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Elder abuse perpetration: A review of the evidence

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Contents

v	Acknowledgments	
vi	Acronyms and abbreviations	
vii	Abstract	
viii	Executive summary	
viii	Background and aims	
ix	Findings	
1	Introduction	
1	Background and aims	
3	Approach	
4	Definitions of elder abuse	
4	Australian and international definitions	
7	Issues and challenges with defining elder abuse	
11	Summary	
12	Prevalence of elder abuse	
12	Victimisation rates	
15	Perpetration rates	
17	Summary	
18	Behaviours of perpetrators	
19	Prevalence of perpetration behaviours	
22	Co-occurrence of perpetration behaviours	
23	Perpetration behaviours in specific populations	
23	Summary	
25	Profiles and motives of perpetrators	
25	Perpetrator characteristics	
29	Perpetrator motives	
33	Perpetrator characteristics and motives in specific populations	
34	Summary	
35	Financial abuse of older persons	
35	Financial abuse and vulnerabilities to it in older persons	
37	Signs and indicators of the financial abuse of older persons	
39	Characteristics of financial abuse perpetrators	
45	Summary	
46	Interventions for perpetrators	
46	Evaluation research	
53	Guiding principles	
54	Summary	
55	Summary and conclusion	
60	References	

Boxes

- 3 Box 1: Search terms

Tables

- 3 Table 1: Literature databases
- 14 Table 2: Prevalence of victimisation in international samples of older persons
- 31 Table 3: Summary of typological research on elder abuse perpetrators

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Acronyms and abbreviations

ABS	Australian Bureau of Statistics
AIFS	Australian Institute of Family Studies
ALRC	Australian Law Reform Commission
CALD	culturally and linguistically diverse
LGBTIQ+	lesbian, gay, bisexual, trans, intersex, queer and others
MDT	multidisciplinary team
WHO	World Health Organization

Abstract

Australia's population is aging, and the importance of strengthening systems to meet the needs and protect the rights of older people has become more pressing. This includes protection from abuse and neglect. While dedicated efforts to understand and address elder abuse have grown over the past 20 years, there are ongoing gaps in understanding of the perpetration and perpetrators of elder abuse, which the current report begins to address by collating the findings of existing Australian and international research.

The report canvasses key findings about the prevalence of elder abuse, the prevalence and co-occurrence of different forms of elder abuse—including financial abuse and its indicators—and risk factors, perpetrator characteristics and motives and perpetrator interventions. Notable gaps in this evidence base include an absence of Australian research on many aspects of elder abuse perpetration; a dearth of research that draws on data collected from perpetrators, directly examining their motives for perpetrating abuse and the details and tactics of their abuse; and a lack of rigorous research on the effectiveness of interventions for perpetrators. There are also significant gaps in research on the perpetration and perpetrators of elder abuse in populations of special interest, including Aboriginal and Torres Strait Islander people and culturally and linguistically diverse, LGBTIQ+ and rural/remote populations.

Executive summary

Background and aims

Consistent with global trends, Australia's population is aging. One-quarter of all Australians are expected to be over the age of 65 by the middle of this century. This underscores the importance of establishing and bolstering systemic protections and effective supports for older people, particularly addressing their vulnerability to abuse and neglect.

Over the past 20 years, dedicated efforts to understand and address elder abuse have intensified. They culminated in Australia's first *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023* (Council of Australian Governments 2019) and the subsequent public consultation draft of the *National Plan to End the Abuse and Mistreatment of Older People 2024–2034* (Australian Government 2024). Importantly, these efforts have consistently pointed to the need for more and better evidence about elder abuse and its perpetrators and about effective interventions.

To begin addressing this research gap, the current report collates and reviews the findings of published research on elder abuse perpetration and perpetrators. It canvasses the following key areas:

- the definitions and prevalence of elder abuse perpetration;
- the profiles, behaviours and motivations of those who abuse and mistreat older people;
- the indicators of financial abuse committed in the context of elder abuse; and
- evaluations of perpetrator interventions and supports, and best-practice approaches to these.

Findings

Definitions of elder abuse

At the time of writing, there is no single, legislatively enshrined national definition of ‘elder abuse’ in Australia. However, definitions offered in Australian and international strategic and policy documents, as well as academic research, converge on the following key elements:

- a single or repeated act or failure to act;
- towards an older person;
- by another who is responsible for the act or omission;
- in a situation where the connection between the older person and the perpetrator of the act or omission constitutes a relationship of trust (eg partners, family members, friends, neighbours, acquaintances and professionals) and regularly (though not always) of care or dependence and with significant power imbalance; and
- which causes harm or distress to the older person.

Critically, elder abuse perpetrators are not all the same, and the statistically ‘average’ perpetrator deviates in several important respects from the ‘average’ perpetrator of other forms of abuse, including family and domestic violence, while also regularly presenting with stressors of their own. The challenges underpinning ongoing difficulties in defining and measuring elder abuse include recognising perpetrators of elder abuse, alongside broader debates around distinctions between older and younger abuse victims and distinguishing elder abuse from other forms of abuse.

The prevalence of perpetration

The challenges of measuring the prevalence of elder abuse perpetration are further compounded by the ethical and methodological obstacles to eliciting self-reports of this behaviour in the context of research surveys and interviews. There is also an absence of reliable recorded offending data. To date, there is no prevalence estimate of the perpetration of elder abuse in Australia. A small body of international research suggests that rates of perpetration in samples of individuals involved in, or connected to, the care of older persons (eg formal and informal carers) are high—around 30 percent in community samples and around 60 percent in samples of staff in institutional care settings. This is notably higher than rates of victimisation, which range from less than five percent of older persons to a little under 20 percent in Australia and internationally. However, the specific focus on samples of respondents connected to the care of older persons in perpetration research means that older persons who are at higher risk of abuse by virtue of needing care are over-represented.

This contrasts with victimisation research, which typically includes a broader focus on community samples of older persons who do and do not need regular care. Perpetration rates are probably further exaggerated in research surveying or interviewing staff in institutional care settings, where the staffing, resourcing and organisational pressures that underpin abuse and neglect also need to be acknowledged. Finally, those involved in, or connected to, the care of an older person are probably better able to recognise abuse, making them more likely to report it to researchers. These factors probably explain much of the difference observed in elder abuse rates between perpetration and victimisation research.

Perpetrator behaviours

Elder abuse constitutes acts of physical, sexual, psychological or emotional, and financial abuse, as well as various forms of neglect. Psychological/emotional abuse appears to be the most common form of elder abuse. This typically includes threats and insults, along with bullying, intimidation, harassment and forced isolation. Financial abuse and neglect are also commonly experienced by victims of elder abuse. Neglect most often includes a failure to assist older persons with meeting their daily health and welfare needs, while financial abuse encompasses a variety of tactics for acquiring, or exercising control over, older persons' money or assets. Physical and sexual abuse are comparatively less common, although rates tend to be higher where samples over-represent more vulnerable older persons. Further, physical forms of abuse commonly co-occur with less obvious, but no less harmful, forms involving psychological/emotional abuse and neglect. This suggests a pattern of escalation in some cases of elder abuse, probably driven by intensifications in conflict and victim resistance to control by perpetrators, as well as ongoing stressors or pressures experienced by carers. Further, psychological/emotional abuse has also been shown to commonly co-occur with financial abuse, suggesting that the former may often be an important tactic of the latter.

Profiles and motives of perpetrators

Understanding the backgrounds, characteristics, risk factors and motives of perpetrators is critical to understanding and addressing perpetration. Interestingly, perpetrators of elder abuse are only marginally more likely to be men than women. This is largely accounted for by the more frequent perpetration of psychological/emotional abuse—the most common form of elder abuse generally—by women, while men tend to be notably more likely to perpetrate financial, physical and sexual abuse. It is also likely to reflect ongoing gender imbalances in the provision of care; women spend more time with older persons in the context of care relationships. Perpetrators are mostly middle-aged and the son/daughter or spouse/partner of their elderly victims. Health problems, particularly depression and cognitive decline, alcohol and substance abuse, dependency on their victims and prior victimisation have emerged from empirical research as the strongest risk factors for the perpetration of elder abuse. These factors often induce or exacerbate feelings of stress, frustration, anger and resentment towards victims of elder abuse, particularly where the perpetrator cares for, or is cared for by, their victim. Financial motives are also common, as are sadistic and ego-driven motives centred on abusing older persons for pleasure or to exert control over them.

Financial abuse and its indicators

Financial abuse warrants a special focus in efforts to understand the perpetration and perpetrators of elder abuse. Although not unique to older persons, it is a common form of abuse experienced by them, and financial motivations appear to more often underpin the abuse of older persons than others, with perpetrators exploiting a range of age-related vulnerabilities. Detecting the financial abuse of older persons is complicated by the legal and informal arrangements older persons regularly have in place with trusted others detailing shared control of their finances and assets, the close relationships older persons often have with perpetrators and the subtle forms financial abuse can take. Additionally, there is limited publicly available research reporting empirically derived or validated indicators of financial abuse. Those commonly cited by governments, financial institutions and organisations for older persons broadly include:

- significant, sudden or erratic changes in financial activity, financial arrangements or material circumstances;
- insufficient funds for basic needs;
- disparities between living conditions and finances or assets;
- disparities between formal legal or financial arrangements and financial activities;
- suspicious legal or financial arrangements;
- non-existent legal or financial arrangements; and
- the involvement of parties other than the older person in (particularly significant or complex) financial activities recorded against them.

Victim-related indicators include appearing fearful, stressed or ignorant about their financial activities or arrangements, diminished cognitive capacity, family dynamics, victimisation by other forms of abuse and being kept from taking part in conversations about their finances or assets.

Perpetrator interventions

Interventions that target, or have been used with, perpetrators of elder abuse and those at risk of perpetrating it include community psycho-educational and therapeutic programs, multidisciplinary teams (MDTs), intergenerational awareness-raising programs and legal and policy responses such as protection orders, civil penalties, complaints to guardian and administrative tribunals, material or welfare support and dialogue-based approaches (mediation, dispute/conflict resolution and restorative justice). Given the dearth of dedicated interventions for elder abuse perpetration in Australia at the time of writing, the applicability of domestic and family violence perpetrator programs—including men’s behaviour change programs, other therapeutic approaches and adult protective services—have been considered. However, the evidence base for these interventions is weak. No interventions are supported by strong evidence showing that they reduce the perpetration or re-perpetration of elder abuse, although some evidence shows that multidisciplinary, regulatory and dialogue-based approaches reduce certain risk factors. Guiding principles for the development and evaluation of interventions include an emphasis on the importance of co-design, increasing the validity of perpetration outcome measures and incorporating methodological rigour into study designs from conception.

Summary and gaps in the evidence

This report highlights several important findings about the perpetrators of elder abuse and how they engage in it. However, it has also drawn attention to the need for more research in this area, including more research drawing on data collected directly from perpetrators about their motives and perpetration behaviours, and more research—and more rigorous research—evaluating interventions targeting them. Critically, many of the findings canvassed in this report, although generalisable to some degree to Australia, have been gleaned from international research. The absence of research in an Australian context on most aspects of elder abuse perpetration and efforts to respond to it is particularly notable, highlighting a pressing need. There is also scant research on elder abuse perpetration and perpetrators in specific populations, including Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD), gender diverse and non-heterosexual (LGBTIQ+) and rural and remote populations. The very limited research that has been done points to the perpetration of population-specific forms of elder abuse (eg those that attack or exploit aspects of an older person’s culture, religion, ethnicity or gender/sexual identity); to possible differences in the prevalence of some forms of abuse and motives within some of these populations; and to possible differences in some perpetrator characteristics. Further research on perpetration and perpetrators within these populations is sorely needed, given the heightened risk of multiple forms of abuse that has been shown to exist within them.

Introduction

Background and aims

The global population is aging. People are living longer. Fewer people are having children, and those who do have fewer (Skakkebaek et al. 2019). Currently, Australia has an estimated 4.8 million people aged over 65 years—around one in six Australians (Australian Bureau of Statistics (ABS) 2026). By 2055, this is projected to increase to one in four (Treasury 2015). Establishing and bolstering systemic protections and effective supports tailored to the needs and rights of older people is, therefore, a national priority, in the interests of all persons.

This includes protection from abuse and neglect. Vulnerabilities to abuse associated with aging include individual level factors such as disability and cognitive decline, and social structural factors such as isolation and ageism (Storey 2020). These can be compounded by intersecting vulnerabilities related to ethnicity, gender, culture and sexuality. Approaches to supporting older people should be evidence based and responsive to the needs of this growing population. In 2016, the Australian Attorney-General commissioned the Australian Law Reform Commission (ALRC) to conduct an inquiry into elder abuse in Australia (ALRC 2017). The inquiry built on previous Australian Government initiatives, including reports on older people and the law (House of Representatives Standing Committee on Legal and Constitutional Affairs 2007), legal capacity in Commonwealth laws (ALRC 2014) and the abuse of people with disabilities (Senate Community Affairs Committee 2015). It also preceded the Royal Commission into Aged Care Quality and Safety (2021).

The ALRC inquiry into elder abuse made a series of recommendations, including reforms to aged care and laws related to enduring power of attorney (a legal arrangement that allows people to choose other people who can make decisions on their behalf, in case they lose decision-making capacity), family agreements, superannuation, wills, banking, guardianship and administration, social security and safeguarding services (ALRC 2017). Based on the recommendations of this inquiry, the Council of Australian Governments developed the first *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023* (the National Plan; Council of Australian Governments 2019). The National Plan sought to prevent and respond to elder abuse in Australia by identifying priority areas for action and coordinating Commonwealth, state and territory government responses. This included improving data and public awareness about elder abuse and strengthening services, legal protections and safeguards for older people around the country.

A recent evaluation of the National Plan concluded that Australia had made significant efforts towards achieving its aims, citing a range of Australian and state and territory government initiatives (McEwan et al. 2024). Further, representatives from Australian states and territories agreed that the National Plan aligned the nation in the common goal of responding to elder abuse. However, states and territories requested further consultation with the Australian Government in designing future iterations of the plan. They also sought longer timelines, for more consistency and to enable the monitoring and evaluation of relevant initiatives (McEwan et al. 2024). Building on this, the consultation draft *National Plan to End the Abuse and Mistreatment of Older People 2024–2034* was informed by findings from the independent evaluation of the National Plan (McEwan et al. 2024) and a national consultation led by Elder Abuse Action Australia.

Previous research on elder abuse has focused primarily on the vulnerabilities and support needs of victims (eg Kaspiew, Carson & Rhoades 2018; Qu et al. 2021). This emphasis is important but should be complemented by concurrent efforts to understand and respond to the perpetrators of this abuse. There are significant gaps in knowledge of the perpetrators and perpetration of elder abuse in Australia (Kaspiew, Carson & Rhoades 2018). The ALRC (2017) highlighted the need to build understanding about risk factors for perpetration and the different groups of people who perpetrate elder abuse, such as family members, spouses and professionals. The evaluation of the National Plan similarly highlights the importance of improving data on perpetrators, holding perpetrators accountable for elder abuse and developing perpetrator responses and support services (McEwan et al. 2024). An improved understanding of the perpetrators and perpetration of elder abuse will make a significant contribution to Australia's ongoing efforts to ensure the safety of Australia's growing population of older persons.

To begin addressing this research gap, the current report collates the findings of research on elder abuse perpetration and its perpetrators. It canvasses the following key areas:

- the definitions and prevalence of elder abuse perpetration;
- the profiles, behaviours and motivations of those who abuse and mistreat older people;
- the indicators of financial abuse committed in the context of elder abuse; and
- evaluations of perpetrator interventions and supports and best-practice approaches to these.

Approach

A two-stage literature search strategy was implemented. The first stage involved searching for relevant research and other resources using standard search terms (Box 1) across several academic and ‘grey’ literature databases (Table 1). The exact search term structure was modified to suit the unique search options and functions of each database. Overall, the search terms and parameters were kept broad, to maximise literature yield. Academic and grey literature were considered in scope, and no geographic or methodological limitations were applied. However, limitations on publication date (2010–2024) and language (English only) were implemented. The search was undertaken in June and July 2024.

Box 1: Search terms
(‘elder*’ OR ‘elderly’ OR ‘aged’ OR ‘old age’ OR ‘old men’ OR ‘old women’ OR ‘old people’ OR ‘old person*’ OR ‘old adult*’ OR ‘older age’ OR ‘older men’ OR ‘older women’ OR ‘older people’ OR ‘older person*’ OR ‘older adult*’ OR ‘senior*’)
AND
(‘abus*’ OR ‘violen*’ OR ‘mistreat*’ OR ‘maltreatment’ OR ‘neglect’ OR ‘exploit*’ OR ‘negligen*’ OR ‘coercive control’ OR ‘batter*’ OR ‘aggress*’ OR ‘assault*’)

Table 1: Literature databases
Australian Criminology Database (CINCH)
JV Barry Library Catalogue
DeepDyve
Google
Google Scholar
ProQuest
SocIndex

The second stage involved less structured searches based on the reference lists of more recent publications identified as part of the first stage, targeted searches of relevant journals (eg *Journal of Elder Abuse and Neglect*, *Journals of Gerontology: Social Sciences*) and other ad-hoc follow-up searches, particularly for non-research documents (eg national and international policy and strategic documents). Importantly, research published before 2010 located during this second stage that was judged to be relevant was included in the review. However, where more recent reports reviewed and summarised the findings of older studies on a particular topic, these were prioritised. These searches were undertaken in the second half of 2024 and early 2025.

Given the breadth of the research aims, a narrower systematic review was not pursued. This also means that there were no strict inclusion or exclusion criteria. Where possible, the results of Australian research are discussed separately from those of international research. While this report is interested in drawing conclusions about the perpetrators and perpetration of elder abuse in an Australian context, the findings of international research have been included to shed light on the likely state of this topic in Australia, particularly where gaps in the Australian evidence base have been identified.

Definitions of elder abuse

This section introduces the concept of elder abuse. It canvasses definitions that have been offered in national and international literature, including international agreements, strategic policy documents and academic research. It also explores the evolution of this concept, along with the ongoing challenges to defining and recognising it and its perpetrators.

Australian and international definitions

At the time of writing, there is no single, legislatively enshrined national definition of ‘elder abuse’ in Australia. The term is not explicitly defined in Commonwealth, state or territory legislation. Several statutes for domestic and family violence (eg *Domestic and Family Violence Protection Act 2012* (Qld) and *Family Violence Protection Act 2008* (Vic)) are applicable to instances of elder abuse where it occurs in a familial context. Guardianship and adult safeguarding statutes (eg *Public Guardian Act 2014* (Qld) and *Ageing and Adult Safeguarding Act 1995* (SA)) also exist to protect the wellbeing and interests of vulnerable persons, including some older persons. The *Aged Care Act 2024* (Cth) addresses, among things, abuse in residential aged care settings in Australia but offers no comprehensive definition of elder abuse.

One of the most commonly cited definitions of elder abuse, both in Australia and internationally, is that given by the World Health Organization (WHO 2002: 3) in the *Toronto Declaration on the Global Prevention of Elder Abuse*:

“

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. It can be of various forms: physical, psychological/emotional, sexual, financial or simply reflect intentional or unintentional neglect.

The WHO's definition was used in Australia's first National Plan (Council of Australian Governments 2019) and has been adopted by various other Australian organisations (eg Elder Abuse Action Australia 2023; Queensland Elder Abuse Prevention Unit 2022). Importantly, the National Plan preferred to use the term 'abuse of older Australians' rather than 'elder abuse'. This is because 'elder' in Aboriginal and Torres Strait Islander culture refers to designated community representatives who have cultural and other roles and responsibilities but are not necessarily 'older' (Council of Australian Governments 2019). More recently, the *National Plan to End the Abuse and Mistreatment of Older People 2024–2034: Public consultation draft* has suggested a shift to the abuse and mistreatment of 'older people', recognising that such behaviour is unacceptable regardless of citizenship or visa status (Australian Government 2024).

Efforts by the Australian Institute of Family Studies (AIFS) to develop a working definition of elder abuse were based on a review of the Australian and international literature and consultations with professionals, advocates and older people. They defined it as:

“

a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person. (Kaspiew et al. 2019: 16)

Encompassed within this definition are five key elements, also evident to varying degrees and in varying forms, in Australian and international literature (eg Dixon et al. 2013; Goergen & Beaulieu 2013; Kaspiew, Carson & Rhoades 2018; Moir et al. 2017; Mysyuk, Westendorp & Lindenberg 2013):

- a single or repeated act or failure to act;
- towards an older person;
- by another who is responsible for the act or omission;
- in a situation where the connection between the older person and the perpetrator of the act or omission constitutes a relationship of trust (eg partners, family members, friends, neighbours, acquaintances and professionals) and regularly (though not always) of care or dependence and with significant power imbalance; and
- which causes harm or distress to the older person.

This typically excludes violence, abuse or exploitation perpetrated by strangers or in certain contexts (eg one-off acts of street violence).

Understandings of elder abuse have evolved since the 1950s, and current definitions reflect the wide range of perspectives that have driven this evolution (for reviews see Clare, Blundell & Clare 2011; Jackson 2016; Kaspiew, Carson & Rhoades 2018; Kaspiew et al. 2019; Kurrle & Naughtin 2008; Moir et al. 2017; Mysyuk, Westendorp & Lindenberg 2013). Early conceptualisations of (particularly impoverished and vulnerable) older persons as incapable of self-care resulted in the prioritisation of paternalistic and welfarist responses to protect them ‘from themselves’ rather than from others. These responses usually centred on institutionalisation and guardianship arrangements. The growing focus on child abuse in the 1970s led to a concurrent rise in awareness of elder abuse. However, this growing awareness was initially limited to the physical abuse of older women by caregivers, seen as often overburdened, stressed and in need of support themselves, and the problem continued to be viewed through a largely caregiving and welfarist lens. Feminist and sociological efforts to raise awareness of domestic violence in the 1990s prompted a dramatic shift towards the first conceptualisation of elder abuse—which also often occurs in domestic and familial contexts—as a crime and to a consequent pivot towards criminal justice measures in responding. More recent developments have been driven by the contributions of public health and human rights perspectives, which draw attention to broader structures of ‘ageism’ or discrimination, prejudice and negative stereotypes about older persons, at different levels of society, while also emphasising their rights, dignity and autonomy. This represents a significant move away from historical and more ageist responses to elder abuse—welfarist and criminal justice—which tended to view older victims of abuse as helpless and in need of protection, affording them little agency or input into their protection.

Despite the core elements cutting across most contemporary definitions of elder abuse, there is notable variation in how each is understood and operationalised. Indeed, elder abuse continues, to some degree, to be a debated and nuanced concept, complex and occurring in a variety of contexts. Acknowledging both the common elements and sources of variation across definitions of elder abuse adopted in research and policy is critical to understanding and critiquing research findings about this phenomenon.

Issues and challenges with defining elder abuse

Distinguishing older persons

There are cultural, demographic and social considerations that affect decisions about the classification of older persons in elder abuse research (Kaspiew et al. 2019); for example, Aboriginal and Torres Strait Islander people in Australia continue to have a significantly lower life expectancy than the national average (ABS 2023a). Further, the WHO (2002) notes that understanding elder abuse from a cultural perspective—that is, the cultural background of the community in which it takes place—is crucial, with adults moving into familial and community roles associated with older age at different life stages across different cultures.

Age cut-offs used to distinguish older persons from the rest of the adult population usually sit at 60 or (most often in Australia) 65 years; but there is variation, with cut-offs ranging from 50 to 75 (Clare, Blundell & Clare 2011; Kaspiew, Carson & Rhoades 2018; Moir et al. 2017). Indeed, minimum age thresholds for different benefits and avenues of support reserved for older Australians range from 45 years for access to some seniors' insurance plans (eg Australian Seniors 2025) through to 67 years for the age pension (Services Australia 2024). Definitions of 'elderly' are offered in national and international strategic policy documents and agreements, as well as academic studies, but Australia has no consistent statutory or common-law definition. Importantly, age cut-offs, wherever they are set, risk over- or underestimating the true prevalence of elder abuse. For example, around one in 10 calls to Seniors Rights Victoria's advice calls service in 2020 related to clients under 65 years (Brijnath et al. 2021). A little under one in 10 victims who reported to the Queensland Elder Abuse Prevention Unit Helpline in the 2023–24 financial year were also under 65 years, with around one in 50 under 60 years (Gillbard 2024).

In their commentary on best practices for estimating the prevalence of elder abuse, Moir and colleagues (2017) argue for a move away from the sole use of simple age-based cut-offs in classifying older persons and towards dynamic and multidimensional risk-based measures. Their suggested approach draws largely from that adopted in the United Kingdom's *Care Act 2014* and is discussed further in the final report of the ALRC's elder abuse inquiry (ALRC 2017), as well as from academic research (eg Clare, Blundell & Clare 2011; Dixon et al. 2013; Goergen & Beaulieu 2013; Kaspiew et al. 2019). It advocates for a classification of older persons based on indicators of (often age-related) vulnerability. Under this approach, 'older' is captured as a sliding risk scale instead of in a binary cut point. It is considered alongside other factors, such as age-related declines in physical and mental health, social isolation and levels of dependence on others. This approach points to the importance of at least considering, if not fully incorporating, factors other than age—which reflect one's capacity to live independently—into classifications of older persons for the purposes of studying elder abuse and its perpetration (Kaspiew, Carson & Rhoades 2018). However, concerns have been raised about an over-emphasis on vulnerability in classifying older persons for the purposes of elder abuse research, because of the difficulties identified in accurately defining and measuring it, the risk of victim-blaming and the potential for inflated prevalence rates of abuse (Kaspiew et al. 2019).

Identifying abuse and its perpetrators

Elder abuse is widely seen as constituting various forms of physical, sexual, psychological or emotional, and financial abuse, as well as neglect (Dean 2019; Goergen & Beaulieu 2013; Moir et al. 2017; Mysyuk, Westendorp & Lindenberg 2013; Qu et al. 2021; see also ALRC 2017; WHO 2002 and the first National Plan (Council of Australian Governments 2019)). Medical or chemical forms of abuse (eg the deliberate withholding or inappropriate administration of drugs) are often included as physical abuse, while social forms of abuse (eg isolation from family and friends) are regularly seen as forms of psychological or emotional abuse. Spiritual/cultural abuse has also been discussed as a form of psychological or emotional abuse; it involves the exploitation of a person's spiritual beliefs or cultural identity to hurt or control them (eg belittling, disregarding or violating their beliefs or cultural identity, obstructing practice of their beliefs or cultural identity or using their beliefs or cultural identity to justify, normalise or mask abuse).

While some forms of abuse, particularly physical and sexual, are obvious and easier to discern in practice, others can be more difficult. Challenges in identifying elder abuse include:

- ambiguity in the threshold separating abuse from legal and appropriate caregiver activities that appear to be harmful or distressing; and
- misconceptions about perpetrators and their motives.

On the first point, police, frontline workers and other concerned parties may misinterpret problematic levels of control exercised over an older person by their carers or family members as necessary, given that older person's perceived frailty (eg Giannouli & Tsolaki 2023). The potential for financial and subtler forms of psychological abuse (ie those involving the denial of certain freedoms) to go unnoticed in these situations is especially high. These misinterpretations often stem from implicitly or explicitly paternalistic and ageist perceptions of older persons as incapable of self-care. Conversely, certain caregiver activities which are lawful and for the benefit of older persons may appear to outsiders to be abusive because of the distress these activities cause (Hörl 2018). This can emerge in cases where older persons living with age-related declines in physical and psychological functioning (particularly cognitive and neurological functioning) express frustration, confusion or disagreement with the levels of care they require.

On the second point, research has noted that many perpetrators of elder abuse do not fit the ‘ideal’ abuser in many people’s minds (ie young, male, physically capable, manipulative and predatory), while also highlighting the variety of different motivations and justifications for abuse (Bows, Bromley & Walklate 2024; Kinnear & Graycar 1999). Studies typically show that perpetrators of elder abuse are only marginally more likely to be men than women (Brijnath et al. 2021; Garbin et al. 2016; Paek, Lee & Chon 2024; Qu et al. 2021). Rates of elder abuse perpetration tend to peak in mid-to-late adulthood (Brijnath et al. 2021; Conrad & Conrad 2019; DeLiema 2018; Garbin et al. 2016; Gillbard 2024; Qu et al. 2021). Older persons are regularly victimised by their partners or siblings who are themselves older persons and experiencing age-related declines, thus appearing less threatening to others (Bows, Bromley & Walklate 2024; Breckenridge et al. 2022; Qu et al. 2021). Where perpetrators are the children or grandchildren of their victims, it is common for them to experience significant psycho-social challenges (eg mental health problems, drug and alcohol dependency, homelessness or dependency on their victims) and to have themselves experienced abuse when they were younger, sometimes at the hands of their older victims (Bows, Bromley & Walklate 2024; Herrenkohl et al. 2022; Kinnear & Graycar 1999). We noted earlier that overburdened and overstressed carers can abuse the older persons they care for out of frustration or neglect their needs because of exhaustion and incapacity (Bajpai et al. 2020; Hörl 2018; Liu et al. 2019; Policastro, Gainey & Payne 2015). Inexperience and carelessness can also cause significant unintended harm to older persons (Dixon et al. 2013). The abuse or neglect of older persons is not justified by either set of circumstances, but they can prompt a narrowly sympathetic focus on carers and their struggles and inexperience while obscuring their (intentional or unintentional) perpetration of harm. These realities of elder abuse can make its perpetration less readily recognisable to others, impairing its measurement and delaying responses to it.

Abuse in institutional care settings

Institutional care settings for older people, ranging from hospitals and other healthcare providers through to residential aged care facilities, provide necessary intensive care and support to those experiencing declines in health and functioning. Among OECD countries, Australia has the highest proportion of older people living in institutional care (Dyer et al. 2020). Critically, older persons in these settings are more vulnerable to abuse and neglect. Australia’s recent Royal Commission into Quality and Safety in Aged Care (2021) estimated that just under 40 percent of people living in residential aged care facilities have experienced neglect, emotional and/or physical abuse from staff and, at times, family members or other residents. International research also suggests that rates of abuse are notably higher in these settings than in the community (see the section *Prevalence of elder abuse*). Abuse and neglect in these settings can be due to individual carers perpetrating one-off or sporadic instances of abuse (ie ‘bad apples’), or to broader organisational and cultural issues such as insufficient staffing or staff training, poor resourcing or ineffective management. In the latter instance, abusive and neglectful behaviours can be ingrained into the normal practice of most staff and regularised, raising questions about the extent to which the institution itself, as a legal person, should be considered the perpetrator (Dixon et al. 2013; Goergen & Beaulieu 2013; Kaspiw et al. 2019).

Operationalising institutions as perpetrators of elder abuse for the purposes of research comes with significant challenges on top of those highlighted in this section. Additionally, the concept of ‘institution as perpetrator’ sits at the intersection of empirical research on perpetrators and the contextual or situational factors which enable or encourage them to abuse and neglect older persons (eg Lord et al. 2023; Schiamborg et al. 2011). Given these considerations, the current report restricts its focus to individual perpetrators.

The overlap of elder and other forms of abuse

In defining elder abuse, it is important to consider its overlaps with other forms of abuse, including family and domestic violence (Breckenridge et al. 2022; Chez 1999; Seniors Rights Victoria 2021; Wiehe 1998) and the abuse and neglect of persons with disability (Wong, Cafferky & Alejandro 2021). Elder abuse perpetrators are often the partners of, or related to, their victims, and their abuse regularly constitutes a continuation of longer-term patterns of family and domestic violence which started when victims were younger (Bows, Bromley & Walklate 2024; Breckenridge et al. 2022; Herrenkohl et al. 2022; Kinnear & Graycar 1999; Koga et al. 2024; Sandmoe, Wentzel-Larsen & Hjemdal 2017). Perpetrators may have themselves been victims of domestic and family violence when they were younger. Many types of elder abuse are not unique to older persons, presenting similarly in other cases of family and domestic violence. Importantly, many (particularly subtler) forms of elder abuse have increasingly been recognised as coercive control, and parallels are being drawn with its occurrence in intimate partner relationships between younger persons (eg Breckenridge et al. 2022; Policastro & Finn 2017; Quinlan, Donnelly & O’Donnell 2024).

The concentration of health problems in older persons has been highlighted in various policy and strategic documents, including Australia’s first National Plan (Council of Australian Governments 2019; Australian Government 2024), as one of the main factors that increase their vulnerability to abuse and neglect. Further, victimisation research has overwhelmingly shown greater physical and mental disability in older persons to be one of the strongest risk factors for abuse and neglect (eg Qu et al. 2021; see also Wong, Cafferky & Alejandro 2021 for a review of international research). Like others living with disability, older persons living with disability often become more dependent on carers and others; they are thus more vulnerable to mistreatment and exploitation and also less able to recognise, prevent or resist other forms of abuse (Storey 2020). Additionally, the care relationships that form to respond to the needs of older persons living with disability can see carers, where they feel overburdened or unsupported, succumb to feelings of stress or frustration, which can be expressed as abuse or neglect (Vaidyanathan et al. 2018). Finally, the ageism that can underpin hostility towards, or neglect of, older persons often features ‘ableist’ prejudices and stereotypes that justify discrimination against persons living with disability more broadly (Gendron et al. 2024).

Factors that distinguish elder abuse and justify a special focus on it in research, policy and practice include the advanced age of victims; the vulnerabilities and needs unique to this age group; and the forms of abuse (eg medical or chemical abuse and certain instances of financial abuse), perpetrator–victim relationships (eg community or institutional care relationships) and prejudices (ie ageism) that more commonly underpin, or are unique to, elder abuse. Elder abuse understanding benefits from awareness of the connections—conceptual and empirical—between elder and other forms of abuse and from advances in knowledge about the applicability of response systems and services for other forms of abuse.

Culturally specific forms of abuse

Definitions of elder abuse must include forms of abuse specific to certain ethnic or cultural groups. This can include disrespecting older persons because of their culture or exploiting certain aspects of culture to engage in abusive behaviour (Haukioja 2016; Qu et al. 2021). An example of the latter in Australia is the act of ‘humbugging’, which involves exploiting the importance of resource sharing in First Nations cultures to demand money from older family members with no intention of paying it back (Breckenridge et al. 2021).

Summary

Multiple definitions of ‘elder abuse’ have been put forward, but there is growing consensus about its basic elements. These typically include acts or omissions which cause harm or distress to an older person by a perpetrator where some relationship of trust, care or dependence (often with a significant power imbalance) exists between them. Several fields have contributed to our understanding of elder abuse since the 1950s and, alongside an emerging body of empirical research, have broadened our conception of this form of abuse. Importantly, several definitional issues—including the classification of ‘older’ persons; challenges in discerning abuse and its perpetrators; and its overlap with other forms of violence and abuse—continue posing challenges to efforts to understand and measure the perpetration of elder abuse. Any consideration of the evidence base on elder abuse perpetrations and perpetrators should keep these ongoing issues in mind.

Prevalence of elder abuse

This section reviews research on the prevalence of elder abuse. It examines both victimisation and perpetration rates, noting the dearth of research on the latter and the potential utility of the former in estimating the extent of perpetration. Australian and international estimates are considered, and some of the key sources of variation in these rates, across studies and countries, are explored.

Victimisation rates

Estimates of the prevalence of elder abuse, in Australia and internationally, are typically based on victimisation data. At the time of writing, there are no reliable estimates of the prevalence of elder abuse perpetration in Australia. Estimates based on recorded crime data are unreliable measures of perpetrator prevalence: a substantial number of perpetrators go undetected by police, and the absence in statute of offences specific to older persons means that elder abuse can be difficult to discern. Nevertheless, rates of victimisation are important for understanding how many older Australians are affected by abuse and neglect, shedding some light on the extent of perpetration and the magnitude of the harm perpetrators do.

The first study to estimate the rate of elder abuse in the Australian population was undertaken by Kurrle, Sadler and Cameron (1992), who examined the medical records of persons aged 65 years and older referred to a district hospital over a 12-month period in the early 1990s. Their results show that five percent of clients had experienced abuse. Research by the Australian Longitudinal Study of Women's Health (2014) includes findings on vulnerability to elder abuse among its oldest cohort of participants (ie those born between 1921 and 1926), including experiences of someone close to them trying to hurt or harm them, call them names, put them down or make them feel bad, and feeling afraid of someone close to them. In the 2011 survey, eight percent of this cohort (aged 85–90 years at survey completion) had experienced vulnerability to abuse.

Qu and colleagues (2021) estimate the prevalence of elder abuse victimisation in Australia based on the AIFS National Elder Abuse Prevalence Study, administered in 2020. This was the first national survey on elder abuse in Australia, using a nationally representative sample of 7,000 people aged 65 and over living in community dwellings. The findings suggest that about one in six older Australians (15%) reported experiencing abuse in the 12 months before the survey. This research does not distinguish rates specific to certain groups, such as Aboriginal and Torres Strait Islander people, or to those who reside in aged care or other institutional settings (Qu et al. 2021). However, findings do suggest that the rate of abuse victimisation in the preceding 12 months among community-dwelling Australians aged 65 years and older with CALD backgrounds is equal to that of older Australians generally (15%; Qu et al. 2021).

The Survey of Disability, Ageing and Carers, run regularly by the ABS to provide information on older persons, persons with disability and carers in the community, asked about abuse and neglect in 2022 for the first time. It is based on a sample of 13,700 households and 1,100 establishments that provide care accommodation in Australia. Results show that four percent of those aged 65 years and over had experienced physical abuse, emotional abuse and/or neglect in the preceding 12 months (ABS 2024). This is notably lower than the rate reported by Qu and colleagues. Importantly, the ABS survey did not ask about certain forms of abuse (ie financial and sexual abuse), and its questions on abuse and neglect victimisation were optional for respondents and asked separately from the main survey. Around a third of older persons and persons with disability who completed the main survey did not respond to questions on experiences of abuse or neglect.

Internationally, the WHO estimates that around 17 percent of older persons have experienced abuse or neglect in the preceding 12 months (WHO 2002). Table 2 lists recent prevalence studies based on victimisation data that have also been conducted in numerous other countries.

Table 2: Prevalence of victimisation in international samples of older persons			
Study	Country	Sample	Results
Age UK 2020	United Kingdom	National—persons aged 60 years and older	3.2 percent of participants aged 60–74 years and 1.4 percent of participants aged 75 years or older had experienced domestic abuse in the preceding 12 months.
Ahnlund et al. 2020	Sweden	National—persons aged 60–74 years	4.2 percent reported experiencing sexual, physical and/or psychological violence in the preceding 12 months
Burnes et al. 2022	Canada	National—persons aged 65 years or older	10 percent reported experiencing some type of abuse in the preceding 12 months.
Burnes et al. 2021	United States	New York state—persons aged 60 years or older	11.4 percent reported experiencing some type of abuse in the preceding 12 months.
Cevik et al. 2023	Turkey	National—persons aged 65 years and older	19.5 percent reported experiencing abuse of some type in the preceding 12 months.
Chaurasia & Srivastava 2020	India	National—persons aged 60 years and older	11.0 percent reported experiencing abuse of some type since turning 60 years of age.
Du & Chen 2021	China	National—persons aged 65 years and older	15.4 percent reported experiencing abuse of some type in the preceding 12 months.
Gil et al. 2015	Portugal	National—persons aged 60 years and older	12.3 percent reported experiencing some type of abuse in a family setting in the preceding 12 months.
Jeon et al. 2019	South Korea	National—persons aged 65 years and older	9.9 percent reported experiencing abuse of some type in the preceding 12 months.
Koga et al. 2020	Japan	National—persons aged 65 years and older	12.3 percent reported experiencing abuse of some type in the preceding 12 months.
Office for Senior Citizens 2015	New Zealand	National—persons aged 50 years or older	11.6 percent of participants aged 50 years or older and 9.6 percent of participants aged 65 years or older reported being threatened, hurt or harmed by someone close to them.
Sandmoe, Wentzel-Larsen & Hjemdal 2017	Norway	National—persons aged 65–90 years	Between 6.8 and 9.2 percent reported experiencing different types of abuse in the preceding 12 months.
Wolde et al. 2022	Ethiopia	Mizan Aman town, Bench Sheko zone—persons aged 60 years and older	41.8 percent reported experiencing abuse of some type.

Reviews of older studies also offer insights into cross-national trends in prevalence. Pillemer and colleagues' (2016) scoping review of population-based elder abuse prevalence studies using random or exhaustive sampling of older persons reports that, when studies not using a substantive threshold to screen for emotional abuse were excluded, victimisation prevalence rates range from 2.2 percent to 14.0 percent, with a mean rate of 7.1 percent. Yon and colleagues' (2017) review examined the pooled data of 52 population-based studies of elder abuse victimisation in community settings from across 28 (mainly high-income) countries. Studies reporting estimates of past-year abuse prevalence in adults aged 60 years or older were included in the analyses. The review found that the pooled prevalence estimate for elder abuse victimisation was 15.7 percent. Ho and colleagues' (2017) meta-analysis examined 34 population-based studies of elder abuse victimisation in community settings from across 20 countries and one study that was conducted across Europe. Studies reporting estimates of overall abuse prevalence in adults aged 60 years or older were included in the analyses. The pooled prevalence estimate for elder abuse victimisation in this study was 10.0 percent.

Of course, the comparability of these studies is limited by the methodological differences between them in sampling and data collection strategies and by several variations in the definition of 'elder abuse' adopted across them (see also the section *Definitions of elder abuse*). Differences in cultural context are also important; for example, Ho and colleagues (2017) attribute the higher rates of victimisation they observed in geopolitically non-Western countries to two factors: the increased social and cultural expectations placed on adult children in many of these countries to care for their older relatives; and the less developed systems and supports enabling older persons to live independently.

Perpetration rates

Ho and colleagues' (2017) meta-analysis also examined 17 non-population-based studies that analysed data collected from caregivers for older persons or other third parties (eg family members). In these studies, participants were asked whether they had ever detected a case of elder abuse or whether any care they had administered amounted to abuse. The pooled prevalence of elder abuse was 34.0 percent in these studies, giving a blunt indication of the prevalence of elder abuse perpetration. Importantly, this pooled prevalence rate is more than three times that for victimisation reported in the population-based studies reviewed by Ho and colleagues (ie 10%) and substantially higher than victimisation rates reported in research generally. This may be influenced by factors including the greater reluctance of older persons to admit to having been abused; the more developed capacity of experienced carers to recognise abuse, including in their own behaviours; and the feelings of guilt felt by carers prompting them to 'come clean' (Ho et al. 2017). Additionally, the samples in this research select for individuals who are involved with older persons and their care in some way, either in the community or in institutional care settings, while victimisation research typically includes older persons who may or may not be under some form of care in the community. Research has extensively highlighted the increased vulnerability of older persons residing in residential institutional care settings to abuse and neglect (see Storey 2020 for a review). Finally, this research is not limited to past-year perpetration, instead covering perpetration at any point in time.

Castle, Ferguson-Rome and Teresi (2015) review and summarise the results of studies published between 2003 and 2012 that examine staff perpetration of abuse in residential care settings. Some of these studies drew on data collected directly from staff in these settings. Large proportions of the samples in these studies, typically over 50 percent, indicated either awareness of elder abuse perpetration by other staff in their workplaces or condoning of the abuse of older residents. Yon and colleagues (2019) examined the pooled data of six studies examining elder abuse perpetration self-reported by staff in institutional care settings. In these studies, staff were asked whether they had ever perpetrated or directed abusive acts to older (60 years and above) residents. These studies were geographically diverse, including samples from the Czech Republic, Germany, Ireland, Israel and the United States. Respondents were mostly women (80–97% of samples). Pooled estimates suggest that a substantial 64 percent of staff admitted to perpetrating or directing abuse in the past year. Hirt and colleagues (2022) similarly undertook a scoping review of research on self-reported staff-to-resident abuse in institutional care settings. Four of the studies reviewed include results on the overall prevalence of abuse witnessed by staff, and six studies include results on the overall prevalence of abuse perpetrated by staff. Results were similar across both, with around 50 to 80 percent of staff having witnessed abuse or abused older persons under care.

While these findings indicate that perpetration rates in institutional care settings are high, they could be attributable to a few factors. These include the greater vulnerability of older persons under care generally (Storey 2020); the staffing, resourcing and organisational pressures that have historically characterised many of these settings and have led to institutional considerations being prioritised over the needs and rights of residents (Royal Commission into Aged Care Quality and Safety 2021); and, as in Ho and colleagues' (2017) research, the surveying of experienced care staff better able to recognise abuse. In support of the second point, one of the studies reviewed (Goergen 2004, cited in Yon et al. 2019) showed that an increased presence of qualified nurses was associated with a reduction in resident abuse risk. Finally, as with Ho and colleagues' (2017) research, these studies are not limited to past-year perpetration.

Summary

The prevalence of elder abuse has mostly been examined with data based on self-reports of victimisation. Internationally, estimated yearly rates of victimisation range from less than five percent of older persons to a little under 20 percent, with most estimates falling within the five to 15 percent range. Variations in these estimates across studies and countries are accounted for by different definitions of elder abuse (eg different age cut-offs and different questions about specific abuse behaviours), differences in sampling methodology and variation in the social, cultural and economic conditions of each country. In Australia, the AIFS National Elder Abuse Prevalence Study—reporting the results of a national survey of a representative sample of 7,000 people aged 65 and over living in community dwellings in 2020—found that 15 percent of the sample had experienced physical, sexual, financial or psychological abuse or neglect in the preceding 12 months. The most recent administration of the ABS Survey of Disability, Ageing and Carers in 2022 found that four percent of respondents who were persons aged 65 years or older had experienced physical or emotional abuse or neglect in the preceding 12 months.

Far fewer studies have examined the prevalence of elder abuse *perpetration*. At the time of writing, there are no reliable estimates of its prevalence in Australia. International research, drawing on self-reported perpetration, estimates that around 30 percent of those involved in, or connected to, the care of older persons and around 60 percent of staff specifically in institutional care settings have ever perpetrated abuse. These rates are notably higher than those of victimisation, but we should be mindful of differences between these bodies of research in the samples and sampling methodologies used and in the abilities and willingness of those in these samples to self-report abuse. These results probably also reflect the heightened vulnerability of older persons in residential institutional care to abuse and neglect—reinforcing this as one of the main risk factors for victimisation—as well as the focus in this research on perpetration at any point in respondents' histories, not only in the preceding 12 months.

Behaviours of perpetrators

This section reviews evidence on the behaviours of elder abuse perpetrators. Noting some of the difficulties in identifying these behaviours in practice—outlined earlier in this report—the following discussion is structured around the five types of abuse detailed in Australia’s first National Plan (Council of Australian Governments 2019):

- physical abuse—an act that causes physical pain or injury to an older person, including hitting, pushing, kicking, physical restraints or inappropriate use of drugs;
- sexual abuse—any sexual behaviour without the person’s consent, including sexual interactions and non-contact acts of a sexual nature;
- psychological or emotional abuse—an act that causes emotional pain or injury, including insulting or threatening a person, acts of humiliation or disrespect and controlling behaviours;
- financial abuse—the misuse or theft of an older person’s money or assets, including using finances without permission or using a legal document such as an enduring power of attorney for purposes outside what it was originally signed for; and
- neglect—the failure to meet a person’s basic needs, such as food, housing and medical care (Council of Australian Governments 2019).

This section explores the prevalence, co-occurrence and specific presentations of these forms of abuse.

Prevalence of perpetration behaviours

Australian research

As with research on the overall prevalence of elder abuse, research examining specific forms of abuse and perpetration behaviours in Australia draws only on victimisation data. The AIFS National Elder Abuse Prevalence Study found that the most common type of abuse reported by a nationally representative sample of community-dwelling older people (aged 65+) in the preceding 12 months was psychological (12%), followed by neglect (3%), financial (2%), physical (2%) and sexual (1%; Qu et al. 2021). Among respondents with CALD backgrounds, four percent had experienced abuse related to language and cultural background specifically in the preceding 12 months. The 2022 administration of the ABS Survey of Disability, Ageing and Carers similarly found that emotional abuse was the most commonly experienced form of abuse (3.5%), although it also found that physical abuse (1.2%) was more commonly experienced than neglect (0.5%; ABS 2024).

Other studies have also reported on the prevalence of specific types of abuse against older persons in Australia. Hill and Katz (2019) summarise rates of abuse victimisation by drawing on several ABS datasets, reporting similar rates to those of Qu and colleagues (2021). Examining data from the Personal Safety Survey's 2016 administration, they note that one percent of respondents who were 55 years or older reported experiencing actual or threatened physical violence in the preceding 12 months, and fewer female respondents (0.4%) reported experiencing actual or threatened sexual violence. They found that psychological abuse was the most common form of abuse against intimate partners (2.7–3.2% of older women and 1.0–2.6 percent of older men reported emotional abuse by a current or previous partner in the preceding 12 months). Around 1.5 percent of women and 1.1 percent of men had ever experienced economic abuse from a current or previous partner. Data collected from calls to the Queensland Elder Abuse Prevention Unit Helpline showed that the most common types of abuse victims experienced were psychological (75.9%) and financial (65%) abuse, followed by social abuse (31.3%), neglect (24%), physical abuse (12.6%) and sexual abuse (1.1%; Gillbard 2024). Data from Seniors Rights Victoria advice calls also showed that the most common types of abuse victims reported were psychological (63%) and financial (62%), followed by physical abuse (16%), social abuse (11%), neglect (1%) and sexual abuse (<1%; Brijnath et al. 2021).

Based on these findings, psychological/emotional abuse appears to be the most common form of abuse perpetrated against older persons in Australia. Physical and sexual abuse are generally the least common, while rates of financial abuse and neglect vary more widely. Variation here probably results from certain differences in the samples and data collection methods used; for example, survey participants are typically screened for all types of abuse (Qu et al. 2021), while helpline clients may not be. Rates may, therefore, be driven by what clients choose to report (Brijnath et al. 2021). Financial abuse and neglect are also arguably more difficult to define and consistently recognise than other forms of abuse (particularly physical and sexual abuse).

Australian research also sheds some light on the presentation of various types of elder abuse (see Breckenridge et al. 2022; Brijnath et al. 2021; Qu et al. 2021; Gillbard 2024). Findings show that verbal abuse (insulting, swearing, humiliation, offensive communication), bullying, threats, intimidation and harassment are common forms of psychological abuse. Others include being ignored or undermined and the denial or withholding of affection and relationships with other family members. Common forms of neglect are failure to ensure that nutritional (eg preparing meals, helping with groceries) and medical needs are met, obstructing others from providing care and a failure to do housework or to help with transport. Common forms of financial abuse include taking advantage of older persons materially (eg living with them and not contributing towards expenses or failing to pay back loans); pressuring or coercing older persons into giving or loaning their money or assets—including through the signing of legal documents about financial or property arrangements; stealing or misusing older persons' money or assets; and controlling older persons' access to their money or assets (see Breckenridge et al. 2022 for a review; see also the section *Financial abuse of older persons*). Research has shown that these tactics are regularly facilitated by power of attorney arrangements. Finally, pushing, shoving, kicking, punching and rough handling are common forms of physical abuse, while unwanted sexual comments and inappropriate touching are common forms of sexual abuse.

Powell, Flynn and Hindes (2022) examined experiences by a nationally representative sample of Australians of technology-facilitated abuse, which encompasses a variety of unwanted, harassing and harmful behaviours experienced online or via digital devices (eg threats, monitoring, pressure to engage in sexual acts, image-based abuse). They found that one in three adults aged 65–74 years (33%) had experienced technology-facilitated abuse in their lifetimes. One in four adults aged 75 years and over (25%) had experienced it in their lifetimes. The study also examined technology-facilitated abuse perpetration within the total sample, but not in the context of elder abuse or by the age of the victim (Powell, Flynn & Hindes 2022). Finally, limited Australian research has examined fatal elder abuse in Australia. A study by Kennedy et al. (2023) examined homicide deaths among older adults in Victoria ($n=59$). The study found that the deceased–offender relationship tended to be mostly intimate or familial ($n=37$, 63%).

International research

The results of international research are largely consistent with those of Australian research in the relative prevalence of different perpetration behaviours. Yon and colleagues (2017) examined findings pooled from across 52 studies in 28 (mostly high-income) countries about self-reported past-year abuse victimisation in samples of older persons. They found that psychological abuse (11.6%) was the most common form of elder abuse experienced, followed by financial abuse (6.8%), neglect (4%), physical abuse (2.6%) and sexual abuse (0.9%). In their meta-analysis of 34 population-based studies of self-reported abuse victimisation in samples of older persons, Ho and colleagues (2017) similarly found that emotional abuse was the most prevalent (48% of those who had experienced abuse), followed by financial abuse (34% of those who had experienced abuse), neglect (32% of those who had experienced abuse), physical abuse (19% of those who had experienced abuse) and sexual abuse (3% of those who had experienced abuse).

In addition to reviewing research on the perpetration of elder abuse in institutional care settings, Yon and colleagues' (2019) meta-analysis also examines four studies of self and proxy-reported (ie close relatives) past-year abuse victimisation in samples of older adults (60 years and over) residing in these settings. While pooled prevalence estimates for overall abuse could not be calculated, pooled prevalence estimates for specific forms of abuse are provided, including psychological (33.4%), physical (14.1%), financial (13.8%) and sexual (1.9%) abuse, as well as neglect (11.6%). Similarly, Hirt and colleagues' (2022) review also summarises research on self-reported victimisation by different types of abuse in institutional care settings. There is significant variation across the studies they review in the prevalence rates of different types of abuse. For example, in the studies that include prevalence rates of physical abuse victimisation, findings range from less than one percent to 93 percent. Nevertheless, findings tentatively suggest that physical and psychological abuse are the most commonly experienced types of abuse in institutional care settings (4–99%), followed by neglect (16–87%), financial abuse (6–72%) and sexual abuse (6–40%). Importantly, the rates in these studies are notably higher than those reported in Yon and colleagues' (2017) meta-analysis of studies about older persons residing in community settings and in Qu and colleagues' (2021) research on an Australian sample of older persons.

Some more recent international studies also report that psychological abuse is the most common form of elder abuse (Ahnlund et al. 2020; Badenes-Ribera, Fabris and Longobardi 2021; Burnes et al. 2022; Jeon et al. 2019; Paek, Lee & Chon 2024; Sandmoe, Wentzel-Larsen & Hjemdal 2017; Wolde et al. 2022). However, some studies found that financial abuse is just as, or slightly more, common (eg DeLiema et al. 2018; Gil et al. 2015; Weissberger et al. 2020; see further variations also in Atim et al. 2023; Santos et al. 2019). These findings consistently show that sexual abuse is the least common form of abuse (see also Bows 2017). Importantly, and consistently with discrepancies in Australian research, the prevalence of different perpetration behaviours appears to depend partially on the type of sample (Atim 2023; Santos et al. 2019). For example, Santos and colleagues (2019) analyse Portuguese data from two surveys: one of a representative sample of community-dwelling older adults and one of older adults reporting elder abuse to state or non-state organisations. They found that, while psychological abuse was most frequently reported by participants in the first survey, physical abuse was most often reported by participants in the second. Studies which select for victims of elder abuse, those seeking help for it or those who are more vulnerable to abuse (eg those living in residential care) in their sampling procedures probably overestimate the prevalence of more obvious and physically harmful forms of abuse.

Perpetration research reveals similar findings. Ho and colleagues' (2017) meta-analysis of 17 non-population-based studies analysing data collected from caregivers and other third parties found that, of those who had perpetrated/detected abuse, the pooled prevalence estimate of emotional abuse perpetration was highest (72%). This was followed by physical abuse (33%), neglect (33%), financial abuse (27%) and sexual abuse (2%). In their meta-analysis of six studies examining elder abuse self-reported by staff in institutional care settings, Yon and colleagues (2019) also found that the pooled prevalence estimate of psychological abuse was highest (32.5%), followed by neglect (12%), physical abuse (9.3%) and sexual abuse (0.7%).

Hirt and colleagues' (2022) review of research on staff-to-resident abuse in institutional care settings reports similar findings, with psychological abuse emerging as the most commonly self-reported form of abuse perpetrated by staff (30–46%), followed by neglect (1–77%) and physical abuse (6–40%). Financial (1–2%) and sexual abuse (0–1%) were markedly less common. Notably, physical abuse is more prevalent than other forms of abuse and neglect, contrasting with victimisation research. This could be explained by the same factors that probably account for the higher overall prevalence estimates in this research—the selection of participants with involvement in, or connection to, older persons who need care (including in institutional care settings) and who are thus living in situations that place them in a position of significant power imbalance.

Co-occurrence of perpetration behaviours

Several studies report on experiences of multiple forms of abuse in Australia. Overall, the co-occurrence of different forms of abuse is common (Breckenridge et al. 2022; Brijnath et al. 2021; Gillbard 2024; Qu et al. 2021). The AIFS National Elder Abuse Prevalence Study in Australia found that about one-quarter of community-dwelling older people who experienced any form of abuse or neglect experienced multiple forms (Qu et al. 2021). For participants who experienced two or more forms of abuse or neglect, the most commonly co-occurring were psychological abuse and neglect (23%), psychological abuse and physical abuse (21%) and psychological abuse and financial abuse (21%; Qu et al. 2021). Similarly, Brijnath and colleagues' (2021) analysis of helpline data in Victoria found that almost one-third of clients who reported abuse experienced multiple types of abuse. The two most commonly experienced abuse dyads were psychological–financial (17%) and psychological–physical (5%).

International studies have also reported on experiences of multiple types of abuse, showing that between one-fifth and one-quarter of older persons who experience abuse or neglect experience multiple forms of it (Gil et al. 2015; Jeon et al. 2019; Sandmoe, Wentzel-Larsen & Hjemdal 2017). Badenes-Ribera, Fabris and Longobardi's (2021) study examining elder mistreatment in an Italian population found that physical/sexual mistreatment was a predictor of emotional/psychological/verbal mistreatment. Emotional/psychological/verbal mistreatment was related to financial exploitation and neglect, and financial mistreatment and neglect were related (Badenes-Ribera, Fabris & Longobardi 2021). In addition, Weissberger et al.'s (2020) study examining calls to the National Center on Elder Abuse Resource Line in the United States found that physical abuse was most likely to co-occur with any other abuse type (66%). Both financial abuse and physical abuse most commonly co-occurred with emotional abuse. Neglect most commonly co-occurred with financial abuse, followed closely by emotional abuse (Weissberger 2020).

In general, this research shows that physical forms of abuse commonly co-occur with psychological/emotional abuse and neglect. This arguably points to the potential for escalation in abusive behaviours against older persons—a pattern that characterises some cases of family and domestic violence generally and can be driven by escalations in conflict or victim attempts to resist control by perpetrators (eg Boxall & Lawler 2021). More specifically with elder abuse, this could also be driven by the growing stressors or pressures being experienced by perpetrators responsible for the care of an older person (eg Cooper et al. 2010; Elman et al. 2020; Wilson et al. 2025). Additionally, the common co-occurrence of psychological/emotional and financial abuse suggests that the former may commonly be an important tactic of the latter (Gillbard 2024). Breckenridge and colleagues (2022) provide a range of examples that include perpetrators threatening older persons with abandonment, isolation, eviction or removal to a residential care facility to extract money or assets from them.

Perpetration behaviours in specific populations

As with overall prevalence, there is a lack of research examining particular forms of abuse and perpetration behaviours by specific populations in Australia, including Aboriginal and Torres Strait Islander people, CALD communities and those in aged or other institutional care settings. Research is also limited to the examination of victimisation data.

The AIFS National Elder Abuse Prevalence Study in Australia found that the prevalence of different types of abuse was similar for the CALD subsample and the non-CALD sample (Qu et al. 2021). Psychological abuse was also the most common type of abuse experienced (12%), followed by neglect (3%), financial (2%), physical (2%) and sexual abuse (1%). However, CALD respondents were slightly less likely to report experiencing financial abuse (1.6%) than non-CALD respondents (2.1%). CALD-specific abuse—abuse relating to language and culture—was reported by four percent of CALD respondents. For this subtype of abuse, the most common abuse item was ‘not respecting you when talking to you because of your culture, race or ethnicity’ (67%), followed by ‘made to feel like you are just free labour’ (45%; Qu et al. 2021).

Summary

Australian and international research indicates that elder abuse most often constitutes the psychological/emotional abuse of older persons. This typically includes threats and insults, along with bullying, intimidation, harassment, withheld affection and forced isolation. Financial abuse and neglect are also common forms of abuse. Neglect most often includes a failure to assist older persons with meeting their daily health and welfare needs and obstructing others from providing them with care. Financial abuse encompasses a variety of tactics for benefitting from, acquiring or exercising control over older persons’ money or assets.

Physical and sexual abuse are comparatively less common. However, prevalence rates of physical abuse are relatively higher in samples that tend towards more vulnerable older persons (ie samples of abuse/neglect victims) and also in samples of those involved in, or connected to, older persons in need of care who are thus also living in a situation of significant power imbalance. Additionally, where physical abuse is evident, it commonly co-occurs with psychological/emotional abuse and neglect. This suggests a pattern of escalation in some cases of elder abuse, probably driven by intensifications in conflict and victim resistance to control by perpetrators, as well as ongoing stressors or pressures experienced by carers. Further, psychological/emotional abuse has also been shown to commonly co-occur with financial abuse, suggesting that the former may regularly be an important tactic of the latter.

Profiles and motives of perpetrators

This section reviews research on the profiles and motivations of elder abuse perpetrators. It includes an overview of the demographic characteristics of perpetrators, along with other personal characteristics and life circumstances that are associated with an increased risk of perpetrating elder abuse. It also canvasses research on perpetrators' motivations for engaging in abusive and neglectful behaviours towards older persons.

Perpetrator characteristics

Gender

Australian and international research generally shows that perpetrators of elder abuse are only marginally more likely to be men than women (Brijnath et al. 2021; Conrad & Conrad 2019; DeLiema et al. 2018; Gillbard 2024; Johannesen and LoGiudice 2013; Qu et al. 2021; but see Garbin et al. 2016; Paek, Lee & Chon 2024). The AIFS National Elder Abuse Prevalence Study in Australia found that 55 percent of respondents who reported being abused identified the perpetrator as a man (Qu et al. 2021). The relatively high proportion of elder abuse perpetrators who are women stands in contrast to many other forms of violence and abuse, which are perpetrated overwhelmingly by men (ABS 2023c). While violence and abuse are driven by a range of complex and interacting factors, many forms, especially domestic and sexual violence, are underpinned to some degree by certain masculine norms which encourage it as a means of asserting dominance, obtaining benefits and protecting one's ego (eg Our Watch 2021). Gendered factors certainly play a role in elder abuse too, particularly where it is perpetrated by an intimate partner and constitutes the continuation of a long-term pattern of abuse (Benbow, Bhattacharyya & Kingston 2019; Bhatia & Soletti 2019; Paek, Lee & Chon 2024). However, these factors are arguably less relevant to elder abuse in other contexts, particularly where stress, financial motives or other familial factors predominate, and where victims and perpetrators are not current or former intimate partners.

Critically, findings about perpetrator gender are probably a reflection of ongoing gender imbalances in the provision of formal and informal care. In Australia, women are almost four times more likely to be employed in the healthcare and social assistance sector than men (ABS 2022) and are over twice as likely to be primary unpaid carers for older persons and those with disability (ABS 2024). Interestingly, these trends are analogous to those in relation to child care and certain forms of child abuse, with women similarly carrying a greater portion of the responsibility for child rearing and child care in Australia (ABS 2024, 2022) and perpetrating child physical abuse at higher rates, relative to their perpetration of other forms of violence and abuse (ABS 2023b).

Research does suggest that men and women are likely to perpetrate different forms of abuse against older persons. The AIFS National Elder Abuse Prevalence Study found that perpetrators of financial, physical and sexual abuse were notably more likely to be men (65%, 77% and 79%, respectively; Qu et al. 2021). In their analysis of helpline data in Victoria, Brijnath and colleagues (2021) found that, while men were more likely to perpetrate psychological, financial, physical, social and sexual abuse, this was especially so for physical and sexual abuse. Psychological/emotional abuse tends to be perpetrated at similar rates by men and women—although, where there are differences, perpetrators are slightly more likely to be women (Liu et al. 2019; Qu et al. 2021). Similar patterns have emerged across international research (eg Bows 2017; Conrad & Conrad 2019; Paek, Lee & Chon 2024).

Age

Australian (Brijnath et al. 2021; Gillbard 2024; Qu et al. 2021) and international (Conrad & Conrad 2019; DeLiema 2018; Garbin et al. 2016) research has found that perpetrators of elder abuse are most often in mid-to-late adulthood. The AIFS National Elder Abuse Prevalence Study in Australia found that most perpetrators were aged 45–54 (20%) and 65–74 years (23%; Qu et al. 2021). Helpline data from Queensland found that the most common age group recorded for perpetrators was 50–54 years (18%), followed by 55–59 years (13%), 60–64 years (12%) and 45–49 years (11%; Gillbard 2024). Helpline data from Victoria found that almost half of perpetrators were aged between 40 and 54 years (Brijnath et al. 2021). Internationally, Garbin and colleagues' (2016) study based on cases of maltreatment of older persons in Brazil found that the most common age groups recorded for perpetrators was 31–40 years (14%) and 41–50 years (14%). Conrad and Conrad's (2019) study based on elder abuse cases in the United States found that the mean age of the alleged abuser was 49.8 years, with a range of 12 to 96 years. Paek, Lee and Chon's (2024) study, involving abuse cases in South Korea, found that the mean age of perpetrators was 57 years.

As with findings about gender, these results probably reflect the broader trend of people in mid-to-later life being more likely to have care responsibilities for older persons or to be partnered with them (eg Bows, Bromley & Walklate 2024; Breckenridge et al. 2022; Qu et al. 2021). Research also suggests that, in some cases, abuse may be a continuation of family violence (see Brijnath et al. 2021; Kennedy et al. 2023); in other cases, the perpetrator may have been the victim of childhood abuse by their parent or the older person (Koga et al. 2024).

Perpetrator–victim relationship

Most perpetrators of elder abuse are the siblings, children or partners of those they abuse. The AIFS National Elder Abuse Prevalence Study found that the most common groups of perpetrators reported by victims were their sons or daughters (18%), followed by their friends (12%), partners or spouses (10%), acquaintances (9%), sons-in-law or daughters-in-law (7%), neighbours (7%) and service providers (6%; Qu et al. 2021). Studies using helpline data have found that between half and three-quarters of cases involved the sons or daughters of victims as perpetrators, and around one-tenth involved intimate partners (Brijnath et al. 2021; Gillbard 2024). However, an analysis of offences concerning the abuse of older persons recorded by police in Queensland between 2008–09 and 2020–21 shows that, for non-Indigenous victims, around half of perpetrators were known socially to their victims but were not familial or intimate partner relations (Queensland Statistician’s Office 2023). This likely reflects a broader unwillingness among older persons to report family members or partners to police for fear of the punitive responses they may experience (Ho et al. 2017; Qu et al. 2021). International findings similarly point to victims’ children as the most common perpetrators of elder abuse (Garbin et al. 2016; Paek, Lee & Chon 2024; Sandmoe, Wentzel-Larsen & Hjemdal 2017; Weissberger et al. 2020), although some studies (Gil et al. 2015) show that other family members are more often the perpetrators.

A few studies show variation in the prevalence of victim–perpetrator relationship types across different types of abuse. The AIFS National Elder Abuse Prevalence Study found that victims’ sons or daughters mostly perpetrated financial (33%), physical (17%) and psychological abuse (18%; Qu et al. 2021). Physical abuse (12%) was also commonly perpetrated by partners or spouses. Partners or spouses (25%) and children (23%) were responsible for neglect at similar rates. Friends were most commonly the perpetrators of sexual abuse (42%), followed by acquaintances (13%) and partners or spouses (9%).

Varied findings have emerged in international research about the relationships of victims and perpetrators in specific forms of abuse. Studies point to physical abuse as being most often perpetrated by (ex-)spouses or partners (particularly for female victims; Gil et al. 2015; Gutman, Karbakhsh & Stewart 2024; Sandmoe, Wentzel-Larsen & Hjemdal 2017) and friends or acquaintances (Jeon et al. 2019). Similar findings have emerged where sexual abuse has been examined separately. Meanwhile, children, other family members and friends or acquaintances have most often been identified as responsible for psychological/emotional abuse in this research. Interestingly, some studies have found that friends or acquaintances and paid carers are most often responsible for financial abuse or exploitation (Badenes-Ribera, Fabris & Longobardi 2021; Jackson & Hafemeister 2011; Jeon et al. 2019), although, consistently with Australian research, other studies point to children and other relatives as the most common perpetrators of this form of abuse (Gil et al. 2015).

A limited amount of research has examined perpetrators and victims' living arrangements. Studies using helpline data in Australia have found that around one-third to two-thirds of perpetrators lived with the older person they abused (Brijnath et al. 2021; Dow et al. 2020; Gillbard 2024). The AIFS National Elder Abuse Prevalence Study reports that 23 percent of respondents who indicated abuse lived in the same residence as their perpetrator (Qu et al. 2021).

Other personal and life circumstances

Research shows that many perpetrators of elder abuse experience personal problems and challenges in their life circumstances. The AIFS National Elder Abuse Prevalence Study found that most elder abuse victims were aware that their primary perpetrator had one or more problems (72%), with an average of two problems (Qu et al. 2021). Most perpetrator problems reported by victims include mental health problems (31.8%), financial problems (21.3%), physical health problems (19.5%), and alcohol (14.8%) and drug (11.2%) abuse problems. Less commonly reported were emotional/personal problems (5.4%), family issues (4.2%) and work issues (1.3%). Similar findings have emerged in other Australia studies, highlighting the importance of prior victimisation and carer stress (Brijnath et al. 2021; Dow et al. 2020; Gillbard 2024).

Internationally, Johannesen and LoGiudice's (2013) systematic review identified caregiver stress, caregiver inexperience, mental health problems, alcohol or substance abuse, gambling or financial difficulties, certain personality traits and disorders (eg antisocial personality disorder), trauma or past abuse and a history of behavioural problems as common characteristics of elder abuse perpetrators. Pillemer and colleagues' (2016) scoping review identifies mental health problems, substance abuse and dependence on victims for emotional support, financial and housing assistance and other forms of support as strong risk factors for elder abuse perpetration.

In a recent comprehensive review of almost 200 studies, Storey (2020) identifies eight perpetrator characteristics which have received extensive empirical support as risk factors for elder abuse perpetration. These include:

- physical health problems;
- mental health problems;
- alcohol and substance abuse problems;
- perpetrator dependence (mainly financial and accommodational, but also emotional and functional) on the victim or others;
- problems with stress and coping;
- problems with attitudes—specifically ageism, intolerance or a lack of empathy for the victim—and resentment at having to care for the victim;
- prior victimisation; and
- relationship problems.

Struggles with mental health (particularly depression and cognitive decline), alcohol and substance abuse, dependency, prior victimisation and carer stress are singled out as particularly important. More recent research further supports these findings and builds on the growing evidence base about perpetrator risk factors for elder abuse (eg Benbow, Bhattacharyya & Kingston 2019; Brijnath et al. 2021; Broady et al. 2024; Conrad & Conrad 2019; Herrenkohl et al. 2022; Jackson, Heisler & Urban 2024; Kennedy et al. 2023; Koga et al. 2024; Liu 2019; Paek, Lee & Chon 2024; Roberto & Teaster 2019).

Perpetrator motives

Very little research has directly examined perpetrators' motivations for abusing and neglecting their older victims. This is probably a by-product of the relatively few studies that undertake data collection directly with perpetrators—and the methodological challenges involved in this. In their examination of homicides involving older victims in Victoria, Australia, Kennedy and colleagues (2023) found that 25 percent stemmed from an argument between the perpetrator and victim, while a similar proportion stemmed from either the intoxication of the perpetrator or the perpetrator's delusional or psychotic state (22%). Internationally, an older study by Goergen (2001) examines the motives for elder abuse and neglect identified by a small sample of nurses working in aged care facilities in Germany. Respondents ranked various pressures associated with their carer responsibilities (eg 'Get one's work done quickly', 'Force resident's obedience', 'Reduce one's workload') and cathartic factors (eg 'Vent one's rage on resident', 'Get rid of inner tensions', 'Reduce one's irritation') as the most important motives for perpetrating abuse and neglect against older persons. Sexual gratification, sadistic and financial motives were among the least important identified by the sample. Garbin and colleagues (2016) examine police reports of elder abuse over several years in Brazil. Most perpetrators were current or former intimate partners of, related to, or otherwise known to, their victims. The reason for the abuse identified in around half of cases was an argument or misunderstanding (53.1%). Money/material goods was also a common reason (15.8%), while less common reasons include jealousy and child-related disputes (1.1% each).

Motives identified in research are often inferred from characteristics of the abuse or its perpetrators. Perpetrator alcohol and substance abuse problems, which have been identified as some of the strongest risk factors for elder abuse perpetration (Johannesen & LoGiudice 2013; Pillemer et al. 2016; Storey 2020), have been connected with financial motives (ie exploiting older persons for money to support drug and alcohol habits), disinhibited anger and frustration (particularly in the context of conflict), and stress and impaired judgement in caregiving decisions (see also Conrad & Conrad 2019; Conrad, Lui & Iris 2019; DeLiema et al. 2018; Henderson, Buchanan & Fisher 2002). Indeed, financial motives, anger, resentment and frustration and stress have been associated with several of the characteristics listed above, notably physical and mental health problems and perpetrator dependence on the victim.

Physical health problems often contribute to elder abuse where the perpetrator experiencing them is either dependent on the victim or responsible for caring for them as well as themselves (Jackson 2016; Pillemer 2005). In both instances, it has been argued that these problems can create feelings of stress, resentment, frustration and anger. Other forms of perpetrator dependency on older victims are posited to induce similar feelings (Pillemer 2005).

We noted earlier that the gendered drivers that contribute to other forms of violence, particularly domestic and sexual violence, can also underpin elder abuse. This is most often the case where perpetrators are the current or former spouses or partners of their victims, and the abuse extends back into mid and early adulthood (Benbow, Bhattacharyya & Kingston 2019; Bhatia & Soletti 2019; Paek, Lee & Chon 2024). Elder abuse can also stem from abuse, mistreatment and neglect within families more broadly. Prior victimisation of perpetrators by their now older victims has been related to both anger and a desire for revenge (Herrenkohl et al. 2022). Further, prior exposure to violence and abuse in the family during childhood can normalise it, leading perpetrators to continue this behaviour towards family members—including now elderly family members they grew up seeing abused—later into adulthood (Benbow, Bhattacharyya & Kingston 2019; Koga et al. 2024).

Emerging typological research has sought to identify categories or ‘types’ of elder abuse perpetrators, based on factors including their reasons for, and methods of, abusing older persons (Chopin & Beauregard 2021; DeLiema et al. 2018; Jackson & Hafemeister 2010; Ramsey-Klawnsnik 2000; Yan et al. 2023). See Table 3 for a summary. (See also Jackson 2016 for a review of much of this typological research.) Care should be taken not to interpret these typologies too ‘diagnostically’, particularly given the underdeveloped evidence base for elder abuse perpetrator motivations; they can nonetheless be useful in understanding the key motivations for this behaviour. The classification of perpetrators in this research has been based on theoretical considerations, clinical experience or exploratory and data mining statistical techniques. Despite the variation among these typologies in the unit of analysis used to generate them, the variables used to classify them and their methodology for doing so, some common themes have emerged. Typologies typically identify one or more groups of perpetrators who feel overwhelmed by the stresses and pressures of their carer responsibilities and for whom this represents the primary factor underpinning their abusive and neglectful behaviour. These perpetrators, although lacking in support and overwhelmed by their care obligations, commonly present with few other problems—although physical and mental health problems, alcohol or substance abuse, histories of victimisation and other life problems can contribute to, and exacerbate, their feelings of stress. Tied in closely with this are feelings of anger or frustration, resentment and exhaustion towards older victims, often, again, in the context of caregiver or interdependent relationships. Financial gain also figures as a prominent motivation for abuse across several of the types identified in these typologies, driving premeditated and opportunistic attempts to exploit older persons for their money or assets. Finally, more sadistic and ego-driven motives, centred on asserting dominance over victims and abusing them for enjoyment, are detailed in a number of these typologies.

Table 3: Summary of typological research on elder abuse perpetrators

Study	Unit of classification	Typology
Ramsey-Klawnsnik 2000	Typology of perpetrators— all elder abuse and neglect	Overwhelmed—often carers for their victims, perpetrators are well intentioned but stressed and overwhelmed; Impaired—are similarly often carers for their victims, but are impaired from providing appropriate care by physical or mental health problems or alcohol/substance abuse; Narcissistic—perpetrators are motivated by personal (often material) gain in their abuse of their victims; Domineering/bullying—perpetrators are motivated to subjugate their victims within the relationship and maintain their position of dominance through various forms of abuse, including coercive control; and Sadistic—perpetrators abuse their victims for enjoyment, typically exhibiting sociopathic tendencies.
Jackson & Hafemeister 2010	Typology of perpetrators— financial abuse	Bad actors—perpetrators who premeditated and planned the abuse; Opportunists—perpetrators who did not plan to abuse their victims but exploited an unexpected opportunity to do so with no scruples; Reluctant opportunists—like Opportunists in their lack of premeditation, but acted with some hesitation, often influenced by significant degrees of stress and feelings of being overwhelmed; and Borderline—perpetrators who could reasonably claim to have thought that they were operating in the victims' interests, even if their behaviour was inappropriate.
Jackson 2016	Typology of perpetrators— all elder abuse and neglect	Bad actors—premeditated, deliberate perpetrators of abuse and neglect; Exploiters—opportunistic and unplanned but knowing, often acting out of a sense of desperation; Reluctant—like Exploiters but more hesitant and with more moral scruples, mixed motivations including caregiver stress; Inappropriate—act in a manner somewhat consistent with the wishes of the older person, but inappropriate; and Unintentional—lack understanding of how their behaviour constitutes abuse/neglect or are genuinely incapable of fulfilling care roles.

Table 3: Summary of typological research on elder abuse perpetrators (cont.)

Study	Unit of classification	Typology
DeLiema et al. 2018	Typology of perpetrators—all elder abuse and neglect	Caregiver (38%)—mostly women, most often abused their parent, for whom they were usually a carer or support person. One-quarter each depended on their victim for money and found them emotionally draining. Financial abuse and neglect common, physical abuse rare; Temperamental (28%)—more often women, most often abused their parent or another relative, but were the most likely of the four groups to abuse their partners. Less likely to be carers or support people, but found their victims emotionally draining and had trouble controlling their tempers. One-quarter each were also irresponsible and depended on their victims for money. Emotional and financial abuse more common, but around one-quarter each reported physical abuse and neglect; Dependent caregivers (11%)—equal gender split, like Caregivers in that most were a carer or support person for their victims, who were usually their parents. However, far stronger indications of dependency on victim, as shown by high likelihood of reported trouble keeping a job, financial dependence on victim and general irresponsibility. Also more often found their victims draining and more often reported drinking problems, trouble controlling their temper and trouble with the law than Caregivers. High rates of emotional and financial abuse, around one-quarter also reported physical abuse; and Dangerous (24%)—more often men, mostly abused their parent. Were less often carers or support people for their victims but otherwise exhibited a similar profile to ‘Dependent caregivers’. Were extremely likely to find their victims emotionally draining, while also demonstrating high levels of dependence on their victims and various problem behaviours. High rates of emotional abuse, but physical abuse and neglect also common.
Chopin & Beauregard 2021	Typology of extra-familial sexual assaults against older persons	Sexual motivation (26%)—indications of deviant sexual interests, penetrative sexual acts common. Sometimes (but not often) knew their elderly victims; Opportunists (30%)—indications that the sexual violence was sudden and unplanned, mostly non-penetrative sexual acts. Did not often know their elderly victims; Experimental (34%)—penetrative sexual acts but no indications of sexual deviance. Are the most likely to have known their victims; and Vindictive/anger motivation (10%)—mostly non-penetrative sexual acts but elderly victims are humiliated, and perpetrators are angry during the offence. Sometimes (but not often) knew their elderly victims.

Table 3: Summary of typological research on elder abuse perpetrators (cont.)

Study	Unit of classification	Typology
Yan et al. 2023	Typology of caregivers for older persons—all elder abuse and neglect	Low-risk caregivers (61%)—lowest levels of caregiver burden and stress, fewest personality and health problems and fewest childhood traumatic experiences. Highest levels of social support and resilience. Lowest levels of all types of abuse perpetration; Isolated caregivers (35.5%)—higher levels of caregiver burden and stress, more personality and health problems and more childhood traumatic experiences than Low-risk caregivers. Lower levels of emotional support and resilience as well. More likely than Low-risk caregivers to have perpetrated all forms of abuse and neglect against the older person they cared for; and Traumatised caregivers (3.5%)—like Isolated caregivers, but higher levels of childhood traumatic experiences. Similar likelihood of perpetration of all forms of abuse to Isolated caregivers, but more likely to have perpetrated financial abuse.

Perpetrator characteristics and motives in specific populations

A small number of studies have explored the profiles and motivations of those who commit elder abuse of specific population groups in Australia. The AIFS National Elder Abuse Prevalence Study found that the pattern of elder abuse being familial and intergenerational generally also applied to the CALD subsample in Australia (Qu et al. 2021). However, sons-in-law and daughters-in-law were almost as significant perpetrator groups as children (11% and 13%, respectively). Friends were the largest perpetrator group for the CALD sample (18.0%). Friends were also most commonly the perpetrators of abuse relating to language and culture (33%; Qu et al. 2021).

A study conducted by Kimberley Jiyigas (2020) involved qualitative analysis of data collected from stakeholders and Aboriginal people over the age of 50 in the Kimberley. Ninety-three percent of participants reported that adult children and grandchildren are the primary perpetrators of financial elder abuse, followed by other relatives (68%), their spouses or partner (34%), friends or acquaintances (32%) and service providers or businesses (20%). Participants believed that the motives for financial elder abuse were alcohol and substance addictions, a sense of entitlement, unemployment, the high cost of living remotely and misguided cultural expectations (Kimberley Jiyigas 2020). Analysis of recorded offence data by the Queensland Statistician's Office (2023) also found that, between 2008–09 and 2020–21, offences involving the abuse of older Indigenous people were most likely to have been perpetrated by an intimate partner or family member. This is in contrast to offences involving older non-Indigenous victims, who were most likely to have been abused by perpetrators they knew socially.

A recent Canadian study examined elder abuse by the sexual orientation and gender identity of the abused (Gutman, Karbakhsh & Stewart 2024). The study used data from community-dwelling Canadian participants aged 65 or older. Heterosexual men and women reported being abused psychologically and physically most often by spouses or partners. Gay and bisexual men reported being abused psychologically most often by non-family, non-friend 'others'. Lesbian and bisexual women reported psychological and financial abuse most often by siblings or other family members and physical abuse by non-family, non-friend 'others'. Heterosexual women were abused financially most often by their children, and both heterosexual and gay and bisexual men reported more financial abuse by 'others' or friends. Overall, 15 percent and five percent of participants reported abuse by multiple perpetrators of psychological and financial abuse, respectively. Lesbian and bisexual women experienced more abuse overall (19%), by multiple perpetrators (31% for psychological abuse, 67% for financial abuse), including by their siblings and other family members.

Summary

The gender split in perpetrators of elder abuse is much smaller than that in perpetrators of most other forms of violence and abuse. The higher rate of female perpetration (relative to other forms of violence and abuse) is probably accounted for by the more frequent perpetration of psychological/emotional abuse—the most common form of elder abuse generally—by women, as well as ongoing gender imbalances in caring responsibilities that see women more often stepping into caregiver roles for older persons. Men tend to be notably more likely to perpetrate financial, physical and sexual abuse. Most perpetrators are middle-aged and the son/daughter or spouse/partner of their elderly victims, although other family members (eg siblings, sons/daughters-in-law) and professional care providers are represented in notable proportions. Variations in perpetrator–victim relationship are also evident across different types of abuse, although the evidence here, particularly the international evidence, is mixed.

Health problems, particularly depression and cognitive decline, alcohol and substance abuse, dependency on their victims and prior victimisation have emerged from empirical research as the strongest risk factors for the perpetration of elder abuse. These factors often induce or exacerbate feelings of stress, frustration, anger and resentment towards the victim, particularly where the perpetrator cares for, or is cared for by, their victim. Financial and more sadistic, ego-driven motives are also common.

Financial abuse of older persons

This section looks closely at research on the perpetration of financial abuse against older persons, examining common behaviours, tactics and indicators that the abuse is occurring. Financial abuse is not unique to, but is a common form of, elder abuse. Older persons can also present with vulnerabilities that make them uniquely susceptible to financial abuse by others. We summarise the evidence about these vulnerabilities and offer a detailed overview of the research, examining the signs and indicators of financial abuse and its perpetrators' characteristics.

Financial abuse and vulnerabilities to it in older persons

The financial abuse of older people can take a variety of forms. Australian literature commonly refers to behaviours and tactics used by perpetrators to control and exploit the finances of an older person, including:

- pressuring or coercing an older person into giving or loaning money, possessions or property (eg guarantee, house sale/transfer, changes to wills);
- not contributing to expenses such as rent and food where this was previously agreed, not paying bills or incurring bills for the older person;
- taking money, possessions or property without consent; and
- deliberately preventing or withholding access to money, possessions or property and abusing, neglecting or misusing power of attorney responsibilities (Brijnath et al. 2021; Gillbard 2024; Kimberley Jiyigas 2020; Qu et al. 2021).

In the recent Australian elder abuse victimisation survey (Qu et al. 2021), the most common forms of financial abuse reported by victims included being pressured into giving or loaning money, possessions or property (41.5% of those reporting financial abuse), followed by having money or possessions taken without permission (34%), then not being provided financial contributions or assistance (rent, food, aged care/home service fees) as previously agreed (31%).

Power of attorney arrangements and guardianship orders—legal documents appointing a guardian to make decisions on behalf of another person who has diminished capacity—are designed to safeguard vulnerable older people from financial abuse and other forms of exploitation. However, they can also facilitate abuse against older people by those appointed to protect them if these substitute decision-makers do not understand or abide by their responsibilities and obligations (ALRC 2017).

Responding partly to increasing community concerns about this, the Victorian Law Reform Commission conducted a review in 2012 into the *Guardianship and Administration Act 1986* (Cth). It recommended simplifying and modernising guardianship and administration law to increase supported decision making for vulnerable people and the accountability of substitute decision makers (Victorian Law Reform Commission 2012). However, challenges associated with an overuse of guardianship arrangements in the absence of other more suitable services for vulnerable older people remain (Office of the Public Advocate 2023). The academic literature examining legal guardianship orders and financial elder abuse has focused primarily on power of attorney arrangements and how these can be strengthened to prevent the financial exploitation of older people (see the section *Legal, dialogue-based and policy responses*).

Gillbard (2024) examined elder abuse helpline data in Queensland and found that 11.8 percent of cases ($n=197$) of financial elder abuse reported to the helpline between 2023 and 2024 involved misuse of an enduring power of attorney. In Qu's (2021) Australian national elder abuse victimisation survey, there were no participants who reported experiencing misuse of a power of attorney; however, this may reflect the sampling approach, where older people with power of attorney arrangements in place were less likely to be recruited.

Associations between elder abuse victimisation and wills, power of attorney arrangements and family agreements were also examined in the AIFS National Elder Abuse Prevalence Study (AIFS 2022; Qu et al. 2021). Older respondents who had a will or power of attorney were less likely to have experienced elder abuse of any kind, while those who had family agreements were more likely to report experiences of elder abuse. Wills and power of attorney arrangements were more common than family agreements (88% and 52% vs 3% respectively), but the research highlights the importance of older people seeking legal advice before entering into family agreements.

Understanding vulnerabilities to financial abuse victimisation among older persons is important for pinpointing what perpetrators exploit. Vulnerabilities commonly identified in the literature include a lack of financial management skills and access to financial support services (Breckenridge et al. 2022; Brijnath et al. 2021; Kimberley Jiyigas 2020) or a lower likelihood of recognising and reporting financial abuse (Acierno et al. 2017; Giannouli & Tsolaki 2023; Kimberley Jiyigas 2020). For example, research suggests that fraud perpetrators are more likely to take advantage of older persons who had no trustworthy friends or relatives to safeguard their assets (DeLiema et al. 2018). Older people who have experienced financial abuse may also be reluctant to seek legal support because of the cost and timeframes involved, preconceived ideas about the practical benefits or limitations of pursuing legal recourse and a perceived need or desire to continue their relationship with the perpetrator (Kyle 2013). Other risk factors for victimisation include lower socio-economic status, being scared or intimidated (Kimberley Jiyigas 2020; Qu et al. 2021), psychological distress, dependence on others (eg other family members), being separated, divorced or widowed, cohabitation and being pressured to provide financial assistance to family members (Breckenridge et al. 2022; Kimberley Jiyigas 2020; Qu et al. 2021).

Signs and indicators of the financial abuse of older persons

Several government and non-government bodies in Australia have outlined warning signs or 'red flags' of potential financial abuse of an elderly person (Commonwealth Bank of Australia 2026; eSafety 2022; Financial Ombudsman Service Australia 2025; National Seniors Australia 2023a; NSW Ageing and Disability Commission 2022; Queensland Elder Abuse Prevention Unit 2024; Seniors Rights Victoria 2024). Signs include, but are not limited to:

- significant or large bank withdrawals or spending more than usual;
- sudden changes to legal documents such as wills, power of attorney or residence;
- feeling stressed, scared, intimidated, uncomfortable or controlled;
- having no money for essential items and basic needs such as food, transport, medical costs;
- a disparity between living conditions (eg malnourishment, substandard care, unpaid bills, no heating, eviction notices) and money;
- unexplained missing belongings such as bank cards, bank statements, assets, funds or legal documents; and
- not being able to access banking or account statements (eg access has been blocked, mail no longer being sent to their home address).

Guidelines have also been developed specifically for employees of financial service providers, outlining possible warning signs—primarily in banking transactions—that may indicate the financial abuse of older persons (Financial Ombudsman Service Australia 2025). Often, at least one of these warning signs has been present in disputes that have come to the attention of the Financial Ombudsman Service Australia. In addition to those noted above, they include, but are not limited to, an older person:

- engaging in financial activity that is unusual, erratic or uncharacteristic;
- being accompanied by a new acquaintance, family member or other person to make large withdrawals of cash, or with a person who seems to coerce them into making transactions;
- transactions by a caregiver that do not seem to be in the interests of the customer (eg a holiday or car);
- not being allowed to speak for themselves or starting to appear fearful or withdrawn (particularly of the person accompanying them);
- adding a person to the account followed by the balance being transferred out, or having withdrawal slips signed by the elderly person where the rest of the slip appeared to have been completed by a third party;
- suddenly registering for internet banking when prior financial activity has been branch based and there has been no preliminary contact with the financial services provider; and
- not understanding or being aware of recently completed transactions or being confused about what they are doing with their money.

Schmidt et al. (2022) examined the international literature to identify red flags for the financial exploitation of older persons in relation to wills, trusts and guardianships—situations where an individual or entity can make decisions on the behalf of the older person, including financial, medical and residential decisions. Red flags indicating possible financial elder abuse related to wills and trusts included:

- diminished mental capacity (of the older person), imminent death or exclusion of beneficiaries;
- the estate not matching what is written in the will or trust; and
- pre-printed documents and trust ‘mills’ (eg companies that produce such documents through the mail or online).

Further red flags for financial abuse perpetration in the context of guardianships included:

- family dynamics of conflict, isolation of older people and guardian characteristics such as unemployment, financial problems and unexplained wealth;
- unprotected guardianship assets and unusual accounting statements or financial transactions (eg real estate transfers, gift cards, large purchases or cash withdrawals); and
- a lack of documentation for guardian or legal fees, conflicts of interest, complex financial transactions involving large assets, retroactive court approvals for large expenses or a lack of background checks or bonding.
- Lastly, inexperience in guardianship and allegations of physical abuse against an older person by their guardian were also identified as indicative of potential financial abuse perpetration (Schmidt et al. 2022).

Characteristics of financial abuse perpetrators

Gender

Several studies have examined the gender of perpetrators of financial abuse. Most studies indicate that, while both males and females commit financial elder abuse, perpetrators are more likely to be male. The AIFS National Elder Abuse Prevalence Study in Australia found that 65 percent of perpetrators of financial elder abuse were male, and 35 percent were female (Qu et al. 2021). Further, data from cases of financial elder abuse reported to an elder abuse helpline in Victoria found that 55 percent of alleged perpetrators were male (Brijnath et al. 2021).

However, an international review found that men and women were equally likely to be perpetrators of financial abuse and exploitation of older people (Jackson 2016). A Canadian study by Gutman, Karbakhsh and Stewart (2024) examined characteristics of elder abuse perpetrators by the sexual orientation and gender identity of the abused. The study found that males were identified as perpetrators of financial elder abuse by 63 percent of heterosexual men who had experienced abuse, 75 percent of heterosexual women who had experienced abuse and 68 percent of lesbian/bisexual women who had experienced abuse. However, only one-third (32%) of older gay/bisexual men who had experienced abuse identified the perpetrator as male (Gutman, Karbakhsh & Stewart 2024).

Perpetrator–victim relationship

Findings are mixed about the perpetrator–victim relationship for financial elder abuse. The AIFS National Elder Abuse Prevalence Study found that four in 10 perpetrators of financial abuse had an intergenerational relationship with the victim (Qu et al. 2021). Victims' children were the largest perpetrator group, accounting for 33 percent of all financial abuse perpetrators. Grandchildren and stepchildren accounted for five percent and four percent of all financial abuse perpetrators, respectively (Qu et al. 2021).

A review of international studies by Jackson and colleagues (2016) presents mixed evidence about whether family members or non-family members are most likely to perpetrate financial abuse against older people. A study examining elder abuse reported to a helpline in the United States (Weissberger et al. 2020) found that financial elder abuse perpetrated by a family member was most common. Conversely, a study examining elder abuse in Italy found that paid caregivers were most commonly responsible for financial abuse, followed by family members (64% vs 26%, respectively; Badenes-Ribera, Fabris & Longobardi 2021).

There is evidence to indicate that the perpetrator–victim relationship may differ with the type of financial elder abuse. Holtfreter and colleagues (2014) found that a family member was more likely to be the perpetrator for some types of financial exploitation (eg forging victim’s signature), while a non-family member was more likely to be the perpetrator for other types (eg stealing money). Likewise, a study by Gutman, Karbakhsh and Stewart (2024) found that the perpetrator–victim relationship differed by the sexual orientation and gender identity of the abused. Among older adults reporting financial abuse within the preceding year, 46 percent said that the perpetrator was a family member. However, most financially abused lesbian/bisexual women said that the perpetrator had been a family member (68%). This was slightly less common among heterosexual women (61%), followed by heterosexual men (32%) and gay/bisexual men (2%; Gutman, Karbakhsh & Stewart 2024).

In their cross-sectional analysis of helpline data from a charity in the United Kingdom, Fraga Dominguez, Storey and Glorney (2021) investigated associations of victim–perpetrator relationships with different forms of elder abuse, including financial only, financial co-occurring with other forms of abuse, and non-financial abuse. Victim–perpetrator relationships included adult child, partner, sibling, parent, friend, acquaintance, stranger and professional. The study highlighted how familial perpetrators were less likely to perpetrate financial abuse alone than perpetrators of other forms of abuse, such as multiple forms of abuse and non-financial abuse (Fraga Dominguez, Storey & Glorney 2021).

Substance use and gambling problems

Australian and international research suggests that, while many perpetrators of elder abuse have substance use problems, this is particularly prominent among perpetrators of financial elder abuse (Kimberley Jiyigas 2020; Jackson 2016; Qu et al. 2021; Roberto & Teaster 2019). The AIFS National Elder Abuse Prevalence Study (Qu et al. 2021) found that 23 percent of perpetrators of financial abuse had a problem with drugs, and 17 percent had a problem with alcohol. The proportion of financial abuse perpetrators who had a problem with drugs is notably higher than the proportion of perpetrators of psychological abuse (13%), sexual abuse (4%) and neglect (2%) who were identified as having these problems, but it is in line with the proportion of physical abuse perpetrators (26%; Qu et al. 2021). This is consistent with a study conducted in the United Kingdom showing that nearly one-third (30%) of perpetrators of financial abuse had alcohol problems, compared with five percent of perpetrators of interpersonal (ie psychological, physical and sexual) elder abuse (Manthorpe et al. 2007). Similarly, Kimberley Jiyigas' (2020) qualitative study found that alcohol and other drug dependence were strongly associated with the perpetration of Aboriginal financial elder abuse in the Kimberley, a region characterised by remoteness and limited access to health and social services.

More specifically, Roberto and Teaster's (2019) United States study found that financial exploitation was the most identified type of abuse associated with elder abuse perpetrators who had developed a dependence on opioids. Findings showed that most cases of elder abuse occurred when the perpetrators' substance abuse intersected with unemployment, complex family relationships and a history of altercations with the law (Roberto & Teaster 2019). However, in Fraga Dominguez, Storey and Glorney's (2021) study analysing UK helpline data, those who perpetrated non-financial forms of elder abuse were nearly three times more likely to have substance use problems than those who only perpetrated elder financial abuse.

Few studies have examined the association between perpetrators of financial abuse and problems with gambling. The AIFS National Elder Abuse Prevalence Study found that 10 percent of perpetrators of financial elder abuse had a problem with gambling; this was slightly higher than among perpetrators of physical (9%) and sexual abuse (9%) and considerably higher than for perpetrators of psychological abuse (0%) and neglect (0%; Qu et al. 2021). Further, Jackson's (2016) review of the literature found that gambling problems were more common among perpetrators of financial elder abuse than among perpetrators of other types of elder abuse.

Mental and physical health problems

Australian research suggests that victims of financial elder abuse commonly report perpetrator mental health problems. The AIFS National Elder Abuse Prevalence Study found that 37 percent of perpetrators of financial abuse had mental health problems (Qu et al. 2021). This was similar to the rate of mental health problems attributed to perpetrators of psychological abuse (38.2%), higher than for perpetrators of sexual abuse (29.7%) and neglect (10.8%), and lower than the estimates reported for physical abusers (63.2%; Qu et al. 2021).

Research from the United Kingdom also shows that mental health problems are more common among perpetrators of non-financial elder abuse or financial elder abuse combined with other forms of abuse than they are among people who perpetrate only financial abuse against older people (Fraga Dominguez, Storey & Glorney 2021). In fact, these data suggest that perpetrators of non-financial elder abuse are over 10 times more likely to have mental health problems than people who perpetrate financial-only elder abuse.

As with other forms of elder abuse, Australian research indicates that a considerable proportion of perpetrators have physical health problems. The AIFS National Elder Abuse Prevalence Study found that 24 percent of perpetrators of financial abuse had physical health problems (Qu et al. 2021)—similar to rates of physical health problems attributed to perpetrators of neglect of older people (24.8%), higher than observed for psychological abusers (18.2%) and lower than reported for physical and sexual abusers of older people (28.7% and 28.1%, respectively). However, international research (UK) suggests that perpetrators of financial-only elder abuse are less likely to have physical health problems than perpetrators of other forms of elder abuse (Fraga Dominguez, Storey & Glorney 2021). More research is needed to better understand how individual-level health challenges, as well as interactions with relevant support systems, may contribute to perpetrators' risk of financially abusing older persons.

Financial problems

A small number of studies have examined the relationship between perpetrators' financial problems and financial elder abuse. The AIFS National Elder Abuse Prevalence Study found that 55 percent of perpetrators of financial elder abuse had financial problems (Qu et al. 2021). Not surprisingly, this percentage was higher than perpetrators of physical (29%), sexual (16%) and psychological abuse (22%) and neglect (11%; Qu et al. 2021). Jackson's (2016) literature review also found that perpetrators of financial abuse experience financial problems at higher levels than other perpetrator types.

A small number of studies have examined the employment status of perpetrators of financial elder abuse. The AIFS National Elder Abuse Prevalence Study found that 55 percent of perpetrators of financial abuse were not employed (Qu et al. 2021). This is similar to unemployment rates reported for perpetrators of sexual abuse (54.2%), psychological abuse (53.7%) and neglect (51.5%) but less than observed for perpetrators of physical abuse (75.1%). Similarly, Kimberley Jiyigas (2020) found that unemployment was identified as a key reason for perpetrating Aboriginal financial elder abuse in the Kimberley, within a broader context of high regional unemployment and limited access to economic participation for remote Aboriginal communities—reflecting broader structural inequalities.

Cohabitation and location

Housing is both a risk factor for elder abuse and a barrier to escaping it. Research exploring the relationship between housing and elder abuse highlights how financial stress and housing insecurity can drive victim-survivors' dependence on perpetrators for support (Munoz Rodriguez 2025). Housing shortages and related factors, including limited access to affordable housing and increasing cost-of-living pressures, influence the likelihood of cohabitation and unstable living arrangements where elder abuse perpetration may be more likely (National Seniors Australia 2023b).

The AIFS National Elder Abuse Prevalence Study found that 32 percent of perpetrators of financial abuse were likely to be living with the older person (Qu et al. 2021). This percentage was higher than all other types of abuse (28% for physical, 7% for sexual and 18 percent for psychological abuse) except for neglect (42% living with the older person). Data from cases of financial abuse reported to an elder abuse helpline in Victoria found that cohabitation increased the incidence of abuse by sons for financial abuse, yet decreased the incidence of abuse by daughters for financial abuse (Brijnath et al. 2021). Further, Kimberley Jiyigas (2020) found that adult children living at home and not being financially responsible for their own needs was a risk factor for Aboriginal Elders in the Kimberley being financially abused.

Internationally, Gutman, Karbakhsh and Stewart's (2024) Canadian study found that, among older adults reporting financial abuse, 26 percent reported that the perpetrator was living with the victim at the time of abuse. However, this percentage was lower than for victims of physical abuse (52%) and psychological abuse (41%). By sexual orientation and gender identity, living with the victim was more common among older heterosexual women (45%) and heterosexual men (10%) than gay/bisexual men (0%) and lesbian/bisexual women (1%; Gutman, Karbakhsh & Stewart 2024).

A review of social policy, prevention and service responses to elder abuse in rural and remote communities recommended piloting community education programs that provide free financial education sessions for older people in those communities as a potentially useful intervention for reducing financial elder abuse; however, evidence supporting such initiatives is limited (Warren & Blundell 2018). We note that, at the time of writing, research commissioned by the Australian Attorney-General's Department examining elder abuse in regional, rural and remote communities is ongoing.

Scant research has examined the association between remote living and perpetrators of financial elder abuse. Kimberley Jiyigas' (2020) qualitative study found that the high cost of living remotely was contributing to Aboriginal financial elder abuse in the Kimberley (eg high cost of food). The study also found that the Centrepay system, which aims to support the payment of bills in the context of welfare payments in Australia, was being abused by some individuals and businesses to financially exploit older Aboriginal people out of their benefits (Kimberley Jiyigas 2020). While Centrepay was generally seen as a good mechanism, the interviews highlighted mismanagement of deductions as a key risk factor for financial abuse of Aboriginal Elders in geographically remote towns and communities.

Attitudes of the perpetrator

Breckenridge and colleagues' (2022) review found that both Australian and international studies indicate that the risk of economic and financial abuse of older people may be increased in circumstances where family members express a sense of entitlement to the older person's assets. Specifically, research indicates that patriarchal inheritance norms may lead to male adult children developing a sense of entitlement to their parents' assets, which could come to drive the perpetration of financial abuse (Breckenridge et al. 2022). Kimberley Jiyigas' (2020) qualitative study also found that a sense of entitlement by the perpetrator (eg 'it's culture') was a driver for Aboriginal financial elder abuse.

The relationship between different types of elder abuse and problematic attitudes of perpetrators has been examined in a UK sample analysing helpline data (Fraga Dominguez, Storey & Glorney 2021). Problematic attitudes included ageism, antisocial behaviour and unrealistic expectations of victims. The findings show that perpetrators of both non-financial and financial elder abuse co-occurring with other forms of elder abuse are three times more likely to have problematic attitudes than financial-only elder abuse perpetrators (Fraga Dominguez, Storey & Glorney 2021).

Summary

Financial abuse is not unique to older persons, but it does figure in many cases of elder abuse, and financial motivations commonly underpin the abuse of older persons. Further, a range of factors can make older persons uniquely vulnerable to this form of abuse. Older persons who lack social support and financial literacy, are isolated or are heavily dependent on others are particularly vulnerable. Guardianship and administration orders designed to protect older people from financial abuse can actually increase an older person's risk of this form of exploitation. Rates of perpetration of financial abuse are similar for men and women. Perpetrators are likely to be relatives or caregivers of their victims—many of whom live with them—with mental and physical health, substance use, gambling and other financial problems. However, there is a need for further research to understand these risk factors. A considerable amount of the available information about indicators of potential financial elder abuse has been disseminated by government and non-government bodies such as banks and other financial institutions, statutory agencies and peak bodies that represent older Australians. These resources typically provide guidance about signs and indicators of potential financial abuse of an elderly person, such as suspicious financial activity and the relevance of certain legal and guardianship arrangements. However, there is limited publicly available evidence specifically on the reliability of these indicators for predicting future financial abuse in the context of elder abuse in Australia.

Interventions for perpetrators

This section examines interventions that target, or that have been implemented for, perpetrators of elder abuse. It describes these interventions and how they operate and reviews the evidence about their effectiveness. It also briefly outlines the broader guiding principles that have been extracted from reviews of this research to inform the design and implementation of interventions.

Evaluation research

There are few (particularly high-quality) studies evaluating the range of interventions for preventing and responding to the perpetration of elder abuse (Baker et al. 2016; Marshall et al. 2020; Mikton et al. 2022). Interventions for elder abuse can be separated by whether they focus on prevention, detection or response, as well as by the type of abuse targeted (Mikton et al. 2022). They include intergenerational programs such as community awareness-raising initiatives, psycho-educational programs for caregivers and professionals and multidisciplinary team-led interventions (Owusu-Addo et al. 2020). There are police-driven domestic violence interventions relevant to elder abuse in the context of intimate and familial relationships and adult protective services that investigate allegations of abuse against vulnerable adults in the community. Research has also focused on criminal justice and regulatory responses to financial elder abuse, while a handful of studies have evaluated interventions targeting the sexual abuse of older people (Marshall et al. 2020).

Most interventions focus on multiple forms of abuse experienced by older people (Owusu-Addo 2020). However, most interventions for perpetrators that have been evaluated focus on psychological and financial abuse, perhaps reflecting the high prevalence of these forms of elder abuse (Owusu-Addo et al. 2020; Qu et al. 2021).

Caregiver programs

Caregiver programs target potential perpetrators of elder abuse in care or support roles and are applied in professional and non-professional settings. These programs are typically psycho-educational, targeting the psychological risk factors for elder abuse, including caregiver stress, anger, depression and anxiety (Owusu-Addo et al. 2020). These programs focus on improving psychological outcomes for people at risk of perpetration and so reducing the likelihood of elder abuse.

There is a lack of evidence supporting the impacts of these caregiver programs on perpetration; research shows that psycho-educational training is associated with improvements in knowledge and awareness but not behaviour (Baker et al. 2016; Marshall et al. 2020; Mohd Mydin, Yuen & Othman 2021). Owusu-Addo and colleagues' (2020) systematic review identified four studies evaluating prevention interventions that targeted caregivers. Most were psycho-educational, but one study examined the impact of a skills-based program with a dialectical behaviour therapeutic component for caregivers at high risk of elder abuse. The program was associated with benefits for carers such as improved coping and wellbeing, but program impacts on abuse perpetration were not examined (Drossel, Fisher & Mercer 2011).

Several studies have undertaken randomised control trials of the Strategies for Relatives (START) Intervention (Cooper et al. 2016; Livingston et al. 2013). START focuses on improving carers' coping skills and mental health and has been repeatedly identified as the only elder abuse intervention targeting perpetrators that has been subjected to high-quality evaluation (Baker et al. 2016; Owusu-Addo et al. 2020). However, findings from these evaluations are mixed. One study found that carers in the intervention group reported less depression and self-reported abusive behaviour at eight months post treatment (Livingston et al. 2013). However, another study examining long-term effects and using a different outcome measure for perpetration found no difference between intervention and control groups at both eight months and two years post intervention (Cooper et al. 2016).

Multidisciplinary teams

Effective responses to elder abuse can require the involvement of multiple stakeholders from diverse sectors (Breckenridge et al. 2022). MDTs and specialist elder abuse units involve teams of relevant specialists with diverse professional backgrounds, including mental health providers, social services, lawyers and other criminal justice professionals who coordinate care and intervention responses for older people (Inside Policy 2021; Wang et al. 2015). The aims of MDTs and specialist elder abuse units can vary; they include raising awareness in communities and supporting older people at risk of abuse (Inside Policy 2021; Owusu-Addo et al. 2020).

In Australia, multi-agency case management operates as a similar strategy for protecting vulnerable people, including people with a disability and older people, with variation by jurisdiction (Centre for Innovative Justice 2016; Cormack 2024). Community health and legal services, rural and remote multidisciplinary services, Aboriginal community controlled health organisations, peak bodies, advocacy groups and non-profit initiatives such as Relationships Australia facilitate multidisciplinary collaboration and coordinated support for vulnerable older people around Australia (Inside Policy 2021; Relationships Australia 2025).

Police in Australia have specialist domestic violence and elder abuse units and liaison officers who work with communities and in collaboration with domestic and family violence and other relevant services to respond to elder abuse (ACT Policing 2024; Kaspiw, Carson & Rhoades 2018). Other related initiatives that facilitate similar functions to MDTs as a response to elder abuse include the Interagency Policy for Preventing and Responding to Abuse of Older People (NSW Government 2020), the Queensland Elder Abuse Prevention Unit and the Multi-Agency Risk Assessment and Management framework (Victorian Government 2018). In 2019, the Australian Government funded a series of Elder Abuse Service Trials under the National Plan. This included three models of service provision: Specialist Elder Abuse Units, Health Justice Partnerships and Case Management and Mediation Services. Twelve service trials were delivered by 11 organisations around Australia. Responses provided included legal support (eg applications for protective orders) and therapeutic engagement with clients, perpetrators and their families, such as through case management and mediation. A mid-point evaluation of the trials found that the features of the services that clients found most useful were legal advice, the provision of combined legal and social support and referrals to relevant services (Inside Policy 2021). Clients reported high levels of satisfaction with the services they received (92–97%); however, perpetrator self-reported behaviours were not assessed (Inside Policy 2021).

While MDTs are primarily designed to support victims, not to intervene with perpetrators, they can be a response to perpetration in the context of prosecution units who work with police to hold perpetrators accountable (Baker et al. 2016). In their review of approaches to identification, assessment and intervention for elder abuse, Wang and colleagues (2015: 578) identified MDTs as the ‘most promising’ approach to intervention. This is supported by a case-control study that compared 237 cases of financial elder abuse, referred to the Los Angeles County Elder Abuse Forensic Centre (ie an MDT), with a matched comparison group ($n=33,650$) of cases of financial elder abuse that were referred to the standard care model (in this study, Adult Protective Services; Navarro, Gassoumis & Wilber 2013). The research found that referrals to the MDT resulted in more cases being submitted to the District Attorney’s office for review and increased prosecution rates for financial abuse. However, it is unclear whether the approach applies as well to other forms of elder abuse that are more difficult to prove to a criminal justice standard, such as psychological abuse (Wang et al. 2015).

Taken together, the evidence behind the application of MDTs in the context of elder abuse is growing. Marshall and colleagues' (2020) synthesis of the findings of systematic reviews does not provide evidence for the effectiveness of MDTs in reducing elder abuse perpetration, although their potential to do so is acknowledged. Recent Australian evidence shows that older people referred to MDTs report high levels of satisfaction with the support they receive, meeting both legal and social needs. However, the lack of evaluations of elder abuse interventions involving MDTs that examine perpetration behaviours specifically limits understanding about the effectiveness of this approach in reducing perpetration.

Intergenerational programs

Because elder abuse commonly occurs in the context of intergenerational and intra-familial relationships, intergenerational programs are considered important mechanisms for prevention (Owusu-Addo et al. 2020). Intergenerational programs are primary prevention initiatives that aim to strengthen relationships between people of different generations by targeting the societal drivers of elder abuse, such as ageism, social isolation and gender inequality. This includes programs that try to empower, and improve social support for, older people and improve attitudes towards aging, as well as initiatives that try to combat negative stereotypes about older people (Baker et al. 2016). Programs that try to foster meaningful relationships between older and younger generations can take the form of awareness-raising campaigns in the community or in institutional settings (Owusu-Addo et al. 2020). Interventions can be broad, focusing on raising awareness in the community about elder abuse and encouraging respect towards older people.

Examples of intergenerational programs in Australia include reciprocal learning programs which facilitate engagement between older and younger people, such as through video calls between retirement homes and schools (Intergenerational Learning Australia 2022). An evaluation of an intergenerational 'playgroup' program examined the feasibility of a pilot program involving young children, their parents or carers and older people coming together to connect and engage in group activities in a residential aged care setting (Stanley, Allen & Lawrence 2019). While employees running the pilot reported a range of cognitive, emotional and social benefits for older people who took part, impacts on elder abuse victimisation or perpetration were not examined (Stanley, Allen & Lawrence 2019). Despite the relevance of this approach as a response to elder abuse, reviews of the research show that the quality of studies evaluating these campaigns is weak, and the effectiveness of these approaches in reducing perpetration is unknown (Owusu-Addo et al. 2020).

Legal, dialogue-based and policy responses

Legal interventions for perpetrators range from criminal prosecution to protection orders, civil penalties such as fines and revocation of power of attorney arrangements, and complaints to guardian and administrative tribunals. While power of attorney arrangements aim to support older people in decision-making as their capacity diminishes, they can also be used by perpetrators to exploit and abuse vulnerable older people. For this reason, there have been calls to strengthen the legal frameworks that grant this decision-making power, such as by making laws more consistent across Australian jurisdictions (Australian Law Reform Commission 2017; Council of Australian Governments 2019). A mandatory national registration scheme for enduring powers of attorney relating to financial matters was also proposed as a way of reducing financial abuse of older Australians in this context (Australian Law Reform Commission 2017).

Dialogue-based approaches such as mediation, eldercare coordination, family group conferences and restorative justice are other mechanisms for intervention with perpetrators of elder abuse. Most of the research on dialogue-based approaches to elder abuse has focused on mediation, highlighting this intervention as a promising approach to addressing financial abuse against older people (Breckenridge et al. 2022). Research by Bagshaw and colleagues (2015) situated mediation as a potential pathway for creating dialogue within families and the resolution of disagreements in a way that respects older people's safety, rights, experiences and unique family situation. Mediation may be particularly useful where there is intergenerational conflict and a desire to preserve relationships between the older person and their family and other supports. Cases of serious physical abuse and sexual assault, or where there is an ongoing risk of harm to the older person, are generally considered unsuitable because of safety concerns (McNeal & Brown 2019).

Bagshaw and colleagues' (2015) consultation with over 550 stakeholders (including 113 older people and their relatives) who had experience with conflict resolution services for older people and their families identified specific knowledge and skills required by mediation practitioners managing cases involving financial abuse of an older person. These included family mediation knowledge and skills (eg counselling skills, understanding of a family-centred approach), knowledge of the family history and the relevant social and cultural dynamics, knowledge of aged care and aging, financial and legal knowledge and the capacity to take a holistic approach (Bagshaw et al. 2015). However, despite dialogue-based approaches being available, recommended and advocated for as a response to resolving financial disputes within families (Breckenridge et al. 2022; Purser et al. 2018), the research examining the processes and outcomes of these mechanisms as a response to elder abuse in Australia is limited.

Lastly, improving access to affordable housing for vulnerable older people—as well as perpetrators of elder abuse—has been identified as a key intervention target in the Elder Abuse Community Action Plan for Victoria (Dow, Gaffy & Hwang 2018). While withdrawing contact or distancing themselves from perpetrators is a common and effective response used by victims to avoid further abuse, it can also have secondary negative impacts of isolating them from their communities of care and support (Qu et al. 2021). It is important that intervention efforts to separate victims and perpetrators, such as through alternative housing arrangements, are considerate to the broader social context and take a holistic approach to prioritising the needs of the older person.

Domestic and family violence perpetrator programs

In the absence of dedicated interventions for elder abuse perpetration in Australia, the applicability of domestic and family violence perpetrator programs has been considered, especially where perpetrators are the adult children or intimate partners of their victims. Interventions for domestic and family violence perpetrators may be therapeutic in nature or primarily driven by the legal system, with some level of overlap between the two. Therapeutic interventions for people who use violence aim to develop internal accountability, while criminal justice interventions are primarily external accountability mechanisms (Bell & Coates 2022).

Men's behaviour change programs are a common therapeutic group intervention for domestic and family violence perpetrators. They aim to support participants to acknowledge and address the drivers of their abusive behaviour and take responsibility for it (Bell & Coates 2022). One challenge associated with the application of men's behaviour change programs to elder abuse is that these programs are grounded in the Duluth model (Pence & Paymar 1993), which was originally developed to address violence perpetrated by men against women in intimate relationships. This approach is highly gendered and conceptualises domestic and family violence as supported by patriarchal social structures and driven primarily by male perpetrators' need for power and control. However, as this report has highlighted, the drivers of elder abuse perpetration vary greatly. Additionally, women constitute a significant proportion of perpetrators, and many do not share a domestic relationship with their victims (Qu et al. 2021). The Duluth framework is potentially relevant to understanding some instances of elder abuse, but framing violence predominantly as a product of male dominance does not fully account for the age, gender or relational dynamics observed across the contexts in which elder abuse occurs.

Interventions for domestic and family violence delivered through the criminal justice system may be community based, court ordered or voluntary, and criminal charges can be laid if the requirements of participation are not met. Reoffending rates are a common measure of success, typically operationalised through police data as well as self-reported information from perpetrators and victims. Interventions such as arrest and protection orders offer modest evidence of effectiveness in reducing domestic and family violence (Dowling et al. 2018), while specialist courts and policing units have more consistent evidence supporting effectiveness (Bell & Coates 2022). However, data on related outcomes specifically for perpetrators of elder abuse are lacking.

Other therapeutic interventions, such as counselling, psychotherapy and cognitive behavioural therapy, aim to reduce domestic and family violence perpetration by addressing the underlying psychological factors that contribute to abusive behaviours. Compared with Duluth-based interventions, cognitive behavioural therapies appear to be more effective in reducing the perpetration of domestic and family violence (Cotti et al. 2020). Meta-analyses show that interventions situated in a risk-needs-responsivity framework, programs which are perpetrator focused and which provide services matched to the perpetrators' level of risk, are associated with higher levels of effectiveness in reducing intimate partner violence reoffending (Travers et al. 2021). In contrast, interventions for elder abuse tend to focus on broader outcomes, including impacts on individual-level risk factors such as caregiver stress, anger, depression and anxiety, rather than reductions in abusive behaviour (Owusu-Addo et al. 2020).

Another intervention that situates elder abuse within a domestic and family violence framework is adult protective services. Adult protective services are frontline agencies similar to child protection services where specialist workers investigate and respond to allegations of abuse against older people (WHO 2014). These services are particularly prevalent in New Zealand and the United States (Kaspiew, Carson & Rhoades 2018; WHO 2014), and research supports their effectiveness in reducing elder abuse perpetration. Research conducted in the United States shows that the provision of care and case management services in this context was associated with reduced reports of mistreatment of older people by case workers, with strongest reductions for neglect, followed by physical abuse, emotional abuse and financial abuse at case closure (Liu et al. 2022). However, the study is limited by the focus on caseworker reports (to the exclusion of directly sampling victims and/or perpetrators) and the lack of a control group, meaning that it is not possible to determine causality from the study design.

In summary, victim reports provide evidence that adult protective services reduce elder abuse. However, self-reported outcomes from perpetrators referred to domestic and family violence interventions for elder abuse are lacking. The effectiveness of these interventions more broadly varies with several factors, including the nature of outcomes examined, perpetrators' level of risk and the intervention's approach. Given the lack of specific focus on outcomes for older people in the literature evaluating domestic and family violence interventions, the extent to which the benefits demonstrated in these programs extend to elder abuse that occurs in the context of domestic and family violence, or outside of this, is unknown.

Guiding principles

We have noted the lack of research evaluating elder abuse interventions broadly, with a considerable research gap about evaluations of interventions targeting perpetrators in particular (Baker et al. 2016; Marshall et al. 2020; Owusu-Addo et al. 2020). However, there are important implications and learnings from existing studies and reviews that can inform the design, implementation and evaluation of future initiatives.

The AIFS National Elder Abuse Prevalence Study found that the most common way older people seek intervention and support is through informal networks such as family and friends (Qu et al. 2021). When people do seek professional help, this is most commonly through doctors and nurses rather than lawyers, police, mediation or counselling. There were also differences across abuse types in how people seek help; older people were most likely to seek formal and legal help in the context of physical and financial abuse. Up to two-thirds of victims of elder abuse who sought help found this useful, with similar evaluations of effectiveness across abuse subtypes. However, it is concerning that a significant minority of older people who seek support do not find it useful or effective, particularly for financial abuse (Qu et al. 2021).

The lack of rigorous evaluation of different help-seeking pathways and interventions for elder abuse limits the development of improved responses to reducing perpetration and for different forms of harm. However, evidence about victims' qualitative experiences of help seeking can inform the development of tailored interventions for perpetrators. Understanding that people are likely to seek help through an intermediary for psychological abuse is important context for developing interventions targeted at this common form of harm experienced by older people (Qu et al. 2021). Dialogue-based interventions, such as mediation or restorative justice, may be particularly appropriate for victims and perpetrators of this form of abuse, if power and control dynamics can be safely navigated (McNeal & Brown 2019). Future research should explore this further.

Relatedly, collaborative partnerships between victim-survivors, organisations and professionals involved in preventing and responding to elder abuse have been identified as important for the implementation of interventions. This includes through the co-design of interventions and screening tools to ensure that programs will be relevant to, and engaged in by, target populations and stakeholders (Gahan et al. 2019). Reviews of the research show that, while partnerships between allied health professionals are more common than multi-sectoral partnerships, alliances between key community and protective services (such as through MDTs) contribute to better planning and implementation of elder abuse interventions (Owusu-Addo et al. 2020).

Other program design characteristics that influence the effectiveness of primary prevention interventions for elder abuse include individually tailored interventions, the use of motivational interviewing techniques (ie an approach to counselling that encourages self-motivation for behaviour change) and having booster sessions of skills training to maintain program impacts over time (Owusu-Addo et al. 2020). Future development and evaluation of mediation interventions for financial elder abuse should consider evidence from consultations with Australian stakeholders about the potential advantages and disadvantages of this approach in the context of elder abuse. These include balancing the potential of the process to empower older people, increase perpetrator accountability and reduce conflict, with the challenges associated with discussing finances between family members, lack of commitment by participants and the risk of misuse of information shared in the process (Bagshaw 2015).

In their systematic review of reviews, Marshall and colleagues (2020) draw out a series of recommendations for future interventions and evaluation. Methodological principles include increasing the adoption of more rigorous study designs, such as randomised controlled trials or mixed methods approaches; improving the reliability and validity of survey and outcome measures; increasing sample sizes; and incorporating behaviour change theory into interventions (Marshall et al. 2020; Owusu-Addo et al. 2020). Another challenge for building the evidence about effective interventions is that many studies do not provide details about the context, development and implementation of the intervention (Owusu-Addo et al. 2020), which impacts on replicability and capacity to contextualise research findings in the wider literature.

Summary

Interventions for preventing and responding to elder abuse perpetration include caregiver programs, multidisciplinary teams, intergenerational programs, domestic and family violence interventions, adult protective services and other legal and policy responses that aim to protect and respect the rights of older people. There is evidence to support the effectiveness of some forms of intervention in elder abuse, particularly about multidisciplinary teams in the context of financial elder abuse and (potentially) adult protective services as a response to elder abuse more broadly. However, the evidence base is weak, with very few high-quality evaluations of interventions. No interventions offer strong evidence of reducing perpetration of elder abuse behaviours—although there is some evidence for reducing risk factors associated with elder abuse perpetration, such as psychological symptoms among caregivers. Guiding principles for the development and evaluation of interventions include co-design, increasing the validity of perpetration outcome measures and incorporating methodological rigour into study designs from conception.

Summary and conclusion

Within the emergent body of research on elder abuse, there is a developing evidence base about its perpetrators and perpetration. This evidence base has improved understanding of the nature and prevalence of perpetrators and their reasons for, and methods of, abusing older persons. However, substantial gaps remain.

At the time of writing, there is no single, legislatively enshrined national definition of ‘elder abuse’ in Australia. Definitions offered in Australian and international strategic and policy documents, as well as academic research, converge on the following key elements:

- a single or repeated act or failure to act;
- towards an older person;
- by another who is responsible for the act or omission;
- in a situation where the connection between the older person and the perpetrator of the act or omission constitutes a relationship of trust (eg partners, family members, friends, neighbours, acquaintances and professionals) and regularly (though not always) of care or dependence and with significant power imbalance; and
- which causes harm or distress to the older person.

Critically, elder abuse perpetrators defy easy classification into one or a handful of ‘profiles’, exhibiting a wide range of characteristics and motives. Further, the demographically and psychologically ‘average’ perpetrator of elder abuse deviates in several important respects from the ‘ideal’ or ‘average’ perpetrator of other forms of abuse, including family and domestic violence, and they regularly present with vulnerabilities of their own. These ongoing challenges in recognising perpetrators of elder abuse—alongside broader debates around distinctions between older and younger abuse victims and elder and other forms of abuse—underpin ongoing difficulties in defining and measuring elder abuse, including its perpetration.

The challenges of measuring the prevalence of elder abuse perpetration are further compounded by the ethical and methodological obstacles to eliciting self-reports of this behaviour in the context of research surveys and interviews and by the absence of suitable recorded offending data. To date, there is no reliable prevalence estimate of the perpetration of elder abuse in Australia, with prevalence estimates of elder abuse generally relying on victimisation surveys and, to a lesser extent, calls to state-based services for older persons. Victimisation research is also far more common internationally, although a small body of international research has examined the prevalence of elder abuse perpetration in community samples of persons involved in, or connected to, the care of an older person.

Studies have also examined the prevalence of perpetration in samples of staff working in institutional care settings for older persons. Concerningly, the results of this research suggest that rates of perpetration in these samples are high, around 30 percent in community samples and around 60 percent in samples of care staff. This is notably higher than rates of victimisation reported in Australian and international community samples of older persons, which range from less than five percent of older persons to a little under 20 percent; the difference here is probably driven by differences in sampling between these two bodies of research. The limited focus on care relationships in perpetration research means that respondents are connected to older persons who are at higher risk of abuse by virtue of needing care. This is especially the case in research surveying or interviewing staff in institutional care settings, where the staffing, resourcing and organisational pressures that can drive abuse and neglect also need to be acknowledged. Further, those involved in, or connected to, the care of an older person are more likely to recognise abuse, making them more likely to report it to researchers.

Elder abuse consists of acts of physical, sexual, psychological/emotional and financial abuse, as well as various forms of neglect. Australian and international research indicates that elder abuse most often involves the psychological/emotional abuse of older persons. This typically includes threats and insults, along with bullying, intimidation, harassment and forced isolation. Financial abuse and neglect are also commonly experienced by victims of elder abuse. Neglect most often includes a failure to assist older persons with meeting their daily health and welfare needs, while financial abuse encompasses a variety of tactics for benefitting from, acquiring, or exercising control over, older persons' money or assets. Physical and sexual abuse are comparatively less common. However, prevalence rates of physical abuse are higher in samples that tend towards more vulnerable older persons (ie samples of reported elder abuse victims or of those involved in, or connected to, older persons who need care). Additionally, research shows that physical forms of abuse commonly co-occur with psychological/emotional abuse and neglect. This suggests a pattern of escalation in some cases of elder abuse, probably driven by intensifications in conflict and victim resistance to control by perpetrators, as well as ongoing stressors or pressures experienced by carers. Further, psychological/emotional abuse has also been shown to commonly co-occur with financial abuse, and it has been argued that the former may be an important tactic of the latter.

A small number of studies have delved further into the perpetrators of elder abuse to understand their characteristics and motives. There is no one type or profile of elder abuse perpetrator, although certain patterns are evident. In an interesting deviation from trends in other forms of violence and abuse, perpetrators are only marginally more likely to be men than women. This is probably because of a range of factors. Because elder abuse can occur within a variety of relationships outside of male–female and intimate partner relationships, gendered drivers centred on masculine norms that encourage violence probably play a less prominent role. Additionally, women continue to carry out most of the formal and informal care for older persons, giving them greater exposure to this population in care contexts. Importantly, when broken down by abuse type, the relative equivalence of men and women in their rates of elder abuse perpetration are largely accounted for by the more frequent perpetration of psychological/emotional abuse—the most common form of elder abuse—by women. Men tend to be notably more likely to perpetrate financial, physical and sexual abuse. Perpetrators are most often middle-aged and the son/daughter or spouse/partner of their elderly victims.

Variations in perpetrator–victim relationship are also evident across different types of abuse—although the evidence here, particularly the international evidence, is mixed. Health problems, particularly depression and cognitive decline, alcohol and substance abuse, dependency on their victims and prior victimisation, have emerged from empirical research as the strongest risk factors for the perpetration of elder abuse. These factors often induce or exacerbate feelings of stress, frustration, anger and resentment towards the victim, particularly where the perpetrator cares for, or is cared for by, their victim. Financial motives are also common, as are sadistic and ego-driven motives centred on abusing older persons for pleasure or to exert control over them. Critically, the motives for elder abuse perpetration identified in the literature are often inferred from the characteristics of perpetrators and their abuse and from victim accounts of abuse. There is a dearth of research that directly examines these motives based on information collected from perpetrators and their accounts of the abuse they have perpetrated.

The financial abuse of older persons has been a topic of particular interest in elder abuse research and policy. While financial abuse is not unique to older persons, it does figure in many cases of elder abuse. Further, unlike other forms of abuse, financial motivations commonly underpin the abuse of older persons—who can also be uniquely vulnerable to it because of a range of age-related factors. Detecting the financial abuse of older persons is complicated by the legal and informal arrangements older persons regularly have in place with trusted others detailing shared control of their finances and assets, the close relationships older persons often have with perpetrators and the subtle forms financial abuse can take.

Additionally, there is limited publicly available research reporting empirically derived or validated indicators of financial abuse. Those commonly cited by governments, financial institutions and organisations for older persons broadly include significant, sudden or erratic changes in financial activity, financial arrangements or material circumstances; insufficient funds for basic needs; disparities between living conditions and finances or assets; disparities between formal legal or financial arrangements and financial activities; suspicious legal or financial arrangements; non-existent legal or financial arrangements; and the involvement of parties other than the older person in (particularly significant or complex) financial activities recorded against them. Victim-based indicators include appearing fearful, stressed or ignorant about their financial activities or arrangements; diminished cognitive capacity; family dynamics; victimisation by other forms of abuse; and being kept from taking part in conversations about their finances or assets.

Interventions exist internationally to prevent the perpetration of elder abuse and target its perpetrators. These include community psycho-educational and therapeutic programs that aim to support people in caregiver roles for older persons; multidisciplinary teams of professionals who most often support efforts to prosecute perpetrators and hold them accountable; intergenerational programs that aim to improve relationships and foster connections between older and younger persons; and legal and policy responses such as protection orders, civil penalties, complaints to guardian and administrative tribunals, material or welfare support; and dialogue-based approaches (ie mediation, dispute/conflict resolution and restorative justice). Given the dearth of dedicated interventions for elder abuse perpetration in Australia at the time of writing, the applicability of domestic and family violence perpetrator programs has been considered; that would include men's behaviour change programs, other therapeutic approaches and adult protective services. However, the evidence base for these interventions is weak, with very few high-quality evaluations. Critically, no interventions are supported by strong evidence showing that they reduce the perpetration or re-perpetration of elder abuse. There is, however, some evidence to show that some multidisciplinary, regulatory and dialogue-based approaches reduce certain risk factors for elder abuse perpetration. Guiding principles for the development and evaluation of interventions include an emphasis on the importance of co-design, increasing the validity of perpetration outcome measures and incorporating methodological rigour into study designs from conception.

Importantly, there is scant research on elder abuse perpetration and perpetrators in specific populations, including Aboriginal and Torres Strait Islander, CALD, gender diverse, non-heterosexual and rural/remote populations. The very limited research that has been done points to the perpetration of population-specific forms of elder abuse (eg those that attack or exploit aspects of an older person's culture, ethnicity or gender/sexual identity); to possible differences in the prevalence of some forms of abuse and motives within some of these populations (eg older Aboriginal and Torres Strait Islander people more commonly experiencing financial abuse, and this abuse more commonly being motivated by alcohol, drugs and financial/material deprivation); and to possible differences in some perpetrator characteristics (eg perpetrators of elder abuse against older LGBTIQ+ persons being more commonly unrelated to them). Further research on perpetration and perpetrators within these populations is sorely needed, given the heightened risk of multiple forms of abuse that has been shown to exist within them.

This report has collated the findings of research about elder abuse perpetration and perpetrators. While it has highlighted several important findings about the perpetrators of elder abuse and how they engage in it, it has also drawn attention to the need for more research in this area. This includes, broadly, the need for more research that draws on data collected directly from perpetrators about their motives and perpetration behaviours and the need for more research, and more rigorous research, evaluating interventions targeting them. Critically, many of the findings canvassed in this report, although generalisable to some degree to Australia, have been gleaned from international research. The absence of Australian research on most aspects of elder abuse perpetration and efforts to respond to it is particularly notable, highlighting a pressing need for more research in an Australian context.

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Research Report

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