Scott, 2004 , Kaye and Darling, 2000).

Banks have been criticised for being both overly- and under-regulatory towards individuals using POA documents during transactions (Edmonds and Noble, 2008, Peri et al, 2008), and the actions they take in order to protect their customers (Caxton Legal Centre Inc, 2006). However, Australian banks indicate that they have very low numbers of complaints about this issue, and the banking ombudsman has received a small number of complaints in this area (Gilbert, 2007).

Surveys of bank staff reveal they are reluctant to become involved in family financial disputes and even if they are suspicious of financial abuse it is often difficult for them to have sufficient evidence that assets are being stripped without the victims’ knowledge or consent. Hence they may not feel they are able to seek further evidence (Crosby et al, 2008). One recommendation by the sector, already in use in Canada, is for automatic monitoring of activity on bank accounts and permission to alert individuals if unusual transactions occur (Australian Institute of Criminology, 2006). In order to avoid discrimination of the elderly by assuming they need more paternalistic monitoring of their accounts than others, any member of the community could subscribe to such a monitoring system where they are informed of any unusual activity. However, such a system would only work in cases where the victims had cognitive capacity to effectively understand and act on this knowledge, and in cases where the victims were confident enough and able to act on the information. The victims may be in situations where they are reluctant to report the abuse to authorities despite being made aware the abuse is occurring (Office of Senior Victorians, 2005a).

Gibson et al (2008) conducted a study on financial and credit issues for Australians with an emphasis on Victorians. Their study involved interviews with financial counsellors, bankers, legal practitioners and consumer advocates. The key issues addressed included increased marketing of credit products and reverse mortgages, difficulty of older people repaying credit loans, banks offering credit increases without adequate determination of the older persons’ capacity to pay, and the fact that people living in regional areas have less access to technological services such as online banking. Recommendations included providing greater education about managing debt, further training of financial advisors, regulations
on the provision of reverse mortgages and asset stripping, encouraging banks to adequately explore clients’ capacity to repay credit loans before credit is advanced, the provision of free education seminars on internet/phone banking services. Further administrative level recommendations included the provision of additional legal services for older people, the notion that policy and law reformers should consult with older people, that universities should be encouraged to conduct research to understand risk taking and attitudes toward consumer credit to, in turn, understand how and why consumers find themselves in vulnerable financial positions. This report recommended a central national register for financial POAs and random annual audits of the activities carried out by attorneys using the powers vested in them (Gibson et al., 2008).

Edmonds et al. (2008) prepared a report on the challenges faced by the banking and finance sector in Australia in responding to financial elder abuse. The report covered a range of areas including the Banking Code of Practice, National Privacy Laws, Banker-Customer Relationships and Defamation laws. The report proposed 12 key recommendations to stakeholders, including recommendations for law reform and legislative codes for the banking/finance sector to assist it to tackle the issue of financial elder abuse, as well as recommendations to the Australian Banking Association and the Commonwealth government that emphasised the provision of additional funding for projects such as outreach legal services for older Australians and community research and awareness campaigns.

7.7 Accountants/solicitors/legal advisors
In a study by Tilse et al. (2002), legal practitioners were asked to rate their level of knowledge of legal matters relating to issues pertinent to older Australians. Using a survey methodology, 137 legal practitioners in Queensland responded, equating to a 50 per cent response rate. Half of the respondents reported that people over the age of 60 years constituted less than 20 per cent of their clientele. Of those older clients seeking legal advice in the last 6 months, the respondents reported the prominent reason for seeking advice was regarding EPAs (79 per cent). Requests for advice on retirement village contracts (four per cent) and aged-care facility agreements (two per cent) were rarely encountered. Respondents then rated their level of knowledge of relevant legal Acts pertaining to these areas of law (see Figure 6). The self-rated scores of the respondents show they rated their knowledge of POA and Advance Health Directives higher than the Retirement Villages Act and the Aged-care Act (Tilse et al., 2002).

Figure 6: Extent that respondents are knowledgeable in understanding various legal issues relating to older clients, expressed as a proportion of respondents from Tilse et al. (2002)

7.8 Centrelink Financial Information Service (FIS)
The Centrelink Financial Information Service (FIS) has approximately 150 finance officers across the national Centrelink Network. It is a free and confidential service available to all community members. This service provides financial education and information to assist people to make informed decisions about saving and investing for their current and future financial needs, as well as increasing their understanding of their own financial situation, their options, risks associated with different options, and the roles of different financial professionals and organisations. Services can be accessed by telephone, interview, and community seminars. During 2007–2008 Centrelink FIS officers dealt with around 201,000 phone calls and conducted 89,000 interviews, provided 5,800 hours of outreach, and held 1,925 seminars for 90,000 participants (Centrelink, 2008). Included were 562 well-attended seminars on the pension assets test reforms. ‘In September 2007, the FIS delivered a seminar which included its one-millionth participant since the start of the service in 1996. This milestone highlights the continuing success and popularity of the Financial Information Service’ (Centrelink, 2008, p.65).

7.9 Specific elder abuse prevention organisations
Various community support and information services relating to elder abuse are available in the States and Territories. These agencies typically aim to protect the rights of older people to live free from abuse, neglect, violence or exploitation, and are active in generating strategies for prevention, detection, and intervention of elder abuse, as well as policy reform, raising awareness through community education, training of professionals, and supporting research. Many of these organisations rely on funding from multiple sources, including government departments, the business sector, private donations, and internally generated funds. These agencies include:

- Australian Network for the Prevention of Elder Abuse (ANPEA) based in NSW, established in 1997 and reconvened in 2006, funded by a group of interested individuals and organisations;
- Elder Abuse Prevention Unit (EAPU) established in 1997 and based in Queensland, funded by the Department of Communities to provide a state-wide service to respond to the abuse of older people in Queensland and operating under the auspice of Lifeline Brisbane;
- Advocare Incorporated’s Abuse Prevention Program in Western Australia, established in 2001 and funded by the Commonwealth Department of Health and Ageing and the Health Department of Western Australia, as well as the associated Advocare Inc. supported Western Australia Network for the Prevention of Elder Abuse (WANPEA);
- Alliance for the Prevention of Elder Abuse: Western Australia (APEA-WA) was established to promote a whole-of-government policy framework rather than services to individuals in the community and is facilitated by the Department of Health, WA. Their Strategic Plan for 2008–2011 was funded by the Office for Seniors Interests and Carers WA;
- Elder Abuse Prevention Information and Referral Line, established in 2004 in the Australian Capital Territory (ACT), funded by the ACT Office For Ageing;
- Elder Abuse Prevention Association (EAPA), established in 2002 and based in Victoria, this association with national aspirations is funded by community and corporate sponsorship;
8. Formal policy and legislative responses to elder abuse

In 2002, the WHO (2002) encouraged countries around the world to develop policies and strategies to prevent elder abuse, including financial elder abuse, from occurring in ageing societies. A specific recommendation of the WHO was that government and non-government agencies work together with the business sector in their efforts to combat the problem.

Most countries have not introduced specific legislation on elder abuse, as many aspects of abuse are covered under civil or criminal laws, laws pertaining to property, domestic abuse, and mental health. While many people have argued that specific elder abuse legislation would send a strong message to potential perpetrators that elder abuse is unacceptable and would serve as a deterrent, others argue that laws specifically directed toward protecting older people in the community only perpetuates negative and paternalistic attitudes in society about the elders’ lack of ability to make autonomous and independent decisions. This may be perceived as harmful in itself, and may paradoxically increase risk.

Research has shown consistently that many or perhaps even most victims of elder abuse are reluctant or unable to report abuse, and the criminalisation of abuse may only deter people from reporting perpetrators. Family members in particular may be deterred from reporting abuse rather than be encouraged to report, as they would be aware of the harm that casting issues in legal terms may cause for relationships within the family. Furthermore, being involved in legal action is usually expensive and disruptive. The trouble might seem greater than any benefit a legal remedy can bring. As long as elder abuse is seen primarily as a family issue, as the research suggests is the case, legal action is not likely to be an effective measure for reducing the problem. This is particularly the case when the abuse is psychological/emotional, as it may be difficult for victims to provide evidence of the crimes. This is also true of cases where money was extorted through manipulation, threats or deception. Research suggests that whether people report abuse, or not, has more to do with organisational, professional, cultural and ethical issues than whether there is a legal requirement to do so (Peri et al., 2008). Mandatory reporting of elder abuse is only in place in the US, Canada, Israel and South Africa and its effectiveness remains highly contentious. In continents such as Europe, Asia, South America and Africa, policy responses tend to be focused at earlier stages of intervention, such on education, awareness and research rather than on legislation (Sadier, 2006). The following section provides a more detailed summary of the policy and legislative responses to elder abuse by the UK, US, Canada, South Africa, Israel, and Japan.

8.1 United Kingdom (UK)

In the UK, the first major government initiative was the creation of the ‘No Secrets’ policy in 2000, a framework for action within which all responsible agencies were directed to work together to ensure the protection of vulnerable adults at risk of abuse, and to ensure a consistent and effective response occurred in situations where abuse was known or suspected (Department of Health and Home Office, 2000). The policy offers structure and content for the development of local inter-agency policies, procedures and joint protocols, drawing on good practice nationally and locally. For example, it requires all staff working with the elderly to have training to recognise signs of abuse and how to deal with suspected cases.

Buka and Sookhoo (2008) reviewed the UK approach and reported that the interventions currently in place were limited in their effectiveness due to a lack of cohesion and an absence of a specific legal framework (Buka and Sookhoo, 2006). In another review, by Crosby et al. (2008), these authors were also critical of the ‘No Secrets’ policy claiming that it had not been rigorously implemented or enforced, and was therefore failing in its aim to protect vulnerable older people. Crosby et al. (2008) cite Kathryn Stone, the chief executive officer of Voice UK, as stating ‘It might be argued it is not effective because there is no law to support it – we have campaigned for adult protection legislation to raise it to the same status as child protection.’ (Crosby et al., 2008, p.7).

On the basis of submissions from UK groups such as ’Action on Elder Abuse’, legislation has recently come into effect in the UK. The Mental Capacity Act 2005, which came into effect in 2007, includes a new criminal offence for the ill treatment or neglect of persons who lack capacity. It also requires Lasting Powers of Attorney (LPA) to be registered and accompanied by a certificate of mental capacity, and evidence that no undue influence was involved during the appointment. LPAs are to be registered with a new Public Guardian. A new Court of Protection was established to oversee this Act and make final decisions on all capacity related issues.

The Safeguarding Vulnerable Groups Act 2006 is a new vetting scheme to prevent unsuitable people working with children and vulnerable adults. The Fraud Act 2006 introduces new offences of obtaining services dishonestly and of processing, making and supplying articles for use in fraudulent schemes. It provides for a general offence of fraud, committed by false representation, by failing to disclose information and by abuse of position. It applies in situations where the defendant has been put in a privileged position, and by virtue of this position is expected to safeguard another’s financial interests or not act against those interests. However, it is still argued that many sectors of the community, such as police, bank staff, and lawyers are not trained to recognise or manage known or suspected cases of financial abuse (Crosby et al., 2008).

8.2 United States of America (US)

Quinn and Heisler (2004) explain that when elder abuse was first discussed as a social problem in the US in 1976, legislatures responded by passing mandatory reporting laws on the premise that abuse was caused by overly stressed or ignorant caregivers who needed training or care-giving assistance (Quinn and Heisler, 2002).
Dunn (1993) has described how ‘elder abuse’ came onto the political and social agenda in the US in the early 1980s, which resulted in the passing of new titles in the Older Americans Act in 1992. This included Title VII for Prevention of Abuse, Neglect, and Exploitation and Title VII for Vulnerable Elder Rights Protection. In 2000, provisions were added to Title VII to encourage States to foster greater coordination with law enforcement and the courts (US Department of Health and Human Services, 2007). In 2006, new language was added to the Older Americans Act emphasising multi-disciplinary and collaborative approaches to addressing elder mistreatment when developing programs and long-term strategic plans for elder justice activities (US Department of Health and Human Services, 2007). New language in Title VII also expands the options for States and tribal organisations to use some portion of the Title VII allotments for detection, assessment, intervention in, investigation of, and response to elder abuse, neglect, and exploitation, in addition to prevention and treatment (US Department of Health and Human Services, 2007).

Models of abuse in the US began to focus on criminal behaviours akin to domestic violence and fraud (Quinn and Heisler, 2002). As a result, hearings in the US Senate were conducted along with the development of the Elder Justice Act (Quinn and Heisler, 2002). This Act provides a comprehensive program to address elder abuse and neglect at the national level, including coordination of disparate federal, state and local elder abuse prevention efforts, programs to assist victims, grants for education and training of law enforcement sectors, and criminal background checks for elder care employees (Quinn and Heisler, 2002). Koenig and DeGuerre (2005) also reviewed the legal and governmental response to elder abuse in the US, summarising their responses into three categories: (1) legal mandates, (2) criminal laws, and (3) community-based education (Moskowitz, 1998). Table 6 presents various policy and legislative procedures as well as protective services available in areas across the US.

### Table 6: Services offered in various jurisdictions in US: information gathered from Koenig and DeGuerre (2005) and Nerenberg (2008)

<table>
<thead>
<tr>
<th>Services offered in states</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult protective services</td>
<td>Adult protective services are mandated by state laws. They aim to provide a centralised system to receive reports of abuse and neglect; investigate such reports; intervene by providing services to the victims; and deliver services through guardianship to abused elders who are incapable of consenting.</td>
</tr>
<tr>
<td>Mandatory reporting laws</td>
<td>Mandatory reporting laws require a variety of professionals and other statutorily designated individuals to report known or suspected incidents of elder abuse and mistreatment. Reports are typically made to state, regional, or local agencies such as a state’s social service agency. Most statutes designate a time frame within which a report must be made and they vary from state to state: some mandate immediate reporting, others permit reports to be submitted within 10 days. state authorities and agencies designated to receive the reports also vary by state. The failure to comply with reporting requirements is usually punishable as a misdemeanor. Other punishments include imprisonment and fines.</td>
</tr>
<tr>
<td>Guardianship</td>
<td>The States’ adult protective services has a law providing a mechanism for appointments of guardians when elderly individuals are incapable of consenting to necessary assistance.</td>
</tr>
<tr>
<td>The Senior Citizens Against Marketing Scams Act (SCAMS)</td>
<td>A statute designated to protect elders from fraud and offer restitution to victims.</td>
</tr>
<tr>
<td>Other consumer protection statutes used in States (the protection offered by each state varies).</td>
<td>Requirements that telemarketing companies register with the state; Monitoring phone calls during certain time periods; Requiring companies to offer a refund any time a credit card is used over the telephone; and authorising the attorney general to issue an injunction to enforce the statute, seek civil money penalties, and restitution as required.</td>
</tr>
<tr>
<td>The federal mail fraud statute</td>
<td>Perpetrators can financially exploit elderly individuals through mail fraud and fraudulent telemarketing tactics. The federal mail fraud statute addresses such schemes by punishing individuals who use the postal service as a means to obtain money or property through false representations. Punishment may include up to five years imprisonment, a fine, or both.</td>
</tr>
</tbody>
</table>
8.3 Canada

Canada was the first country to introduce legislation for mandatory reporting in cases of suspected or known elder abuse in the province of Newfoundland in 1973 (Podnieks, 2006). However, reports of abuse are directed to social service or health agencies rather than Adult Protective Services as is the case in the US (Peri et al., 2008). In an historical review of elder abuse in Canada, Podnieks (2006) explains that many empirical studies emerged on the issues in the early 1980’s. The pros and cons of mandatory reporting were heavily discussed and research on the extent and types of abuse flourished. In the 1990’s the Canadian government provided six million dollars toward reduction of elder abuse activities and a national prevalence survey was conducted.

Federal, provincial and territory governments are responsible for legislation addressing elder abuse. There are several types of laws available to deal with cases of abuse in Canada. These include (1) family or domestic violence laws – primarily involving issuing of a protection order requiring the abuser to stay away from the victim, (2) criminal laws, (3) adult protection laws, (4) protection for persons in care laws, and (5) adult guardianship laws. In terms of financial abuse, cases are dealt with using different legislation depending on the state or jurisdiction in which the abuse occurred. While many forms of abuse may potentially be covered by clauses within the Criminal Law Act, including theft of property, fraud, and theft by power of attorney, in practice cases of financial elder abuse that are dealt with under this Act are uncommon because the length of the trial process is daunting, victims are reluctant or unable to cooperate with the prosecution process, and the amount of evidence required to obtain a criminal conviction is high. Adult Protection Laws give multi-disciplinary health and social service departments responsibility for responding to abuse and neglect cases that are brought to their attention.

8.4 South Africa

In a review of elder abuse in South Africa, Ferreira and Lindgren (2008) report that the most common types of elder abuse reported in this nation are marginalisation, disrespect, exploitation and violence. They note that protection of the elderly from abuse was first addressed in their Aged Persons Act in 1967. However, this act related primarily to standards of care in residential accommodation. A big change occurred in 1998 when the Act was amended to require mandatory reporting of abuse detected by dentists, medical practitioners, nurses, social workers and other professionals who deal with older people. This Act defined abuse as including maltreatment or the infliction of physical, mental or financial power on an aged person that adversely affects that person (Ferreira and Lindgren, 2008).

An Older Persons Act was passed in late 2006 that focused on the promotion and protection of elder person’s rights, and provision of programs promoting independence and empowerment of older persons. In the 2006 Act, the overarching definition of abuse included physical, sexual, psychological and financial forms of abuse. While this act doubled as a national policy on aging, it included some radical new changes such as the ability for law enforcement officers to physically remove perpetrators from abusive situations, and the introduction of mandatory reporting of abuse by every citizen in the country. According to Ferreira and Lindgren (2008), mandatory reporting laws are not widely known or understood by professionals, and the procedures for reporting require considerable simplification. The authors conclude that development and implementation of more specific formal strategies is required beyond those in place at the national level, so cases of abuse can be redressed appropriately in the contexts in which they occur.

8.5 Israel

In a comprehensive editorial, Lowenstein and Doron (2008) present an overview of research, policy, and legislative changes designed to tackle elder abuse in Israel. Elder abuse became a recognisable social issue in Israel in the late 1980s. Like other studies from around the world, researchers found that most cases of elder abuse were domestic in nature (Lowenstein and Doron, 2008). According to Lowenstein and Doron (2008), major amendments were first made to the Penal Code in Israel in 1989 (Amendment 26), that related to protection of the needs of ‘the helpless’ and although these changes were not designed specifically to address elder abuse at this time, it did address protection of the elderly, along with the young and disabled. The first amendment stipulated that abuse against ‘helpless persons’ was a criminal offence, with definitions of abuse being operationalised. The other amendment was the requirement for mandatory reporting of all cases of abuse by all citizens, on the basis of research showing that most abuse occurred behind closed doors. In 1991, further legislative change was made with the development of the Law for the Prevention of Violence in the Family. This law was mainly preventative and allowed for the removal of perpetrators of abuse from their home to protect victims, and could compel perpetrators to undergo treatment.

In 2002, a major report was released by the Association for Planning and Development Services of the Aged in Israel, called ‘Report of the Committee on the Means Required to Prevent and Deal with Elder Abuse and Neglect’. This report, which came to be known as the Eshel Report, raised the profile of this issue in Israel and was followed by a national survey of the problem in 2005. The results received a lot of media attention. Other major empirical studies ensued and in 2006, the first national conference on elder abuse was held on International Elder Abuse Awareness day and was attended by government ministers and senior officials. Israel signed up to the Madrid International Plan of Action on Ageing (2002), which highlights the importance of raising awareness, professional training, and empowerment in dealing with cases of elder abuse (Madrid International Plan of Action on Ageing, 2002).

Lowenstein and Doron (2008) report that in 2003, a series of internal directives were issued by the Director-General of the Ministry of Health focusing on the identification of abuse within families, including elder abuse and neglect. Although not legislative in nature, the Director-General stated that teams should be established in every medical institution to manage suspected cases of abuse and neglect, and that specialist education and training packages should be developed for health professionals. According to Lowenstein and Doron (2008), despite advances in this field in Israel, there remain significant challenges, particularly for the area of financial abuse and exploitation which is either not covered by the existing laws or only partially covered. Israel has also faced significant organisational challenges in enacting the legislation with authority vested in different government and nongovernmental agencies. This has resulted in ‘fragmented and uncoordinated legal and service responses’ (Lowenstein and Doron, 2008, p.199). A study by Alon in 2004 showed that many social workers in Israel did not report encountered cases of abuse to authorities, preferring to use therapeutic interventions rather than legal mechanisms (Alon, 2004). Lowenstein and Doron (2008) state that further development in this field requires further multidisciplinary collaboration and coordination, particularly between health and welfare sections, at the local and national level. They also raise three primary policy issues that require resolution (1) to what degree should the legal approach be adopted to deal with elder abuse?, (2) What types of professional interventions should be developed and implemented?, and (3) What should be the division of responsibility between the health and welfare service on the one hand, and the police and legal system on the other?
8.6 Japan

Watanabe (2008) summarises the development and introduction of the Elder Abuse Prevention and Caregiver Law in Japan. She explains that in 2002, Japan saw the development of a Study Group on Elder Abuse Prevention established by the ruling Liberal Democratic Party. In 2003, the academic community set up the Japanese Academy for the Prevention of Elder Abuse (JAPEA), and quickly went into action presenting draft legislation to policy makers. Legislative change was supported by the Japanese Bar Association and Academy of Adult Guardianship Laws. In response, the Ministry of Health, Labour and Welfare (MHLW) revised the Long-Term Care Insurance Law and as part of its amendment called for the establishment and funding of a new healthcare system called “Comprehensive Community Care Centres” (CCCC), with one of the major objectives for these Centres being the prevention of elder abuse (Watanabe, 2008).

The first Elder Prevention and Caregiver Support Law was introduced in Japan in 2006. The law defines types of elder abuse (physical, emotional, sexual abuse, neglect, and financial exploitation) and stipulates a reporting system for both domestic and institutional forms of abuse. It does not appropriate any specific budget. Citizens must report domestic elder abuse to the local municipal government if life or health are at risk, and if not at immediate risk, then citizens should still make every effort to report the abuse. In cases of institutional abuse, all personnel must report any cases of abuse by employers or employees to the local municipal government.

Local municipal governments are charged with the responsibility of early detection and early management of abuse cases, with the CCCC playing an important role. The national government has the responsibility of providing assistance to the local governments and funding research, while the prefectural governments (ie similar to state governments) are in charge of assisting the municipal governments and providing training programs for employers and employees of long term care facilities. Operational costs of the core agency, the CCCC, are financed by the long-term care insurance system.

A study was conducted by Nakanishi et al (2009) to examine the progress of municipal governments in dealing with elder abuse. Data were collected by survey, which was sent to 1840 Japanese municipalities. The response rate was 49.8 per cent (917). They found that the introduction of the new laws had increased the implementation of activities related to reporting systems and activities for increasing awareness of elder abuse among service providers. The activities most frequently cited as not being implemented were the establishment of intervention teams and multi-agency networks. All groups reported difficulties carrying out home visits to investigate reported cases of abuse and difficulty intervening in cases where there was resistance to outside support. The authors concluded that further policy development is required to address how intervention teams and multi-agency networks could be established, how to carry out home visits to investigate reports of elder abuse, and how to better intervene in cases resistant to outside support (Nakanishi et al, 2009).

8.8 Australia

In Australia references to elder mistreatment date to 1975, in a report by the Social Welfare Commission, titled ‘Care of the Aged’, but the issue only gained widespread interest in the early 1990s. In Australia, several States have set up systems for dealing with abuse but no national Federal policy has yet been developed. There is a national organisation called the Australian Network for the Prevention of Elder Abuse (ANPEA). The ACT, South Australia and Queensland have funded specialist Statewide information and education services to provide telephone assistance and referral support in dealing with cases of abuse. The services also provide community education as a central point of dissemination of research findings and materials on good practice (Sadler, 2006).

As a direct outcome of an early conference by the Alzheimer’s disease and Related Disorders Society of Victoria in 1986, titled ‘Aged Abuse – Who Cares?’, the Office of the Public Advocate in Victoria was one of a few groups who maintained the interest in the issue by preparing a document titled ‘No Innocent Bystanders’ (Dunn, 1993). A report written by Barron et al. (1990) was one of the earliest research reports on elder abuse by carers in Australian residential aged-care facilities and also in private homes. The report suggested that far more abuse is suspected and/or recognised than is ever formally reported. It highlighted the absence of a clear and commonly accepted definition of elder abuse as hindering efforts towards its prevention and attempted to define and analyse existing mechanisms for detection and intervention (Barron et al., 1990).

The paper also recommended the use of public awareness campaigns to promote the issue. A number of additional state based initiatives emerged during 1990 and 1991 and Dunn (1993) suggests this promulgated a degree of competition between the states for funds.

According to Kurrle and Naughtin (2008), the issue of elder abuse emerged on the national agenda around 1993, when the Minister for Health set up a working party to detail the responsibilities of the national, state and territory governments in preventing elder abuse in the community. The working party included representatives from across the country and from a range of backgrounds. Aged-care Assessment Teams (ACATs) were identified as a key health service that was working within communities and that could identify elder abuse. Recommendations were made by the working party to create guidelines and protocols for these ACAT teams to better address issues of elder abuse (Working Party on the Protection of Frail Older People in the Community, 1994). According to Kurrle and Naughtin (2008), each state and territory began to develop responses and strategies creating a fragmented rather than well organised national approach.

The lack of a national government-lead initiative for tackling the issue of financial elder abuse in the Australian community resulted in the development of a variety of protocols and guidelines regarding the prevention of elder abuse in general, with various degrees of focus on financial abuse specifically. Reports from a multitude of taskforces and alliances and interest groups across the various states have been written almost in parallel drawing on limited government and privately funded financial resources aiming to assist with this cause (Office of Senior Victorians., 2007b, Carers NSW, 2006, Setternlund, 2001). A nationwide systematic approach to the issue, with a strategic government funding plan, supported by the private sector, would be a more efficient way of investigating the issue and testing different prevention and intervention strategies.

In response to growing community concerns, in 2006 the Australian Commonwealth Government funded the House of Representatives, Standing Committee on Legal and Constitutional Affairs to conduct a national inquiry into ‘Older People and the Law’. Given the rapid
growth in the older sector of the community, the aim of the inquiry was to investigate and report on the adequacy of current legislative regimes in addressing the legal needs of older Australians, and to produce a set of key recommendations to ensure adequate services are available to older Australians into the future, in the same way as all other Australians (Slipper, 2007). The inquiry focused on the areas of fraud, financial abuse, general and enduring ‘power of attorney’ provisions, family agreements, barriers to older Australians accessing legal services, and discrimination. The Committee received 157 submissions, 43 supplementary submissions, and 170 exhibits. The submissions were put forward by an array of government agencies, private organisations and also individuals from the general community, including solicitors and healthcare workers. Public hearings were held around the country. A total of 48 recommendations were made to the Attorney-General’s Office and a full report of the inquiry and state recommendations are online at www.aph.gov.au/house/committee/laca/olderpeople/report.htm (Parliament of Australia. House of Representatives, 2007). Many of the individual submissions are also available online at www.aph.gov.au/house/committee/laca/olderpeople/subs.htm (Parliament of Australia. House of Representatives, 2007). A number of the key recommendations from the inquiry had been made in earlier state-based reports. What is urgently required is the implementation of these recommendation, and high quality research to assess their effectiveness for preventing or managing cases of financial abuse.

A review of the work done by each state and territory regarding development of approaches to elder abuse is provided by Kurrle A review of the work done by each state and territory regarding development of approaches to elder abuse is provided by Kurrle (2006). Below is a summary of, the approaches by the various jurisdictions to financial abuse.

8.8.1 Victoria
After the release of the Victorian ‘No Innocent Bystanders Report’ in 1990, limited additional work was done to tackle the problem in Victoria until 2005 (Office of Senior Victorians, 2006, Office of Senior Victorians, 2005b, Procopis, 2007). The Hon Gavin Jennings, Minister for Senior Victorians, established the Elder Abuse Prevention Project (EAPP) to publicly consult and report on current prevention strategies and response arrangements for tackling elder abuse in Victoria. The report ‘Strengthening Victoria’s Response to Elder Abuse’ (Office of Senior Victorians, 2005b) devised 11 key recommendations, covering five broad areas aimed at strengthening the approach to the problem: 1) Provision of community education to raise awareness, 2) Support for communities to feel safe and confident and address social isolation, 3) Building professional knowledge and capability, 4) Improving the effectiveness of service responses, 5) Providing support to older people in need of assistance.

On 20 February 2006, ABC TV’s Lateline program aired a much publicised story of alleged sexual assault of residents of a Victorian nursing home. Lillian Jetter, Director of the Elder Abuse Prevention Association (EAPA) and a former US resident and law enforcement officer, argued that elder abuse can only be prevented by introducing similar mandatory reporting legislation to that used in many US states. The Lateline program received industry acclaim and has since been followed by several similar stories graphically depicting poor standards of personal care and service provision in aged-care facilities across the country. In response to the growing public concern about this issue in 2006 the Federal Minister for Ageing, Santo Santoro, announced a summit of the Aged-care Advisory Committee to explore options for responding to this growing community concern (Sadler, 2006).

On the first World Elder Abuse Day in June 2006, the Victorian government announced that it would support all 11 recommendations emerging from the EAPP’s report by providing $5.9 million funding, as part of the Government’s social policy action plan to protect older people in Victoria from abuse. The Government’s plan was detailed in the report, ‘Supporting the Safety and Dignity of Senior Victorians, Victorian Government response to the report of the Elder Abuse Prevention Project’ (Office of Senior Victorians, 2006). Government resources were to be used for three primary purposes: 1) Community education for aged-care workers, the elderly and their families, 2) Improved access to legal services by funding one specially trained lawyer at each of the state’s 69 community legal centres, 3) Protection of older people by mandating police checks for all aged-care workers, starting with those working in state-owned nursing homes (Westcott, 2006).

To support the development of the community education component, the Department for Victorian Communities held a workshop in December 2006. Questions posed to the selected group included: Who are the stakeholders and client groups requiring this service?, What are the range of outcomes expected for this service and for specific client groups?, What assumptions underpin our view of the outcomes to be achieved and functions of the service? (Office of Senior Victorians, 2007b, Office of Senior Victorians, 2007a).

The Victorian Government approach to financial elder abuse overall has been slightly different to that of other states. Rather than develop or fund a specific organisation, agency or service the government has encouraged a broader role and engaged multiple segments of the community, particularly those working with older people. This approach was based on the Toronto Declaration on the Global Prevention of Elder Abuse (World Health Organisation, 2002b), which advocated for the involvement of multiple sectors of society in the prevention of elder abuse.

In one of the first reports of its kind, the Victorian Government strategy to support the safety and dignity of older Victorians was outlined in the ‘Victorian Government Elder Abuse Prevention Strategic Implementation Plan 2006–09’ (Office of Senior Victorians, 2007b). This reported differed from others in that it included not only a list of objectives, but performance indicators, and in a unique move it assigned specific organisational responsibility for implementing each of the defined strategies. The plan focused on:

1. Increasing community awareness, support and information for older people in need of assistance.
2. Supporting communities to promote an environment where older people feel safe and confident and social isolation is addressed.
3. Building the capability of professional groups to prevent and respond to situations of abuse.
4. Improving the effectiveness of service responses.

The State Government of Victoria’s submission to the Commonwealth inquiry in 2007 put forward a number of preventative and intervention strategies in the areas of fraud, financial abuse, Powers of Attorney and related legal documents, family agreements, access to legal services and discrimination. Details of its submission featured prominently in the Commonwealth Government formal inquiry report prepared by Slipper (2007). The Victorian Government believes that focusing on education and research will alleviate more of the issues in this area than specific legislative reforms (State Government of Victoria, 2006, Slipper, 2007).
8.8.2 Queensland
In 1990 a taskforce was established by the Queensland Council of Carers to begin to address the issue of elder abuse in their state (Kurle et al., 2008). In 1992, the taskforce organised the first conference in Australia devoted to the topic of elder abuse, titled ‘Dignity and Security: The Rights of Older People’. A number of recommendations for the government came from this conference. In 1994, a project on the Abuse of Older People began, funded by the Queensland Department of Family Services and the Office of Ageing. The project recommended a specific unit be formed to address issues regarding elder abuse. In 1997, the EAPU was established to prevent and respond to elder abuse in Queensland. The unit covers metropolitan and regional areas and provides a broad range of community education programs and a helpline for free confidential advice.

In 2000, a Prevention of Elder Abuse Taskforce (PEAT) was established to advise the government on the issue and to provide recommendations for community service groups. In 2004, a Seniors Taskforce was developed and it continued this advocacy role to ensure the issue continues to have governmental attention. In 2006, the Queensland government funded the implementation of legal services specially for older people to help address issues of financial elder abuse in the state.

8.8.3 South Australia
The first major study on the scope and nature of elder abuse in South Australia was published in 1990, commissioned by the Office of the Commissioner on Ageing (Kurle and Naughtin, 2008). In 1992 the Elder Protection Program Committee was established to develop a model for dealing with cases of abuse in South Australia. The program went into effect in 2004 and specific workers were identified to support existing service providers dealing with cases of abuse. Since 2007, this program has been delivered by the Aged Rights Advocacy Service (ARAS) in South Australia. Although ARAS is predominately an advocacy service, it has a specific section devoted to preventing elder abuse, including an advisory website. ARAS assists with cases of abuse once they have been identified, as well as providing a broad range of community education and awareness programs, including information on wills and Power of Attorney (Kurle and Naughtin, 2008). In the ‘South Australia Ageing Plan – 2006’ (South Australian Government, 2006), the government commits to an integrated approach working with a broad range of services, and aged-care facilities.

8.8.4 New South Wales
New South Wales (NSW) was also quick to act on the issue of elder abuse, formally establishing a ‘Taskforce on Abuse of Older People’ in 1991. The taskforce initiated extensive consultation with the community and with service providers as a basis for developing policy and suitable education and training programs. Their formal report was titled ‘The Abuse of Older People in Their Homes’. Like Victoria, NSW did not establish a specific unit or service to deal with issues of elder abuse. Instead, NSW consciously developed an inter-agency protocol with a primary focus on developing and teaching aged-care service providers how to respond to suspected cases of elder abuse. Their formal report was titled ‘Abuse of Older People: An Interagency Protocol’ (New South Wales Advisory Committee on Abuse of Older People, 1996). Like Victoria, the following decade saw an absence of government led programs or initiatives while non-governmental organisations were relatively more active in discussing the issue and developing research and awareness programs. However, around the time of the World Elder Abuse Awareness day in June 2006, the NSW State Government found renewed interest in the issue, and commenced a review of their decade-old ‘Inter-agency Protocol’, at the same time that the Victorian Government announced their six million dollar funding package.

8.8.5 Western Australia
The formal response to elder abuse in WA also commenced around 1992 with the organisation of a conference on elder abuse by the Council on the Ageing, WA (COTA WA). During 1995–1996 COTA WA, with the Office of Seniors Interests and the Public Guardian’s Office, launched a range of response protocols and resource materials relating to the prevention and management of elder abuse for the community, service providers, and policy makers (Kurle and Naughtin, 2008). These documents provided clear response guidelines and were distributed across government and non-government agencies in WA, in addition to specific groups such as the police and General Practitioners. In 1999, the Western Australian Network for the Prevention of Elder Abuse (WANPEA) was established to continue forging important links between governmental and non-government agencies. In 2001, funding was provided to Advocare to establish a nongovernmental agency that could provide leadership in research and program development around the prevention, detection and management of elder abuse issues.

In an effort to continually engage the WA Government with the issue, 2002 saw the establishment of the Alliance of the Prevention of Elder Abuse by the Office of Seniors Interests. The alliance included representatives from police, the aboriginal community, legal aid, the Public Advocate, Public Trustees, and the health sector. They have been active in providing funding for ongoing research on elder abuse in WA, including important introductory work on abuse issues in the aboriginal community and in ethnic minority groups. In 2006, the WA OPA conducted a study on elder abuse in aboriginal communities by consulting directly with community members and aboriginal organisations (Kurle and Naughtin, 2008). In 2006, the alliance also facilitated discussions around the misuse of powers of attorney and they instigated seminars for older people and aged-care service providers, as well as for the banking and finance sector (Kurle and Naughtin, 2008).

8.8.6 Australian Capital Territory, Northern Territory, and Tasmania
The Australian Capital Territory (ACT), Northern Territory (NT) and Tasmania were relatively slow to act on the issue of elder abuse in comparison to the bigger states. In the ACT a taskforce was formed to investigate the issue in 2003. As a result of discussion amongst key stakeholders, in 2004 ACT Health released a resource booklet assisting service providers to manage situations of abuse, titled ‘Meeting the Challenge of Elder Mistreatment’ (ACT Health, 2004). In Tasmania, it was not until 2006 that the Department of Aged and Community Services established a working party on the prevention of elder abuse, with the recommendation that a specific unit or service be developed to tackle this issue. The Aged-care Advisory Service was established, with one of its responsibilities being to develop protocols, and to provide education and training to service providers and the community. There is no formal approach to the detection and management of this issue in Tasmania. Similarly, in the NT, most cases of elder abuse are dealt with by ACAIs. While it is difficult to engage their widely dispersed population in community awareness campaigns, some degree of education has been attempted using resources from NSW (Kurle and Naughtin, 2008).
9. Review of specific prevention and intervention strategies

The implementation of any new preventative or intervention strategy should commence with a review of the existing research on the strategy’s effectiveness, how it was previously implemented and evaluated, and how the strategy compares with other alternative strategy options. A summary of interventions found through this Review and the evidence for their effectiveness is in Table 7 below.

Table 7: Summary of interventions

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Finding</th>
<th>Level of evidence</th>
<th>Author/source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public awareness campaign</td>
<td>Supported by nurses, staff of healthcare and government organisations</td>
<td>(Boldy et al, 2005, World Health Organisation, 2002a)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increases calls to helpline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education of older people</td>
<td>Survey of aged-care staff</td>
<td>(Boldy et al, 2005)</td>
<td></td>
</tr>
<tr>
<td>California’s ‘Face it. It’s a Crime!’ campaign</td>
<td>Evaluation</td>
<td>(Nerenberg, 2008, Matson et al, 2006)</td>
<td></td>
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<tr>
<td></td>
<td>35% increase in reporting rates</td>
<td></td>
<td></td>
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<tr>
<td>Financial Abuse Specialist Team (FAST)</td>
<td>California</td>
<td>(Allen, J.V, 2000)</td>
<td></td>
</tr>
<tr>
<td>Elder Abuse Forensic centre</td>
<td>California, evaluated as effective</td>
<td>(Wiglesworth et al, 2006)</td>
<td></td>
</tr>
<tr>
<td>Helpline</td>
<td>Evaluation showed callers satisfied, QLD</td>
<td>(Office of Senior Victorians, 2005b)</td>
<td></td>
</tr>
<tr>
<td>Daily Money Management</td>
<td>Not evaluated</td>
<td>(Nerenberg, 2008)</td>
<td></td>
</tr>
<tr>
<td>Enduring Powers of Attorney</td>
<td>Elders trust their family and have little knowledge about EPAs</td>
<td>(Setterlund et al, 2002)</td>
<td></td>
</tr>
<tr>
<td>Mandatory reporting of abuse</td>
<td>No evidence it is more effective than voluntary</td>
<td></td>
<td>(Office of Public Advocate, 2007, Elder Abuse Prevention Unit (EAPU), 2005, Mason and Cummins, 1997)</td>
</tr>
<tr>
<td>Family mediation</td>
<td>Similar to Family Court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Register and audit EPAs</td>
<td>Registered in UK and NZ</td>
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This section provides a review of a range of non-legislative prevention and intervention strategies trialled in different countries. One of the key findings from this review was that few strategies have been systematically evaluated to determine their effectiveness, and very few had made attempts to compare the effectiveness of different strategies.
9.1 Education and public awareness campaigns

One of the most frequently recommended strategies for the prevention and management of financial elder abuse is the use of education and public awareness campaigns. These campaigns provide information about the nature and impact of financial abuse, who to contact to report suspected cases of abuse, and the place of preventative asset management practices (Peri et al, 2008, Setterlund et al, 2007, Rabiner et al, 2004, Malks et al, 2003, Choi and Mayer, 2000). However, there is limited research supporting the notion that educating the community about abuse is an effective way of reducing abuse. Research has shown that elders often do not report financial abuse due to a fear of losing social support, and in order to protect the family members who are abusing them from being penalised (Tilse et al, 2005a, 2006b, Dessin, 2000, Sklar, 2000). Therefore educating elders about financial abuse might not be effective because such education does not eliminate the reasons that lead to or perpetuate the elder abuse neither does education eliminate various internal and external barriers to reporting of elder abuse. Education may raise awareness within the community, and encourage carers to re-consider their actions.

In one study in the US on elder abuse generally, Davis and Medina-Ariza (2001) found that only six per cent (684 out of 11,385) of elderly residents in a targeted housing project attended the educational presentations on elder abuse run by the researchers, and the elders showed no measurable increase in knowledge of the issues or available social services after the sessions. However, they found that of the 403 residents making an initial report of abuse to the police, those who attended an education session and who were subsequently visited at home by the police and a healthcare worker reported a substantially higher number of incidences of psychological and physical abuse in the following 12 months to the researchers than those residents who made an initial report of abuse to the police that was followed up only by a home-visit, only with attendance at the public education session, or neither. Although a benefit of this intervention was documented, the elders in this sample confidentially reported more instances of abuse by telephone to the researchers than they did to police. It seems that raising awareness about abuse in the community may lead people to identify they are abused more often, but may only increase their tendency to formally report the abuse to a small extent (Davis and Medina-Ariza, 2001).

Prevention programs that provide seniors with information about asset management have been recommended (Tilse et al, 2005a, Rabiner et al, 2004). Asset management is a complex task, and in a sample of 1259 elders across Australia, Tilse et al (2005a) found that one of the major reasons for elders requiring assistance in managing their assets was a lack of confidence in doing it themselves. Educating members of the community to improve their financial literacy and in turn to improve their confidence in asset management could be a successful preventative strategy (Setterlund et al, 2007, Tilse et al, 2005a). Education of seniors to independently use internet and phone banking services has also been suggested as a possible preventative strategy, especially for those with physical disabilities who find it difficult to travel into the community to complete routine banking activities (Swan, 2007).

In Victoria, the EAPA, SRV, OPA and State Trustees of Victoria deliver training and information workshops to health professionals to increase awareness of financial abuse. There has not been sufficient empirical research conducted on the effectiveness of such interventions, particularly whether or not they affect the incidence and outcomes of financial abuse, to establish their utility in reducing abuse. Educationally based prevention strategies for seniors can only be effective if the seniors have capacity to learn and make their own financial decisions. Similarly education strategies have limited effectiveness for older people who develop a cognitive disability, such as dementia, and lose mental capacity after being exposed to the educational material as they may no longer remember the information or be in a position to act on it.

Procopis (2007) reported that after a variety of community awareness campaigns, the EAPU in Queensland found an increase in the number of calls made to their helplines. However, the research did not explore whether the increased reporting was for one or more specific forms of abuse, such as financial abuse (Procopis, 2007). It is also unknown whether the increased calls were from family members, professionals or victims of the abuse (see Figure 7).

Figure 7: Longitudinal display of number of calls received each month on the EPAU helpline from Procopis (2007)

A plethora of reports have recommended improving the skills of health professionals and community members such as case managers, GPs, police, residential care workers, solicitors and bank staff to improve their ability to detect and report suspected cases of abuse. Research investigating the attitudes of nurses and staff of healthcare and government organisations has indicated general support for public education as a preventative strategy to reduce cases of abuse (Boldy et al, 2005). One of the difficulties however, is establishing who should be responsible for, and fund, such public awareness campaigns.

Boldy et al (2002) found that of 340 professionals working in various aspects of the aged-care sector responding to a survey on elder abuse in Western Australia, the intervention cited as being the most important was more education of health professionals, followed by education of older people to assert and protect their rights, while establishing abuse help lines was rated least important (Boldy et al, 2002).

However, even if as a result of education programs staff know about reporting mechanism they may not report abuse due to beliefs that little can be done, or that it may not be in the best interest of the victim to be isolated from their family (Slipper, 2007). The laws and outcomes of such reporting are unclear and often the abusers hold the victims’ POA making it more difficult for authorities to intervene or reclaim any lost assets after the abuse has been detected.
Kennedy (2005) reported that in the US, where reporting is mandatory in many states, physicians initiate only approximately two per cent of the reported cases of abuse and neglect to Adult Protective Agencies. In a study to assess the experience, knowledge, and attitudes of primary care physicians toward elder abuse in the US, they mailed self-report questionnaires to a random sample of 500 primary care physicians. The overall response rate was 78 per cent. Nearly 72 per cent of those responding reported no exposure or only minimal exposure to elder abuse generally. More than half of the respondents reported that they had never identified a case. More than 60 per cent of professionals indicated they had never asked their elderly patients about abuse. Physicians cited the following reasons for not reporting suspected abuse cases they encountered: victim denial (23 per cent), uncertainty about reporting procedures (21 per cent), uncertainty about reporting laws and resources (10 per cent), and the fact that the abuse involved only subtle signs (44 per cent). The researchers concluded that family physicians need more education about elder mistreatment (Kennedy, 2005).

In Oregon in the US, the Attorney General formed a task force in 1994 to identify the major issues relating to elder abuse and neglect (Kaye and Darling, 2003). The task force identified financial exploitation and focused on the crucial role that banks can play in its prevention. They highlighted training of bank personnel as a key issue when they further discovered the banks were unclear about their rights and liability regarding disclosure of confidential information and that banks were reluctant to report suspected cases of exploitation. Kaye and Darling (2000) evaluated several programmes in Oregon’s efforts to reduce the financial exploitation of older people. One was to develop a multimedia training kit to help bank tellers recognise suspicious transactions and to instruct managers on how and when to contact Adult Protective Services or the police. The kit has been distributed to every bank in Oregon, to each state banking association, adult protective services administrator and attorney general.

California’s ‘Face It. It’s a Crime!’ campaign is a good example of a campaign that targeted communities where awareness was low, as reflected by low reporting rates. Counties where awareness was lowest were given the highest priority and received the most resources. These included television commercials, flyers and brochures that provided a basic overview and definition of financial abuse and advice on how to protect oneself from victimisation. The California Attorney General’s Office hosted community forums and established a toll-free hotline to receive reports and requests for information generated by the campaign. The campaign led to a 35 per cent increase in reporting rates (Matson et al, 2006; Nerenberg, 2008).

9.2 Multidisciplinary teams
Implementation of multidisciplinary teams of professionals to address financial abuse has been widely supported and some states have specific teams or services in place to respond to abuse. ACATs and APMHTs have been identified as important organisations is this respect but whether staff in these teams are educated specially on how to detect abuse and what to do when abuse is suspected is unclear.

Nerenberg (2008) described how multidisciplinary teams provide a forum for professionals from different disciplines and agencies to discuss difficult abuse cases; to learn what services, approaches, and resources are available from other agencies and disciplines; to share information and expertise; to identify and respond to system problems; and to ensure offender accountability. It has been argued that case managers play a critical role in implementing efficient and effective case management through cooperation of the diverse disciplines. It was further suggested that the case manager could provide expert advice on possible solutions to financial abuse by developing networks with a diverse range of professionals. Similarly, Tilsé et al (2007) argued that social workers can play a key role in ensuring that older people are assisted with asset management such as by seeking resources that could assist developing older people’s skills necessary for asset management. However, with increasing clinical caseloads and limited staff and financial resources, many healthcare teams may find it difficult to implement this laudable aim.

Allen (2003) who is a coordinator of Orange County Financial Abuse Specialist Team (FAST) argues that the FAST, which is formed by team members from diverse disciplines, facilitates comprehensive service delivery in responding to financial abuse. The FAST is a partnership of professionals composed of law enforcement and regulatory agencies, medical personnel and financial service personnel, including those with expertise in insurance, banking practices, investments, trusts, estate planning and financial planning. They claim to proactively prevent cases of elder financial exploitation by educating the community about the problem, and training professionals in how to recognise, prevent and resolve financial abuse. The FAST works closely with bank personnel to gather information and secure assets of older persons at risk of exploitation. The team also aims to provide education, for example, mental health specialists train team members to administer assessments to determine if older persons are under undue influence or have diminished capacity. Law enforcement personnel on the team educate bank employees about their legal rights and liabilities in disclosing information to investigators in cases of suspected exploitation (Allen, J.V, 2000).

Kemp (2005) and Wiglesworth et al (2006) argue that in financial elder abuse, some important experts are the professionals who identify, investigate, prosecute, and care for the victims of financial elder abuse: police detectives, district attorneys, Adult Protection Services (APS) workers, victim advocates, and public guardians. By capturing their expertise, and combining it with geriatric medical care experience, cases of abuse can be better evaluated. The University of California, Irvine, Program in Geriatrics implemented the first Elder Abuse Forensic Centre (EAFC) in the United States Orange County in 2003. It is staffed by professionals from a variety of disciplines, including Adult Protective Services social workers, law enforcement agencies, the district attorney’s office, a medical response team, public guardian deputies, ombudsmen, mental health services, a victim advocate, and a domestic violence expert who work cooperatively on cases of elder abuse to investigate evidence, review cases, conduct in-home medical and mental health assessment, and interview victims. An evaluation of the multidisciplinary team at EAFC was conducted by Wiglesworth et al (2006) through case studies and by asking members of the team to report on their performance.

The investigators reported that the survey scores evaluating the efficiency and effectiveness of the collaboration were significantly better than neutral responses. Case studies also showed efficient and effective case management through cooperation of the collaborating agencies. The authors concluded the EAFC contributes to improved outcomes for victims of alleged elder abuse, but were not able to evaluate its cost effectiveness.

9.3 Helpline
Elder Abuse Prevention Unit (EAPU) provides a Queensland-wide service to respond to the abuse of older people. The EAPU operates a business-hours telephone information, support and referral service for anyone experiencing or witnessing the abuse of an older person. The EAPU refers those older persons who
do not have capacity to the adult guardian. In instances where the older persons do have capacity they may be referred to a solicitor or a community legal service. In May 2006, the EAPU conducted a ‘helpline evaluation’. The callers were asked to provide feedback at the end of the call. The evaluation indicated that the older persons who knew about, were able to and did in fact use the helpline rated their experience with the helpline highly (Procopis, 2007).

In Victoria, Senior Rights Victoria (SRV) provides a helpline that is supported by staff and trained volunteers. Callers can ask for information on elder abuse; services that are available to assist in relation to elder abuse; and for referrals to agencies which may include SRV’s own legal practice. This is a new education and legal service to respond to abuse of older people in Victoria that was officially opened in April 2008. There has not been an evaluation of the effectiveness of this intervention.

9.4 Daily Money Management (DMM)
Nerenberg (2008) proposes that ‘the most effective approach is to prevent financial abuse from occurring in the first place’. She proposed that Daily Money Management (DMM) as a preventive intervention could safeguard older people’s assets. DMM assists people who have difficulty managing their personal financial affairs. DMM includes help with simple, routine tasks such as paying bills, preparing cheques for signature, making bank deposits and dispensing cash. This service does not address higher level financial decisions such as how best to structure investments, which remains the domain of accountants and financial advisers. Individuals who provide DMM can include accountants, lawyers and bookkeepers, as well as people without particular financial training such as home care workers, social workers, volunteers, nurses and others. Although the potential of DMM by neutral parties to reduce the risk of abuse has long been acknowledged, social service agencies have traditionally been reluctant to provide this type of service due to concerns about the legal liability of workers and volunteers.

9.5 Power of Attorney (POA) and Enduring Power of Attorney (EPA)
Powers of Attorney (POA) and Enduring Powers of Attorney (EPA) supposedly protect older people from financial abuse by allowing the elder to appoint one or more individuals they trust to manage their assets (Tilse et al, 2005a, Rabiner et al, 2004). Financial POA are legal documents that authorise the nominated persons, the attorneys, to act on behalf of the donors. However, these powers are extinguished once the donors lose capacity. In contrast, financial EPAs endure even after the donors have lost capacity to make their own financial decisions (Tilse et al, 2005b, Tilse et al, 2002, Murray and Jacoby, 2002, Langan and Means, 1996), in order to determine incapacity the person must be deemed unable to make their own financial decisions due to cognitive disability, such as dementia (Bennett and Hallen, 2005). Sufficient evidence of incapacity must be documented to overturn the presumption of capacity. Use of a structured, standardised approach, such as the Six-step Capacity Assessment developed by Darzins and colleagues assures the quality and validity of capacity assessments (Darzins et al, 2000).

Black (2008), a lawyer in the US, recently wrote a pertinent report in the St John’s Law Review warning that current legislation in the US fails to protect older vulnerable people from financial abuse and undue influence carried out by family members and those trusted individuals appointed as EPAs. She notes that the appointment of an EPA is one of the most important decisions an older person can make. She outlines the challenges and limitations to detection and prosecution of abusers when they use the powers given to them in EPAs and suggests a range of strategies for prevention (Black, 2008). The recommendations include the need for federal and state legislatures to enact uniform laws and sanctioning mechanisms.

An EPA allows attorneys, who most often are family members, to make financial decisions on behalf of the donors of the EPA while considering the donors’ best interests (McCawley et al, 2006). Creating EPAs protects people from mismanaging their own finances should they become incapable as their EPAs can take over financial management. Indeed EPAs can be active from the moment they are created or only become active in the event of a condition being met, such as when a loss of capacity has occurred. The presence of EPAs substantially removes the need for formal appointment of Administrators by government agencies such as VCAT. When appointing an EPA, it is assumed that the elder had the capacity to understand the document they were signing and is able to make an informed decision regarding the appropriate person to manage their assets (Langan and Means, 1996). However, a study which investigated elders’ understanding of laws related to substitute decision making through 48 focus groups and 29 interviews, found that elders in Australia had limited knowledge about EPA and POA (Setterlund et al, 2002). The participants were more likely to allow family members to handle their assets informally and reported complete trust that their children would handle their affairs without misconduct. Generally, there appeared to be a lack of knowledge about the potential for attorneys to abuse the power which they are entrusted with. Setterlund et al (2002) suggested that the attitudes expressed in the study highlighted the elders’ vulnerability to fall victim to financial abuse.

Clearly, appointing an EPA does not guarantee safety from financial abuse. Lush (1998) reported that financial abuse occurs in 10 to 15 per cent of cases involving registered EPAs. Prosecution of abusive EPAs is complex as they are somewhat protected by having the legal right to manage the elders’ assets (Lush, 1998). Although EPAs are required to keep accurate records of the transactions they make in this role under state and territory legislation (s. 125D of the Victorian Instruments Act 1958), concern has been expressed repeatedly in the Australian literature that attorneys are not required to produce annual reports or records, and are not subject to any form of regular auditing of records (Langan and Means, 1996, Lush, 1998). This issue represented one of the most highly discussed topics during the 2006 Commonwealth taskforce on Older People and the Law (Slipper, 2007).

The absence of a system for checking whether nominated attorneys are competent to take on the roles of attorney, that they have a full understanding of what may be potentially required of them in the future, is another concern regarding the effectiveness of EPAs as a strategy to prevent financial elder abuse. The potential for relationship conflict is another area where EPAs may cause problems. Even in otherwise good relationships attorneys may become distressed when they, as attorneys, must begin to use the powers they have because the donors can no longer manage their own financial affairs. When donors lack insight into their diminished capacity this can cause conflict. Further attorneys may not know that should they find they are unable to fulfil their roles there are mechanisms for divesting themselves of this role.

9.6 Mandatory reporting
In the US, mandatory, or mandatory reporting, are implemented through state statutes and require professionals and other designated individuals to report reasonably suspected instances of abuse to appropriate state agencies. Failure to report in some jurisdictions is a criminal offence. Furthermore, in the US there has been a trend toward civil liability claims against non-reporting professionals.
In an editorial by Gibbs and Mosqueda (2007), the importance of reporting suspected cases of abuse by general and family physicians is stressed. They claim that in several States mandated reporters are immune from criminal and civil liability, as long as the reports are made in good faith. Reports do not have to be substantiated for this protection. However, physicians may face penalties (eg jail time, fines) for failing to report obvious cases of abuse, and failure to report suspected cases can qualify as negligence or malpractice (Gibbs and Mosqueda, 2007).

Mason (1997) undertook the most detailed Australian examination of mandatory reporting laws for the NSW Government. She concluded that this is no evidence that mandatory reporting systems are more effective than voluntary systems of reporting elder abuse. In 2006, it was widely reported that residents of a Victorian residential aged-care facility had been subjected to abuse by a facility staff member. In response to subsequent public outrage and demand for action, the Australian government amended aged-care legislation enacting compulsory reporting of sexual and serious physical abuse at aged-care facilities, which went into effect in July, 2007. Many people have argued that this legislation is not sufficiently broad and that it should also include the more common forms of abuse such as serious financial abuse.

In the 2006 Commonwealth taskforce on Older People and the Law, mandatory reporting of financial elder abuse was not viewed as a positive strategy by the committee after consideration of various submissions arguing both for and against the legislation. Critics, such as the VOPA (Office of Public Advocate, 2007) argued that there is a lack of evidence supporting its effectiveness, that legal reform would be required to make not reporting abuse a criminal and punishable offence, and mandatory reporting could lead to the relatively few serious cases of abuse being lost amongst thousands of cases where the suspicion of abuse is low. The latter situation reportedly occurred after the introduction of mandatory reporting of child abuse (Office of Public Advocate, 2007).

The EAPU in Australia believe mandatory reporting will have a negligible impact and divert resources away for addressing the issue. They also believe it denies the right for seniors to make their own decisions, reinforcing ageist stereotypes of all older people (Procopis, 2007).

While instances of serious, flagrant and premeditated abuse are certainly criminal, and need to be dealt with through the criminal justice system, more subtle forms of abuse, negligence or poor decision making on the part of the perpetrator may be better resolved within the context of a family mediation meeting, akin to the family mediation that occurs prior to cases going to the Family Court. Family mediation could also be imposed prior to cases being brought to Guardianship and Administrative Boards. This type of intervention could lead to more reporting of abuse as the ‘criminal’ or ‘legal’ outcomes of reporting could be averted and there would be a benefit gained through reporting as this would provide genuine help.

10. Next steps

It is important to understand the problem of financial elder abuse as it occurs within the Australian economic, demographic, cultural and social context. While much can be learned from other nations, it is not the case that interventions implemented in other countries will necessarily be appropriate for Australia. One of the biggest challenges of addressing financial elder abuse is that many interventions, legislative changes, policies and recommendations have been put forward in a reactive response to public concerns without sufficient empirical and theoretical rationale. An adequate understanding of the problem is likely to help determine the best way of dealing with it. There is a substantial risk of wasting time and resources through the inadvertent funding of overlapping community groups, overlapping research projects, or projects with methodological limitations that limit the validity of their findings.

Scientific method produces new knowledge that can provide the evidence for policy in a well-established methodology. This involves creating new knowledge through the following steps:

1. Identify the problem;
2. Collect data;
3. Develop theories;
4. Test theory with data;
5. Develop interventions;
6. Refine interventions;
7. Refine theory; and
8. Evaluate interventions.

The evidence that is required to underpin policy and legislation is still being developed. Data are being gathered in an ad hoc way; theories are being refined, although there is little testing with data, and interventions have not been evaluated.

There is a real risk that some interventions may paradoxically make the situation worse in that they may drive the issue of financial elder abuse further away from public scrutiny. Understanding the problem and testing different strategies requires a staged and coordinated approach to implementing changes, and sound research to evaluate the effectiveness of different interventions. Communication and collaboration between government, non-government agencies and researchers is essential to learn, refine and improve strategies for tackling this complex and multi-faceted problem.

One of the biggest problems detected in the literature is the absence of critical empirical outcome data after the introduction of various strategies. This may be due to the failure of those implementing changes to define measurable benchmarks or performance indicators that form the basis of pre- and post-intervention comparisons. Unless sound empirical research is conducted to assess the most timely and cost-effective primary prevention and intervention strategies for different segments of the older community, there is a substantial risk of wasting resources through tackling the problem ad-hoc rather than through well considered, evidence-based practices. Therefore, an early goal is to establish performance indicators, or methods for determining how it will be possible to know if any intervention has been effective in reducing abuse in the community. There is a critical need to clearly define and operationalise the term ‘financial elder abuse’. This is likely to depend on the context in which it occurs, the age and cultural background of the people involved, and the means used to collect the data.

While much activity has occurred in several Australian states, in Victoria there has been a trend for discussion and recommendations to be made without evidence of effectiveness within a Victorian context. However, Victoria has the benefit of learning from what other states have attempted and can move forward with a more considered and educated approach. The ‘Victorian Government Elder Abuse Prevention Strategic Implementation Plan 2006–09’ has made positive steps in this direction by not only making recommendations but also assigning responsibility to different groups for the implementation of these changes and defining performance indicators.
It is important to establish what the roles of various groups are in any intervention, particularly in terms of health professionals, welfare/social workers, and the legal sector. A lack of communication and coordination between these sectors in particular has commonly led to problems in rolling out management strategies. This may be addressed by more clearly establishing responsibilities and by monitoring whether desired outcomes are achieved through the use of performance indicators.

Across the world, four primary areas have been the focus of prevention/intervention: (1) education and awareness raising in the community and of professional groups to identify and respond to abuse, (2) appointment of financial enduring powers of attorney, (3) establishment of teams to deal with reported cases of abuse, and (4) legislative changes to criminalise the financial and other abuse of older people. A small number of countries have introduced mandatory reporting requirements. A less widely adopted intervention is teaching older people to better protect and manage their finances.

Review of these different strategies reveals that some are preventative, and some more reactive or intervention based. Research is lacking on whether preventive techniques are more beneficial than reactive/intervention based techniques. For example, while large sums of money can be spent on educating people to become more aware that they may become victims of financial abuse, this may not lead them to report the abuse. In contrast, educating persons on how to best manage or protect their finances may allow them to avert being abused in the first place, or may enable them to remove themselves from situations wherein they are at risk of being abused. Future research may reveal that preventative strategies that are applied well before people become older, vulnerable, or cognitively impaired may be more effective than intervention strategies that require victims or others to report the abuse.

Many of the policy and legislative changes regarding financial elder abuse aim to punish abusers as well as deter potential future abusers through fear of being caught and prosecuted. However, research reveals that very few cases of elder abuse are dealt with through the legal system. Victims are reluctant to report abuse, especially when it involves family members, who are most likely to be the abusers and this appears to be a significant barrier to intervention based strategies. In addition, many professionals are unclear about reporting requirements and may fail to report suspicions due to lack of sufficient evidence, fear of becoming involved in family issues, or breach of confidentiality. Some have suggested that criminalising financial elder abuse may actually deter more people from reporting, rather than encouraging them to report. Seniors have also expressed concern about the potential for loss of decision making autonomy and perpetuation of ageist stereotypes that may be caused by the introduction of specific laws, including mandatory reporting, aimed at this group.

However, in countries like the UK, many have argued that the policies introduced for dealing with cases of abuse are ineffective without specific laws to prosecute perpetrators, akin to those for child abuse. However, it is not clear whether advocates for new laws in the UK are referring primarily to laws regarding physical and sexual abuse, or all forms of abuse. It is still contentious as to whether legislative changes to criminalise financial abuse of the elderly could be a cost- and time-effective strategy for Australia.

Education and awareness campaigns have been encouraged by the WHO (2002) and implemented to greater or lesser degrees around the world. However, the potential benefits of this intervention may differ when different target audiences are considered. While there is some research to suggest that awareness campaigns increase reported cases of abuse to helplines, it is not clear who makes the reports (eg victims, family, neighbours, health professionals) and what types of abuse are reported more frequently as a result of the campaigns.

A number of studies have suggested that education and awareness raising are not particularly effective interventions as many seniors, despite knowing they are being abused, choose not to report the abuse. Therefore, it is questionable whether raising awareness campaigns about how and where to report abuse would be effective when targeted toward the ‘victims’ who may be reluctant or unable to report the abuse, despite being aware they are being abused. Research in this area is critical for determining whether public awareness and education programs may be more effective when targeted to victims, the community in general, or relevant professionals.

It is well established that dementia is increasing in our population at a dramatic rate. People with cognitive impairment are at greater risk of financial abuse than unimpaired people. Despite being previously well informed and aware of the issues relating to financial abuse, as a direct result of dementing illnesses many people may lose the ability to detect and report their own abuse. Therefore, individuals should ideally take steps to protect their finances prior to the onset of cognitive impairment. There are a number of preventative measures available to assist people to protect their finances, such as the appointment of an enduring financial POA. However, EPAs may become the tools used by the perpetrators of financial abuse. At present there is no mechanism for monitoring the activities of EPAs and ensuring that EPAs are created by competent individuals and without undue influence. Legislation to this effect has recently been introduced in some countries such as the UK and New Zealand. Examining the impact of this legislation is likely to be informative. While immediate implementation of new laws regarding EPAs may be seen as a positive strategy, it will not be effective if people begin to avoid making EPAs and instead agree to take a more informal path. There are also issues such as whether EPAs could be registered and audited, and who would fund this activity. Victoria may be in a position to trial such an intervention at a state-based level.

Another challenge for researchers is that any intervention aimed at reducing the incidence of elder abuse in the community by raising awareness of the issue, and encouraging people to report suspected cases, may just lead to an increase in public reporting rather than a decrease in the occurrence of abuse, as has been the case for the reporting of child abuse. It can be difficult to determine whether prevention and intervention strategies have been effective when implemented at the same time in the one community, as the incidence of cases may slowly reduce despite more people reporting suspected or known cases of abuse.

Victoria has an absence of data on prevalence of all types of elder abuse, including financial elder abuse. While a general idea of the rates of financial abuse can be gleaned from research in other states, Victoria must obtain its own estimates in order to determine whether strategies that are to be implemented will have been effective here.
Appendix A: Method for literature review

A comprehensive electronic search of the indexed, peer-reviewed scientific literature was conducted. This was supplemented with literature sourced from the ‘grey literature’, namely small run publications produced by government agencies, quasi-autonomous non-governmental organisations, benevolent societies or small research group. Such publications while in the public domain, are not readily located. The latter were found by searching the world-wide-web, by following references to them in articles from the conventional scientific literature and by seeking expert opinion.

**Identification of keywords**

Initial searches were undertaken to identify keywords to describe ‘elder abuse’ and other priority themes such as financial abuse, financial exploitation, best practice in ethical financial management for the elderly, and the role of financial advisory services.

These keywords informed the development of the search strategy to locate relevant publications in various electronic databases such as PubMed (to access Medline – the United States National Library of Medicine indexing system), the Cochrane Library, and Southern Health and Monash University library databases.

The list of potential keywords was generated by examining the tree structure of search terms used in major databases and by examining terms used by previous researchers in relation to the research area. The list of key words used for the initial literature search is documented in Table 8.

### Table 8: Key words used for the initial literature search

<table>
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<tr>
<th>Search term used:</th>
<th>Elder abuse</th>
<th>Incidence and prevalence of elder abuse</th>
<th>Preventive strategies</th>
<th>Financial abuse</th>
<th>Undue influence</th>
<th>Screening/monitoring</th>
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<td>Elder neglect</td>
<td></td>
<td>Strategies for the prevention of elder abuse</td>
<td>Community education</td>
<td>Financial exploitation</td>
<td>Fraud</td>
<td>Prevalence of elder abuse in US/UK/Asia/NZ/Canada/South Africa</td>
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<td>Elder mistreatment</td>
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<td>Asset management practice</td>
<td>Susan Kurrle</td>
<td>Financial mistreatment</td>
<td>Dementia</td>
<td>Response of the Australian National Government and state governments to elder abuse</td>
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<td>Protection of older people</td>
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<td>Ethical management</td>
<td>Power of attorney</td>
<td>Neglect of elderly</td>
<td>Intervention</td>
<td>Tilse and Setterlund (Queensland research groups)</td>
</tr>
<tr>
<td>Abuse of within families</td>
<td>Conceptual model of financial exploitation</td>
<td>Primary prevention and intervention</td>
<td>Impaired capacity</td>
<td>Trial and elder abuse</td>
<td>Prevalence of elder abuse in Australia (SA, NSW, QLD, VIC, TAS, WA, ACT, NT)</td>
<td></td>
</tr>
</tbody>
</table>

**Search strategy**

‘Grey’ literature was sought in addition to peer-reviewed journal articles, sourced through conventional searches. Government documents and literature were used to ensure the review was as comprehensive as possible in its coverage. State Trustees has provided some grey literature that were included in the review.

The world-wide-web was trawled. Research reports and other publications were initially located by searching various websites including: Commonwealth and state government departments (eg Department of Health and Ageing, Department of Veterans’ Affairs), State Trustee, University of Queensland, Senior Rights Victoria, Office of the Public Advocate, and the World Health Organisation. Conference presentations about elder abuse that were found online were also examined. Further sources of information were identified from within these various resources and the original articles were then obtained wherever possible. See Table 9 for a list of data sources in the initial search.
The emergence of ‘elder abuse’ as an international social problem

It is important to understand how elder abuse became an international social problem to comprehend how and why more progress has been made by some countries than others in acknowledging and addressing the issue. A detailed historical background of how ‘elder abuse’ came onto the political and social agendas of the United States of America (US) and subsequently Australia is presented in an article by Dunn (1993), titled ‘The “getting” of elder abuse on the agenda’. Dunn’s research on the topic extends back further than many other reviews. He notes that the protection of the elderly from abuse gained political momentum during the early 1980s after the election of Mary Rose Oakar to Congress.

According to Dunn, this congresswoman sought to find an original social problem on which she could build a career. She found a ready ally in James Bergman, who may have been even more instrumental in bringing the issue onto the social agenda. As a lawyer and community activist seeking to improve the profile and funding for his research agency called Legal Research and Services for the Elderly (LRSE), he worked closely with the congresswoman to bring the issue to the public via the media and to involve the media in the invention of the term ‘elder abuse’.

Through a series of hearings organised by Bergman across the US in the early 1980s, he created public outrage about elder abuse and garnered subsequent support for the national promotion of the issue. From Dunn (1993), Bergman is quoted as saying, “In presenting ‘elder abuse’ as we did we shaped the problem… focused on the physical battering… spilling blood, crisis intervention, provided a visual image in the public and policy makers’ minds… a victim in a pool of blood” (Dunn, 1993, p.7). The media savvy Bergman, with the support of Congresswoman Oakar, went on to organise a series of additional hearings across the country, sponsored by the House Select Committee on Ageing, spanning 10 years. This led to the eventual passing of the Vulnerable Elder Rights Protection of Older Americans Act Amendment in 1992 (Dunn, 1993).

During this period people in other countries grew increasingly aware of the media reports of widespread elder abuse in the US and began to consider whether this social problem was also occurring in their communities. In a review of the emergence of elder abuse in Australia, Kurrle and Naughtin (2008) suggests a small number of state-based research studies on the topic began in Australia in the late 1980’s, on the background of the emergence of the issue in the US. Kurrle and Naughtin (2008) reports that the first conference devoted to the topic of elder abuse was held in Queensland in 1992, titled ‘Dignity and Security: The Rights of Older People’. This followed the formation of a taskforce by the Queensland council of Carers in 1990. The first Australian journal publication was a case series by Kurrle et al. (1991) in the Medical Journal of Australia. By this time, mandatory reporting of elder abuse had already been legislated across several US states (Kurrle et al., 1991). Dunn played an important role in lobbying Australians to consider intervention and prevention strategies suitable to Australian society rather than simply adopting those instituted in some US jurisdictions where their society is ‘worlds apart’ from that in Australia (Dunn, 1993, Newman, 1988).

Table 9: Type of sources

<table>
<thead>
<tr>
<th>Example of journals that were searched:</th>
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<tbody>
<tr>
<td>Age and Ageing</td>
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<tr>
<td>Journal of Elder Abuse and Neglect</td>
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<tr>
<td>Journal of Adult Protection</td>
</tr>
<tr>
<td>Ageing and Society</td>
</tr>
<tr>
<td>Gerontologist</td>
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<tr>
<td>International Journal of Geriatric Psychiatry</td>
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<tr>
<td>Journal of Gerontological Social Work</td>
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<tr>
<td>Working with Older People</td>
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<tr>
<td>Community Care</td>
</tr>
<tr>
<td>Global Ageing</td>
</tr>
<tr>
<td>Journal of Aging and Social Policy</td>
</tr>
<tr>
<td>Aging and Mental Health</td>
</tr>
<tr>
<td>Mental Health Review</td>
</tr>
<tr>
<td>Research Matters</td>
</tr>
<tr>
<td>Books</td>
</tr>
<tr>
<td>Reports</td>
</tr>
<tr>
<td>www articles</td>
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<tr>
<td>Government reports</td>
</tr>
<tr>
<td>Agency pamphlets (eg Senior Rights Victoria’s, State Trustees pamphlets)</td>
</tr>
<tr>
<td>Dissertations, theses</td>
</tr>
<tr>
<td>Conference proceeding papers/conference presentations</td>
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</tbody>
</table>

Electronic search strategy

Various search terms such as ‘financial abuse’ and ‘Australia’ were combined to locate literature specific to elder abuse research in Australia.

English language journal articles, books, book chapters, various reports, and conference papers were considered for retrieval if the publications addressed keywords of interest such as financial abuse, or elder abuse. The titles or abstracts or summaries of the articles that had been identified were examined. Materials that did not substantially address elderly populations, and citations where there was insufficient information regarding financial abuse were excluded from further review.

More than 700 resources were found. All the literature was saved in PDF files and stored in EndNote database (EndNote X.0.2, 2006). The references were sorted according to keywords found in titles or abstract. For example, abstract or titles that included keywords such as ‘prevalence’ or ‘incidence of elder abuse’ were sorted as ‘research on incidence and prevalence’ and those that included phrases such as ‘intervention’ and ‘strategies’ were sorted as ‘research on intervention and prevention studies’.

Appendix B: The emergence of ‘elder abuse’ as an international social problem.
Appendix C: 
Profiles of Monash team members (authors)

Professor Peteris Darzins, BMBS PhD FRACP FRCPC Grad Cert Health Prof Ed
Dr Darzins, is Professor of Geriatric Medicine at Monash University and is the Director of Geriatric Medicine at Eastern Health. He trained as a specialist geriatrician in Adelaide, Newcastle and Canada. He developed the Six-Step Capacity Assessment Process for older people, and has given more than 150 presentations, seminars and workshops to introduce the process to healthcare and legal professionals in Australia and New Zealand. He also developed the Personal-Care Participation Assessment and Resource Tool, which measures people’s ability to do, or get done for them, everyday personal-care tasks, thus identifying the need for increased levels of help or rehabilitation. This tool helps to structure health services, including restorative care such as is provided by rehabilitation, and substitution for lost function provided by community care services. Dr Darzins continues to work as a clinician and, as an academic, conducts research and provides undergraduate and post-graduate teaching. He is involved in policy development through Monash University, the Australian and New Zealand Society for Geriatric Medicine and the Royal Australasian College of Physicians, and participation in state and federal government initiatives. Dr Darzins is also an epidemiologist, and brings an epidemiological perspective as well as a practical, clinical approach to the assessment and management of older people.
Contact: Peteris.Darzins@med.monash.edu.au

Dr Jo Wainer, PhD, MA, BA (Hons). Director Gender and Medicine Research Unit, Monash University
Dr Wainer is a social scientist and Director of the Gender and Medicine Research Unit in the Faculty of Medicine, Nursing and Health Sciences, Monash University. Her research focus is gendered aspects of health. This includes the health workforce, health knowledge production, and health practice. Dr Wainer worked as a technical expert with the Medical Women’s International Association to develop a manual on gender mainstreaming for doctors in 2002 and was Convener of the Gender Issues for Rural Health Professionals theme of the WONCA (World Organisation of Family Doctors) 5th World Conference on Rural Health held in Melbourne in 2002. She is the primary author of the WONCA Policy on Female Rural Family Physicians and has published extensively in the area of women in rural medical practice. She received the Dean’s Award for Excellence in 2004 and in 1999 Dr Wainer was awarded a Human Rights award by Amnesty International for her work for women’s reproductive rights in the 1970s. In 2002 she was appointed to the Victorian Honour Roll of Women and elected to the Pioneer Women’s Hall of Fame located in Alice Springs.
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Dr Georgia Lowndes, MAPS, PhD, MPsych (Clin Neuro), BA (Hons), BAppSc
Dr Lowndes is an academic in the School of Psychology, Psychiatry and Psychological Medicine, Monash University. She teaches into the undergraduate and post-graduate professional Psychology programs and her research interests are primarily in the areas of dementia diagnosis, assessment of decision making capacity, psychosocial and legal issues in dementia. Dr Lowndes has presented her research at national and international conferences. In addition to her role at Monash University, she is a senior clinical neuropsychologist in the Cognitive Dementia and Memory Service (CDAMS) and geriatric inpatient units at St George’s Hospital, as well as a workplace trainer for the Beyond Blue National Workplace Program. Dr Lowndes and Dr Peteris Darzins have been working together to scope a joint research initiative focusing on the area of financial abuse of the elderly since 2005.
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Research Assistants
Ms Kei Owada, MPH, BAppSc
Ms Kei Owada is a research assistant at the Gender and Medicine Research Unit in the Faculty of Medicine, Nursing and Health Sciences, Monash University. She is an experienced research assistant with particular expertise in interviewing doctors and patients. Her skills cover both qualitative and quantitative research methodologies. Kei has presented her research which was conducted during her degree in Master of Public Health in collaboration with MacFarlane Burnet Institute for Medical Research and Public Health at an international conference. Kei presented her research at an international conference in April 2009. Kei has been involved in a number of projects since her employment with Monash University started in late 2007. Her most recent work involved review of gynaecological cancer workforce.

Ms Tijana Mihaljcic, BPsysch
Ms Tijana Mihaljcic is a research assistant with the Monash Institute of Social Research at Monash University. She recently completed her Bachelor of Psychology with First Class Honors in the School of Psychology, Psychiatry and Psychological Medicine at Monash University under the research supervision of Dr Lowndes. Ms Mihaljcic completed a major empirical research project on financial elder abuse, with a focus on understanding attitudes towards financial elder abuse by different segments of the community. She is currently preparing her research for submission to the journal ‘Elder Abuse and Neglect’.

Ms Kei Owada, MPH, BAppSc
Ms Kei Owada is a research assistant at the Gender and Medicine Research Unit in the Faculty of Medicine, Nursing and Health Sciences, Monash University. She is an experienced research assistant with particular expertise in interviewing doctors and patients. Her skills cover both qualitative and quantitative research methodologies. Kei has presented her research which was conducted during her degree in Master of Public Health in collaboration with MacFarlane Burnet Institute for Medical Research and Public Health at an international conference. Kei presented her research at an international conference in April 2009. Kei has been involved in a number of projects since her employment with Monash University started in late 2007. Her most recent work involved review of gynaecological cancer workforce.

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References

ACT HEALTH (2004) Meeting the challenge of elder mistreatment: A resource guide for home and community care providers in the ACT. Canberra ACT Health


AUSTRALIAN BUREAU OF STATISTICS (2007).


AUSTRALIAN INSTITUTE OF CRIMINOLOGY (2006) Submission 40 to House of Representatives Standing Committee on Legal and Constitutional Affairs – Inquiry into Older People and the Law, Australian Institute of Criminology; Australian Government


BARR, F. (2007) Submission No.103. Submission from the NSW Ministerial Advisory Committee on Ageing to the House Standing Committee on Legal and Constitutional Affairs Inquiry into Older People and the Law. Sydney, NSW Ministerial Advisory Committee on Ageing


BOLDY, D., WEBB, M., HORNER, B., DAVEY, M. and KINGSLYE, B. (2002) ‘Elder Abuse in Western Australia’: Report of a Survey Conducted for The Department For Community Development – Senior’s Interests Centre for Research into Aged-care Services – Elder Abuse in Western Australia June 2002 Freemasons Centre for Research Into Aged-care Services (incorporating the TG Smith Dementia Research And Development Unit), Curtin University of Technology, Division of Health Sciences.


CARERS NSW (2006) Response to the NSW Abuse of Older People Interagency Protocol NSW.


CHEZ, R. (2007) ELDER ABUSE: An Introduction for the Clinician California Center of Excellence in Elder Abuse and Neglect at the University of California, Irvine, School of Medicine Program in Geriatrics.


ENDNOTE X.0.2 (2006) EndNote. The scientific business of Thomson Reuters.


Further information

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