



Prevalence of Financial Elder Abuse in Victoria

Protecting Elders' Assets Study



10 May 2010

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Executive summary

State Trustees Ltd has partnered with Monash University to undertake a three year exploration of financial elder abuse in Victoria, the Protecting Elders Assets Study. This important initiative is contributing to understanding how families deal with intergenerational asset management and transfer, and is increasingly relevant as the older generation becomes wealthier and more prevalent. Supported asset management is a common experience for family members and there is much work to be done to understand the dynamics of this form of care, particularly in a multi-cultural society. The research partnership is providing the 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.

This report, the second in the research partnership between Monash University and State Trustees, focuses on identifying existing data about financial elder abuse in Victoria. Key informants from 22 agencies and government departments were interviewed for the study in a search for data. Data were obtained from six organisations, including elder abuse helplines, police, the public advocate, State Trustees and the Department of Justice.

Many government and other agencies encounter financial elder abuse as part of their professional work or service delivery. We found that information is held in private client records and is not reported in any systematic way. The exception to this is data collected by helplines established to respond to older people who may be experiencing abuse. Where reporting is provided, the data are inconsistent, definitions and terms vary, and the details collected depend on the agency. The most detailed data set came from the Queensland Elder Abuse Prevention Unit helpline. Helpline data from Victoria will have a similar detailed approach following implementation of new data collection systems in late 2009.

The data we were able to find confirmed that the majority of older people coming to the attention of organisations because of financial abuse are women, and that the people most likely to be perpetrating the abuse are sons and, to a lesser extent, daughters. The mean age was between 80 and 81 years and nearly a third were older than 84, the so called 'old old'. The two data sets that contained information about the status of the older person indicated that between one and two thirds were vulnerable because of dementia. There is some evidence that powers of attorney are being used to deprive older people of their financial assets.

The limitations on the data are considerable. These data have been collected for purposes other than estimating prevalence or incidence of financial elder abuse. They are collected as part of the service delivery mechanism by the organisation, with the exception of the helpline in Queensland which does collect data to enable them to understand what is going on. The data represent only a section of the population which accesses the services and organisations which provided the information and the findings cannot be generalised to the whole population in Victoria.

In addition, there is no agreed data collection framework or set of definitions which allow comparison of like with like.

Each organisation develops its own set of data criteria and they are not comparable. For example, age is calculated from date of birth, or recorded in age brackets, and some organisations report age as greater than 55 years, or greater than 64 years, while others break it down into five or 10 year age groups. Similarly, there is no clarity about how labels such as 'dementia' or 'extreme stress' are applied to individuals.

The Victorian Government is aware of the lack of data quality and nevertheless has put considerable resources into developing its Elder Abuse Prevention Strategy in response to demonstrated community need. The policy challenge will arise when it is necessary to evaluate interventions to reduce or mitigate harm from financial elder abuse.

We were unable to uncover a comprehensive data set establishing the incidence or prevalence of financial elder abuse in Victoria. However the data search and analysis conducted for this report was an important exercise, as it clarified the absence of data and underlined the importance of standardisation of data collection on financial elder abuse.



1. Data on prevalence of financial elder abuse in Victoria

Abusers always take the money¹

1.1 Background

Financial elder abuse is an important issue in Australia. Studies in Australia indicate that elder abuse affects 0.5-5 per cent of people aged 65 and older, and up to half of this is financial abuse². A mail survey in Western Australia of organisations which worked with older people (defined as 60 years or older) who were vulnerable to abuse found that financial abuse made up half the types of abuse of such older people³. They estimated that the prevalence of financial elder abuse within the general population was 0.3 per cent. A study by the Office of the Public Advocate of Western Australia examined 600 records between 2005-6 and found 67 per cent of reported allegations of elder abuse were of financial abuse⁴.

Australian data is consistent with overseas data identified in the review of the evidence conducted by Monash University in 2009⁵.

In a qualitative study conducted in Queensland in 2003, Robinson, Tilse and Setterland, found clearly abusive asset management practices in data from 16 of the 127 people interviewed (13 per cent), and other abusive practices were identified in 47 of the interviews. The findings are drawn from interviews with older people and family members/friends regarding management of the older person's finances⁶.

Supported asset management is a common experience for family members and there is much work to be done to understand the dynamics of this form of care, particularly in a multi-cultural society. A Queensland study of supported asset management for older people, based on a national representative population survey that included 3,466 people, found that one in four people had assisted an older person with the management of their assets in the past year (2002), and that the majority of that assistance was informal. Only 1.4 per cent of assistance involved a guardianship order, and 15.4 per cent involved use of an Enduring Power of Attorney⁷. The core business of State Trustees Ltd is to manage other people's assets under various legal mechanisms and it is important to understand how families manage intergenerational asset management and transfer as the older generation becomes wealthier and more prevalent.

There are no comprehensive or reliable Victorian data regarding the incidence of financial elder abuse. State Trustees has partnered with Monash University to undertake a three year exploration of financial elder abuse in Victoria, the Protecting Elders Assets Study (PEAS). The initiative is providing the 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 first step in the research program was an international and national review of the evidence relating to financial elder abuse titled *Financial Abuse of Elders: a review of the evidence*, and published in 2009⁸. The second step is reported here, and involved a systematic search for existing data of incidence and prevalence of financial elder abuse in Victoria⁹. This will be followed by a community based study of older Caucasian Victorians (aged 65+ years) exploring their awareness of what constitutes financial abuse and their awareness of help and support services currently available to minimize risks of financial abuse. Follow up studies will explore multi-cultural responses to intra-familial asset management, and develop resources to support ethical management of older people's assets.

1.2 Aim

To locate and explore data reflecting the incidence and/or prevalence of financial elder abuse in Victoria.

This review of the data is conducted within the context of the Victorian Government Elder Abuse Strategy¹⁰. The Strategy is funded with \$5.9 million to implement eleven recommendations to mitigate the effect of elder abuse. It has four key initiatives which include a telephone helpline providing advocacy and support¹¹, a Practice Guide for agencies dealing with elder abuse¹², professional educational material and financial literacy awareness raising for older people¹³, and education about elder abuse directed at the general population.

Financial elder abuse is an important health and safety issue in Victoria and data is required to underpin the development of policy and programme responses by government, the private sector, and non-government organisations. This is well recognised by government and forms part of the work of the Office of Senior Victorians and the Aged Care branch of the Department of Health. The PEAS project, conducted on behalf of State Trustees, is a valuable contribution to developing an understanding of the data and appropriate policy and planning responses.

1 Quote taken from stakeholder interview transcript, 2009.

2 Lowndes G, Darzins P, Wainer J, Owada K and Mihaljcic T (2009) *Financial Abuse of Elders: a review of the evidence* Monash University, Melbourne p 11.

3 Boldy D, Webb M, Horner B, Davey M and Kingsley B (2002) *Elder Abuse in Western Australia: Report of a Survey* conducted for the Department of Community Development - Seniors' Interests. WA: Curtin University of Technology Division of Health Sciences, WA.

4 Scott M (2007) *Financial Abuse among older people in Aboriginal and culturally and linguistically diverse communities* paper presented to The Financial Abuse of Older Adults Seminar 13 June 2007, University of Queensland School of Social Work and Applied Human Sciences. Perth Advocare Inc. www.advocare.org.au/publications.php accessed 20/1/2010.

5 Lowndes G, Darzins P, Wainer J, Owada K and Mihaljcic T (2009) *Financial Abuse of Elders: a review of the evidence* Monash University, Melbourne p 5.

6 Setterlund D, Wilson J, Tilse C, Robinson G and Rosenman L (2003) *Financial abuse within families: Views from family members and professionals* paper presented to the 8th Australian Institute of Family Studies Conference, Melbourne 12 to 14 February 2003.

7 Tilse C (2007) *Older People, Financial Assets and Abuse: Developing policy and practice responses* from research paper presented to The Financial Abuse of Older Adults Seminar 13 June 2007, University of Queensland School of Social Work and Applied Human Sciences. Perth Advocare Inc. www.advocare.org.au/publications.php accessed 20/1/2010.

8 Lowndes G, Darzins P, Wainer J, Owada K and Mihaljcic T (2009) *Financial Abuse of Elders: a review of the evidence* Monash University, Melbourne.

9 Incidence is the number of times an event has occurred in a given population within a specified time frame; prevalence is the total number of people within a population who have experienced the nominated event. Last, John M. A Dictionary of Epidemiology. 4th edition. Oxford University Press, 2001.

10 Office of Senior Victorians (2009) *Rights. Respect. Trust: Victorian Government Elder Abuse Prevention Strategy*. [www.seniors.vic.gov.au/Web19/osv/rwpgslib.nsf/GraphicFiles/Rights+Respect+Trust_Victorian+Government+Elder+Abuse+Prevention+Strategy/\\$file/Rights+Respect+Trust_Victorian+Government+Elder+Abuse+Prevention+Strategy.pdf](http://www.seniors.vic.gov.au/Web19/osv/rwpgslib.nsf/GraphicFiles/Rights+Respect+Trust_Victorian+Government+Elder+Abuse+Prevention+Strategy/$file/Rights+Respect+Trust_Victorian+Government+Elder+Abuse+Prevention+Strategy.pdf) accessed 09/02/2010.

11 Senior Rights Victoria. www.seniorsrights.org.au accessed 20/1/2010.

12 Department of Human Services Aged Care Branch (2009) *With respect to age – 2009* www.health.vic.gov.au/agedcare/policy/index.htm accessed 20/1/2010.

13 Office of Senior Victorians. www.seniors.vic.gov.au/web19/osv/dvcosv.nsf/headingpagesdisplay/elder+abuse+prevention accessed 20/1/2010.

1.3 Method

Elder abuse is defined by the World Health Organisation (WHO) as 'Elder abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'¹⁴. Financial elder abuse is defined by the WHO as 'The illegal or improper exploitation or use of funds or other resources of the older person', within the context of their definition of elder abuse. The Victorian Government definition of elder abuse is 'Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person'¹⁵. They describe financial elder abuse as 'the illegal use, improper use or mismanagement of a person's money, property or financial resources by a person with whom they have a relationship implying trust'¹⁶.

Ethics approval for interviews for this project was provided through Monash University.

In consultation with State Trustees a list was established of potential informants in government, non-government and private sector organisations who might have access to data in relation to financial abuse of older people. Key informants were interviewed, and data sources identified.

Data were obtained from helplines, the police, the public advocate, State Trustees and the Department of Justice.

Interviews, either formal or informal, were conducted with the Victorian Civil and Administrative Tribunal (VCAT), Financial Ombudsman, Victoria Police, Office of the Public Advocate, State Trustees, the Australian Bankers Association, Loddon Legal Service, Office of Senior Victorians, Elder Abuse Protection Unit (Qld), Australian Network for the Prevention of Elder Abuse, Department of Justice Court Statistical Services, Law Institute of Victoria, Aged Psychiatry at St Vincent's Hospital, Seniors Rights Victoria, Aged & Community Care Victoria, Elder Abuse Prevention Association, Municipal Association of Victoria, LaTrobe University data managers for ACAT and HACC data, Department of Human Services Family Violence and Support Services, Department of Health Aged Care Branch, social workers and the Victims Support Agency.

Data were analysed using STATA statistical software, and NVivo qualitative data analysis software.

Collection of new data on prevalence of financial elder abuse was outside the scope of this project. Instead, we set out to discover what data is held by government and non-government agencies and how that might answer the question regarding prevalence of financial abuse of older people.

1.4 UK prevalence data

In 2006, 2111 people aged 66 and older were interviewed to establish prevalence data for elder abuse in the United Kingdom. This study is likely to be the closest we have to understanding the likely prevalence in Victoria. The study found a prevalence of 2.6 per cent for any type of abuse by a trusted friend, family member or carer, and this extended to 4 per cent when neighbours and acquaintances were included. Neglect was the most common form of abuse, with financial abuse the second most common, with a prevalence of 0.7 per cent. The conclusion of the study on financial abuse is below:

Financial abuse is the second most prevalent type, affecting roughly one older person in every 150. Financial abuse increases with age for men, a pattern not seen for women. These findings are in line with those found in other studies. The survey supports earlier research in finding that financial abuse is significantly more prevalent for people living on their own. Divorced/separated women are also at higher risk. Both men and women in bad/very bad health report higher rates of financial abuse, but the association does not hold for limiting long-term illness. Women who reported being lonely were more likely to experience financial abuse, but this was not found for men. Both men and women who were in receipt of home care services or in touch with professionals were more likely to report financial abuse.

Financial abuse also displays a quite different pattern in relation to what we know about perpetrators (although we only have small numbers to go on). The survey confirmed other work that family, other than partners, are the most common perpetrators. The survey results also suggest that care workers may commit around 30 per cent of financial abuse. (However, if neighbours and acquaintances are included, they are equal to other family members as the most common perpetrators of financial abuse). Perpetrators of financial abuse tended to be in the 16 to 64 age range and in paid employment. Twenty-five per cent lived with the respondent and the same proportion received care from the respondent. Although just over one-quarter have no obvious problems, one-third were described as having financial, relationship, alcohol or gambling problems (as respondents could give more than one answer, there could be overlap here). This contrasts with other research and suggests that there may be more pathology around financial abuse than is sometimes thought.

In summary, the risk factors are: those living alone, those in receipt of services, those in bad/very bad health, older men, and women who are divorced or separated, or lonely. But the very limited data on perpetrators suggest that the driving force in much financial abuse may be the problems that the perpetrator suffers from¹⁷.

This study cost nearly £1 million. In the absence of equivalent authoritative data on prevalence of elder financial abuse in Victoria, the UK study provides the most relevant benchmark. However the Victorian Department of Health doubts that findings as high as 30 per cent of offences committed by care workers are relevant to Australia.

Israel has also operationalised definitions of abuse and conducted a national survey of prevalence.

14 World Health Organisation (2008) A Global Response to Elder Abuse and Neglect www.who.int/ageing/publications/ELDER_DocAugust08.pdf accessed 21/1/2010

15 Department of Human Services Aged Care Branch (2009) With respect to age – 2009 www.health.vic.gov.au/agedcare/policy/index.htm p 4.

16 Department of Human Services Aged Care Branch (2009) With respect to age – 2009 www.health.vic.gov.au/agedcare/policy/index.htm p 12

17 UK Study of Abuse and Neglect of Older People Prevalence Survey Report (2007) Madeleine O'Keeffe, Amy Hills, Melanie Doyle, Claudine McCreadie, Shaun Scholes, Rebecca Constantine, Anthea Tinker, Jill Manthorpe, Simon Biggs, Bob Erens, King's College London www.kcl.ac.uk/content/1/c6/02/96/45/ElderlyAbuseStudy.pdf

1.5 Results

Data sets relating to financial elder abuse were obtained from the following sources:

- State Trustees;
- Seniors Rights Victoria;
- Office of the Public Advocate;
- Victoria Police;
- Department of Justice; and
- Elder Abuse Protection Unit (QLD).

Seniors Rights Victoria is part of the Victorian Government elder abuse strategy. The data does not reflect all the work being done in Victoria on elder abuse under the Victorian Government Elder Abuse Prevention Strategy. The health and community care sector, as well as police and legal services, are all involved in responding to elder abuse. Additional data relating to family violence (a different yet related topic) were located in reports in the Department of Health.

1.5.1 State Trustees

State Trustees Ltd is a statutory company owned by the State of Victoria with many functions. One of its functions is to administer the legal and financial affairs of persons deemed to suffer a legal disability as defined by Section 3 of the Guardianship and Administration Act as:

disability, in relation to a person, means intellectual impairment, mental disorder, brain injury, physical disability or dementia

State Trustees is appointed following a defined sequence of events. Someone, somewhere in the community, identifies a person as vulnerable to exploitation or otherwise unable to manage their own legal and financial affairs, submits an application to the Victoria Civil and Administrative Tribunal – Guardianship List (VCAT), VCAT conducts a hearing to determine the need for appointment of an administrator, if such need is confirmed an administrator is appointed. State Trustees is but one of a number of administrators that may be appointed.

State Trustees provided Monash with de-identified data on clients with financial mismanagement as an issue, from November 1998 to July 2009. One hundred and three clients with a total of 541 records were identified. Clients younger than 65 were excluded from the analysis, leaving 70 clients who fitted the research criteria.

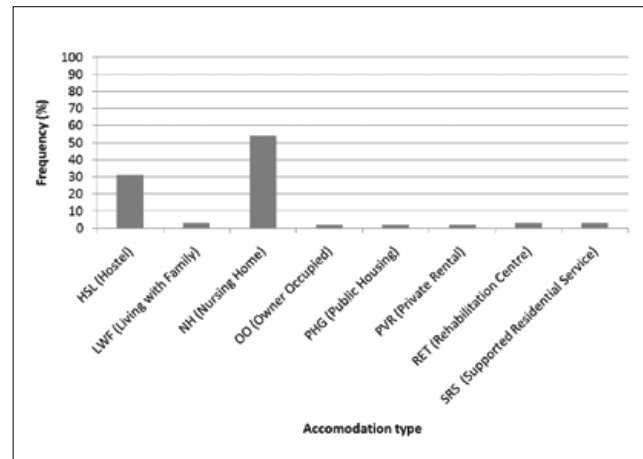
Files were searched for the variable Leg_Issue. If this included the Issue Summary Identifier of either CLR (Civil Litigation - Debt Recovery) or MIS (misappropriation), then the record was included in the analysis for financial mismanagement. Civil Litigation Debt Recovery was identified for 13 clients, and Misappropriation for 57 clients. See Table 6 in Appendix 3. There were 345 records for 70 people aged 65 or older. The median number of records per person was three, the range was one-20 records per person, many with the same date. All records had free text summary of the issue.

The mean age of clients with financial issues was 81, plus or minus eight years. The range of ages was 65 to 96. A quarter of the clients were in their 90s (n=13). There were 22 records for clients aged 85 or above. See Table 9 in Appendix 3.

There were 55 women and 15 men in the records (see Table 8 in Appendix 3). Clients were living in a range of accommodation: 20 were living in a hostel, two were living with family, 35 were in a nursing home, one was in their own home, one was in public housing, one was in private rental, two were in a retirement village and two were in supported residential services. There were missing data on accommodation for six clients. The result is shown graphically in Figure 1. The table is shown in Appendix 3 (see Table 10 in Appendix 3).

Please note that in the following Figures the range of values for the Y axis varies.

Figure 1: Accommodation type



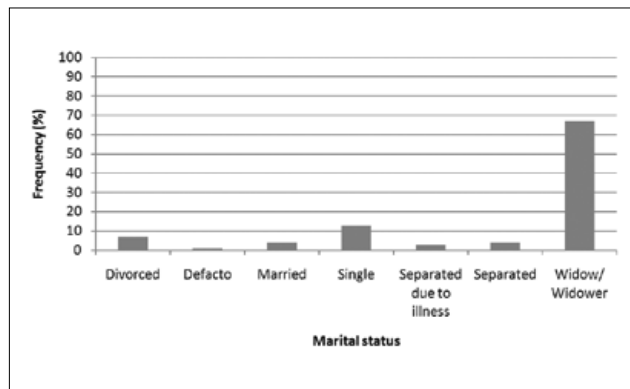
Note: Total n= 64; HSL n= 20; LWF n= 2; NH n= 35; OO n= 1; PHG n= 1; PVR n= 1; RFT n=2; SRS n=2.

Data source: State Trustees STRATIS, 2009.

Most clients were born in Australia (32) with others from the UK (3), Greece (3), Macedonia (2), Russia (1), Austria (1), Hungary (1), Germany (1), Italy (3), Ireland (1), South Africa (1), Lebanon, Lithuania, New Zealand and Yugoslavia (5). There were no data on place of birth for 13 clients.

Most clients were widowed or widowers (n=47). Nine were single, five were divorced, three were married, three separated, two separated due to illness and one member was in a de facto relationship. The result is shown graphically in Figure 2. The table is shown in Appendix 3 (see Table 11 in Appendix 3).

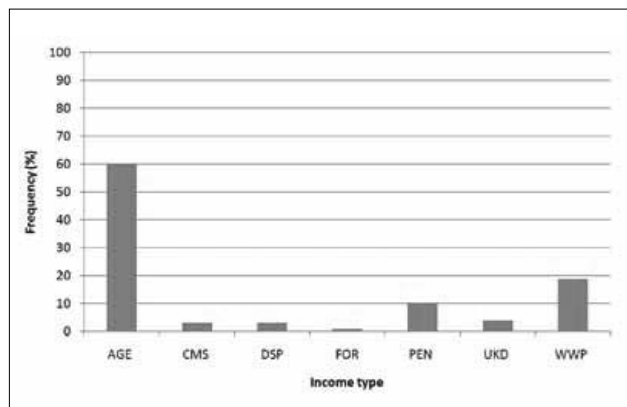
Figure 2: Marital status



Note: Total n= 70; Divorced n= 5; Defacto n= 1; Married n= 3; Single n= 9; Separated due to illness n= 2; Separated n= 3; Widow/ Widower n=47.
Data source: State Trustees STRATIS, 2009.

Income was primarily from government pensions of one sort or another. Forty two clients received the age pension, 13 were on veterans pensions, seven were receiving a pension special bonus, three were on a UK pension, two a disability support pension and one a foreign pension. Only three were independently funded, with two receiving a Commonwealth superannuation income stream, and one a private company superannuation. The result is shown graphically in Figure 3. The table is shown in Appendix 3 (see Table 12 in Appendix 3).

Figure 3: Income type

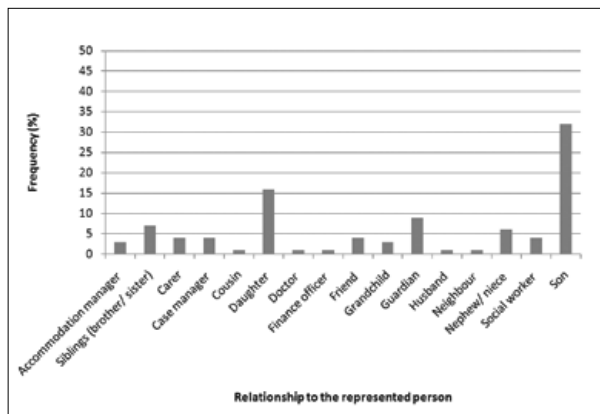


Note: Total n= 70; AGE (Age Pension) n= 42; CMS (Commonwealth Superannuation) n= 2; DSP (Disability Support Pension) n= 2; FOR (Foreign Pension) n= 1; PEN (Pension Special Bonus/ Allowance) n= 7; UKD (UK DSS Pension Foreign) n= 3; WWP (Pension – Department of Veterans Affairs) n=13.
Data source: State Trustees STRATIS, 2009.

Sixty-two clients were under a VCAT Plenary Order (no limitations); one a VCAT temporary order and seven had an Enduring Power of Attorney with State Trustees.

The people being investigated for misappropriation were identified in most cases. The person identified as potentially responsible for the mistreatment were identified by their relationship to the represented person. We found ‘Son’ was the most frequent relationship to the represented person recorded (32 per cent) followed by ‘Daughter’ (16 per cent). The result is shown graphically in Figure 4. The table is shown in Appendix 3 (see Table 13 in Appendix 3).

Figure 4: Relationship of investigated person to the represented person



Note: Total n= 69; Accommodation manager n= 42; Siblings (brother/ sister) n= 5; Carer n= 3; Case manager n= 3; Cousin n= 1; Daughter n= 11; Doctor n=1; Finance officer n= 1; Grandchild n= 2; Guardian n= 6; Husband n= 1; Neighbour n= 1; Nephew/ niece n= 4; Social worker n= 3; Son n= 22.
Data source: State Trustees STRATIS, 2009.

Funds were misappropriated by being withdrawn from accounts, the proceeds of the sale of assets (particularly the home) put to uses other than the benefit of the represented person, the payment of debts incurred that were not to the benefit of the represented person, the redirection of pension payments to benefit the attorney instead of the pensioner, the purchase of the represented person’s home at less than market value, prepayment of services that were not used, and removal of cash from a safety deposit box.

The outcome of the referral to State Trustees was recorded for 41 clients. Funds were received for seven clients, the matter was dropped due to legal advice for 23 clients, the matter was dropped because there was no evidence of a legal issue for seven clients, and the matter was resolved although no funds were received for four clients. See Table 7 in Appendix 3: Issue Outcome. Monies were retrieved for seven clients, with amounts of \$14,000, \$15,000, \$21,305, \$22,458.55, \$31,325.25, \$57,000, and \$150,058.

Most of the matters were not recorded as being resolved, or were dropped on legal advice.

Not all matters that have an appearance of elder financial abuse can be substantiated as such for a number of reasons. It may be that despite an audit trail supporting the allegation, the older person has no money with which to pursue recovery of the misappropriated property or funds, given that legal costs may run to the tens of thousands of dollars. More usually though, the data suggest that legal action may not be pursued because there is no evidence that the person who is alleged to have taken the money has assets sufficient to satisfy any judgement a court may award in the older person’s favour. There is little merit, nor would it be prudent financial administration, to spend an older person’s monies on legal costs if there is no financial advantage to the older person at the end of the day.

In summary, older State Trustees clients who were noted as being possibly subject to financial abuse had an average age of 81, were most likely to have survived the death of their partner, and predominantly lived in supported accommodation funded with a government pension of some sort. Abusers were predominantly sons, although daughters were also involved. State Trustees was able to retrieve misappropriated funds for seven clients, and some of these sums were substantial.

1.5.2 Seniors Rights Victoria helpline

Data for this section is drawn from the Seniors Rights Victoria (SRV) website, interviews with staff of SRV and the Office of Senior Victorians, and Helpline use data provided to Monash University by SRV.

Victoria has a broad ranging strategy about elder abuse across three government departments, detailed in the Elder Abuse Prevention Strategy Rights. Respect. Trust. It is funded for four years. The approach is based on empowering senior Victorians, giving older people the information and support they need to work with professionals to make their own decisions¹⁸. The Department of Planning and Community Development, through the Office of Senior Victorians (OSV), has the coordination responsibility of the Government strategy and has a lead role with some project initiatives in the strategy. The Department of Health and the Department of Justice also have a role in the strategy.

Based on the experience of service providers and national and international research the Department anticipates that between three and five percent of people aged 65 and older will experience financial elder abuse and more than six percent may experience some form of abuse. Financial abuse is the most common form of abuse and women are two to three times more likely than men to experience this form of abuse. This is likely to be a reflection of the longevity of women and the consequent higher proportion of women than men among older people. Sons and daughters are the family members most likely to commit financial elder abuse, sometimes acting out family behaviours that are pre-existing. The Department believes that financial elder abuse is a serious human rights issue that requires multiple initiatives and a full range of responses from government and other sectors.

SRV is one of the initiatives included in the Victorian Government elder abuse prevention strategy, and is funded by the Department of Planning and Community Development and Victorian Legal Aid. The service includes a helpline staffed to provide advice and referral for people concerned about the mistreatment of older people. Its purpose is described by the Council on the Ageing as follows:

Seniors Rights Victoria (SRV) is a free service that has been established to help prevent elder abuse and safeguard the rights, dignity and independence of older Victorians. For further information go to www.seniorsrights.org.au

The service was launched by Minister for Senior Victorians, Lisa Neville on 27 April 2008. It provides:

- telephone information and referral;
- advocacy and support;
- legal services; and
- community education.

People who are concerned about abuse or neglect that is affecting them or someone they know can call Seniors Rights Victoria on 1300 368 821¹⁹.

Seniors Rights Victoria outlines its purpose to be 'the primary, government-funded destination for older Victorians, their friends and family members seeking information and support relating to elder abuse.... With our support, older Victorians are empowered to end situations of financial, physical and emotional abuse, regaining confidence and control of their lives.'²⁰ Part of their work is to provide legal advice and case work to older people experiencing abuse. This is done through direct advice and casework, linking individuals into other community and legal services and through the provision of Seniors Rights Legal Clinics organised through the Public Interest Law Clearing House.

The SRV service is an important potential source of information about the extent and types of abuse experienced by older Victorians. In the initial stages of the service information recording was restricted to essential data. SRV is exploring how to expand to more detailed records within the legal services than are kept at present. In 2009 information recorded by the legal services was restricted to 'case opened' 'case closed'. SRV is working on a data management system to record and report extra detail, including more detail about the nature of financial elder abuse.

The data for the first five months of the Helpline were reported in the SRV section of the Council on the Ageing (COTA) annual report, 2008²¹.

The relevant excerpts from the report are below:

The service was launched by the Minister for Senior Victorians, the Hon Lisa Neville on 28 April 2008. In the first five months of operation more than 600 calls were received by the Helpline. The calls were divided into those seeking broad information and referral (30 per cent), those requesting SRV information or community or professional education (30 per cent), and those requiring legal advice or casework (40 per cent).

Calls specifically describing abuse of older people comprised financial abuse (40 per cent), psychological or emotional abuse (33 per cent), physical abuse (9 per cent), neglect (9 per cent), social abuse (8 per cent) and sexual abuse (1 per cent).

This data reflects the SRV service only, not the degree of enquiry or action with regard to elder abuse in Victoria. Health and Community care providers have and continue to act on and resolve suspicion or allegations of elder abuse on a daily basis.

The discrepancy between data set from SRV reported here and their reporting of the percentage of financial abuse in their annual report is a result of different time frames. COTA are reporting on the first five months data from the helpline, and Monash University is reporting on 15 months of data.

SRV supplied to Monash a summary of their record of calls received for the first 15 months of operation, from February 2008 to July 2009²². Data from the SRV helpline is summary data covering the following fields: metropolitan or country, type of abuse, sources of information, exploitation, family violence, referral direction, and sex. The data file aggregated all types of abuse, so we are not able to report on these variables for financial abuse only.

18 Office of Senior Victorians (2009) Rights. Respect. Trust: Victorian Government Elder Abuse Prevention Strategy. www.seniors.vic.gov.au/ accessed 09/02/2010

19 Council On The Ageing (COTA) Seniors Rights Victoria www.cotavic.org.au/seniors_rights_victoria accessed 27/1/2010

20 Seniors Rights Victoria www.seniorsrights.org.au/ accessed 27/1/2010

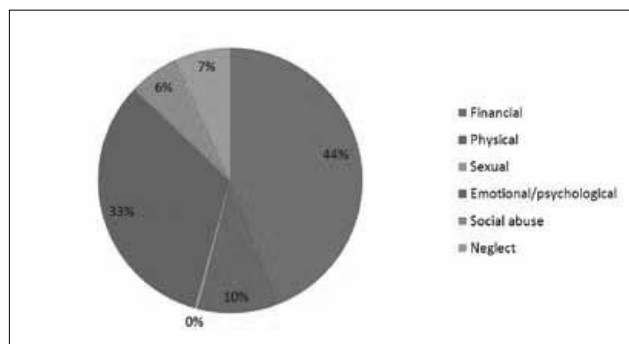
21 COTA www.cotavic.org.au/_data/assets/pdf_file/1421/cota_ar0708_v3_high_final_correct.pdf

22 SRV Consolidated Contact reports.xls, 2009

There were 1799 contacts made for all areas of abuse, and 42 per cent (n=755) were made by the older person themselves. Other contacts were mainly from relatives and friends, and service providers. The sex of the client was recorded for 1067 contacts, and 75 per cent (n=799) were female. We are unable to say what percentage of clients experiencing financial elder abuse were female or male, as the data does not allow this. There is no record of the age of the client, although SRV works with people aged 60 years and older.

There were 1041 calls from the metropolitan area, and 297 from rural areas for all types of abuse. The data in the file from SRV includes a figure of 2149 for 'elder abuse', and then breaks this down into types of abuse. The total of reported types of abuse is 1287 (people could list more than one type of abuse so the total exceeds the number of calls). Financial abuse was 44 per cent of these identified types of abuse. The result is shown graphically in Figure 5. The table is shown in Appendix 3 (see Table 14 in Appendix 3).

Figure 5: Types of abuse, SRV



Note: Total n= 1,287; Financial abuse n= 567; Emotional/ psychological abuse n= 422; Physical abuse n= 128; Neglect n= 87; Social abuse n= 79; Sexual abuse n= 4.

Data source: Seniors Rights Victoria (SRV) helpline, 2009.

The response by SRV was to refer 919 to SRV legal/advocacy services, and 292 to an SRV education/manager.

SRV refers to three lawyers, who are registered as a community legal centre. Clients receive advice from a lawyer and if there is a legal case they may pursue it or may not, the decision is up to the complainant. Most cases are resolved in VCAT and relate to misuse of powers of attorney, or access to the person (denied by the primary carer). A number of cases appear to result from sibling rivalry, often of long standing.

About half of the contacts are from the person themselves, others come from professionals and SRV anticipate referrals from professionals will increase as people get to know about the service through the Department of Health, Victorian Government practice guidelines for health services and community agencies – *With respect to age 2009* – on how to respond to suspicion or allegations of elder abuse. SRV also advertise to friends of older people ('if this sounds like you or someone you know'). SRV operates from a requirement that the caller is concerned about the older person, rather than any other aspect of concern such as 'how do I get my hands on the money'.

Service providers and concerned neighbours are sources of calls. The advocate at SRV will look for any services that have been used before for the person, what went wrong, and what can be done to make it right. SRV will visit people in their homes to discuss a problem and how they may help. SRV has no right of entry to a person's home, and the older person must make the call and invite them to visit if they want face-to-face contact. SRV also refers calls to the funded health and community care sector which may already

have an existing service relationship with the older person or their carer. The health and community care system is funded to work with older people, including situations involving elder abuse.

SRV does not get involved with third party reports unless it is urgent. With such reports it is not clear what they are dealing with and what the intent is. For example it could be related to impending death and the older person's will. SRV will give advice to third parties when the story is plausible and relates to potential elder abuse. For example, if a neighbour reports that the older person has changed since staying with a different person, or they are no longer receiving visitors, or money is disappearing, then SRV may refer them to VCAT. SRV will represent the older person, but not the family, at VCAT. SRV will also represent an older person at VCAT if they are concerned about an EPA.

If a health provider is concerned, and the older person does not want to change anything, then SRV (or the health provider) will sit with the older person, work it out, and not act unless the older person wants action to be taken. This is a rights based response with the purpose of empowering the older person, consistent with the Elder Abuse Prevention Strategy. SRV will not over-ride an older person who has capacity, even if a health practitioner says they are at risk because, for example, the house is in poor repair, messy, or a fire hazard. For example SRV supported a man who had had a stroke. The hospital wanted him sent to a nursing home and applied for a guardianship order to get him there. He did not want this, or a guardian, and wanted to go home. SRV supported his decision.

If the older person cannot give instructions, then SRV will enquire about a home visit to take instructions. They will go to a person's home or visit them in hospital. They are identifying that there can be speech, hearing and language difficulties and that face to face interviews make a big difference. Capacity is a key issue in resolving how to work most effectively for their clients.

The type of advice given includes intervention orders, and guardianship orders via VCAT. Some fraud matters are being investigated by the legal team and the Public Interest Law Clearing House takes pro-bono cases.

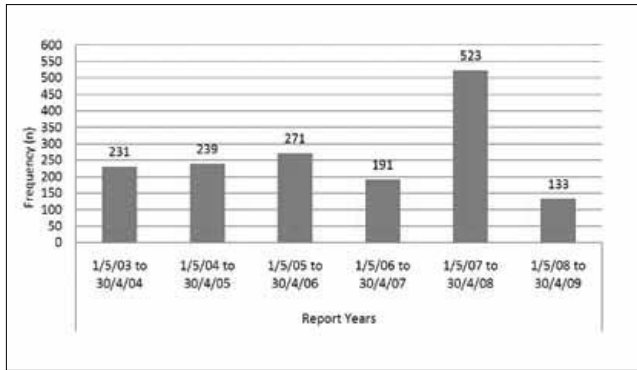
SRV staff find that people may ring about a legal issue and while dealing with that other issues that require advocacy arise, or the person does not want to become involved with the law. The older person may want things to change but not through use of the law, particularly when the perpetrator is a family member, particularly a dependent child or a family member who is caring for them. Mental health and substance abuse in adult children make the probability of exploitation higher but the experience of SRV is that the older person will tolerate it in return for their company.

SRV has since developed a more detailed data capture system (August 2009), covering variables such as age, sex, ethnicity, country of origin, income source, living arrangements, power of attorney, information about the abuser, and financial, health and environmental risk factors, as well as the referral pathway, see Appendix 4.

1.5.3 Office of the Public Advocate

Data for this section of the report were obtained from interviews with staff from the Office of the Public Advocate (OPA), and from a data file generated specifically for Monash University for this project and sent to Monash University by OPA. The initial contact with the OPA yielded data about the number of older clients (aged 65 or older) with possible financial abuse as an issue over a period of four years. The result is shown graphically in Figure 6. The table is shown in Appendix 3 (see Table 15 in Appendix 3).

Figure 6: 65 and older clients with possible financial exploitation 2003 – 2008, OPA



Data source: Office of the Public Advocate (OPA), 2009.

A total of 1588 clients were noted to have possible financial exploitation, with the number in 2007-08 more than double that of other years, and the number in 2008-09 less than half. This indicates a possible data error in year of entry.

Further meetings and discussion with OPA over the year yielded more detailed data. De-identified data from the OPA were provided for 807 clients. The data file was from the OPA's Resolve database, cases are all those that specified 'Possible Financial Exploitation' in the 'Issues' section. Cases cover a five year period from 1 May 2003 to 30 April 2008. Data variables were year, client matter type, terms of order, order details, open status (Whether the case is open as at 11 August 2009), Acquired Brain Injury, dementia, intellectual disability, physical, psychiatric, unknown, postcode, gender, age, deceased and date of death.

The 'terms of order' is described by OPA as a 'somewhat unreliable category for this time period (pre-Resolve implementation, with Resolve being the data management system for OPA).

The 'terms of order' is only relevant to guardianship and temporary guardianship orders, and the category 'other' may include accommodation or health care orders. More details are available in free text about type of order but they cannot provide this because personal details are recorded and privacy legislation requires that this information be kept confidential.

Disability from dementia is the basis for 50 per cent of guardianship orders for age related disability. Thirty percent of their clients are aged 80 or more. Their biggest client group now are older than 65 years and 66 per cent of orders are from this age group. Disability from dementia affects 65 per cent of this group. Callers to OPA are not reporting a history of violence but rather that financial abuse is part of broader issues of control within families.

Data are collected from calls to the helpline. Call numbers, but not content, are summarised and reported to the Department of Justice. Some basic information is reported in their annual report²³. Most (estimated 75 per cent) calls are anonymous or names are not recorded. In their old data management system they used to be able to recall basic demographics such as age, sex, disability of callers even if they did not identify themselves. The current data system can only record these details if a name is entered. The record includes full text description of the problem. Calls are taken by a range of trained staff, although a dedicated team take the majority of the calls.

OPA provided guardianship services to 1400 people in 2008/09. The role of the helpline is centred on advice through telephone and email. There are approximately 14,000 enquiries per annum. They have a computer based case management system that serves its management purpose well but is not data friendly. Much of what they know is anecdotal. Approximately one quarter of calls relate to enduring powers of attorney, and 16 per cent are financial, 2 per cent are nominated as 'possible financial exploitation'. They do have instances of people calling to ask how they can access their parent's assets before they die.

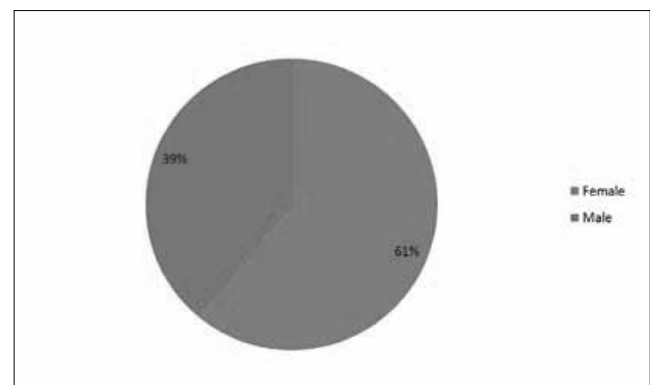
Analysis of OPA data: Resolve database:

OPA sent to Monash University PEAS research team an Excel file titled *Data from Office of the Public Advocate's Resolve database, cases are all that specified 'Possible Financial Exploitation' in the 'Issues' and dated 25 August, 2009*. The file contains data for clients first registered between 2003 to 2007, some of which were still active files as of 11 August, 2009.

A total of 807 cases was recorded in the file. Of those, there was a total of 398 cases aged 64 and under or recorded as D.O.B unknown and as these do not meet the research criteria they were excluded from analysis. There were 409 records of people aged 65 and above (oldest = 97) and these are included in the analysis.

Of 409 clients recorded, 250 were female and 159 were male (61 per cent female, 39 per cent male), see Figure 7 below. The table is shown in Appendix 3 (see Table 16 in Appendix 3).

Figure 7: Sex of clients aged 65 and older, OPA



Note: Total n= 409; Female n=250; Male n=159.

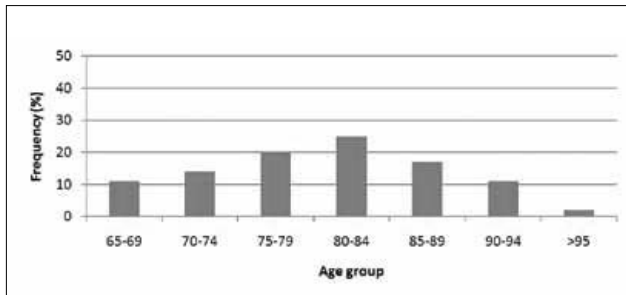
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

The mean age (average) of those included in the analysis was 80 years old. The range was from 65 to 97 years of age (see Table 1).

Table 1: Mean, Minimum and Maximum age of OPA clients aged 65 and older

| Variable | Clients | Mean | Minimum | Maximum |
|----------|---------|------|---------|---------|
| Age | 409 | 80 | 65 | 97 |

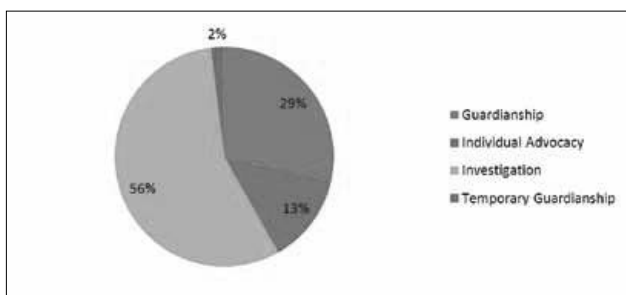
Figure 8: Age group, clients aged 65 and older, OPA



Note: Total n=409; Age group 65-69 n= 46; 70-74 n= 59; 75-79 n= 83; 80-84 n= 100; 85-89 n= 70 90-94 n= 45; >95 n= 6.
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

From "Client Matter Type" data – we found 'Investigation' was the most frequent client matter type recorded (56 per cent), mostly recorded by those in the age group between 77 to 85 years old; followed by 'Guardianship' (29 per cent), 'Individual Advocacy' 13 per cent) and 'Temporary Guardianship' (2 per cent). The result is shown graphically in Figure 9 and Figure 10 below. The table is shown in Appendix 3 (see Table 18 and Table 19 in Appendix 3).

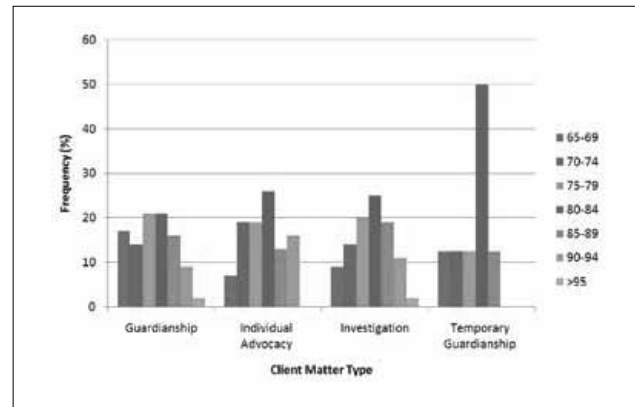
Figure 9: Client Matter Type aged 65 and older, OPA



Note: Total n= 409; Guardianship n= 117; Individual Advocacy n= 54; Investigation n= 230; Temporary Guardianship n= 8.
Data source: Office of the Public Advocate (OPA), Resolve database, 2009

The four types of cases differ in their source. Guardianship, Temporary Guardianship and Investigation are all orders made by VCAT, whereas Individual Advocacy was potentially referred from VCAT but more often applies to cases identified by OPA through other means - calls to the Advice Service or written requests from the general public. It is not clear from the file who was responsible for investigations or what the outcomes were.

Figure 10: Client Matter Type by age group, 65 and older, OPA

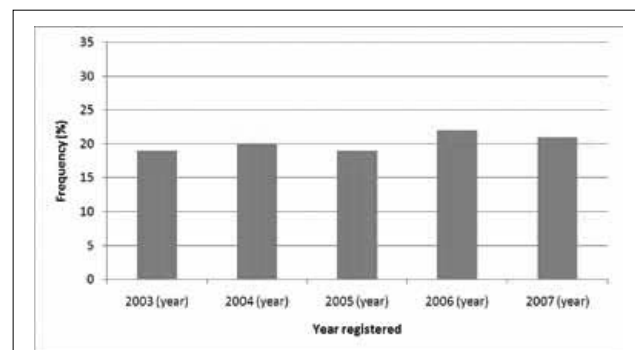


Note: Total n= 409; Guardianship n= 117 (Age group 65-69 n= 20; 70-74 n= 16; 75-79 n= 25; 80-84 n= 24; 85-89 n= 19; 90-94 n= 11; >95 n= 2); Individual Advocacy n= 54 (Age group 65-69 n= 4; 70-74 n= 10; 75-79 n= 10; 80-84 n= 14; 85-89 n= 7; 90-94 n= 9; >95 n= 0); Investigation n= 230 (Age group 65-69 n= 21; 70-74 n= 32; 75-79 n= 47; 80-84 n= 58; 85-89 n= 43; 90-94 n= 25; >95 n= 4); Temporary Guardianship n= 8 (Age group 65-69 n= 1; 70-74 n= 1; 75-79 n= 1; 80-84 n= 4; 85-89 n= 0; 90-94 n= 0; >95 n= 0).

Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Analysis of the year of record indicates that there has been little change in the number of people reporting financial mismanagement for older people over the 5 year period of the data. Frequency of registration was very similar in each year from 2003 to 2007. The highest was in 2006 (22 per cent) and the lowest was in 2003 (19 per cent). The result is shown graphically in Figure 11. The table is shown in Appendix 3 (see Table 20 in Appendix 3).

Figure 11: Year registered, OPA 65+



Note: Total n= 409; 2003 (year) n=76; 2004 (year) n=82; 2005 (year) n=78; 2006 (year) n=88; 2007(year) n=85.

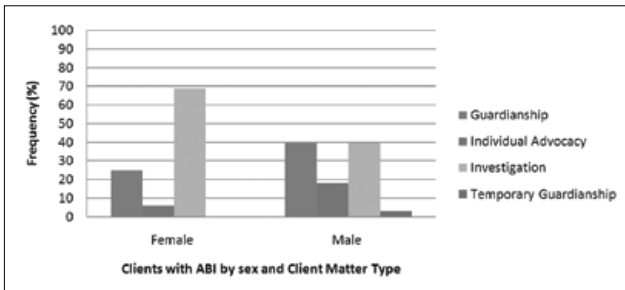
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Analysis of the type of matter for clients aged 65 and older, by year and sex, shows that women and men were equally likely to have guardianship orders and to be the subject of advocacy or investigation. This varied a little by year, for example there were no men identified for advocacy in 2006 compared with six women, yet there were eight men in 2007 compared with four women (see Table 21 in Appendix 3).

The data file includes cases opened between 2004 and 2007. Most of these were closed at the time the file was sent to Monash University, with 18 remaining open at 11th August 2009. Of the 391 cases closed at that date 220 were Investigation cases, 110 Guardianship cases, 53 Individual Advocacy cases, and 8 Temporary Guardianship cases. The 18 open cases were 10 Investigation cases, seven Guardianship cases and one Individual Advocacy case. The table is shown in Appendix 3 (see Table 22 in Appendix 3). There were 10 Investigations still open and seven Guardianship orders still active.

Some of the clients older than 64 listed as experiencing possible financial abuse were vulnerable because of Acquired Brain Injury (ABI). Figure 12 reports the data on the 54 clients (13 per cent) with ABI, by sex. Men were much more likely than women to have a diagnosis of acquired brain injury (24 per cent of men and 6 per cent of women in the data set had ABI), and to be subject of a guardianship. Numeric data is reported in Appendix 3, see Table 23 and Table 24.

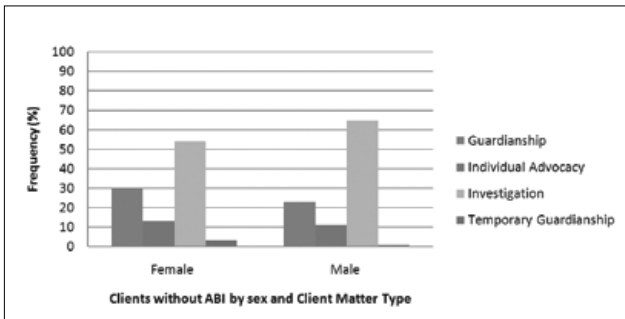
Figure 12: With ABI by sex and Client Matter Type, OPA 65+



Note: Total clients with Acquired Brain Injury (ABI) $n=54$ [Male $n=38$ (Guardianship $n=15$; Individual Advocacy $n=7$; Investigation $n=15$; Temporary Guardianship $n=1$); Female $n=16$ (Guardianship $n=4$; Individual Advocacy $n=1$; Investigation $n=11$; Temporary Guardianship $n=0$)].
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

The proportion of OPA female clients compared with male clients with guardianship and investigation orders is reversed for those who do not have ABI. For clients without ABI, women are proportionally less likely than men to be subject to an investigation order, and more likely to have a guardian ship order.

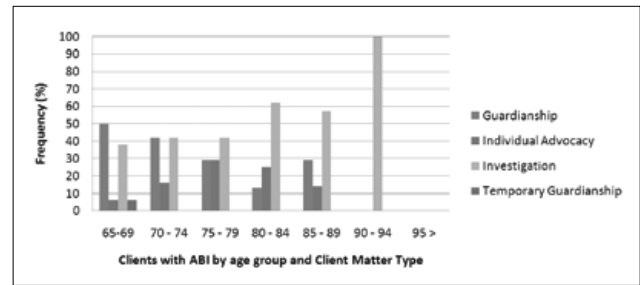
Figure 13: Without ABI by sex and client Matter Type, OPA 65+



Note: Total clients without Acquired Brain Injury (ABI) $n=355$ [Male $n=121$ (Guardianship $n=28$; Individual Advocacy $n=13$; Investigation $n=78$; Temporary Guardianship $n=2$); Female $n=234$ (Guardianship $n=70$; Individual Advocacy $n=33$; Investigation $n=126$; Temporary Guardianship $n=5$)].
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Client matter type for clients with ABI varies with age as well as sex. In Figure 14 we see that guardianship orders decrease with age, and investigation orders increase with age. Individual advocacy shows a bell curve relationship with age, that it rises, peaks in the 75 to 79 age group, and then falls. Clients with ABI aged 90 and above had only investigation orders.

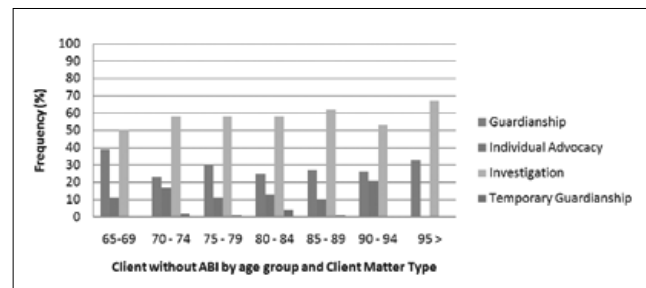
Figure 14: With ABI by age group and Client Matter Type, OPA 65+



Note: Total clients with Acquired Brain Injury (ABI) $n=54$ (Age group 65-69 $n=18$; 70-74 $n=12$; 75-79 $n=7$; 80-84 $n=8$; 85-89 $n=7$; 90-94 $n=2$; >95 $n=0$).
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Age has little apparent effect on client matter type for clients without ABI, as shown in Figure 15.

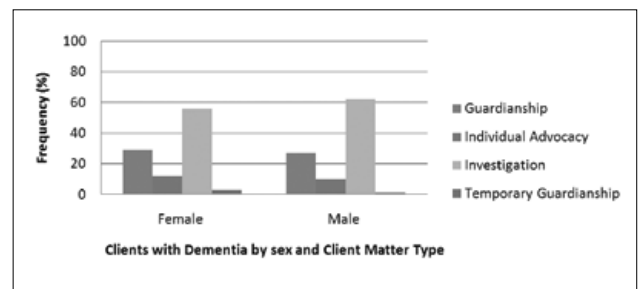
Figure 15: Without ABI by age group and Client Matter Type, OPA 65+



Note: Total clients without ABI $n=355$ (Age group 65-69 $n=28$; 70-74 $n=47$; 75-79 $n=76$; 80-84 $n=92$; 85-89 $n=63$; 90-94 $n=43$; >95 $n=6$).
Data source: Office of the Public Advocate (OPA), Resolve database, 2009

Nearly 70 per cent of clients ($n=280$) were recorded as being diagnosed with Dementia (55 female and 25 male in Guardianship case, 23 female and nine male in Individual Advocacy case, 104 female and 58 male in Investigation case and five female and one male in temporary Guardianship case). This data is reported in Figure 16. The table is shown in Appendix 3 (see Table 25).

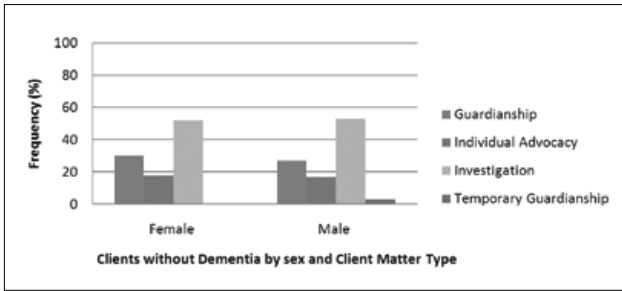
Figure 16: With Dementia by sex and Client Matter Type, OPA 65+



Note: Total clients with Dementia $n=280$ [Male $n=93$ (Guardianship $n=25$; Individual Advocacy $n=9$; Investigation $n=58$; Temporary Guardianship $n=8$); Female $n=187$ (Guardianship $n=55$; Individual Advocacy $n=23$; Investigation $n=104$; Temporary Guardianship $n=5$)].
Data source: Office of the Public Advocate (OPA), Resolve database, 2009

Women were proportionally more likely than men to have a diagnosis of dementia (75 per cent of women compared with 59 per cent of men) although sex does not seem to affect the client matter type whether they were diagnosed with dementia or not.

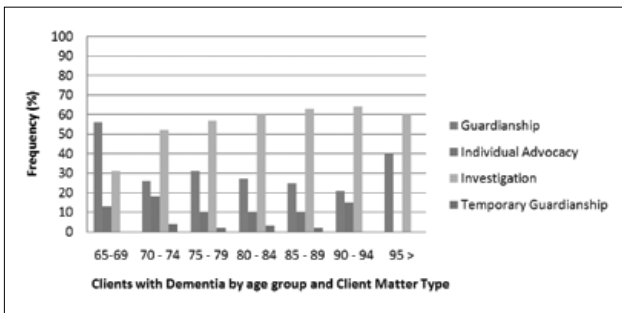
Figure 17: Without Dementia by sex and Client Matter Type, OPA 65+



Note: Total clients without Dementia n= 129 [Male n=66 (Guardianship n=18; Individual Advocacy n=11; Investigation n=35; Temporary Guardianship n=2; Female n= 63(Guardianship n=19; Individual Advocacy n=11; Investigation n=33; Temporary Guardianship n=0)].
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Age does seem to be related to the orders for clients with dementia (see Figure 18). Guardianship orders decrease with age until at 95+, and investigation orders increase with age. Advocacy orders appear relatively stable across age groups for those clients with dementia.

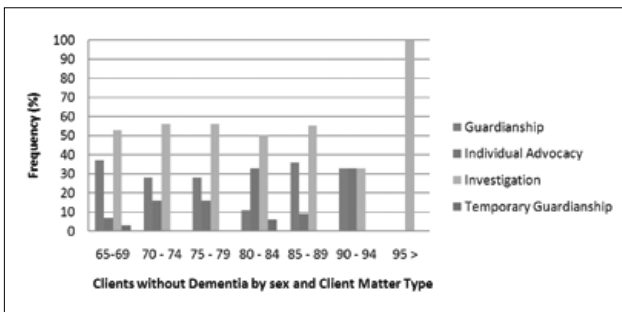
Figure 18: With Dementia by age group and Client Matter Type, OPA 65+



Note: Total clients with Dementia n= 280 (Age group 65-69 n= 16; 70-74 n= 27; 75-79 n= 58; 80-84 n= 82; 85-89 n= 59; 90-94 n= 33; >95 n= 5).
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

The effect of age on order type is not repeated for clients without dementia. Figure 19 illustrates a relatively steady distribution of orders across the age groups for OPA clients without dementia.

Figure 19: Without Dementia by age group and Client Matter Type, OPA 65+

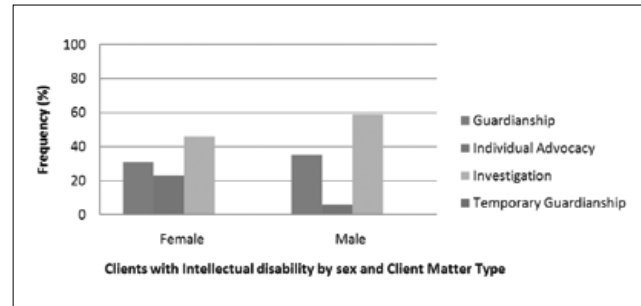


Note: Total clients without Dementia n= 129 (Age group 65-69 n= 30; 70-74 n= 32; 75-79 n= 25; 80-84 n= 18; 85-89 n= 11; 90-94 n= 12; >95 n= 1).
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Some of the clients aged 65 and older listed as experiencing possible financial abuse were vulnerable because of a diagnosis of intellectual disability. Thirty clients (7 per cent) were recorded as intellectually disabled, with a higher percentage of men than women (11 per cent of men compared with 5 per cent of women). Men with intellectual disability were more likely than women to have an

investigation order and slightly more likely to have a guardianship order (see Figure 20). The table is shown in Appendix 3, Table 27.

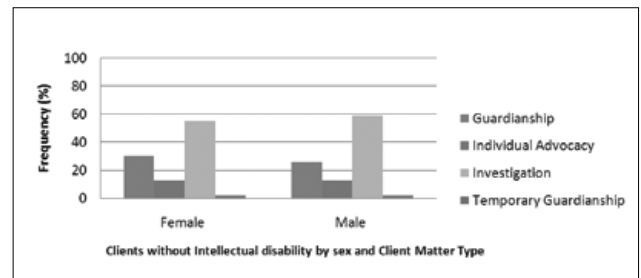
Figure 20: With Intellectual disability by sex and Client Matter Type, OPA 65+



Note: Total clients with Intellectual disability n= 30 [Male n= 17 (Guardianship n=6; Individual Advocacy n=1; Investigation n=10; Temporary Guardianship n=0; Female n= 13 (Guardianship n=4; Individual Advocacy n=3; Investigation n=6; Temporary Guardianship n=0)].
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

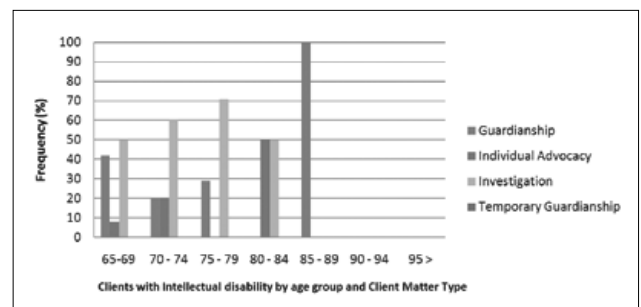
The sex difference in type of order reported for clients with an intellectual disability is not repeated for those without such a disability (see Figure 21).

Figure 21: Without Intellectual disability by sex and Client Matter Type, OPA 65+



Note: Total clients without Intellectual disability n= 379 [Male n=142 (Guardianship n=37; Individual Advocacy n=19; Investigation n=83; Temporary Guardianship n=3; Female n= 237 (Guardianship n=70; Individual Advocacy n=31; Investigation n=131; Temporary Guardianship n=5)].
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

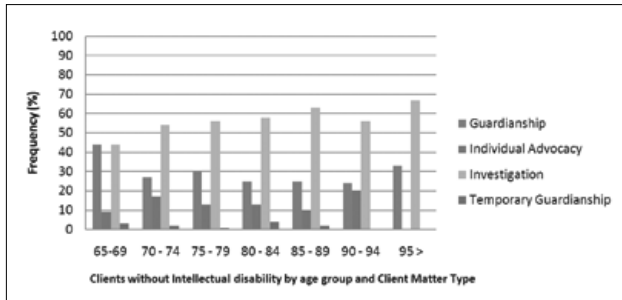
Figure 22: With Intellectual disability by age group and Client Matter Type, OPA 65+



Note: Total clients with Intellectual disability n= 30 (Age group 65-69 n= 12; 70-74 n= 5; 75-79 n= 7; 80-84 n= 4; 85-89 n= 2; 90-94 n= 0; >95 n= 0).
Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Orders for clients without intellectual disability show a steady rise in investigations with age group, and a steady fall in guardianship orders (see Figure 23). Individual advocacy is distributed across the age groups.

Figure 23: Without Intellectual disability by age group and Client Matter Type, OPA 65+

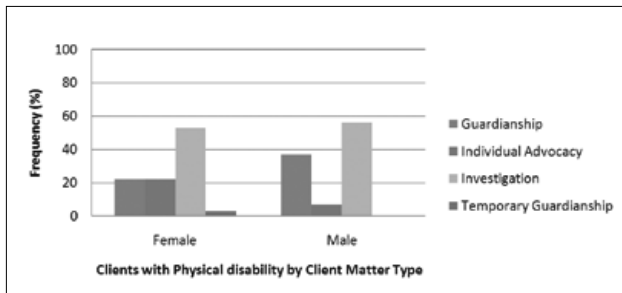


Note: Total clients without Intellectual disability $n = 379$ (Age group 65-69 $n = 34$; 70-74 $n = 54$; 75-79 $n = 76$; 80-84 $n = 96$; 85-89 $n = 68$; 90-94 $n = 45$; >95 $n = 6$).

Data source: Office of the Public Advocate (OPA), Resolve database, 2009

Seventy three clients (18 per cent) were recorded as being diagnosed with a physical disability, with men more likely to have this vulnerability than women (26 per cent of men compared with 13 per cent of women). Women with a physical disability were proportionally less likely than men to have a guardianship order, and more likely to be the subject of individual advocacy (see Figure 24). The table is shown in Appendix 3 (see Table 29 in Appendix 3).

Figure 24: With Physical disability by sex and Client Matter Type, OPA 65+

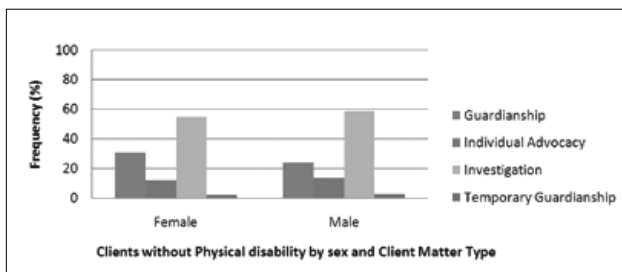


Note: Total clients with Physical disability $n = 73$ [Male $n = 41$ (Guardianship $n = 15$; Individual Advocacy $n = 3$; Investigation $n = 23$; Temporary Guardianship $n = 0$; Female $n = 32$ (Guardianship $n = 7$; Individual Advocacy $n = 7$; Investigation $n = 23$; Temporary Guardianship $n = 1$)].

Data source: Office of the Public Advocate (OPA), Resolve database, 2009

The effect of sex on client matter type disappears for clients without a physical disability (see Figure 25).

Figure 25: Without Physical disability by sex and Client Matter Type, OPA 65+

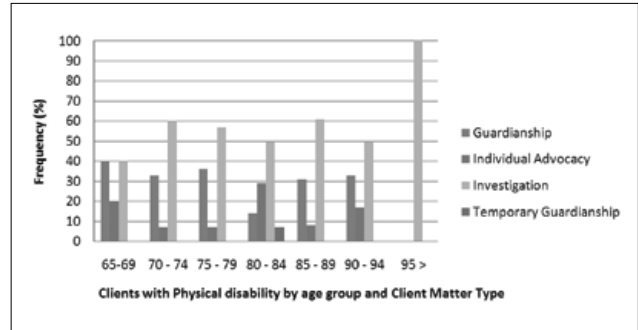


Note: Total clients without Physical disability $n = 336$ [Male $n = 118$ (Guardianship $n = 28$; Individual Advocacy $n = 17$; Investigation $n = 70$; Temporary Guardianship $n = 3$; Female $n = 218$ (Guardianship $n = 67$; Individual Advocacy $n = 27$; Investigation $n = 120$; Temporary Guardianship $n = 4$)].

Data source: Office of the Public Advocate (OPA), Resolve database, 2009

Guardian ship orders were least likely for clients with a physical disability in their eighties, and there is a compensatory increase in investigation orders for this age group (see Figure 26). Numbers are small and not too much can be made from differences between age groups.

Figure 26: With Physical disability by age group and Client Matter Type, OPA 65+

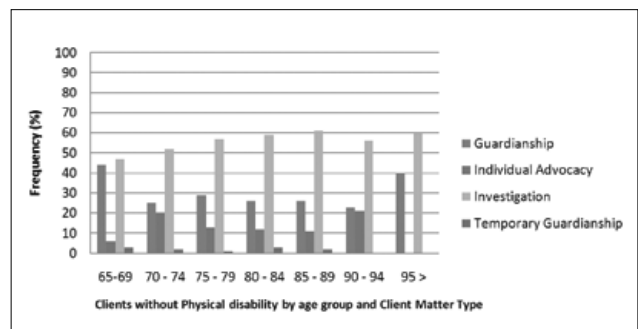


Note: Total clients with Physical disability $n = 73$ (Age group 65-69 $n = 10$; 70-74 $n = 15$; 75-79 $n = 14$; 80-84 $n = 14$; 85-89 $n = 13$; 90-94 $n = 6$; >95 $n = 1$).

Data source: Office of the Public Advocate (OPA), Resolve database, 2009

Order type for clients without a physical disability show little variation with age. There is an increase in guardianship orders for the youngest and oldest age groups, while other order types are evenly spread across the age groups (see Figure 27).

Figure 27: Without Physical disability by age group and Client Matter Type, OPA 65+

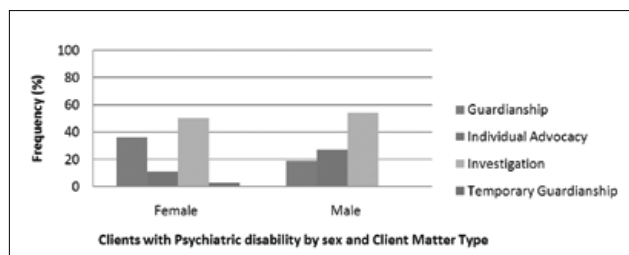


Note: Total clients without Physical disability $n = 336$ (Age group 65-69 $n = 36$; 70-74 $n = 44$; 75-79 $n = 69$; 80-84 $n = 86$; 85-89 $n = 57$; 90-94 $n = 39$; >95 $n = 5$).

Data source: Office of the Public Advocate (OPA), Resolve database, 2009.

Sixty two clients (15 per cent) were recorded as being diagnosed with a Psychiatric Disability. Proportionally there were slightly fewer women than men with a psychiatric disability (14 per cent of female clients compared with 16 per cent of male clients). The data table is shown in Appendix 3, Table 31.

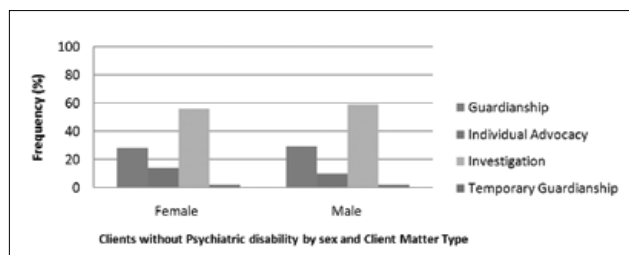
Figure 28: With Psychiatric disability by sex and Client Matter Type, OPA 65+



Note: Total clients with Psychiatric disability n= 62 [Male n= 26 (Guardianship n=5; Individual Advocacy n=7; Investigation n=14; Temporary Guardianship n=0; Female n= 36 (Guardianship n=13; Individual Advocacy n=4; Investigation n=18; Temporary Guardianship n=1)]. Data source: Office of the Public Advocate (OPA), Resolve database, 2009

Women with a psychiatric disability are more likely than men to have a guardianship order and men more likely to have an advocacy order, see Figures 28 and Figure 29. This effect of sex on order type is not sustained for those without a psychiatric disability, where order types are equivalent for women and men.

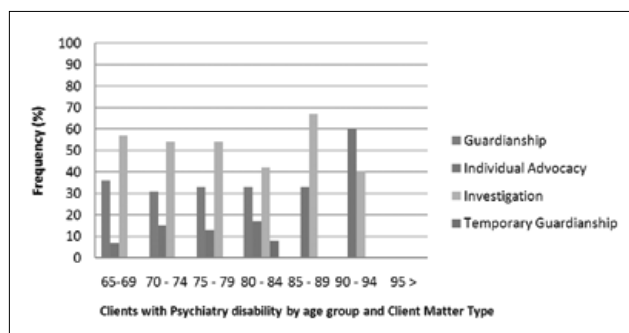
Figure 29: Without Psychiatric disability by sex and Client Matter Type, OPA 65+



Note: Total clients without Psychiatric disability n= 347 [Male n=133 (Guardianship n=38; Individual Advocacy n=13; Investigation n=79; Temporary Guardianship n=3; Female n= 214 (Guardianship n=61; Individual Advocacy n=30; Investigation n=119; Temporary Guardianship n=4)]. Data source: Office of the Public Advocate (OPA), Resolve database, 2009

Guardianship orders were not issued for clients with a psychiatric disability older than 84. These older clients had investigation or advocacy orders, see Figure 30.

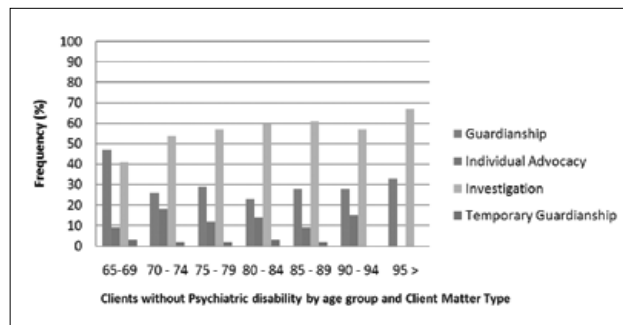
Figure 30: With Psychiatric disability by age group and Client Matter Type, OPA 65+



Note: Total clients with Psychiatric disability n= 62 (Age group 65-69 n= 14; 70-74 n= 13; 75-79 n= 15; 80-84 n= 12; 85-89 n= 3; 90-94 n= 5; >95 n= 0). Data source: Office of the Public Advocate (OPA), Resolve database, 2009

The effect of age group on client matter type was not evident for those clients without a psychiatric disorder, where types of order were evenly distributed across age groups (see Figure 31). The exception was for clients without a psychiatric disability aged in their sixties, who were more likely to have guardianship orders than older clients.

Figure 31: Without Psychiatric disability by age group and Client Matter Type, OPA 65+



Note: Total clients without Psychiatric disability n= 347 (Age group 65-69 n= 32; 70-74 n= 46; 75-79 n= 68; 80-84 n= 88; 85-89 n= 67; 90-94 n= 40; >95 n= 6).

Data source: Office of the Public Advocate (OPA), Resolve database, 2009

There were 37 members (9 per cent) for whom disability type was recorded as “unknown at point of file creation”. There was no sex difference among this group (see Table 33 in Appendix 3).

Twenty eight clients (7 per cent) were deceased (13 female and 15 male), see Table 34 and Table 35 in Appendix 3. Proportionally men were slightly more likely to have died than women.

The OPA data provides a record of the number of people who require the services of the public advocate to support them in the management of their affairs. The data extends over five years, and we report only on those clients who are aged 65 or older, and who are deemed to be experiencing ‘Possible Financial Exploitation’.

This data gives us an insight into the age range, the sex distribution and the types of disability that underlie the vulnerability to financial abuse for these clients. A majority of clients were women, the mean age was 80 years, and 12 per cent were in their nineties.

Clients were most likely to be vulnerable to financial ‘exploitation’ because of a diagnosis of dementia, with three quarters of women and nearly 60 per cent of men having this diagnosis. Men were more likely than women to be vulnerable because of physical disability or acquired brain injury.

1.5.4 Victoria Police

Victoria Police provided the Monash University team with data on theft, deception and fraud cases taken from the LEAP database in July 2008. Data from the Victoria Police in relation to financial offences committed against people older than age 54 are listed in table 2 below. The Police record the age of the victim and their upper age limit is 55 and older. This is an important data limitation as it makes it impossible to search their records for offences against older people using accepted definitions of 'older'. The most common recording of age groups among service providers and researchers uses 65+ when describing older people, although the Commonwealth uses 70+ years, and SRV serves a population of 60+. Most agencies recognise that Indigenous people qualify as 'older' in their fifties because of their lower life expectancy compared with non-Indigenous people.

The Police data show that the large majority of financial offences are undifferentiated theft. The number of these offences recorded has dropped over the five years between 2003 and 2008. Obtaining property and financial advantage by deception are likely to be the offences most reflecting financial elder abuse. Deception and fraud incidents for people aged older than 54 totaled fewer than 600 per annum in 2007/8 although the number has increased by 25 per cent over the five years covered by this data set.

It is not clear how police data about reported crimes relate to the incidence of elder financial abuse. As with other forms of abuse that occur within families or other relationships of trust, reports to police are likely to be a small fraction of the actual incidence of events. However financial elder abuse is more likely than other types of trust-related abuse to involve outside agencies such as banks and solicitors and this may increase rates of reporting. International incidence studies have estimated only one in five cases are reported to authorities²⁴.

1.5.5 Department of Justice

We met several times with the statistics unit of the Department of Justice. They were able to supply a list of 2500 crimes, and highlighted within that the 91 crimes which may apply to financial mistreatment. We were advised that their records do not include the age of the affected person and as a result we were unable to obtain useful data for any of these crimes. The lack of specificity in relation to financial elder abuse, and the inability to obtain data relating to crimes against older people, meant that court data were unable to contribute to the purpose of this investigation.

1.5.6 Elder Abuse Prevention Unit Queensland

Although this project was focussed on a search for Victorian data, we approached the Elder Abuse Prevention Unit (EAPU) in Queensland for the opportunity to examine their helpline data as it appeared to be the most complete helpline data in Australia, and to have been collected over a longer time than other helpline data. The data provided was the most comprehensive of all the data sets, and included information about the client, their abuser, living arrangements and vulnerabilities. It provides an example of the extent of data that can be collected within the provision of a helpline service.

The EAPU is funded by the Queensland Government Department of Communities as part of their strategy to enhance the quality of life and safety of older people. Their data gives us insight into Australian incidents (rather than incidence) of financial elder abuse, including information about who is vulnerable and who is committing the abuse, and their relationships with each other. We include Queensland data in this report as an illustration of the usefulness of helpline data, in anticipation of further reports from the Seniors Rights Victoria helpline as community and professional awareness is raised about its role.

Table 2: Victims of financial offences aged 55 years and over, Victoria Police 2003 to 2008

| VICTIMS, 55 YEARS OF AGE AND OVER OF SELECTED OFFENCES, April 2003 to August 2007 | | | | | | |
|---|--|---------|---------|---------|---------|---------|
| Offence Code | Offence Description | 2003/04 | 2004/05 | 2005/06 | 2006/07 | 2007/08 |
| 321A | Obtain property by deception | 383 | 472 | 427 | 493 | 481 |
| 321B | Obtain financial advantage by deception | 43 | 69 | 41 | 72 | 86 |
| 321C | Make false document (crimes act) | 12 | 10 | 3 | 4 | 6 |
| 321H | Fraudulently induce investment | 0 | 0 | 0 | 0 | 1 |
| 321KZ | Procure use of motor vehicle by fraud | 2 | 3 | 3 | 2 | 4 |
| 321L | False accounting | 1 | 1 | 2 | 0 | 0 |
| 321M | Produce/use account to mislead/deceive | 2 | 2 | 0 | 0 | 0 |
| 321PP | Fail dep trust money – intent to defraud | 0 | 0 | 1 | 0 | 0 |
| 390A | Theft | 6680 | 5802 | 5876 | 5956 | 5817 |

Produced by Victoria Police Corporate Statistics.

Data extracted from LEAP on 18 July 2008 and subject to variation.

24 National Centre on Elder Abuse (1998) The National Elder Abuse Incidence Study: Final Report Prepared for The Administration for Children and Families and The Administration on Aging in the US Department of Health and Human Services.

Since this data were received in July 2009 the EAPU has been funded to upgrade its data collection and management, as detailed below²⁵:

The data from over 1,000 separate incidents of elder abuse are being transferred to the new database this month (December 09) and a further 3,000 records are also currently being prepared for inclusion over the next few months. The EAPU will finally have one secure home for its data which was previously held in two separate databases. This will allow for easier extraction of information for analysis.

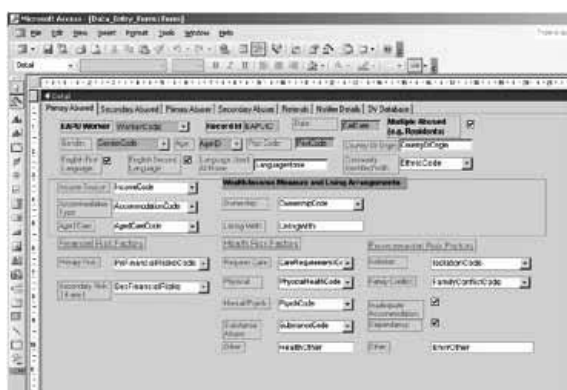
Further, the new database will incorporate new and more sensitive areas for capturing a range of information on the abused, abuser and the notifier in future elder abuse reports. All core elements such as abuse types, gender, and relationships etc will remain unchanged to allow the old data to be comparable with the new data collected. Some new risk factors have been included while the ability of the database to collect information on “Many to Many” relationships has been improved. These relationships occur in situations where for example an older couple are being abused by their son and daughter in law – the son may be physically, verbally and financially abusive to his father and verbally and financially abusive to his mother while his wife may be verbally abusive to both her parents in law.

Data were received from the EAPU for the years January 2006 to June 2009. There is data for 2364 records, of which 34 per cent is for financial elder abuse. Data included information about the primary abuser as well as the person who had been abused.

Two Excel spreadsheets were received in response to our request, one dated January 2006 to December 2007 (EAPUDbRequestJan06-Dec07.xls), and the other dated January 2008 to June 2009 (EAPUDbRequestJan08-Jun09.xls). They contained similar data, for different years. In addition we received screen shots of their data records showing the structure of the database (EAPUsResearchScreen Shots.doc).

Data were collected at the time of the call, using a computer-based software program, Microsoft Access, with pre-determined categories and drop down menus. Some examples of the data collection pages follow: See Figure 32 and Figure 33 below.

Figure 32: Screen shot of Access database client data entry form, EAPU



This figure illustrates the method of the EAPU for collecting data while dealing with client needs on an incoming telephone call.

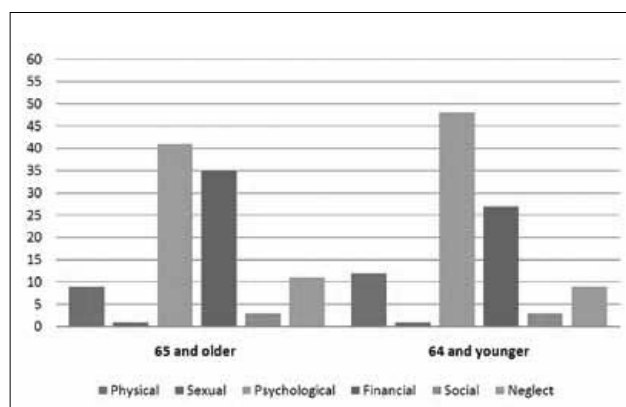
Figure 33: Screen shot of Access database entry form for abuser information, EAPU



Data are also collected on the abuser, and this is illustrated in Figure 33 above.

There were a total of 1308 cases recorded in the Queensland EAPU data file from January 2006 to December 2007. Of those, 451 cases were identified as financial abuse. In the EAPU data file from January 2008 to June 2009, a total of 1054 cases are recorded in the file. Of those, 323 cases were identified as financial abuse. A total of 774 financial abuse cases were identified between January 2006 to June 2009 (please note this includes all age groups), see Figure 34. The table is shown in Appendix 3 (see Table 33).

Figure 34: Abuse type by age group 64 and younger and 65 and older, EAPU



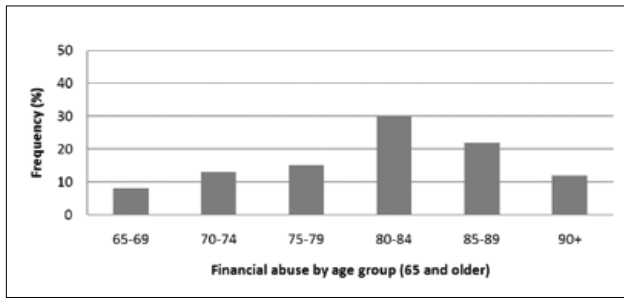
Note: Total Age group 65 and older n= 1792 (Physical abuse n=167; Sexual abuse n=13; Psychological abuse n=747; Financial abuse n=620; Social abuse n=49; Neglect n=196; 64 and younger n= 569 (Physical abuse n=70; Sexual abuse n=7; Psychological abuse n=48; Financial abuse n=27; Social abuse n=3; Neglect n=9).

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009.

In the analysis which follows we have excluded those aged 64 years and under. A total of 620 cases were included in the analysis. Figure 35 shows that the most common age group was 80 to 84 years followed by those aged 85 to 89. People in their eighties comprise more than half the clients of the help line and 34 per cent of clients aged 65+ were older than 85, the so called ‘old-old’. The table is shown in Appendix 3 (see Table 34).

²⁵ Elder Abuse Prevention Unit (2010) www.eapu.com.au/WhatsNew.aspx accessed on 01/02/2010

Figure 35: Age group 65 and older, financial abuse, EAPU

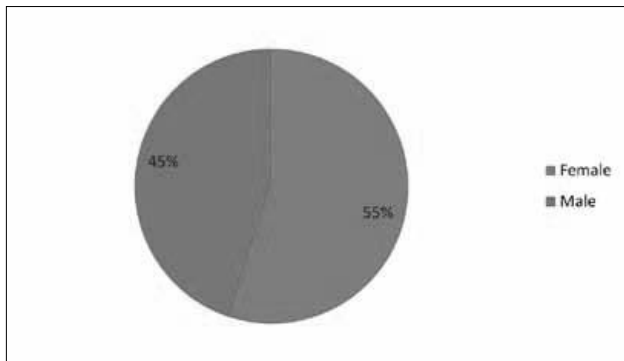


Note: Total n=620; Age group 65-69 n= 47; 70-74 n= 84; 75-79 n= 93; 80-84 n= 184; 85-89 n= 139; 90+ n= 73.

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009.

There were more women than men recorded as contacting the helpline in relation to financial elder abuse. Three hundred and forty clients were female (55 per cent), see Figure 36. (See Table 35 in Appendix 3).

Figure 36: Sex of abused clients, EAPU 65+



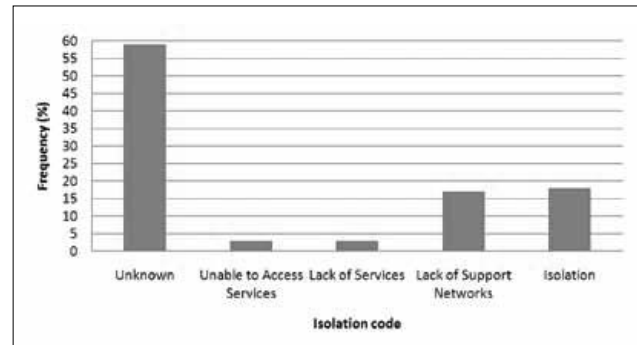
Note: Total n=619; Female n= 340; Male n= 279; 1 person identified as unknown (excluded from the total).

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009.

According to data collected from January 2006 to June 2009, 131 clients were identified as living alone, 93 clients were identified as living with a son and 79 clients were identified as living with a daughter. Nearly 100 different types of living arrangements were documented, almost all of which were variations on living either alone or with various family members. The very complex living arrangements of older people are evident in the range of recorded relationships. They are included in Appendix 3 to provide a flavour of the ingenuity of families in accommodating the living and support needs of their older members and the flexibility of older people in accepting what families are able to offer. More details can be found in Table 36 in Appendix 3.

A total of 113 clients were identified by the EAPU as living in isolation, 101 clients were identified as having a lack of support networks, 20 clients were identified as having a lack of services, and 19 clients were identified as unable to access services. See Figure 37 (see Table 37 in Appendix 3).

Figure 37: Isolation code, EAPU 65+

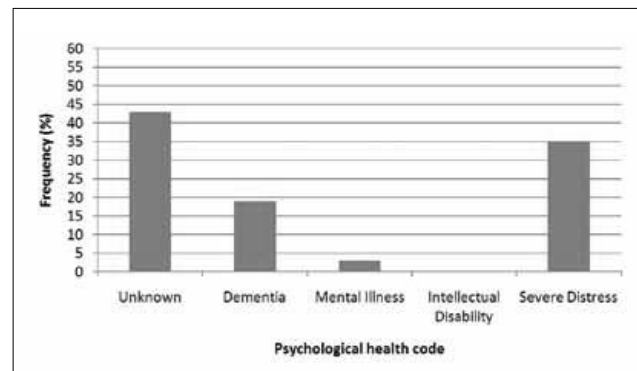


Note: Total n=615; Unknown n= 362; Unable to access services n= 19; Lack of services n= 20; Lack of Support Networks n= 101; Isolation n= 113.

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009

A majority of clients for whom their psychological state was known were recorded as experiencing severe distress (218 cases), 114 clients were identified as having dementia, there were 16 clients identified as having a mental illness (2 per cent) and two clients were identified as having an intellectual disability, see Figure 38 (see Table 38 in Appendix 3).

Figure 38: Psychological health code, EAPU 65+

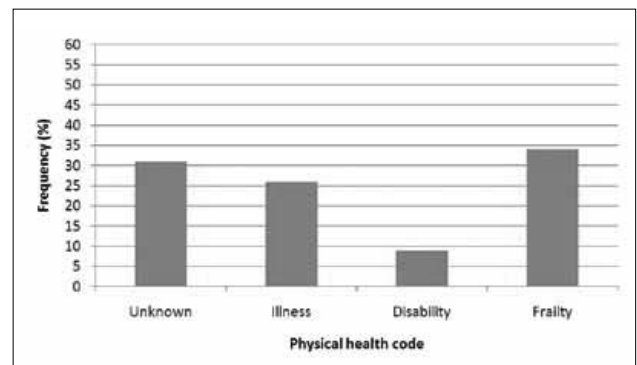


Note: Total n= 616; Unknown n= 266; Dementia n= 114; Mental Illness n= 16; Intellectual Disability n= 2; Severe Distress n= 218.

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009.

Information was recorded about physical health. A total of 212 clients were identified as frail, 162 had an illness, and 55 clients were identified as having a physical disability, see Figure 39 (see Table 39 in Appendix 3).

Figure 39: Physical health code, EAPU 65+



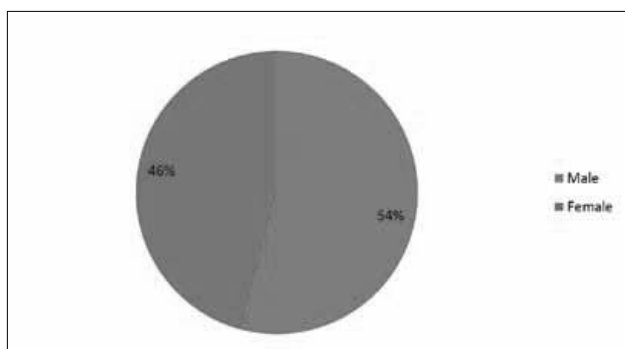
Note: Total n=617; Unknown n= 188; Illness n= 162; Disability n= 55; Frailty n= 212.

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009.

Primary Abuser

The Queensland EAPU data set included information about the abuser as well as the older person who had experienced possible financial abuse. Among cases listed in the file titled 'Prim Abuser', 392 (54 per cent) were male and 334 (46 per cent) were female. Unlike other studies, abusers in this data set were only slightly more likely to be male. Twenty-three cases were identified as 'Unknown' and 25 cases were identified as 'N/A (Not Available)', for a total of 774 abusers, see Figure 40 (see Table 40 in Appendix 3). This exceeds the number of clients experiencing financial abuse.

Figure 40: Sex of abusers, EAPU

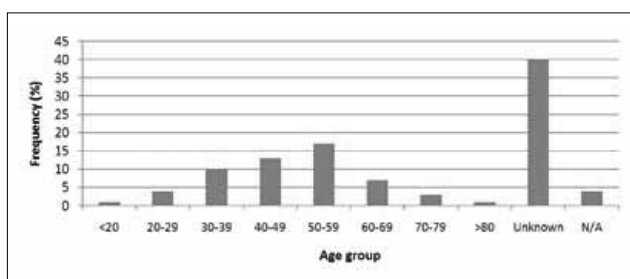


Note: Total n=726; Male n= 392; Female n=334.

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009.

The age groups of primary abusers ranged from aged 20 and under to aged 80 and over. A total of 308 cases were identified as age 'Unknown'. The most common age for abusers was 50 to 59 and the next most common was 40 to 49, see Figure 41 (see Table 41 in Appendix 3).

Figure 41: Age group of abusers, EAPU

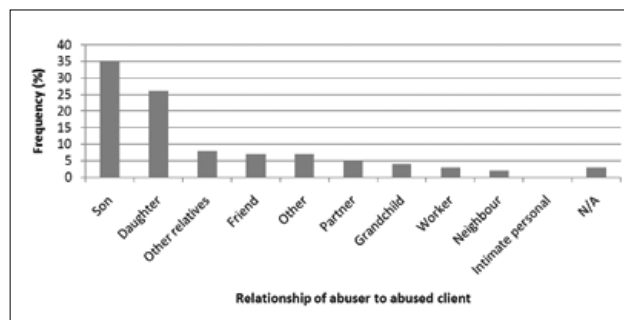


Note: Total n=774; <29 n= 7; 20-29 n= 31; 30-39 n= 75; 40- 49 n= 105; 50-59 n= 132; 60-69 = 54; 70-79 n= 21; >80 n= 7; Unknown= 308; N/A n= 34.

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009

The great majority of abusers were family members, related to those identified as 'primary abused'. This data is reported in Figure 42. A total of 273 abusers were identified as son, 202 cases were identified as daughter followed by 59 cases as other relative, 38 cases as partner and 30 cases as grandchild. Fifty six cases were identified as friend, while workers and neighbours were also listed; see Figure 42 (see Table 42 in Appendix 3)

Figure 42: Relationship of abuser to abused client, EAPU



Note: Total n=774; Son n= 273; Daughter n= 202; other relatives n= 59; Friend n= 56; other n=49; Partner n= 38; Grandchild n= 30; Worker n= 25; Neighbour n= 17; Intimate personal n= 1; N/A n= 24.

Data source: Elder Abuse Prevention Unit Queensland (EAPU) 2009

The value of the EAPU data lies in the length of time it has been collected, the range of variables included in the data set, and the size of the sample. This gives us insight into some demographic information about clients, including age, sex and living arrangements, and their relationship with the abuser. It confirms international and national studies of the predominance of women among the client group, and of sons and daughters in the abuser group, and modifies previous research suggesting that sons were more common as abusers than daughters.

Data on the physical and psychological status of the clients indicates that vulnerability to abuse is often linked to reduction in function and presumably the increasing dependency that results from this. More than 75 per cent of general (i.e. not just financial) elder abuse reports to the EAPU identified a health vulnerability²⁶. Clients were likely to be distressed, isolated or unable to access services, and frail. A third were aged older than 84. Information on the primary abuser was less consistent (there were more 'unknown's in the data), yet it confirms the role that sons and daughters play. Abusers were predominantly in their forties and fifties.

The range of family living arrangements is both an exciting finding that testifies to the ingenuity of families and a challenge for policy developers as they consider how to reach at-risk populations.

There is no information in the data set provided about the amount of money involved or the types of financial abuse, or the support that the helpline was able to offer, or how matters were resolved. However the Annual Report of the EAPU for 2008 does contain data on the amount of money involved:

Financial abuse features high in both a primary and secondary abuse type with often quite large amounts of money being exploited. This year \$14 million was recorded as being exploited from 58 of the 401 cases involving financial abuse. This is an average of \$242,287 for the 58 cases where a dollar figure was recorded. If this average is applied to all the financial abuse reports received the total estimate for the year is \$97,157,052²⁷.

The primary response from the Helpline is help with sorting out what is going on, and referral to relevant agencies.

26 Elder Abuse Prevention Unit Annual Report 2007-2008 www.eapu.com.au/Portals/0/Annual%20Reports/Annual%20Report%202008_with_Cover.pdf p 13 accessed 4/2/2010

27 Victorian Family Violence Database Seven Year Report www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/eb786f414f3853f/Victorian_Family_Violence_Database_Seven_Year_Report_part_1.pdf p 15 accessed 4/2/2010

It is of great interest that so many vulnerable old people were able to reach out for help when the helpline was made available.

1.5.7 Department of Human Services (DHS): Family Violence Services

Data for this section were obtained through publicly available reports, and interviews with staff of the Department. In addition to its responsibility for Aged Care, the Department of Human Services funds community based family violence services. These programs include family violence accommodation and support, outreach services, intensive case management and counseling and support services. Although financial abuse is not a major focus of family violence services, it is included in their definitions of violence, and it occurs within families. Financial elder abuse may be a form of pre-existing intra-family abuse emerging as parents grow older and more vulnerable, and in some cases another manifestation of continuing abusive family dynamics.

DHS Integrated Reporting Information System (IRIS) data for 2007/08 shows that 1.6 per cent of women accessing family violence counseling and support services were aged 65 years and over, and accessed a combination of individual counseling and/or group support services. It seems that older people are not engaged with family violence services, and may be more likely to interact with health and community aged care services instead.

The Victorian Family Violence Database includes data provided through a range of sources including, police, courts, hospital emergency departments and DHS funded agencies. Some of these services collect data that could be relevant to financial elder abuse but do not disaggregate by age, have no victim data, or do not include financial abuse. Family violence includes '*controlling behaviour in current or past familial relationships, including economic control*' (our italics) this encompasses not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, *economic control*, property damage, social isolation and behaviour which causes a person to live in fear.²⁸ However financial elder abuse is not reported on.

According to information provided by the Department of Human Services, Family Violence services estimate a less than 14 per cent reporting rate for all types of family abuse yet they contain the most consistent data available through state agencies. From January 2010 data recorded for family violence services using the IRIS database will include the category of financial abuse. Current data however indicates that women over 65 years accessing Children Youth & Families services comprise less than 2 per cent of all clients.

As of January 2008, the Victorian Family Violence Database holds data for the seven years commencing 1999 to 2000 up to, and including, 2005 to 2006 of:

- family violence incident reports filed with Victoria Police;
- applications for an intervention order finalised in the Magistrates' and Children's Courts of Victoria; and
- family violence victims seeking emergency accommodation within the system of Victorian Supported Accommodation Assistance Program (SAAP).

It also contains:

- two years of data (2004 to 2005 and 2005 to 2006) on admissions for family violence "human intent injuries" to Emergency departments of the Victorian Public Hospitals (VEMD);
- a single year of data (2005-2006) for family violence victims seeking assistance from the Victims Support Agency Helpline (VSA Helpline); and
- a single year of data (2006-2007) for the Integrated Reporting Information Systems (IRIS). Their report includes child on parent violence, but not the age of the parent. Children's ages are recorded as 12 to 24, which would be below the age we are concerned about.

Age is reported as a variable, but the reporting stops at 65+. Other reported age groups include five year and 10 year groupings and this arbitrary cut off at 65 is difficult to justify. It may be that this is just the way the data is reported (rather than collected). According to information provided by the Department there is no barrier to the recording of age in the IRIS data base for family violence services. Clients are recorded as individuals, thus age can be extracted on this basis if required. There is very little data on family violence against people aged 65+ in their report.

The report puts into perspective the lack of information on older people and family violence compared to their proportion in the population. Women 65+ make up 19 per cent of the Victorian population (ABS) and 0.06 of reported cases to police, and 0.07 per cent before the courts. Men 65+ make up 15 per cent of the Victorian population, and 0.05 per cent of cases reported to police and 0.06 per cent of court cases²⁹.

Family violence legislation focusses on the protection of women and their children, rather than on the protection of adults from their children. The family violence sector has a very different history and focus from the health and community care sector which delivers most services to older people. When workers in the family violence sector speak of older aged people they refer to 45 years and older. This may make family violence data collection unsuited to be adapted for elder abuse data collection. However the collection of family violence data, from a range of sources, could be a model for how data on financial abuse of elders could be collected and reported.

The Victorian Family Violence Database was developed because 'access to reliable and meaningful statistics on family violence is essential for the development of appropriate policy responses to family violence in Victoria'³⁰ The same imperative exists for elder abuse and it may be possible to include elder abuse and financial mismanagement in the Family Violence Database although this would require a change in direction for the core work of family violence agencies.

28 Victorian Family Violence Database Seven Year Report www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/eb786f414f3853f/Victorian_Family_Violence_Database_Seven_Year_Report_part_1.pdf p 15 accessed 4/2/2010

29 Victorian Family Violence Database Seven Year Report www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/eb786f414f3853f/Victorian_Family_Violence_Database_Seven_Year_Report_part_1.pdf p 62 accessed 4/2/2010

30 Victorian Family Violence Database Seven Year Report www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/eb786f414f3853f/Victorian_Family_Violence_Database_Seven_Year_Report_part_1.pdf p 5 accessed 4/2/2010

1.5.8 Additional data analysis

The Victorian Civil and Administrative Tribunal (VCAT) is part of the justice system in Victoria, and has within its remit applications for guardianship and administration and appointing administrators to manage a person's financial affairs³¹. VCAT was approached for access to their data. They responded that the VCAT Guardianship List would not be suitable to estimate the incidence of financial elder abuse, since there is no current system for recording this. All that is systematically recorded is whether a determination has been made that some mechanism for the management of a protected persons' financial matters is to be instituted. This recommendation may arise from situations where there is no financial elder abuse, other situations where financial elder abuse may be possible and yet others where financial elder abuse might be strongly suspected. All of these situations are grouped together in the database.

The Victorian Government Department of Justice Victims Support Agency concentrates on crimes against the person although they do receive some calls about property crime. They record four types of abuse, including property crime, but do not break this down as they do not provide services to people with property crime, only crimes against the person. During discussions with staff we were told they do not receive a lot of calls from older people in relation to property crime.

Staff within the State Government Department of Justice victims of crime policy area mentioned that they are thinking about elder abuse and what they need to do about it.

Aged and Community Care Victoria (ACCV), the Victorian industry peak body for Commonwealth funded residential aged care services and some community aged care services told us in an interview that it is aware of the issue of financial elder abuse, hears anecdotal evidence and is interested in knowing more. Members tell them about cases of financial abuse and there is grave concern among the sector. They do not support mandatory reporting as this is disempowering for older people. ACCV supports the Victorian Government strategy to prevent elder abuse, in particular the new practice guide for health services and community agencies - *With respect to age – 2009*.

The profession of social work deals in part with financial issues for people engaged with the health sector as clients or patients. Social workers are primarily located in public hospitals. Social work is a potential data collection point. An academic social worker suggested during an interview for this project that social workers are likely to record any concerns about financial elder abuse as part of the case history, in a hospital setting. This may be part of the general hospital record, although this varies from hospital to hospital. He knows of no reporting or aggregating of data. There are regular meetings of chiefs of social work and they would be a good group for a focus group or joint research project on financial elder abuse.

2. Interviews

In consultation with State Trustees we identified 22 people and organisations likely to have information or data about financial elder abuse. We conducted interviews or informal discussions with representatives from these key organisations and sought data from all of them, if they held data. The interview schedule is included as Appendix 1. The list of organisations approached is in Appendix 2.

Formal interviews were conducted with 9 people. These interviews were recorded and analysed, using NVivo analysis software³². Informal discussions were held with representatives from 14 organisations, and notes taken. These contributed to the analysis.

We sought to understand what these key informants knew about elder financial abuse, what data they held if any, and in what form. We wanted to know if they did hold data, could we access it. We also wanted their insights into what might be done to help people to behave well in relation to intergenerational asset transfer.

The following discussion is based on these interviews and all statements derive from these interviews and discussions. Responses to the questions during the interviews are paraphrased and some are reported directly. This is reflected in the varying tone and phrasing of the comments. Comments are not attributed to individuals in order to protect their confidentiality, which was a requirement of the ethics approval for this project.

2.1 Definition of financial elder abuse

A definition of financial elder abuse has been established by the Victorian Government in their Elder Abuse Prevention Strategy. In the practice guidelines *With respect to age – 2009* developed by the Department of Health, financial abuse is defined within the broader context of elder abuse scoping a range of types. Financial abuse is defined as:

*'the illegal use, improper use or mismanagement of a person's money, property or financial resources by a person with whom they have a relationship implying trust.'*³³

Most of the people we spoke with have difficulty operationalising the term 'financial elder abuse'. Some start with the World Health Organisation definition of 'illegal and improper use' and then struggle with how this differs from fraud and what is particular to older people. Four key elements of financial elder abuse were identified as: 1. significant harm; 2. clear intent; 3. opportunistic; and 4. a relationship of trust.

At a time when people are living longer and reliant on family as they age, trust relationships are critical, and yet routine interactions of trust and care can slide into abuse.

Others include in their definition any financial decisions made by another person that restricts the life of the other or are 'not in their best interest', or against 'expressed wishes'. Decisions that are not in line with the values and wishes of the older person may be included. Even where older people have capacity for decision-making they are at risk if they become dependent and vulnerable. This applies primarily to those 65 and over, many are older than 80 years and it is necessary to think in more discreet age groups than just 'older than 64'.

31 Victorian Civil and Administrative Tribunal (VCAT) www.vcat.vic.gov.au accessed 4/2/2010

32 QSR International Pty Ltd (2009) NVivo qualitative data analysis software www.qsrinternational.com/products_nvivo.aspx

33 *With respect to age – 2009* Aged Care Branch, Victorian Government Department of Health p 2

Elder abuse is also defined in the field as 'illegal or unethical behaviour from a trust relationship.'³⁴ Financial elder abuse is also defined by some of our respondents as a breach of trust of a dependent older person, through undue influence. This is a type of criminal behaviour that breaches boundaries of trust.

Interviewees told us that in a community setting, financial elder abuse is normally part of multiple forms of abuse. The behaviour is intimidating, controlling, creates fear, and often involves misuse of powers of attorney, changes to wills and unethical trading in title to property. Sometimes the older person does not have the capacity to sign but may be coerced to sign documents relating to their assets. This may be done in front of a solicitor, and improving the ability of solicitors to recognise and respond to situations of abuse is an area of professional development being addressed by the legal profession. It appears that at present there are no established and reliable quality standards practiced across sectors. The legal profession is aware of their important role in helping older people manage their assets and have established special interest groups and specific training to address their responsibilities.

2.2 Prevalence and incidence of financial abuse in Victoria

The Aged Care Branch of the Department of Health (DH) contributes to the government strategy on ageing through policy work rather than service provision. We interviewed staff in the Branch and this section is based on that interview. They did not provide data on financial elder abuse. No data are collected by DH although it exists in client records from health services and community agencies. There are 200 to 500 different organisations that potentially may be involved in providing services to older people, only some of which are controlled by the State Government. Data collection across these disparate organisations would not be consistent and the most feasible approach may be to undertake a snapshot of the data agencies are collecting, limited in time and scope. The Health and Community Care (HACC) services would be a place to start. There would be significant issues of privacy in accessing records kept to underpin service provision. The lack of hard data has not stopped the Government from putting in place prevention strategies.

The Department of Health is acting on the assumption that between two to five percent of people aged 65 or older will experience financial abuse at some time (prevalence), and that this primarily affects women and is carried out by their children.

The focus of DH is to respond to issues such as elder abuse. Staff in the Branch wrote the Victorian Government guidelines for health services and community agencies for the prevention of elder abuse. It is titled '*With respect to age - 2009*' and was introduced to staff in government agencies through a state-wide series of workshops in 2009. This guide can be accessed at www.health.vic.gov.au/agedcare/downloads/with_respect_to_age1.pdf

We interviewed a representative of Australian Banking Association and the Financial Ombudsman services for this study. The national banking industry is aware of the mismanagement of the assets of elders, although only recently coming to terms with the prevalence of financial elder abuse and its importance as an issue³⁵. The banking industry thinks more in terms of fraud than abuse. According to their informant they are struggling with privacy issues and the challenge of identifying a group in society, older people, and treating them differently, and they say the Human Rights and Equal

Opportunity Commission is very wary of policies or legal frameworks for specific sections of the community. Banks now do most of their customer transactions on-line and this reduces the opportunity for over the counter support and identification of mismanagement or undue pressure on an older person.

The Financial Ombudsman's office does not collect data disaggregated by age or of sufficient precision to document 'undue influence' or elder abuse. The closest code is 'breach of mandate' and this is usually credit card related, or a dispute between separating spouses. They do have anecdotal evidence of misuse and sometimes relatives complain on behalf of their parent. The incidence of financial elder abuse complaints to their office is low. They receive about 1800 complaints a month nationally, mostly from people trying to get out of contracts, or dealing in accounts with access disputes for business or marital breakdowns.

Banks do not get involved (or are not involved) even when cases are identified. Banks are also concerned about how to balance the role of Powers of Attorney (PoA) and respect for the use of that instrument, with caution about their misuse. PoAs are an important instrument to support people in managing their affairs, and the banking industry want to promote rather than impede their use. Banks can make PoAs work but if their back-end processes are not well developed, or there is nowhere to check the validity of the PoA, that will impede the role of PoA in safeguarding the assets of older people in their relationships with banks.

Informants who work with elder abuse help lines have a different view. They wonder if any EPAs work properly. They deal with a continuum from ignorance or lack of understanding to a percentage of behaviours which is just blatant asset stripping. This includes using the Enduring Power of Attorney to sell property or empty bank accounts. In between are issues of control which may reduce quality of life or the ability of an older person to pay their way. The majority of misuse relates to family members appointed as attorney, and acting badly. Interviews with helpline staff suggest it is mostly sons and daughters, or adult grand children who financially abuse their parents or grandparents. Step children are not evident. Sometimes it takes a guardianship order to uncover issues of 'mitts on the money'.

Calls to helplines show financial abuse is the most commonly reported form of elder abuse, with about 40 per cent of calls involving mismanagement of money or assets. The helpline informants told us there are hundreds of cases of mismanagement in Victoria, often where children move in with the parent with the promise to exchange care for shelter. The children may have addictions or mental illness and develop a co-dependence with their parent, and find they are able to live from their parent's income. This is exacerbated by poverty, alcohol, gambling and drug addiction on the part of the child.

Interviewees speculated that people are living longer and this is putting stress on existing expectations of intergenerational management and transfer of assets. The potential for financial elder abuse arises in part because only 3 to 5 per cent of people who are aged 60 and older are in residential care³⁶, the remainder continue to live in the community in their own homes or with family and many are dependent on family members for support. They pointed out that the lack of a systematic and centralised reporting mechanism means the understanding of the issue relies on anecdotes, helplines and intermittent research reports. The point was made that financial elder abuse is not confined to a conflict of generations and that spousal financial abuse also happens.

³⁴ Quote taken from stakeholder interview transcript, 2009

³⁵ Banking and Financial Services Ombudsman Bulletin 56 December 2007: Financial Abuse of the Vulnerable Older Person www.fos.org.au/centric/home_page/publications/bulletins/banking_finance_bulletins.jsp accessed 08/02/2010

³⁶ Aged & Community Care Victoria personal communication, 2009

It becomes elder abuse when one party is dependent on the other because of issues such as early stages of dementia and mental illness or decline.

Staff of Commonwealth funded Aged Care Assessment Services (ACAS) and Aged Care Assessment Teams (ACAT) know of plenty of cases of elder abuse in general, including financial mismanagement, and we were advised they could possibly go through their case records to identify how many incidents there have been in a year. However this data is not part of their reporting protocols and they do not report on this aspect of their work.

It appears that the legal system is unhelpful and rarely used to prevent or remedy financial elder abuse. Participants identified a need for clarification and possibly legal change in relation to privacy laws as a prelude to more effective use of legal remedies. One informant said that many abusers know something about the law, or have some connection with the legal or guardianship system, and use this to inform their abusive behaviour. Calls to help lines were reported to frequently involve a conflict of interest between family members appointed as an attorney, and who are also beneficiaries of the will, and who seek to protect their inheritance by not spending money on the care of the older person. One example is the need for accommodation bonds if an older person is entering residential aged care (particularly hostel level) that may require selling the family home, when the appointed attorney is hoping to inherit the home. Eight to ten percent of calls to helplines relate to concern about how an enduring power of attorney is operating. Calls come from another family member, from health services and community care agencies (for example providers of HACC services) and social workers who are employed to work with older people.

2.3 Data collection

Informants were asked what they knew about what data is available either within their own organisation, or elsewhere. Data sources identified are listed in Table 3 below.

Social workers we spoke with indicated that the social work profession, based largely in public hospitals, assess the financial situation of clients as a matter of routine. In hospitals, people waiting for admission for an Aged Care Assessment Service (ACAS) would routinely have a psycho-social assessment by a social worker, who would take financial issues into account. Clients deemed unable to manage their affairs are likely to be referred to State Trustees or other organisations for EPAs and other help in financial management. If the social worker identifies a problem with the family, they would explore who owns the estate and what arrangements have been made for the financial care of the patient/client. They said that financial capacity often comes up for discussion when people consider going into residential care, and that management of financial assets can cause conflict with families.

If social workers came across misuse of funds, they work with the family to sort it out, or refer them to mediation by Mediation Centres, or refer to the Commonwealth Government Aged Care Complaints Investigation Scheme, which is a complaints unit for aged services (Commonwealth) or seek the intervention of the Office of the Public Advocate or VCAT. Each of these organisations will have data about cases dealt with by them.

Social workers also work in a broad range of funded programs and sectors such as ACAS teams, community aged care, for example HACC services in local councils, and a variety of assessment services. They are least well represented in residential care settings.

Information about the financial situation (including possible abuse) would be noted in medical records or the ACAS file. These records are agency specific and are held in the main record keeping system of the organisation and as such are bound by the privacy policy of that organisation. Some hospitals have a screening tool to pick up vulnerability. Western Health is an example of the many health and welfare organisations that have done a lot of work in this area.

There are 70 local governments in Victoria, most of which are funded to provide Home and Community Care (HACC) services. Many local government HACC programs are reviewing their elder abuse policies and procedures to ensure compliance with the Victorian practice guidelines for health services and community agencies, *With respect to age - 2009*. Responses to elder abuse are incorporated in their normal service system frameworks, providing documented evidence of what abuse is happening among their clients including clear assessment and care plans. Processes for continuing service support include working with other organisations in that local area through agreed protocols. Every community care funded service including HACC would have incidents of abuse on their files. As a result of this study we believe that there is no method in place to systematically collect elder abuse data in HACC or any other community aged care program be they Commonwealth or State government funded and regulated.

If elder abuse data were to be identified by an organisation records would have to be searched individually from memory and case records hand searched. Staff would be able to remember the names of clients they were concerned about, which would provide direct access to case records rather than having to search thousands of records. Privacy issues would need to be managed carefully.

The Royal District Nursing Service (RDNS) provides community nursing to older people in their homes in metropolitan Melbourne and has good data collection and management systems. As a HACC provider they would also comply with the Victorian Government practice guideline *With respect to age - 2009*.

The Department of Communities in Queensland commissioned a report from Griffith University on what is known about elder abuse.

The report was finished in 2009. The Elder Abuse Prevention Unit phone support service collects data and the content is detailed in this Report (see page 20). They have identified that risk factors for abuse are: dependence on others for managing their lives: that others are dependent on them: and insufficient income, gambling, and unemployment among family members.

The Elder Abuse Prevention Association (EAPA) has records for calls to its helpline. The EAPA is a private organisation and receives calls from around Australia. All types of abuse are recorded and records are kept by hand. Other details recorded are sex, age, relationship to abusers, prior interventions, solicitor, who is advising the victim, what path have they been on, for example hospital, mental state assessment, VCAT, police notified. A note is made about family history, who is involved, who called. People call the help line and there is a panel of volunteers who take calls. They may take 5 calls a day, and many are just for advice. They have hundreds of records on file. They are developing a specific database that has been designed for them and intend to enter all records onto this database, including records already held. Data are stored in a locked compartment with no public access.

This summary of possible data sources indicates that many organisations have data about financial elder abuse on their files, so that the data does exist. The challenge is to develop consistent definitions and recording formats, and to include reporting on this data in the annual reports of each organisation.

Table 3: Data sources for incidence of elder financial abuse in Victoria

| Known data sources | Possible data sources |
|---|---|
| Office of Public Advocate | Social work departments in hospitals |
| Public trustee companies | Local government |
| Seniors legal support services | Royal District Nursing Service (RDNS) |
| Aged Care Assessment Service (ACAS, Commonwealth) | Financial counsellors |
| Health and Community Care services (Commonwealth, through local government) | NGOs Anglicare, Brotherhood of St Lawrence, Kildonen Family Services |
| Help lines (SRV, Queensland EAPU) | Community legal services |
| Elder Abuse Prevention Association (EAPA) | |

2.4 Making ethical action easier

Suggestions were sought during the interviews for ways in which ethical action in relation to the management of elders' financial assets could be supported. Ideas generated by this question include those in Table 4 below.

Informants reported that it appears to be too easy for the abuser to get the tools they need to mismanage the older person's financial affairs and abusers seem to have the upper hand. VCAT seems to be the only place where people can go, as it is the avenue of least resistance for older people.

2.5 Responding to financial elder abuse

The Department of Health Aged Care Branch has published *With respect to age – 2009*, the Victorian practice guidelines for health services and community agencies to respond and address suspicion or allegations of elder abuse. This practice guide is part of the broader Victorian Government Elder Abuse Prevention Strategy coordinated by the Department of Planning and Community Development (Office of Senior Victorians) which is also responsible for other specific projects in the strategy such as providing a financial literacy training package for senior Victorians. This is being rolled out over two to three years through places where older people go, such as bowling clubs and senior citizens centres, as well as health services. This is part of a broader approach of the Victorian Government to support older people to manage their own affairs, which includes public education about respect for older people.

Discussion about abuse needs to be in a language people will identify with and the term 'abuse' may need to be replaced. The Government is making strong statements that abuse is not acceptable through the Office of Senior Victorians and the Department of Health. They are working within principals of empowerment and principals of education, with strong messages of respecting older people as valued members of community.

Some informants for this study believed that government is never going to have enough money to deal with the problem. Some suggest the size of the at risk population and the cost of protecting them is greater than the challenge of child abuse. As with domestic violence there are few successful prosecutions and a low return on investment can be predicted if relying on the legal system to contain the problem.

Table 4: Suggestions for making ethical action more likely

| Legal | Community | Financial |
|---|--|---|
| Create a legal framework that encourages ethical action | Educate older people about what is acceptable and their options* | Education in financial literacy* |
| Better protective measures for clients | Change terminology, 'violence' and 'abuse' are difficult to identify with | Banking industry to discuss with their members |
| Clarify and operationalise definitions of financial elder abuse | Awareness raising that it is an issue for example: 'Here is the problem. This is what it looks like. This is what to do.'* | A system that allows confidence for older people in their financial transactions and where to go if worried |
| Strengthen EPA provisions and specify intent | Begin with identifying and publicising normal intergenerational transfer and encourage good practice | Protocols for banks and their staff |
| Publicise successful prosecutions | Develop and publicise a template of 'good' practice | Procedures to verify 3rd party such as speech recognition |
| Strengthen administration monitoring | Encourage transparency in families about financial affairs | Encourage PoA rather than informal family arrangements |
| Americans have a suite of initiatives for benchmarking auditing | | Greater focus on consumer rip-offs of older people through phone contact and house calls |
| Specialised police unit | | Support older people to manage their own affairs* |
| Review the workings of PoA and EPA, perhaps with a central registry and auditing of their use | | |

* Already being developed as part of the Victorian Government strategy.

Specific suggestions from our informants included:

- strengthen legislative capacity around EPA;
- establish a central registry for PoA;
- establish a national helpline, including how to put in place a PoA;
- shaming of people identified as abusing their elders;
- provide financial literacy for older people;
- let older people know that “your kids might rip you off”;
- avoid feeding older people’s paranoia, 95 per cent of family members are supportive;
- strengthen the role, training, provisions of banks, accountants, lawyers, financial advisers;
- if a family member is found guilty of fraudulent behaviour legislate to stop them from benefiting from the will;
- advise older people to not give PIN to another person as they give up their right to protection;
- banks to report ‘suspicious’ transactions to an ‘advocate’ in the police;
- legislate for legal certainty for banks, which do not want a policing role; and
- improve assessment of mental capacity.

The new Family Violence Protection Act 2008 provides increased capacity for police intervention in family matters which may be relevant to financial elder abuse. An integrated service response is desirable with health services and community care providers (such as community aged care packages and carers programs) as they are highly skilled and have existing expertise, including knowing who their local police contacts are and being able to develop an effective local interagency response to an abusive situation. Police can respond to criminal acts but can support training in community safety and respond to identified instances of abuse.

The legal profession and bankers are identifying emerging problems with formal Powers of Attorney (PoA) being abused and the Queensland Elder Abuse Prevention Unit has also noted that this an emerging issue. The legal profession is developing expertise in using the law for older people as part of its response to the issue. Within these responses it is important to remember that the larger proportion of older people provide care for each other and do not rely on services, or even other family members.

3. Discussion

This project has confirmed what people working in the field suspected, that hard data on prevalence of financial elder abuse is difficult to find. There is good data from the UK and US based on prevalence surveys however there is little reliable data in Australia and none in Victoria.

The data we were able to source from helplines, the public advocate and public trustees was consistent in a number of findings. More women are subject to financial elder abuse than men, which may reflect both the greater proportion of women among the elderly, and the expectation of older generations that men managed the family finances while women managed the household, see Table 5 below. It may also reflect the higher proportion of women compared with men subject to all forms of family based abuse.

Table 5: Summary of findings from the data

| Variable | ST | OPA | EAPU |
|-----------------|-----|-----|------|
| Mean age | 81 | 80 | |
| Older than 84 | | 30% | 34% |
| % women | 79% | 61% | 55% |
| Australian born | 56% | | |
| Dementia | | 69% | 33% |
| Male abuser | | | 54% |
| Son abuser | | | 36% |
| Daughter abuser | | | 27% |

The data are also consistent in the finding that the ‘old old’, that is people 85 years or older, comprise a large proportion of the affected population. Those data sets that contained information about the abuser were consistent in identifying sons, and to a lesser extent daughters, as the person most likely to be abusing the financial assets of the older person. Where disability was recorded, the vulnerability to financial abuse was linked to dementia for one third or more of the older people.

Our research has confirmed that there is no systematic or reliable data set for financial elder abuse in Victoria. Many agencies come into contact with older people and are in a position to identify vulnerability and potential or actual abuse. These include HACC services in metropolitan, rural and regional Victorian through local government, not-for-profit organisations, district nursing, community health, health services in general including hospitals and in-home services, doctors in general practice, geriatricians, in rehabilitation or in hospitals, legal and banking services, police, trustee services, the Office of the Public Advocate, other government services including Commonwealth regulated and funded services such as community aged care packages, respite and carer services and Aged and Community Assessment Services.

Social workers within the public hospital system routinely deal with elder abuse in general, as well as financial issues, and record information about vulnerability within health records.

Each of these services will have records of suspected or actual financial elder abuse recorded for service delivery purposes. These records are idiosyncratic to the individual service, and without common terminology or even age records. The data are not collected for research purposes and data systems are variable in their ability to report data in aggregated and de-identified form. It is well recognised that information collected for one purpose (in this case, service delivery) ought not be used for other purposes (in this case, research) unless specific individual consent has been granted and unless research has been included as part of the purpose when designing the information systems.

In other jurisdictions this is dealt with by establishing minimum data sets that use agreed language, definitions and data categories, and are required through service agreements with funders (usually government) to be completed and reported across all service areas.

The data challenge is to establish data collection systems across all jurisdictions that work with older people. Such a system might ensure that data are comparable, for example that age is recorded in 5 year increments, that the relationship with the abuser is

identified and recorded, and that the level of harm and potential for remedy is recorded systematically. This might enable continuing surveillance of the prevalence of elder financial abuse, insight into the effectiveness of remedies, and support the development of policies and programmes to mitigate harm. Data collection protocols should draw on internationally developed definitions to allow comparison with other countries. The World Health Organisation (WHO) has begun identifying the data collection needs in this area starting with a definition of financial elder abuse.

The model that might be applied is that of the World Health Organisation Family of International Classifications (FIC) codes, for data protocols for elder abuse. FIC includes the International Classification of Disease, which codes disease and trauma, and the International Classification of Functioning, Disability and Health (ICFDH) which codes the effects of disease and trauma on people, and will include the International Class of Health Interventions (ICHI), which will code responses to disease and trauma.

The International Classification of Disease (ICD) codes are used by hospitals and other health care providers. These provide consistency across a number of jurisdictions, and now underpin the resourcing of hospitals and area health services by state and federal governments. The WHO describes the value of the ICD below:

The ICD is the international standard diagnostic classification for all general epidemiological, many health management purposes and clinical use. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines³⁷.

The whole-of-government family violence reform, which is a key strategy of A Fairer Victoria, provides the context in which to take forward the project of standardising and collecting data on elder abuse, of which financial abuse is an important part. The Victorian Family Violence Database is a model for how data collection in this difficult area can be made systematic, and ultimately useful.

As expected this comprehensive search for Victorian data regarding financial elder abuse found a paucity of data. The available data are patchy, and are strongly influenced by the agency that collected the data. There are many holes in the data. For example, little data are available about responses to intergenerational asset transfer among culturally and linguistically diverse groups in society, or Indigenous peoples.

There are limited data about aspects of financial elder abuse required for a detailed understanding of the underlying patterns of behaviour. For example, the presently available data give few insights into the overall motivation of the abusers. In most instances it is not clear whether the financial elder abuse was perpetrated with deliberate intent, "mens rea", or whether the abuse was "accidental", a culmination of a series of small improper decisions or sloppy practices. It is not clear when trivial deviation from usual or normal money management practices within families would be captured as financial elder abuse by the available data collection methods, but the impression is that many trivial instances (in absolute dollar terms) would not be captured. Yet, such small abuse episodes, cumulatively, may be of great importance for vulnerable older people who have meagre financial reserves and incomes limited to the old age pension.

The data identified in this report has come from a number of sources, however none of the agencies consulted exists for the sole purpose of identifying, investigating or resolving allegations of financial elder abuse. As a result the data reflects an incidental, albeit important, function within the respective agencies but is not the core function of any of the agencies. Without an accurate understanding of the incidence of financial elder abuse it will be difficult to demonstrate the effectiveness of interventions to reduce its reach and impact.

The two most promising approaches to establishing incidence are a state-wide population survey, and/or a minimum data set established from reports from agencies with routine contact with older people in the health and aged care sector, advocacy and trustee services, supplemented with helpline data.

Solutions to mitigate and reduce financial elder abuse lie outside the criminal justice system, apart from the most egregious cases of fraud and theft. Theoretical models for understanding financial elder abuse are likely to come from intergenerational or family theory or McCallum's 'routine activities' theory³⁸. It is also possible to think of elder abuse as 'family violence grown old', and draw on some of the insights from that area. Once a theoretical approach has been established it can provide the basis for the development of a minimum data set.

We were unable to uncover a comprehensive data set establishing the incidence or prevalence of financial elder abuse in Victoria. However the data search and analysis conducted for this report was an important exercise, as it clarified the absence of data and underlined the importance of standardisation of data collection on financial elder abuse.

The next stage of the Protecting Elders Assets Study on financial elder abuse, Part C, will attempt to answer some more detailed questions. It will engage with a sample of older people in Victoria to find out what they understand about financial management and acceptable and improper practices between the generations. Part C will pilot a community based study of older Caucasian Victorians (aged 65+ years) exploring their awareness of what constitutes financial abuse, their awareness of help and support services currently available to minimize risks of financial abuse, their expectations of their own future financial security needs, and what factors mediate the relevancy of financial support services for older Victorians. Collaboration will be sought with pensioner groups, local councils and senior citizens groups to access participants.

37 The World Health Organisation (WHO) The International Classification of Disease (ICD) codes www.who.int/classifications/icd/en/ accessed 08/02/2010

38 Setterland D, Tilse C, Wilson J, McCawley A-L and Rosenman L (2007) Understanding financial elder abuse in families: the potential of routine activities theory *Ageing and Society*, 27 : 599-614 Cambridge University Press

Appendix 1: Questions for Part B semi-structured interviews

Introduction:

Could you please briefly tell us about yourself and your organisation?

Views on elder abuse/ financial abuse:

What is your definition of elder financial abuse?

What do you know about financial abuse of elder in Victoria?

Views on prevalence and incidence of financial abuse in Victoria:

How serious is this problem in Victoria from your professional viewpoint?

What data are collected by your organisation on the prevalence and incidence of financial abuse?

How do you collect these data?

How do you record/ store these data?

Could we have access to this data in de-identified form

Intervention and prevention of elder abuse/ financial abuse:

What ideas do you have to make it easier for people to behave well when managing the financial affairs of their elders?

What ideas do you have that could be useful in containing this problem in society (i.e. preventive strategies/ intervention)?

Appendix 2: Organisations approached for data 2008-2009

| Contact | Content | Outcome |
|--|---|---|
| State Trustees | Interview | Data on financial mismanagement |
| VCAT | Correspondence to seek access to their data. It was determined they could not separate out situations of mismanagement | No data |
| Department of Planning and Community Development Elder Abuse Prevention Unit | Met with them to update them on our work and seek access to SRV data. | SRV aggregate data May09-July09 |
| Senior Rights Victoria | Interview with SRV prior to implementation of the advice line. | Interview |
| Department of Health Aged Care Branch | Interview | Interview |
| Office of the Public Advocate | Met with OPA interviewee 2008. She said their data was inaccessible | No data |
| Office of the Public Advocate | Met with OPA interview in June 2009. She agreed to dig through OPA data and send us what she could find. Interview with OPA officer. | OPA data |
| Office of Public Advocate | Interview July 2009 | Anecdotal evidence |
| Law Institute of Victoria's Elder Law Committee | Spoke with LIV representative at Elder Law Conference. Followed up offer to do survey of LIV members. Meetings, developed survey, worked through survey process. Declined by their Ethics committee. | No data |
| CEO of Mind Australia | Interview | Interview, no data |
| Elder Abuse Prevention Association | Interview with EAPA representative 2009. Her data are not accessible in their current format. She is planning to enter them into an electronic record. She has about 500 cases nationally. | Interview |
| Department of Justice | Met with Department of Justice representative twice. He provided a list of crimes under the Crimes Act, but not able to populate the fields with data. The data is not specific enough and they have no information on victims, so are not able to pick out information that relates to older people. | No data |
| SRV partner: the Loddon Campaspie Community Legal Service | Spoke with LCCLS representative mid 2009 about the work they are doing. Community legal centres do not record financial abuse data. Suggested Australian Institute of Criminology and ABS Crime survey. | Sent a copy of their report 'Responding to the Financial Abuse of Older People' |
| Victoria Police | Corresponded by email. He provided data on charges for theft against people aged 55 and over. This is not specific enough to be useful | Data on theft against people >55 |
| Financial Ombudsman Services | Interviewed, aware of the issue. | No relevant data |
| Australian Banking Association | Interviewed, aware of the issue | No relevant data |
| Aged & Community Care Victoria- industry peak body | Interviewed, aware and interested. | No data |
| Victims of Crime Helpline | Victims of Crime helpline work with crimes against the person although do record property crime. Do not get many calls from elderly, and fewer about financial abuse. Would refer them. Do not report on this. | No data |
| Department of Human Services, Family Services | DHS Family Services representative outlined the data collected by Integrated Reporting Information Systems (IRIS). Very little for people aged 65+. | No data |

| Contact | Content | Outcome |
|-----------------------------------|---|--|
| Municipal Association of Victoria | Municipal Association of Victoria representative sent a request to her member councils to contact Monash if interested in exploring their in-house data sources. No response. | No data |
| LaTrobe University | Manage the data set from HACC and ACAT for the Commonwealth. Do not record financial mismanagement, and Commonwealth do not allow access to the data. | No data |
| Social worker | Interviewed. He says social workers deal with financial matters as part of their job. He referred us to the chief social worker at Monash Medical Centre. | No data |
| Royal District Nursing Service | Social workers with RDNS have experience in working with suspected/actual instances of financial abuse of clients. | No accessible data |
| Elder Abuse Prevention Unit, QLD | A Project Officer at Elder Abuse Prevention Unit – Qld, has incidence data from its Helpline Collect data on Financial Abuse. Sent their database. | EAPU keep data on primary abuse type, secondary abuse type. Drop down menu, pick one primary and multiple secondary. |

Appendix 3: Data Tables

Table 6: Issue Summary Identifier

| LEG_ISSUE | Frequency | Percent |
|--|-----------|------------|
| CLR (Civil Litigation - Debt Recovery) | 13 | 19 |
| MIS (Misappropriation), | 57 | 81 |
| Total | 70 | 100 |

Table 7: Issue Outcome

| LEG_OUTCOME | Frequency | Percent |
|--|-----------|------------|
| FR (Funds Paid into Court) | 7 | 17 |
| MDL (Matter Legal Advice) | 23 | 56 |
| MDN (Matter Dropped, No evidence of legal issue) | 7 | 17 |
| MRN (Matter Resolved, No Funds to be received) | 4 | 10 |
| Total | 41 | 100 |

Table 8: Sex of clients

| Sex | Frequency | Percent |
|--------------|-----------|------------|
| Female | 55 | 79 |
| Male | 15 | 21 |
| Total | 70 | 100 |

Table 9: Age group

| Age group | Frequency |
|--------------|-----------|
| 65-70 | 11 |
| 71-75 | 11 |
| 76-80 | 10 |
| 81-85 | 17 |
| 86-90 | 10 |
| 91-95 | 10 |
| >96 | 1 |
| Total | 70 |

Table 10: Accommodation type

| Accommodation type | Frequency | Percent |
|-------------------------------------|-----------|------------|
| HSL (Hostel) | 20 | 31 |
| LWF (Living with Family) | 2 | 3 |
| NH (Nursing Home) | 35 | 54 |
| OO (Owner Occupied) | 1 | 2 |
| PHG (Public Housing) | 1 | 2 |
| PVR (Private Rental) | 1 | 2 |
| RET (Rehabilitation Centre) | 2 | 3 |
| SRS (Supported Residential Service) | 2 | 3 |
| Total | 64 | 100 |

Table 11: Marital status

| Marital status | Frequency | Percent |
|--------------------------|-----------|------------|
| Divorced | 5 | 7 |
| Defacto | 1 | 1 |
| Married | 3 | 4 |
| Single | 9 | 13 |
| Separated due to illness | 2 | 3 |
| Separated | 3 | 4 |
| Widow/ Widower | 47 | 67 |
| Total | 70 | 100 |

Table 12: Income type

| Income type | Frequency | Percent |
|--|-----------|------------|
| AGE (Age Pension) | 42 | 60 |
| CMS (Commonwealth Superannuation) | 2 | 3 |
| DSP (Disability Support Pension) | 2 | 3 |
| FOR (Foreign Pension) | 1 | 1 |
| PEN (Pension Special Bonus/ Allowance) | 7 | 10 |
| UKD (UK DSS Pension Foreign) | 3 | 4 |
| WWP (Pension – Department of Veterans Affairs) | 13 | 19 |
| Total | 70 | 100 |

Table 13: Relationship to the represented person

| Relationship | Frequency | Percent |
|----------------------------|-----------|------------|
| Accommodation manager | 2 | 3 |
| Siblings (brother/ sister) | 5 | 7 |
| Carer | 3 | 4 |
| Case manager | 3 | 4 |
| Cousin | 1 | 1 |
| Daughter | 11 | 16 |
| Doctor | 1 | 1 |
| Finance officer | 1 | 1 |
| Friend | 3 | 4 |
| Grandchild | 2 | 3 |
| Guardian | 6 | 9 |
| Husband | 1 | 1 |
| Neighbour | 1 | 1 |
| Nephew/ neice | 4 | 6 |
| Social worker | 3 | 4 |
| Son | 22 | 32 |
| Total | 69 | 100 |

Table 14: Types of abuse, SRV

| Types of abuse | Frequency (%) |
|-------------------------|-------------------|
| Financial | 567 (44) |
| Physical | 128 (10) |
| Sexual | 4 (0) |
| Emotional/psychological | 422 (33) |
| Social abuse | 79 (6) |
| Neglect | 87 (7) |
| Total | 1287 (100) |

Table 15: 65 and older clients with possible financial exploitation, 2003-2008, OPA

| Issue | Report Years | | | | | |
|---------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | 1/5/03 to 30/4/04 | 1/5/04 to 30/4/05 | 1/5/05 to 30/4/06 | 1/5/06 to 30/4/07 | 1/5/07 to 30/4/08 | 1/5/08 to 30/4/09 |
| Possible financial exploitation | 231 | 239 | 271 | 191 | 523 | 133 |

Table 16: Sex of the members, OPA

| Sex | Frequency | Percent |
|--------------|------------|------------|
| Female | 250 | 61 |
| Male | 159 | 39 |
| Total | 409 | 100 |

Table 17: Age group, OPA

| Age group | Frequency (%) |
|--------------|------------------|
| 65-69 | 46 (11) |
| 70-74 | 59 (14) |
| 75-79 | 83 (20) |
| 80-84 | 100 (25) |
| 85-89 | 70 (17) |
| 90-94 | 45 (11) |
| >95 | 6 (2) |
| Total | 409 (100) |

Table 18: Client Matter Type, OPA

| Client Matter Type | Frequency | Percent |
|------------------------|------------|------------|
| Guardianship | 117 | 29 |
| Individual Advocacy | 54 | 13 |
| Investigation | 230 | 56 |
| Temporary Guardianship | 8 | 2 |
| Total | 409 | 100 |

Table 19: Client Matter Type by age group, OPA

| Age | Client Matter Type (%) | | | | |
|--------------|------------------------|---------------------|------------------|------------------------|------------------|
| | Guardianship | Individual Advocacy | Investigation | Temporary Guardianship | Total |
| 65-69 | 20 (17) | 4 (7) | 21 (9) | 1 (12.5) | 46 (11) |
| 70-74 | 16 (14) | 10 (19) | 32 (14) | 1 (12.5) | 59 (14) |
| 75-79 | 25 (21) | 10 (19) | 47 (20) | 1 (12.5) | 83 (20) |
| 80-84 | 24 (21) | 14 (26) | 58 (25) | 4 (50) | 100 (25) |
| 85-89 | 19 (16) | 7 (13) | 43 (19) | 1 (12.5) | 70 (17) |
| 90-94 | 11 (9) | 9 (16) | 25 (11) | 0 (0) | 45 (11) |
| >95 | 2 (2) | 0 (0) | 4 (2) | 0 (0) | 6 (2) |
| Total | 117 (100) | 54 (100) | 230 (100) | 8 (100) | 409 (100) |

Table 20: Year registered, OPA

| Year registered | Frequency | Percent |
|-----------------|------------|------------|
| 2003 | 76 | 18 |
| 2004 | 82 | 20 |
| 2005 | 78 | 19 |
| 2006 | 88 | 22 |
| 2007 | 85 | 21 |
| Total | 409 | 100 |

Table 21: Client Matter Type by year registered and by sex, OPA

| Client Matter Type | Year registered and Sex | | | | | | | | | | |
|------------------------|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | | Total |
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | |
| Guardianship | 10 | 13 | 20 | 13 | 13 | 6 | 14 | 5 | 17 | 6 | 117 |
| Individual Advocacy | 9 | 3 | 8 | 4 | 7 | 5 | 6 | 0 | 4 | 8 | 54 |
| Investigation | 24 | 17 | 23 | 12 | 23 | 23 | 38 | 23 | 29 | 18 | 230 |
| Temporary Guardianship | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 1 | 2 | 1 | 8 |
| Total | 43 | 33 | 53 | 29 | 43 | 35 | 59 | 29 | 52 | 33 | 409 |

Table 22: Status of cases (open or closed) by Client Matter Type, OPA

| Client Matter Type | Open Status | | Total |
|------------------------|-------------|-----------|------------|
| | Closed | Open | |
| Guardianship | 110 | 7 | 117 |
| Individual Advocacy | 53 | 1 | 54 |
| Investigation | 220 | 10 | 230 |
| Temporary Guardianship | 8 | 0 | 8 |
| Total | 391 | 18 | 409 |

Table 23: ABI by sex and Client Matter Type, OPA

| Client Matter Type | ABI and Sex (%) | | | | Total |
|------------------------|------------------|-----------------|-----------------|-----------------|------------|
| | Without ABI | | With ABI | | |
| | Female | Male | Female | Male | |
| Guardianship | 70 (30) | 28 (23) | 4 (25) | 15 (39.5) | 117 |
| Individual Advocacy | 33 (13) | 13 (11) | 1 (6) | 7 (18) | 54 |
| Investigation | 126 (54) | 78 (65) | 11(69) | 15 (39.5) | 230 |
| Temporary Guardianship | 5 (3) | 2 (1) | 0 (0) | 1 (3) | 8 |
| Total | 234 (100) | 121(100) | 16 (100) | 38 (100) | 409 |

Table 24: ABI by age group and Client Matter Type, OPA

| Client Matter Type | ABI and Age group (%) | | | | | | | | | | | | | | Total |
|------------------------|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|----------------------|-----------------|----------------|----------------|----------------|----------------|--------------|------------|
| | Without ABI / Age group | | | | | | | With ABI / Age group | | | | | | | |
| | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | |
| Guardianship | 11 (39) | 11 (23) | 23 (30) | 23 (25) | 17 (27) | 11 (26) | 2 (33) | 9 (50) | 5 (42) | 2 (29) | 1 (13) | 2 (29) | 0 (0) | 0 (0) | 117 |
| Individual Advocacy | 3 (11) | 8 (17) | 8 (11) | 12 (13) | 6 (10) | 9 (21) | 0 (0) | 1 (6) | 2 (16) | 2 (29) | 2 (25) | 1 (14) | 0 (0) | 0 (0) | 54 |
| Investigation | 14 (50) | 27 (58) | 44 (58) | 53 (58) | 39 (62) | 23 (53) | 4 (67) | 7 (38) | 5 (42) | 3 (42) | 5 (62) | 4 (57) | 2 (100) | 0 (0) | 230 |
| Temporary Guardianship | 0 (0) | 1 (2) | 1 (1) | 4 (4) | 1 (1) | 0 (0) | 0 (0) | 1 (6) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 8 |
| Total | 28 (100) | 47 (100) | 76 (100) | 92 (100) | 63 (100) | 43 (100) | 6 (100) | 18 (100) | 12 (100) | 7 (100) | 8 (100) | 7 (100) | 2 (100) | 0 (0) | 409 |

Table 25: Dementia by sex and Client Matter Type, OPA

| Client Matter Type | Dementia and Sex (%) | | | | Total |
|------------------------|----------------------|-----------------|------------------|-----------------|------------|
| | Without Dementia | | With Dementia | | |
| | Female | Male | Female | Male | |
| Guardianship | 19 (30) | 18 (27) | 55 (29) | 25 (27) | 117 |
| Individual Advocacy | 11 (18) | 11 (17) | 23 (12) | 9 (10) | 54 |
| Investigation | 33 (52) | 35 (53) | 104 (56) | 58 (62) | 230 |
| Temporary Guardianship | 0 (0) | 2 (3) | 5 (3) | 1 (1) | 8 |
| Total | 63 (100) | 66 (100) | 187 (100) | 93 (100) | 409 |

Table 26: Dementia by age group and Client Matter Type, OPA

| Client Matter Type | Dementia and Age group (%) | | | | | | | | | | | | | | Total |
|------------------------|----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|------------|
| | Without Dementia | | | | | | | With Dementia | | | | | | | |
| | Age group | | | | | | | Age group | | | | | | | |
| | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | |
| Guardianship | 11 (37) | 9 (28) | 7 (28) | 2 (11) | 4 (36) | 4 (33) | 0 (0) | 9 (56) | 7 (26) | 18 (31) | 22 (27) | 15 (25) | 7 (21) | 2 (40) | 117 |
| Individual Advocacy | 2 (7) | 5 (16) | 4 (16) | 6 (33) | 1 (9) | 4 (33) | 0 (0) | 2 (13) | 5 (18) | 6 (10) | 8 (10) | 6 (10) | 5 (15) | 0 (0) | 54 |
| Investigation | 16 (53) | 18 (56) | 14 (56) | 9 (50) | 6 (55) | 4 (33) | 1 (100) | 5 (31) | 14 (52) | 33 (57) | 49 (60) | 37 (63) | 21 (64) | 3 (60) | 230 |
| Temporary Guardianship | 1 (3) | 0 (0) | 0 (0) | 1 (6) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 1 (4) | 1 (2) | 3 (3) | 1 (2) | 0 (0) | 0 (0) | 8 |
| Total | 30 (100) | 32 (100) | 25 (100) | 18 (100) | 11 (100) | 12 (100) | 1 (100) | 16 (100) | 27 (100) | 58 (100) | 82 (100) | 59 (100) | 33 (100) | 5 (100) | 409 |

Table 27: Intellectual disability by sex, OPA

| Client Matter Type | Intellectual disability and Sex (%) | | | | Total |
|------------------------|-------------------------------------|------|------------------------------|------|------------|
| | Without Intellectual disability | | With Intellectual disability | | |
| | Female | Male | Female | Male | |
| Guardianship | 70 (30) | | 37 (26) | | 117 |
| | 4 (31) | | 6 (35) | | |
| Individual Advocacy | 31(13) | | 19 (13) | | 54 |
| | 3 (23) | | 1 (6) | | |
| Investigation | 131 (55) | | 83 (59) | | 230 |
| | 6 (46) | | 10 (59) | | |
| Temporary Guardianship | 5 (2) | | 3 (2) | | 8 |
| | 0 (0) | | 0 (0) | | |
| Total | 237 (100) | | 142 (100) | | 409 |
| | 13 (100) | | 17 (100) | | |

Table 28: Intellectual disability by age group and Client Matter Type, OPA

| Client Matter Type | Intellectual disability and Age group (%) | | | | | | | | | | | | | | Total |
|------------------------|---|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|------------------------------|----------------|----------------|----------------|----------------|--------------|--------------|------------|
| | Without Intellectual disability | | | | | | | With Intellectual disability | | | | | | | |
| | Age group | | | | | | | Age group | | | | | | | |
| | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | |
| Guardianship | 15 (44) | 15 (27) | 23 (30) | 24 (25) | 17 (25) | 11 (24) | 2 (33) | 5 (42) | 1 (20) | 2 (29) | 0 (0) | 2 (100) | 0 (0) | 0 (0) | 117 |
| Individual Advocacy | 3 (9) | 9 (17) | 10 (13) | 12 (13) | 7 (10) | 9 (20) | 0 (0) | 1 (8) | 1 (20) | 0 (0) | 2 (50) | 0 (0) | 0 (0) | 0 (0) | 54 |
| Investigation | 15 (44) | 29 (54) | 42 (56) | 56 (58) | 43 (63) | 25 (56) | 4 (67) | 6 (50) | 3 (60) | 5 (71) | 2 (50) | 0 (0) | 0 (0) | 0 (0) | 230 |
| Temporary Guardianship | 1 (3) | 1 (2) | 1 (1) | 4 (4) | 1 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 8 |
| Total | 34 (100) | 54 (100) | 76 (100) | 96 (100) | 68 (100) | 45 (100) | 6 (100) | 12 (100) | 5 (100) | 7 (100) | 4 (100) | 2 (100) | 0 (0) | 0 (0) | 409 |

Table 29: Physical disability by sex and Client Matter Type, OPA

| Client Matter Type | Physical disability and Sex (%) | | | | Total | | |
|------------------------|---------------------------------|------|--------------------------|------|-----------------|-----------------|------------|
| | Without Physical disability | | With Physical disability | | | | |
| | Female | Male | Female | Male | | | |
| Guardianship | 67 (31) | | 28 (24) | | 7 (22) | 15 (37) | 117 |
| Individual Advocacy | 27 (12) | | 17 (14) | | 7 (22) | 3 (7) | 54 |
| Investigation | 120 (55) | | 70 (59) | | 17 (53) | 23 (56) | 230 |
| Temporary Guardianship | 4 (2) | | 3 (3) | | 1 (3) | 0 (0) | 8 |
| Total | 218 (100) | | 118 (100) | | 32 (100) | 41 (100) | 409 |

Table 30: Physical disability by age group and Client Matter Type, OPA

| Client Matter Type | Physical disability and Age group (%) | | | | | | | | | | | | | | Total |
|------------------------|---------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|--------------------------|-----------------|-----------------|-----------------|-----------------|----------------|--------------|------------|
| | Without Physical disability | | | | | | | With Physical disability | | | | | | | |
| | Age group | | | | | | | Age group | | | | | | | |
| | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | |
| Guardianship | 16 (44) | 11 (25) | 20 (29) | 22 (26) | 15 (26) | 9 (23) | 2 (40) | 4 (40) | 5 (33) | 5 (36) | 2 (14) | 4 (31) | 2 (33) | 0 (0) | 117 |
| Individual Advocacy | 2 (6) | 9 (20) | 9 (13) | 10 (12) | 6 (11) | 8 (21) | 0 (0) | 2 (20) | 1 (7) | 1 (7) | 4 (29) | 1 (8) | 1 (17) | 0 (0) | 54 |
| Investigation | 17 (47) | 23 (52) | 39 (57) | 51 (59) | 35 (61) | 22 (56) | 3 (60) | 4 (40) | 9 (60) | 8 (57) | 7 (50) | 8 (61) | 3 (50) | 1 (100) | 230 |
| Temporary Guardianship | 1 (3) | 1 (2) | 1 (1) | 3 (3) | 1 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 1 (7) | 0 (0) | 0 (0) | 0 (0) | 8 |
| Total | 36 (100) | 44 (100) | 69 (100) | 86 (100) | 57 (100) | 39 (100) | 5 (100) | 10 (100) | 15 (100) | 14 (100) | 14 (100) | 13 (100) | 6 (100) | 1 (0) | 409 |

Table 31: Psychiatric disability by sex and Client Matter Type, OPA

| Client Matter Type | Psychiatric disability and Sex | | | | Total |
|------------------------|--------------------------------|------|-----------------------------|------|------------|
| | Without Psychiatric disability | | With Psychiatric disability | | |
| | Female | Male | Female | Male | |
| Guardianship | 61 (28) | | 38 (29) | | 117 |
| Individual Advocacy | 30 (14) | | 13 (10) | | 54 |
| Investigation | 119 (56) | | 79 (59) | | 230 |
| Temporary Guardianship | 4 (2) | | 3 (2) | | 8 |
| Total | 214 (100) | | 133 (100) | | 409 |

Table 32: Psychiatric disability by age group and Client Matter Type, OPA

| Client Matter Type | Psychiatric and Age group (%) | | | | | | | | | | | | | | Total |
|------------------------|-------------------------------|---------|---------|---------|---------|---------|--------|------------------|---------|---------|---------|---------|---------|-------|-------|
| | Without Psychiatric | | | | | | | With Psychiatric | | | | | | | |
| | Age group | | | | | | | Age group | | | | | | | |
| | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | 65 - 69 | 70 - 74 | 75 - 79 | 80 - 84 | 85 - 89 | 90 - 94 | 95 > | |
| Guardianship | 15 (47) | 12 (26) | 20 (29) | 20 (23) | 19 (28) | 11 (28) | 2 (33) | 5 (36) | 4 (31) | 5 (33) | 4 (33) | 0 (0) | 0 (0) | 0 (0) | 117 |
| Individual Advocacy | 3 (9) | 8 (18) | 8 (12) | 12 (14) | 6 (9) | 6 (15) | 0 (0) | 1 (7) | 2 (15) | 2 (13) | 2 (17) | 1 (33) | 3 (60) | 0 (0) | 54 |
| Investigation | 13 (41) | 25 (54) | 39 (57) | 53 (60) | 41 (61) | 23 (57) | 4 (67) | 8 (57) | 7 (54) | 8 (54) | 5 (42) | 2 (67) | 2 (40) | 0 (0) | 230 |
| Temporary Guardianship | 1 (3) | 1 (2) | 1 (2) | 3 (3) | 1 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 1 (8) | 0 (0) | 0 (0) | 0 (0) | 8 |

Table 33: Abuse Type by age group, EAPU

| Abuse Type | Age group 65 and older | | Age group 64 and younger | |
|---------------|------------------------|------------|--------------------------|------------|
| | N | % | N | % |
| Physical | 167 | 9 | 70 | 12 |
| Sexual | 13 | 1 | 7 | 1 |
| Psychological | 747 | 41 | 266 | 48 |
| Financial | 620 | 35 | 154 | 27 |
| Social | 49 | 3 | 19 | 3 |
| Neglect | 196 | 11 | 53 | 9 |
| Total | 1792 | 100 | 569 | 100 |

Table 34: Age group, EAPU

| Age | Total (%) |
|--------------|------------------|
| 65-69 | 47 (8) |
| 70-74 | 84 (13) |
| 75-79 | 93 (15) |
| 80-84 | 184 (30) |
| 85-89 | 139 (22) |
| 90+ | 73 (12) |
| Total | 620 (100) |

Table 35: Sex of clients, EAPU

| Sex | Total % |
|--------------|-------------------|
| Female | 340 (55) |
| Male | 279 (45) |
| Total | 619* (100) |

*1 person identified as unknown

Table 36: Who the abused person is living with (This table is of living arrangements; it is not a list of abusers), EAPU

| Living with | Frequency (%) |
|-----------------|---------------|
| Alone | 131 (31) |
| Son | 93 (22) |
| Daughter | 79 (18) |
| Partner | 51 (12) |
| Other relatives | 17 (4) |
| Grandchild | 16 (4) |
| Carer | 15 (3) |
| Neighbour | 10 (2) |
| Aged Care | 5 (1) |
| De facto | 4 (1) |
| Friend | 2 (1) |
| Other | 2 (1) |
| Hospital | 1 (0) |
| Other relatives | 1 (0) |

Table 37: Isolation code, EAPU

| Isolation code | Total (%) |
|---------------------------|------------------|
| Unknown | 362 (59) |
| Unable to Access Services | 19 (3) |
| Lack of Services | 20 (3) |
| Lack of Support Networks | 101 (17) |
| Isolation | 113 (18) |
| Total | 615 (100) |

Table 38: Psychological health code, EAPU

| Psych code | Total (%) |
|-------------------------|------------------|
| Unknown | 266 (43) |
| Dementia | 114 (19) |
| Mental Illness | 16 (3) |
| Intellectual Disability | 2 (0) |
| Severe Distress | 218 (35) |
| Total | 616 (100) |

Table 39: Physical health code, EAPU

| Physical health code | Total (%) |
|----------------------|------------------|
| Unknown | 188 (31) |
| Illness | 162 (26) |
| Disability | 55 (9) |
| Frailty | 212 (34) |
| Total | 617 (100) |

Table 40: Sex of abusers, EAPU

| Sex | Total (%) |
|--------------|------------------|
| Male | 392 (51) |
| Female | 334 (43) |
| Unknown | 23 (3) |
| N/A | 25 (3) |
| Total | 774 (100) |

Table 41: Age group of abusers, EAPU

| Age group | Total (%) |
|--------------|------------------|
| <20 | 7 (1) |
| 20-29 | 31 (4) |
| 30-39 | 75 (10) |
| 40-49 | 105 (13) |
| 50-59 | 132 (17) |
| 60-69 | 54 (7) |
| 70-79 | 21 (3) |
| >80 | 7 (1) |
| Unknown | 308 (40) |
| N/A | 34 (4) |
| Total | 774 (100) |

Table 42: Relationship of abuser to abused client, EAPU

| Relationships | Total (%) |
|-------------------|------------------|
| Son | 273 (35) |
| Daughter | 202 (26) |
| Other relatives | 59 (8) |
| Friend | 56 (7) |
| Other | 49 (7) |
| Partner | 38 (5) |
| Grandchild | 30 (4) |
| Worker | 25 (3) |
| Neighbour | 17 (2) |
| Intimate personal | 1 (0) |
| N/A | 24 (3) |
| Total | 774 (100) |

Appendix 4: Senior Rights Victoria Activity Log Form 2009

SRV Intake Log - Activity Log Form - As at 31 Aug 2009

BASICDETAILS: (*Indicates mandatory item)

| | |
|--------------|----------------------------|
| *Date: | |
| *Start Time: | |
| *End Time: | |
| Duration: | (Automatically calculated) |
| *Worker: | |

MAINDetails:

■ What is known about the caller?

● *Caller Type*

(MANDATORY - ONE BOX ONLY must be checked)

- Older Person
- Friend
- Family Member
- Service Provider
- Neighbour
- Other

❖ *Caller Details (if not Older Person)*

| | |
|----------|--|
| Name: | |
| Address: | |
| Phone: | |
| Email: | |

ONLY APPLIES WHEN:
[Caller Type] Not Includes [Older Person]

■ What is known about the older person?

❖ *Older Person Details*

| | |
|-----------------|--|
| CLCIS ClientID: | |
| Name: | |
| Address: | |
| Date of Birth: | |
| Phone: | |
| Email: | |

● *Notifier*

(MANDATORY - ONE BOX ONLY must be checked)

- Self

- Family Member
- Friend/Neighbour
- Service Provider
- Other
- Unknown

● *Age Range*

(MANDATORY - ONE BOX ONLY must be checked)

- 55-59 years
- 60-64 years
- 65-69 years
- 70-74 years
- 75-79 years
- 80-84 years
- 85-89 years
- 90-94 years
- 95-99 years
- Unknown

● *Gender*

(MANDATORY - ONE BOX ONLY must be checked)

- Female
- Male
- Unknown
- Not Applicable

● *Ethnicity*

(MANDATORY - ONE BOX ONLY must be checked)

- English Speaking Background (ESB)
- Non-English Speakin Background (NESB)
- Aboriginal
- Torres Strait Islander
- Unknown

● *Country of Origin*

(MANDATORY - ONE BOX ONLY must be checked)

- Australia
- Italy
- Greece
- Germany
- Malta
- Netherlands
- China
- Vietnam
- Croatia
- Poland
- Former Yugoslavia
- Sri Lanka
- Egypt
- Other
- Unknown

● *Reference Source*

(MANDATORY - ONE BOX ONLY must be checked)

- Radio
- Television
- Print Media

SRV Intake Log - Activity Log Form - As at 31 Aug 2009

- Printed Materials
- Referral
- Internet - SRV Website
- Internet - General
- Unknown

● **Income Source**

(MANDATORY - ONE BOX ONLY must be checked)

- Aged Pension
- Disability Support Pension
- Self funded
- No income
- Other
- Unknown

● **Accommodation Type**

(MANDATORY - ONE BOX ONLY must be checked)

- Own Home
- Private Rental
- Public Housing
- SRS/Boarding House
- Caravan/Mobile Home
- Retirement Village/ILU
- Hostel/Nursing Home
- Homeless
- Other
- Unknown

● **Living Arrangements**

(MANDATORY - ONE BOX ONLY must be checked)

- Living Alone
- With Partner
- With Son
- With Daughter
- With Grandchild
- With Other Family Member
- With Paid Carer
- With Friends
- Resident of Care facility
- Other
- Unknown

● **Power of Attorney**

(MANDATORY - ONE BOX ONLY must be checked)

- Yes
- No
- Unknown

● **Guardianship Order**

(MANDATORY - ONE BOX ONLY must be checked)

- Yes
- No
- Unknown

◆ **Town/Suburb**■ **What is known about the abuse?**● **Primary Abuse Type**

(MANDATORY - ONE BOX ONLY must be checked)

- Physical Abuse
- Emotional/Psychological Abuse
- Social Abuse
- Sexual Abuse
- Financial Abuse
- Self Neglect
- Carer Neglect
- Abandonment
- Unknown

● **Alleged Perpetrator**

(MANDATORY - ONE BOX ONLY must be checked)

- Self
- Boarder
- Partner
- Defacto
- Wife
- Husband
- Daughter
- Son
- Niece
- Nephew
- Granddaughter
- Grandson
- Sister
- Brother
- Friend/Neighbour
- Carer
- Health Professional
- Financial Institution
- Police
- Other
- Unknown

● **Alleged Perpetrator Age**

(MANDATORY - ONE BOX ONLY must be checked)

- < 20 years
- 21-24 years
- 25-29 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45-49 years
- 50-54 years
- 55-59 years
- 60-64 years
- 65-69 years
- 70-74 years

SRV Intake Log - Activity Log Form - As at 31 Aug 2009

- 75-79 years
- 80-84 years
- 85-89 years
- Unknown

● **Alleged Perpetrator Gender**
(MANDATORY - ONE BOX ONLY must be checked)

- Female
- Male
- Unknown

❖ **Alleged Perpetrator Name**

| | |
|-------|--|
| Name: | |
|-------|--|

■ **What are the risk factors?**

● **Financial Risk Factors**

- Gambling
- Insufficient Income
- Debt Burden
- Substance Abuse
- Mental Health Issues
- Dependence On Others
- Dependence By Others
- Other
- Unknown

● **Health Risk Factors**

- Physical Illness
- Carer Stress
- Frailty
- Physical Disability
- Severe Emotional Problems
- Dementia
- Mental Illness
- Intellectual Disability
- Alcohol Abuse
- Illicit Drug Use
- Prescription Drug Use
- Other
- Unknown

● **Environmental Risk Factors**

- Lack of available services in the area
- Lack of knowledge of support services
- Lack of support networks (family & friends)
- Unable to access services/networks
- Isolation by family/friends/carers
- Family conflict
- Inadequate accommodation
- Dependency
- Other
- Unknown

■ **What action was taken?**

● **CLCIS Conflict Check**

(MANDATORY - ONE BOX ONLY must be checked)

- Yes, there is a conflict
- No, there is not a conflict
- Unsure

● **Referral to SRV Advocacy Worker**

- Philippa Campbell
- Julie Williams

● **Referral to SRV Lawyer**

- Elizabeth Samra
- Jeni Lee
- Joe Edmonds

● **Referral to Other Service**

- Aged Care Quality & Compliance
- Elder Rights Advocacy
- Community Legal Service
- Office of the Public Advocate
- Department of Human Services
- Office of Housing
- Consumer Affairs
- General Counselling
- Financial Counselling
- Crisis Counselling
- Aged Care Assessment Service (ACAS)
- Aged Persons Mental Health
- General Practitioner (GP)
- Carers Victoria
- Alzheimers Association
- Community Health Centre
- Hospital Department
- Mental Health Service
- Aged Care Accreditation Agency
- Home & Community Care Service
- Domestic Violence Service
- Police
- Other
- Unknown

COMMENTS:

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