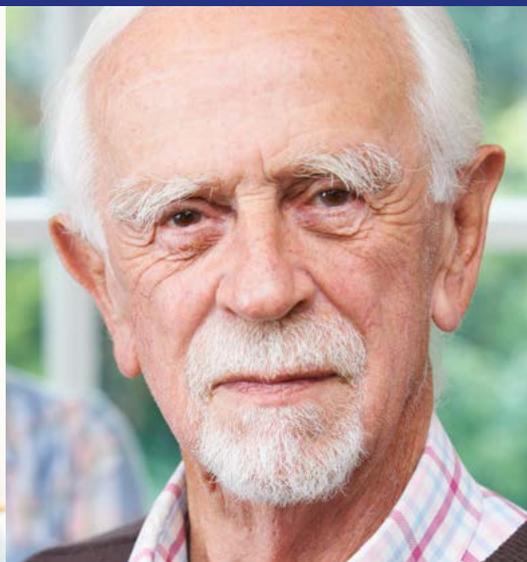


The Older Person's Experience:

Outcomes of Interventions into Elder Abuse



Contents

National Ageing Research Institute (NARI) /
Senior's Rights Victoria (SRV)

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Executive summary

Seniors Rights Victoria works with older people living in the community who are experiencing elder abuse. Services include a telephone helpline, legal assistance, education and advocacy, or support to enable older people make decisions about regaining safety, confidence and control of their lives.

This study aimed to better understand the older person's experience of elder abuse, the interventions used to address elder abuse and the outcome of the intervention for ex-clients who contacted Seniors Rights Victoria (SRV).

Using semi-structured interviews, past clients of SRV were asked questions aimed to address key research questions.

The participants, the perpetrators and the abuse

Twenty four interviews were conducted with 28 participants whose ages ranged from 62 to 89, most were women, and 10 came from a non-English speaking country. All perpetrators were family members, mostly adult children (16 sons; 8 daughters) who were often living with the older person at the time of the abuse.

Psychological (21) and financial abuse (19) were the most common type of abuse reported, followed by physical abuse (7) and social abuse (3).

Consistent with the literature, the participants reported a range of perpetrator attributes that they felt contributed to the abuse, including confirmed and suspected mental health issues, substance and gambling addictions, financial and relationship difficulties, personality traits, greed and trauma. Other evident factors included family violence and conflict, inheritance issues, power and control dynamics, lack of support and the experience of other life trauma.

During the abuse participants reported experiencing a range of emotions that affected their health and wellbeing, including fear, desperation, powerlessness, shame, sadness, depression, guilt, ambivalence and stress. Telling their story and revisiting the abuse was challenging for participants, some of whom were still dealing with very strong emotions, however, they showed remarkable strength. Participants wanted it known that the abuse and its detrimental consequences did not represent who they were as a person; that they were not to blame for the situation; and how difficult it was to come to terms with the abuse and the actions of the perpetrator. Parental love and family obligation were strong themes that emerged, particularly for those from culturally and linguistically diverse backgrounds.

Intervention outcomes

In some cases SRV initiated the intervention on the participant's behalf; in others they provided support, advice or referrals. For some clients it was difficult to identify which services were provided by SRV directly.

Elder abuse is a complex phenomenon that does not follow a linear line. Abuse may cease, subside or re-emerge and follow up is important because it may take more than one intervention(s) at one time point to address. Some cases were closed not because the abuse ended but at the request of clients who were not ready to take action. Elder abuse is a human rights issue and adequate services need to be available to enable older people to make informed decisions and to be supported to take the necessary, often difficult, actions needed to end the abuse.

Abuse ceased

Of the 24 individual cases, in 13 the abuse was stopped, and in 8 cases aspects of the abuse were

resolved (for example, the level of abuse abated, or one issue was addressed and not others). Only 3 cases involved no change in the situation for which the participant approached SRV.

Feeling supported, informed and enabled to act

One of the most reported outcomes was that participants felt supported by SRV involvement, and this support often enabled them to make decisions about their situation, or act to change their circumstance. Participants also reported that the intervention allowed them to gain an understanding of the issues, and to become aware of the options available to address the abuse, along with the consequences they could expect. Independence, including financial independence, freedom and peace of mind were also reported outcomes.

Change in living arrangements

Most often the abuse ended because the perpetrator was forced to leave the older person's home by an intervention order, was asked to leave, or left of their own accord. In fewer cases the older person found or was provided with alternative accommodation. For one participant, the intervention meant he could stay in the family home, for another a caveat meant the property could not be sold, for another it involved the removal of a caveat so that the property could be sold but not to his detriment.

Financial outcomes

In a few cases financial loans were recouped and often disappointments in outcomes were related to the inability to recover money. One participant was required to pay money to help the perpetrator move to new accommodation.

Loss of relationship and concern for the perpetrator

Often the intervention meant the older person no longer had contact with the adult child who perpetrated abuse, and for many this was a cause of regret and disappointment. Many also held concerns for the perpetrator's welfare in the future and whether they would be able to get the assistance they needed (for example, support for mental health, substance abuse or housing).

Improved relationship with perpetrator and better dispute resolution skills

Though some did report improved relationships with perpetrators they were often not ideal or there were some lingering effects that may or may not diminish with time. Some participants reported better skills in setting boundaries, understanding and relating to the perpetrator and avoiding conflict or resolving disputes.

Knowledge that SRV could assist in the future

For many participants, knowing they could return to SRV for further assistance was an outcome they valued highly.

Other outcomes

Also reported were family conflicts and taking sides post-intervention, fears that the abuse will continue or re-emerge, ongoing financial hardships for the older person who had faced financial abuse, and concerns for other people who the perpetrator turned to for support.

Advice of older people

The most common advice participants would provide to other older people facing abuse was to contact SRV. They urged people who found themselves in a similar position to accept there was a problem and seek help early, to get arrangements in writing, to not give children money, and to not re-mortgage the family home.

Advice to governments and service providers centred round the need for affordable accommodation for the older person and perpetrators, and affordable mental health and rehabilitation services. The need to raise awareness of elder abuse – for older people, families, health and other professionals, and society – was also noted.

Introduction

Elder abuse can be defined as a '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' (Action on elder abuse, 1993). Elder abuse can be the result of intentional and unintentional acts, and it can occur in various forms including physical abuse, psychological or emotional abuse, social abuse, sexual abuse, financial abuse and neglect (World Health Organization, 2016).

While prevalence data within Australia is not available, estimates regarding the occurrence of elder abuse range from 2 to 6 per cent of the older population (Cooper, Selwood, & Livingston, 2008; Kurrle & Naughtin, 2008). International prevalence data is also limited with estimates ranging from 3.2 per cent to 27.5 per cent (Choo, Hairi, Francis, & Baker, 2013). All these approximations are believed to underestimate the true extent of abuse in older populations.

Elder abuse is associated with increased morbidity and mortality and decreased quality of life, including depression, anxiety, fear, feelings of unworthiness and other psychological stress (Dong, Chang, Wong, & Simon, 2013), substance abuse and suicide (Kaye, Kay, & Crittenden, 2007). In Australia the estimated cost for hospital admission due to elder abuse for 2007/2008 was between 9.9 and 30.7 million AUS dollars (Choo et al., 2013).

Older people at greater risk of abuse include: people with cognitive impairment, behavioural problems, psychiatric or psychological problems, functional dependency, poor physical health, low income, and trauma or past abuse (Johannesen & LoGiudice, 2013). Women have also been identified as being more at risk of elder abuse (Biggs, Manthorpe, Tinker, Doyle, & Erens, 2009; National Ageing Research Institute in partnership with Seniors Rights Victoria, 2015), as have people with little social support or networks, and people who are lonely and socially isolated (Choo et al., 2013). Family members, often adult children, are the main perpetrators of elder abuse (Alon & Berg-Warman, 2014; National Ageing Research Institute in partnership with Seniors Rights Victoria, 2015; Rizzo, Burnes, & Chalfy, 2015). Further risk factors for perpetrators include family disharmony and conflicted relationships, psychiatric or psychological problems and low social support (Johannesen & LoGiudice, 2013).

Background and aim of the study

Seniors Rights Victoria (SRV) was first established in 2008 to help older people living in the community (not residential care) who are experiencing elder abuse. Services include a telephone helpline, advocacy (such as support by social workers), legal services and education. To be a client a person needs to:

- be aged 60 and over (or 45 and over for Indigenous clients), or approaching 60 with age-related disabilities or illnesses,
- be experiencing or at risk of experiencing abuse, mistreatment and/or financial exploitation within a relationship of trust,
- have issues related to ageing, and
- have capacity to give legal instruction (which is presumed unless demonstrated otherwise).

There is limited data investigating the effectiveness of elder abuse interventions and often the available data is limited to measuring success only by the reduction or cessation of the abuse, as based on retrospective case record analysis, and from the professionals' perspective. This study aimed to better understand the older person's experience of the abuse, the intervention and the outcome, and to outline their recommendations to government and service providers and other older people.

Research questions

Key research questions included:

- What were the outcomes (both intended and unintended) for the client regarding the abuse?
- How did the intervention change the client's situation or relationship with the perpetrator?
- Did the intervention allow the client to feel empowered and/or enable them to make decisions about their situation?
- What would the client have liked to be done differently?

- What did the client consider a successful outcome?
- What advice would the client give to other older people, governments and service providers?

Method

Ethics approval was obtained from Melbourne Health's Human Research Ethics Committee to conduct 30 semi-structured interviews with past clients of Seniors Rights Victoria. To reflect the Australian population, 10 of the 30 interviews were to include clients from culturally and linguistically diverse backgrounds (CALD).

Eligibility

Clients who had a case opened (to receive ongoing legal and advocacy advice and services) and whose file was closed within 2012 to 2015 (and closed for at least three months) were eligible for participate. A client's case may have closed because the abuse ceased, the particular issue that required SRV action was completed, or because the client did not want to pursue the matter. When the number of case clients who could be contacted was exhausted, the recruitment method was amended to include clients who made two or more calls to SRV within the 2012 to 2015 period.

Process

SRV staff contacted case clients by phone to explain the purpose of the study. If clients expressed interest, SRV staff asked permission to forward contact details to the research team and to nominate suitable times for the researcher to make contact. A NARI researcher then called case clients and confirmed their interest, provided further information and arranged a time for the interview at a suitable location.

The older person and perpetrator profiles

Prior to the interview, participants read the participant information and consent form and were given the opportunity to ask questions before signing (consent included having the interview digitally recorded). An interpreter was used for participants not fluent in English. After the interview participants were asked to sign a second consent form allowing the researchers to access their electronic case notes at SRV (this did not include any solicitor/client privileged information). Case notes were limited in detail but were only used to confirm and supplement details provided by participants in the interviews.

Interviews were transcribed and analysed, and a random sample was reviewed by at least two researchers (one NARI and one SRV) to identify common themes and answer the research questions. All case note summaries made by the NARI researcher from the electronic case notes were reviewed by an SRV researcher to confirm accuracy.

A summary of the overall project findings was provided to all participants (except two: one due to safety issues, the other moved and their current address was unknown). This summary also included a record of the key information individual participants had provided in order to demonstrate how their interview had been interpreted by the researchers. Participants were provided with a reply paid envelope to provide any additions, modifications or deletions and feedback was to be incorporated where appropriate. However, only one participant (a couple) responded with a letter thanking SRV for the support they received and noting the relationship with their daughter had greatly improved.

Recruitment

There were 244 clients who were identified as being eligible for the study, but 194 of these were not suitable for inclusion due to a variety of reasons such as being uncontactable, having cognitive impairment, or having passed away. Fifty clients were approached by SRV staff, with 36 clients expressing interest (response rate: 72%), and 14 declining to participate.

In order to increase the number of potential participants an amendment to the study was made, allowing people who had contacted SRV twice or more to be eligible. Of these 10 clients, four were approached and three expressed interest in participating, bringing the total number to 39 (response rate 75%).

Overall, 39 participants expressed interest in the study and upon contact by a NARI researcher, 24 agreed to participate. Two of the participants were repeat callers (eligible after the amendment) and 22 were clients with closed cases. All participants gave consent for researchers to access their electronic case notes.

For further detail regarding recruitment, see Appendix.

The older person

While 24 clients had agreed to participate, 28 participants were interviewed as four interviews involved both partners. Almost 70 per cent of the older people were women, and ages ranged from 62 to 89 years of age (mean age of 75 years).

Approximately half of the older people were born in Australia, and of those born overseas, the majority came from non-English speaking countries. Most participants spoke English well, and an interpreter was required for one interview (an interpreter was also declined for one interview due to privacy concerns).

At the time of the interview, most of the older people were living alone (13) or with their spouse (9), and most were receiving a pension. Most participants reported their health to be good or fair, and participants were generally independent and not reliant on the abuser for care.

For further detail on the profile of the older participants, see Appendix.

The perpetrator

All of the perpetrators were family members of the older person, with most of them being adult children (16 sons, 8 daughters). Two perpetrators were husbands, and one was a sister of the older person. In some cases, more than one family member was perpetrating abuse, including a son and daughter; a son and husband; and various sons and daughters-in-law as secondary abusers.¹ The ages of the perpetrators ranged from 31 to 69 years, however, age was not reported in all cases.

Most of the perpetrators were living with the participant at the time of the abuse (18). The majority lived in the older person's home (14) and the minority (4) in units/granny flats or homes owned by the children that the older person financially contributed to in some way.

For further detail on the profile of the perpetrators, see Appendix.

¹ In some instances another family member (e.g. son) may have caused difficulties for the older person but were not the focus of the older person's concern when they approached SRV.

Types of abuse

The study asked clients to describe the situation that caused them to contact SRV for assistance. The events described have been categorised by the researchers into different types of abuse. Most participants in the study reported experiencing events that are categorised as psychological/emotional abuse (21), or financial abuse (19), with the two usually occurring together. Physical abuse was reported in 7 cases, and social abuse in 3 cases. There were no self-reported sexual abuse and neglect cases.

In 11 cases there were some discrepancies between case notes and participant interviews regarding abuse. For example, one woman said she was only emotionally abused, not physically, but the case record includes physical abuse.

Financial abuse

The financial abuse reported included one or more of the following:

- abusers living in the older person's home and not contributing to expenses or paying rent
- not paying/or no longer repaying loans
- asset-for-care or future care arrangements that did not favour the older person (including money provided to pay off the perpetrator's home/buy land/building expenses, and exorbitant rent and other charges paid by the older person)
- using the older person's property (including home, car and phone)
- incurring expenses in the older person's name
- paying off perpetrator debts.

Psychological/emotional abuse

The psychological/emotional abuse reported included one or more of the following:

- verbal abuse
- yelling
- name calling
- controlling behaviour and threats
- throwing objects around the room or other damage to the home (e.g. stabbing a door, punching holes in the wall)
- not being able to sleep properly because perpetrators stayed up late
- using emotional blackmail.

Examples include:

- "If you'd heard him you would say no boy could ever speak to his mother like that. Oh, the language. [That] I was stupid, I had a hole in my head and I was nuts." (Older woman)
- "He was screaming, yelling, and he said that he would bring men. Even now I am scared. He said, 'I have a lot of bad friends, ten people'; and 'You are my mother and you have to help me.'" (Older woman)

Physical abuse

The physical abuse reported included one or more of the following:

- hitting/assaulting
- pinning the older person to the wall, or putting a finger to the older person's forehead
- serious physical injuries.

Examples include:

- "When my son started threatening me and he pulled a knife and he didn't really hit me but he had me pinned against the wall and he was smashing the wall around my head and speaking aggressively to me. Then he pulled

"He threw me across the passage way and I fell across some steps ...and that broke my back."

Older man

out a knife and started stabbing the door that was beside him. I really got frightened." (Older woman)

- "He threw me across the passage way and I fell across some steps ...and that broke my back." (Older man)

Social abuse

The social abuse reported included:

- restricting the older person's movements and social contacts
- not visiting the older person, therefore denying access to both the abuser and grandchildren
- not wanting the older person to associate with other members of her family.

Examples include:

- "I was virtually a prisoner ... I had no money ... they took control over my money ... I could take no-one to the house." (Older woman)
- "She didn't want me to have any family." (Older woman)

Other situations that could be considered social abuse include two cases where sons did not want their mothers to have other people in the home or a daughter visiting. However, both

mothers firmly stood their ground, so these were not included in the social abuse cases. Also not included were situations where loss of contact, arguments or fall outs resulted in other family members no longer coming to the home or lost access to grandchildren, an undesirable outcome, as these were by-products of the abuse.

Neglect

Cases involving neglect may not have been reported to SRV for two main reasons: older people dependent on the abuser for care may be more reluctant to report abuse, especially if they feel this could lead to residential care; and SRV only deal with older people who have capacity to provide instruction so this would exclude those with cognitive impairment who are unable to do so.

Abuse: the older person's experience

Intergenerational elder abuse is never straightforward, and every older person subjected to it will report a different situation. How an individual is affected, the supports they can draw on and their ability to cope will all influence their experience. This uniqueness can sometimes obscure both the similarities that occur within families where abuse happens, and common factors that may contribute to the likelihood of abuse occurring.

This section analyses the participants' interviews to understand how the older people felt about the abusive situations, and what they saw as the causal reasons behind the abuse, which included personal attributes of the perpetrators; external factors affecting the perpetrators such as mental illness, financial difficulties and trauma; and dysfunctional family dynamics.

How it felt to experience elder abuse

The very nature of much elder abuse – harmful behaviour by a trusted family member – can take a heavy toll on a person's emotional wellbeing, and make it difficult to take action. Yet there was courage, perseverance and resilience displayed by these older people, some who had endured so much throughout their lives, and some who were still coping with abuse or its consequences.

Telling their story and revisiting the abuse was challenging for participants, with some people clearly still dealing with very strong emotions at the time of the interview. Courage and endurance was exhibited even by participants who acknowledged anxiety and depression as a result of the abuse or other life events.

- "I said, 'I'm not going to tolerate it, and that's the end of the story.'" (Older man)
- "I think that he thinks he can get on top of me ... that ... if he yells hard enough and abuses

me long enough that I'm going to give in, but he doesn't know me very well really!" (Older woman)

- "Maybe the people give me pain, but I stand up.So I try to be strong. (Older woman)

At the time of the abuse participants reported an array of emotions that included feeling fearful, powerless, desperate, traumatised, angry, ashamed, frustrated, guilty, sad, depressed, ambivalent and stressed. They also noted that the stress was impacting on their health, memory and function. For one older woman, the abuse made her feel like a prisoner and she contemplated ending her life.

Stress

Some participants exhibited or reported stress, often influenced by the ongoing concern for the perpetrator's welfare. Stress affects a person's health and functioning, and the impact of chronic stress caused by elder abuse has implications for the older person, other family members and the health system.

- "I think it was just getting on top of me, you know? I couldn't cope, I didn't know what to do, didn't know where to turn, what to do, you know?" (Older woman)
- "I got to the point where I was so stressed that I could not function anymore. I had to go to work, I could not eat, I could not function." (Older woman)

Fear

The fear participants reported was often linked to their own safety, as well as for the safety of other family members, including one couple who feared the perpetrator may take his life. Participants also feared the situation becoming untenable, for example that it had gone on a long time, or that the police had been called several times because of a perpetrator. While an overwhelming and challenging emotion to

"It was traumatic...[to] leave your own home and know your home is no longer a safe place."

Older woman

deal with, participants reported that it was this fear that often motivated them to seek assistance.

- "[I had a]...fear of being out in the street." (Older man)
- "[I was] at desperation point ... [I] realised it was him or me." (Older woman)
- "It was 'traumatic...[to] leave your own home and know your home is no longer a safe place.'" (Older woman?)
- "I was a nervous wreck ... The longer I was living there [in the same state], the sicker I was getting with all of my heart problems," and "I took a lot of convincing ... [because] I was too frightened to do it." (Older woman)

Ambivalence

One of the most striking things about the interviews was that many participants reported feeling ambivalent about the situation they were in – they wanted the abuse to stop but were hesitant to take action to make it happen. This ambivalence was often driven by concerns for the perpetrator, who was usually an adult child, and the desire to help them.

A sense of parental love and duty was strong in many of the participants. Parents were worried about how their child was dealing with the things they saw as the reason for the abuse (such as mental illness, financial difficulties and marital breakdown), and they were also worried about the consequences to their parent-child relationship if they took decisive action against their child to stop the abuse.

While the older person wanted the abuse to stop, they often also wanted the problems affecting their child to be dealt with. Unfortunately, these things are in the hands of the perpetrators and outside the remit of a service such as SRV, which can advocate for the older person, but cannot, for example, require a

perpetrator to seek assistance for their mental health.

Even when participants were prepared to take action, such as taking out an intervention order (IVO) or contacting SRV for help, concern for the perpetrator was evident.

- "Up until the time that [SRV] said they would be able to take [my son] to court I felt good, but when they said that, I thought I can't take him to court, I just can't do that." (Older woman?)
- "I don't want to throw him out on the street." (Older woman who had concerns for her son and also feared repercussions).
- "You've got no choice. You can't just say, 'You're a bad son,' and you couldn't shut him off. You can't. Because you still worry about him." (Older woman)

One female participant agreed with a friend (in whom she confided) that taking out an IVO was "a bit harsh" and that it would mean they would not see the grandchildren that she raised. When police took out an IVO on the couple's behalf she thanked SRV, saying: "I didn't have to take that road myself, the Lord did that."

Dealing with abuse by a trusted family member was difficult even for the participant couple who had knowledge of elder abuse, and educated others in ways to avoid or prevent it: "Even with all our knowledge it still was extremely difficult for us to make that step." (Older man).

Parental love and responsibility

One of the most important aspects of intergenerational elder abuse is the relationship between the older person and the perpetrator, who is usually an adult son or daughter. Evident in many of the interviews was a strong sense of

“I couldn’t believe that they [my siblings] would turn on me.”

Older man

parental love, responsibility and obligation that the older people felt toward their children and other family members; and that adult children exploited. This responsibility, both parental and familial, often placed the older person in a bind of wanting to help and support their child, but also wanting the abuse or arguments to stop. The sense of obligation was particularly strong in participants from culturally and linguistically diverse backgrounds.

- “I will help you, and I helped you since the day you were born ... I agree with that but now I don’t have money.” (Older woman from CALD background)
- “I take responsible for my sisters and brothers. Just imagine for my son and daughter, I take responsible, too. If they are in trouble, I am in trouble. I’m in trouble, she’s [wife] in trouble ... If the parents love the kids, it will destroy them too.” (Older man from CALD background)
- “Part of the reason was that both [sons] should have been out [of home], that is for sure, but both were out of work and they needed somewhere to live and we provided it, being parents you do it.” (Older woman married to a man from a CALD background)
- “In between the devil and the deep blue sea.” (Older man)

The abuse does not define them

Some participants wanted to make it clear that the abuse or the situation they now found themselves in (e.g. financial hardship) did not represent who they were as a person or that they were not to blame. Some mentioned that they always paid their bills on time, they worked hard throughout their lives, or they never had problems with the police or court. Some pointed out that they were professional people who handled many difficult situations, or that they were active within their

communities and often helped others. They struggled to make sense of the abuse, the financial hardship and that their family or children were capable of abusive behaviour. For some participants, being reassured by SRV and others that they were not to blame for the abuse provided some comfort but still made it difficult to make sense of the abuse and its consequences.

- “All the time I was straight, never got in trouble ... I feel so embarrassed ... You know how hard I worked but now I have no money ... I lost everything [by giving too much money to the son].” (Older woman)
- “You don’t think about your kids doing something wrong.” (Older woman)
- “I couldn’t believe that they [my siblings] would turn on me.” (Older man)

External factors affecting the perpetrator

Participants reported a range of perpetrator attributes that they felt contributed to the abusive situation, and that may explain their child’s behaviour. Contributing factors affecting the perpetrators included:

- confirmed or suspected mental health issues (including bipolar, schizophrenia, ADHD, and depression)
- intellectual disability
- substance addiction
- gambling addiction
- financial difficulties (generally due to unemployment or marital breakups)
- relationship difficulties (including divorces and child access issues)
- greed or a sense of entitlement
- personality traits (including being manipulative or dominating)
- trauma.

Participants noted that sometimes the perpetrator’s problem or difficult behaviour was present from a very young age. For example, one perpetrator started taking drugs in his early teens; one was diagnosed with schizophrenia at the age of 10 (his current diagnosis is ADHD); and one perpetrator’s personality and behaviour changed while at university. As young children various perpetrators were described as controlling, a loner and not easy to get on with.

Some participants felt their adult child’s behaviour would be different had it not been for the addiction, mental health issues or financial difficulty, and they were keen to point out their child’s positive qualities. Comments included:

- “That is [my son’s] true nature.” (Older woman explaining how her son thanked her for all she did and helped to renovate her home)
- “That he was like two different people [when on or off drugs].” (Older woman)
- He needed “professional help.” (Older woman noting that all her son’s problems with drugs and depression happened after his marriage breakup)
- “He has a good heart but a mouth.” (Older woman)

Some participants felt that the perpetrators were ‘stuck’ in situations that lead to the behaviour:

- “I know in heart they are not bad people. They are not dishonest but what they have done is not fair on me ... they were in a situation [where] they couldn’t borrow more.” (Older woman)
- “He wanted to do the right thing but he couldn’t. There was something, he had good intentions but never actually executed them.” (Older woman)
- “He was a little lost and didn’t know what to do.” (Older woman)

Only one participant could not provide a reason for the abuse – she reported a good relationship with her daughter and son-in-law prior to moving in with them. As the situation deteriorated the woman speculated whether they saw her as “an intruder.”

Some participants attributed the abuse to the character of the perpetrator, noting their child’s anger or rage and describing situations that suggested the perpetrator was unable to regulate their emotions, or lacked empathy or any sense of reciprocity within the relationship:

- “She [felt she] has nothing to apologise for.” (Older woman)
- “He can’t see anyone else but himself.” (Older woman)
- “It’s almost as though they believe that what they want is what they’ve got to have and they can’t see that somebody else needs just as much attention and you have to work together to make it work.” (Older woman)

Three participants also reported that perpetrators (with possible mental health problems or addictions) did not behave in these negative ways in the presence of others. In contrast, a couple whose son was diagnosed with schizophrenia reported that the perpetrator’s friends were not surprised by the son’s behaviour:

- “If you were here sitting, she’ll talk to you like a normal person, you would be thinking, ‘Jeez, that’s a well-mannered person, what I’ve heard about her can’t be true.’” (Older man)
- “[My son is] well-spoken and well-educated, he dresses well and if you spoke to him you wouldn’t suspect.” (Older woman)
- “We never picked it up in the past”, said one older woman, but speaking to his friends they said, “He’s been like this for years”, reported her husband.

Family violence

While no research question specifically asked about the occurrence of family violence, or probed prior or other relationships, many participants reported good relationships with their other (non-perpetrator) children and family members. A history of family violence was reported by 7 participants (including two cases involving abuse by husbands) and it is possible that other participants may have experienced family violence but did not see it as relevant so did not mention it in the interview.

One participant with a history of family violence queried whether observing family violence while growing up could have contributed to her son's social abuse towards her: "Well of course there is a history ... He may have witnessed ... all our arguments ... and also my husband ... cut the boys out of [the will]." Another female participant sought to reassure the interviewer that she did not abuse her daughter (the perpetrator) as a child, but that she had fled an abusive relationship when her daughters were teenagers, leaving them behind.

Family conflicts and estrangements

Participants reported family conflicts including separations, limited contact between family members, not supporting family members in time of grief, sibling disputes, and issues arising when parents were not seen to treat their children equally.

- "If you feel bad go live with your father, but he doesn't like you." (Older woman to her abusive son)
- "The daughter won't speak to other members of the family. ... [there is a] bit of friction ... [that was] probably always present." (Older man)

- "My two sons don't talk [due to a family conflict]." (Older woman who also noted that her oldest son was angry that the younger [abusive] son was living at the home rent free.)
- "My wife has always favoured this particular lad." (Older man)

There were issues around boundaries and how boundaries were or were not negotiated with adult children, or were overstepped by either party. In some instances participants articulated their expectations to adult children, for example to contribute to the rent or bills, but enforcing arrangements were difficult. Four clear examples included:

- "You shouldn't have to ask [to contribute to the household] they should have enough ... common sense." (Older man)
- "I said, 'You sign it [a contract]!' I said, 'These are what I will expect from you' ... she [my daughter] scribbled on the paper and placed it in the bin." (Older woman)
- "So I then started searching for jobs on the computer for him ... And that made him very angry ... angry in the way that his mother... was doing these things for him, you know what I mean?" Feeling that the employment agency wasn't helping her son find a job the participant "decided I'd ring her and ... I said to her 'What are you doing? You haven't done any referrals for him to go to job interviews, you've done nothing, so what's going on?'" (Older woman)
- When asked what motivated his son to physically abuse him: "Possession? I was down in his room, he didn't want me there." (Older man)

Participants reported that abusive adult children blamed them for the situation, and for the perpetrator's own behaviour.

- "He was telling me, it was all my fault." (Older woman)
- "We were the ones with the fault because I

"We didn't seem to be able to communicate at all ... he was telling me, it was all my fault ... he couldn't understand what I was speaking about."

Older woman

spoke too much," and "How we're abusive to her, we control her and all this, she [the friend that the daughter spoke to] didn't really actually get the full picture." (Older woman)

- "[My son said] you're always right, aren't you?" (Older woman)

References to blame were also made by other family members and participants reported that families would take sides in the conflict, including a wife who sided with the perpetrator.

- "And then of course his other brothers and sisters, they came 'Oh, you can't do that to [the abusive son]'. ... And they tried [to] pressure me" (Older man)
- "My husband blamed me." (Older woman)

Inheritance issues

Inheritance issues were reported in four cases, demonstrating that inheritance could cause conflict between siblings, as well as between parents and their children. One case was a dispute between the participant and his sister because their father's will provided the participant with lifelong tenancy in the family home: "They wanted their inheritance, they wanted me out".

Another dispute was between a participant's children, some of whom were cut out of the deceased father's will. In the third dispute the participant intended to leave less money to one son because he had lived "thirteen years rent free". In the last case, although the abusive daughter was "not happy", the participant decided that "[money and shares] will be divided equally between all", including the (main) perpetrator because "I've tried to be fair and you can't favour one against the other".

One of the older couple's reported that a barrister felt that their abusive son's action

(taking out an intervention order against his brother) may be related to wanting the parental home.

Communication difficulties

Strained communication, or a lack of open discussion, was also reported with some of the participants avoiding communication for fear of escalating matters. For three of the older women, avoidance was clearly a pattern of relating. Inappropriate communication from the older person was also displayed by a small number of participants that may represent a pattern of relating or frustration on behalf of the older person after years of conflict and abuse:

- "We didn't seem to be able to communicate at all ... he was telling me, it was all my fault ... he couldn't understand what I was speaking about." (Older woman)
- "[My husband] wouldn't talk about anything like that [relationships]." (Older woman)
- "Why can't I tell ... them how I feel?", and "No, No it [the relationship] was better [before] because I never, never said something that they wouldn't like; and I always looked after the grandchildren." (Older woman)
- "I think he [my son] feels that maybe I criticise and I don't." (Older woman)
- One male participant said his son wasn't verbally abusive, that he just used "bad language." In the argument over a remote control that led to physical abuse he told his son to "piss off" (because he was standing over him).

Power and control

Control and dominance was mentioned by several participants as one of the reasons for the abusive behaviour. Controlling behaviour included constant calls to establish the

“I think that trauma stayed with me and all my brothers and sisters ... all of them had problems.”

Older man

mother’s whereabouts; the use of coercion, guilt and threats to get the older person to comply to demands; wanting to control the household; and taking control of the older person’s possessions or finance:

- “[My son wanted to be] the top dog in the house, which he wasn’t ... cause I was.” (Older man)
- “Sometimes my daughter wants to be bossy... I don’t know, they’ve got a trait in them, both of them [son and daughter], really, that they want to control my home, they want to run things their way. And I said “while I’m in this home I’m going to run my own house.” (Older man)
- “He was a control freak (husband).” (Older woman)

Lack of support

Some of the participants noted the lack of support that resulted from not having family members or friends around them to help them or who could get through to perpetrators. Some participants said their family members did not offer support.

- “I wish somebody could help me but nobody can. I mean I haven’t even gotten any elderly family friends that I could talk to or anything like that.” (Older woman).
- “I guess you know part of all this is where there’s nuclear family now there’s no greater family, because all my family they are all dead ... or scattered ... if you had this family of aunties, uncles all around it would be contained, I’m sure, in this sort of situation.” (Older woman)
- “Because I had no support. No children, no support. I haven’t got no family here, no family left and his family was overseas, so it was sort of no support, you know?” (Older woman speaking about abuse by her husband)

Trauma

Some participants referred to trauma in their own life, not just in the perpetrator’s life. These included the older person’s experience of family violence, with one older woman reporting being hit while feeding a child, and another who described enduring family violence for years and having to raise children on her own because her partner gambled.

Loss of a partner or parent was also noted as a traumatic event. One participant spoke of losing her husband when she had young children; another recalled the effect of her father being killed in the war and the hardships she and her family faced being raised by a single mother. One participant spoke of being sent to Australia as a child with some of his siblings to obtain an education through the Christian Brothers’ program, which was plagued with abuse scandals: “I think that trauma stayed with me and all my brothers and sisters ... all of them had problems.” He suffered from depression and still suffers from severe anxiety.

Issues relating to people from culturally and linguistically diverse backgrounds

As the researchers did not want to steer the participant’s responses in any particular direction, the interview schedule did not include a question that specifically asked whether culture played a role in the abuse but some participants did make reference to cultural issues.

Two participants mentioned how women were viewed in their or their husband’s culture:

- “He’s from a different nationality and I think that has some ... that always comes out eventually ... Yugoslavian ... he always

thought women were a little bit inferior.” (Older woman)

- “It was a disgrace to leave your husband. The stigma and bad reputation that you would get, even if you were the perfect wife, the wife is always blamed.” (Older Macedonian woman explaining why she did not leave her husband. Her husband also made her promise not to abandon their abusive son so she once again felt trapped.)

While many participants spoke of the responsibility they felt towards their children, participants from CALD backgrounds were more likely to express strong feelings of parental and family obligation. Even when there was an awareness that adult children must take care of themselves, the obligation was still apparent:

- “I am also aware I [can’t] think about him all the time in my life. He is not a child anymore you know I have to look after myself because I always think about him first...” (Older woman from CALD background)

It was common for CALD women to refer to having “raised the grandchildren”, which is further evidence of the expectation of maternal obligation. Consequently these women also reported the pain of not seeing grandchildren when there was no contact with the abusive adult child, or after the marriage of an adult child broke down.

Other cultural issues included:

- An older woman referred to traditional (Pakistani) cultural values where nothing was put in writing but was honoured: “We belong to different ages. The age group I belong to, we had different values in family. We had different values of religion and trust and God fear. The times have changed. This is third generation not second. These people don’t have the same values, moral values, as we have.”

- In a mixed marriage the participant couple reported that the sister-in-law felt the Anglo-Celtic wife was not upholding the husband’s [Greek] cultural heritage. “When I moved in here [close to the sister-in-law] she wanted the two girls and was going to teach them cooking and cleaning and Greek customs and I was obviously not good, so she was going to take over.”
- “Our father, our son, they think it [money] should be theirs, they’ve got plans to use it, but what can you do, that’s life.” (Older man referring to ‘our as in Macedonian)

A more direct question may have elicited greater cultural factors and differences from the participants. However, participants did bring up cultural issues including expectations of, and by, parents and adult children, the impact of acculturation and the migration experience. Cultural influences, including differences in groups that have more of a collective perspective need to be investigated with larger samples and specific groups. The factors that play out in one culture do not necessarily play out in another, so differences between different CALD groups need to be investigated.

Intervention outcomes: the older person's experience

Some participants came to SRV as the first port of call for assistance in dealing with elder abuse. Others approached SRV for support after initial action to address abuse was taken, often being referred to SRV by an intervention service (for example, the court). Some approached SRV with the objective of getting the abuse to stop, others wanted assistance so they could get help for the perpetrator, and some wanted to simply understand their rights or the options that would be available to them if they chose to act. SRV was often one of many services that helped stop the abuse; each played their respective role in addressing the abuse.

The cessation of abuse is rarely, if ever, the only outcome of an intervention, even if it is the initial and driving motivation for action. The experiences of the 24 participants demonstrate a wide range of outcomes, both positive and negative, that stem from the older person's wish to change their situation, and their request for SRV to assist them to do so. The following pages collate the intervention outcomes, as identified by the researchers in consideration of the participants' narratives.

How do SRV assist people experiencing elder abuse?

The wide range of participant experiences (as reported by participants and outlined in case notes) demonstrates the extent and limitations of the interventions SRV can implement. In some cases SRV initiated the intervention on the participant's behalf; in others they provided support, advice or referrals, for example, when legal action was already underway. Actions included:

- Intervention orders, caveats, debt recovery procedures (initiating, assisting or advising)
- Detailing the options and the process for each option

- Letters to perpetrators (e.g. giving notice to vacate the older person's premises; or outlining the older person's complaint); letters to other organisations (e.g. support letter to accompany a housing application).
- Advice regarding safety and self-care (e.g. changing locks, calling the police; getting a mental health plan)
- Advice regarding wills and power-of-attorney
- Emotional and other support, including going to court with the client, providing ongoing encouragement and following up on the participants welfare during and post intervention
- Finding alternative accommodation
- Making referrals or advising clients of services including the police, housing organisations, ethno-specific agencies, aged care services, counselling, and social supports.

It should be noted that for some clients it was difficult to articulate exactly what SRV did for them because there were other organisations involved in their matter, or because recall over time was difficult. For example, one participant referred to a letter written by SRV to another organisation, however the letter was written by the community legal service that SRV referred them to.

Some participants wished SRV had more power to intervene in the abuse, to make perpetrators change their behaviour or fix the situation. However most recognised that SRV, and other services, had their limitations. As one male participant said, "Police have their perspective... their job" and SRV are "very good as far as they can go".

"Being able to talk to someone gave me the power to make decisions."

Older woman

What were the intended and unintended outcomes of SRV's intervention?

Abuse ceased

Of the 24 individual cases, 13 could be considered resolved as the abuse was stopped, while 8 can be considered partially resolved. Partially resolved cases included situations where the level of abuse abated, or where one issue was addressed and not others. Only 3 cases involved no change in the situation for which the participant approached SRV.

Feeling supported

All but one of the participants said they felt supported by SRV. It is arguable that even if the intervention achieved nothing else, that an older person feels they are not alone in facing their situation, can be considered a positive outcome in itself.

Most participants reported some initial apprehension about contacting SRV, but once they had taken that step they felt positive about working to halt the abuse, and many participants reported feelings of being happy, supported, empowered, respected, listened to and understood over the course of the intervention.

While the intervention was not always able to solve the older person's problems, participants found it highly valuable to have somebody listen to their story and to take the time to understand their unique situation.

- "I feel she understands me and I was happy." (Older woman)
- "[They] saved me ... they were more than helpful. They got me through everything. They listened to whatever I had to say. They gave me time to, you know, everything but it was

extremely difficult because I had so many things, you know, I had to make so many decisions. There was my husband on one side, my son on the other side and I was stuck between and I had ... [the] debt [mortgage] on my head and I had all these bills and everything, but they were very helpful." (Older woman)

- "That was enough, for all of them to know that I have got somebody standing behind me. I think this is the best thing I found about ... my going to Senior Rights. Now everybody knows Mum is not alone. There is a system working to protect senior's rights." (Older woman)

Being enabled to act

For many participants, feeling supported and understood was a valuable step in enabling them to act to address the abuse or change their situation. Participants reported that with SRV's assistance they felt able to take action against the perpetrator in the form of asking the abuser to leave, taking out an IVO against the abuser or making difficult decisions, such as calling in the CAT team for the abuser.

- "Being able to talk to someone gave me the power to make decisions." (Older woman)

Gaining an understanding of the issues/Being made aware of available options and consequences/Gaining an increased knowledge about rights and legalities

Once SRV staff understand a client's situation, they are able to offer advice and let the client know what options are available to them. Knowing that there are possibilities for action can be an important factor for some people, even if they elect not to act immediately.

- "A relief to be able to talk about it," and "Something we could fall back on ... We had

“Put my mind to rest ... [provided] a lot of empathy ... she understood ... provided a lot of advice ... a lot of time.”

Older woman

nothing prior to that,” said an older woman. Her husband reported: “[We] had someone to lean on and give you the right advice.”

- “Put my mind to rest ... [provided] a lot of empathy ... she understood ... provided a lot of advice ... a lot of time.” (Older woman)
- “[SRV] gave us very, very good advice and told us how it should all happen and all the consequences of each thing that we were going to do.” (Older woman)

Perpetrator required to leave home

One of the main ways the abuse was stopped was if the perpetrator was required to leave the older person’s home. In many instances, action was taken to forcibly remove the perpetrator and this often required an intervention order. In other instances the older person or couple successfully asked the perpetrator (usually following SRV instructions regarding the required notification) to leave or the perpetrator left for another reason. In one case the perpetrator left the state to avoid a mental health team treatment order.

Change of accommodation

In fewer cases it was the participant who found alternative accommodation, in which case the abuse stopped. For some this was a blessing and a chance to find peace. For others there were some consequences of having to leave one’s home including financial outcomes, limited contact with other family members (e.g. after leaving the state), and having to arrange a new living situation. One older woman, who temporarily moved into the parental home that she owns with her siblings, said she felt like a refugee. Although the perpetrator (son) has now moved from her home she no longer feels safe in her home and wants to sell it.

- “It went on for so long, that now you know now it’s just nice and peaceful, so I don’t care if

I never see her again” (Older woman who left the home she was sharing with her daughter to avoid abuse)

Remaining in the home

In one instance the outcome of the intervention was for the older person to remain living in the family home. This older man lived with his father in the family home, and cared for the father until he died in 2003. The father’s will had given him a life-time tenancy in the home but required the participant to maintain the home. Conflict arose when a letter arrived from his sister’s solicitor questioning the maintenance of the house, asking him to leave the home and referring to court action. As a co-inheritor of the house, the sister wanted “her inheritance”. SRV provided legal assistance (corresponding with the other solicitor) and advice related to meeting his obligations, which enabled him to continue living in the family home. He stated that without SRV he would not be in his home today. Although he still fears the issue will re-emerge in the future, he knows he can return to SRV for further help.

Knowledge that SRV could assist in the future

Knowing that they could go back to SRV at any point, to follow up outstanding issues or if problems re-emerged, was a comfort to participants and a valuable direct outcome of the intervention. One couple with an abusive daughter did not want to take out an IVO against their daughter because of concern for their grandchildren. However, they appreciated knowing that it was a possibility and that they could contact SRV if they decided to take that path. Other comments included:

- “I have got it on my mind that I may need to go to Seniors Rights again to get my title.” (Older woman)

- “If something come up, and I can’t sort out the problem then obviously I make the call. It is always something that’s in my mind.” (Older man)
- “We knew that we had, you know, like a call, that we can rely on ... that’s probably what kept us going and kept us stronger.” (Older couple)

Taking action to end the abuse is hard and often never linear. It can take more than one initial approach to take action. Some cases at SRV were closed at the request of clients, only to be reopened again further down the track. Ongoing support and encouragement is needed to help clients take that next step where appropriate. For example, one older woman, who wanted to move into a retirement village but lacked the funds, stated that she would contact SRV in the future to recoup the money she contributed to her daughter’s home. However, parental love, ambivalence and concerns regarding legal costs were obstacles that continue to hinder this woman taking action.

Legal property intervention (such as caveat placed or removed on property)

For some participants SRV provided assistance in navigating the legal system, and this intervention was enough to stop the abuse. In one instance, an older woman received assistance to put a caveat on the property she had built with her son and daughter-in-law. In another instance, a man who had entered into an assets-for-care arrangement with his son and daughter-in-law feared he would be left homeless when they sold the house. SRV assisted to have the existing caveat removed to allow the property to be sold without a detrimental impact on the older person. Although the family did not sign the deed that SRV recommended on the new property the participant was not concerned because he knew, and his family knew, that he could return to SRV for further assistance.

- “Before you think about anything else we will get a caveat on your unit so that if there is a fight they can’t sell the house.” (Older woman)

Loss of relationship

An often reported negative consequence of taking action was losing contact with the perpetrator. In two cases contact was later re-established but in most other cases contact remained lost at the time of the interviews taking place. Whether this indicates a permanent loss of the relationship is unclear. Although some participants were relieved and happy that they now had peace, the loss of the relationship with the perpetrator weighed heavily on them. Very few (two) participants reported not caring if they “never” saw the perpetrator again.

- Well I thought he might contact me after twelve months, which he didn’t, so apparently he must be happy where he is. I don’t know where he is. (Older man)
- “The only thing I would have liked is to be able to talk to him on the phone or see him occasionally, but not to live, and not to do anything...you know what I mean. I know he’s out there and I know he’s got nothing and I’d like to have had him home to cook a meal for him or something like but, but I couldn’t live with him anymore, I couldn’t no way.” (Older woman)

Family conflict

Although the rift caused by getting the perpetrator to leave can sometimes mean other family members are more likely to visit (one participant mentioned the environment wasn’t “healthy for their young children” while the abuse was going on), it can also mean that the family becomes divided. One of the common fears that can stop older people from doing anything to address the abuse is worry that it will cause further conflict within the family. In

some cases, the participants reported that while the intervention stopped the abuse it also created family conflict.

- “We aren’t a real couple anymore ... we are just two people living [in the house].” (Older man whose wife sided with the perpetrator and spends more time at the perpetrator’s home.)
- “She [my daughter] won’t speak with the other members of the family. They’re all off side at the moment.” (Older man who has no contact with the perpetrator and whose children have taken different sides)
- “Yeah, well the consequences were that my husband blamed me!” (Older woman)
- “Not many people come and visit anymore ... everybody looks at you like you’re the one who’s caused all the problem because he probably said something different.” (Older woman who left her abusive husband)

Concern for perpetrator/Worry about consequences of intervention on the perpetrator

As discussed in the earlier sections of the report, some of the participants felt the pressure their child was under was causing the abusive behaviour. Things such as mental illness, marital breakdown and financial difficulties were cited as reasons for the perpetrators’ behaviour. Therefore, even when the abuse stopped (for example, because the perpetrator was forced to leave) the older person often worried about the perpetrator and what would happen to them.

One older woman was worried because her abusive son, who had an intellectual disability, might be taken advantage of by the abusive husband. An older woman who worried about her son, who moved out after she obtained an IVO against him, said the situation causes her much stress and grief. Where there was no

contact, not knowing where the perpetrator (the adult child) was and how they were doing was worrying.

- “We worry about [him]...he is our son.” (Older woman)
- “I am stressed out if I die, what will happen to him?” (Older woman worrying about son with mental health issues)

Concern for the consequences of the intervention on others

In some cases participants worried that while the problem had been solved for them there might be negative consequences for others. For example, an older couple asked their abusive son to move out, but since he moved in with his girlfriend, they worry about her welfare. Another woman was concerned that the abusive son would take advantage of her mentally disabled son when the abusive son went to stay with him temporarily.

Improved relationship with the perpetrator

In some cases one of the outcomes of the intervention was an improved relationship with the perpetrator. An older man, who had a legal intervention to make sure his son and daughter-in-law could not leave him without property, found that although still not ideal, the couple have changed their attitudes toward him, and that if he asks them for anything, they oblige.

- I wasn’t happy and I complained, but from that point they turned to be much better to me than they used to be.” (Older man)

One older woman, who said the family will never be the same again, said that after she forced her son to move out she worried about their relationship but since contact was re-established the relationship has turned around. Her son got a loan and bought a house and

“I am stressed out. If I die, what will happen to him?”

Older woman worrying about son with mental health issues

land, and visits to do odd jobs for her and her husband. Another participant who reported improvements since making contact made reference to some re-emerging of behaviours in the interview but the older couple’s resolve to not tolerate abusive behaviours was stronger. Their recent letter confirmed the ongoing improvement in their relationship.

So, even where there were improvements in relationships there were some lingering effects of the abuse on families that may resolve over time. An end to co-habitation and / or time may be enough to heal relationships in some cases, but others may require a more direct intervention. Only time and further research can provide the answer.

Change of own behaviour/Increased knowledge of dispute avoidance or resolution

For some participants, the act of going through the intervention gave them new skills in avoiding conflict or resolving disputes. One older woman whose abusive son left the family home stressed the importance of communication and for both parties to try and work things out together. Two participants referred to putting stricter boundaries in place about appropriate behaviour in their home. One older woman has learned to pull back when her son gets “a bit funny”; this helps maintain their relationship now that they have reconciled.

- “[During the intervention, SRV] also told me to frame my questions in certain language when I talk to my son and daughter-in-law [to get the answers I needed].” (Older woman)
- After recent contact with the perpetrators, the one older woman set firm boundaries, and although she loaned her daughter \$20 she told her: “I’m not lending anymore. I neither borrow nor lend. That’s my policy now.”

Independence/Freedom/Peace of mind

For some participants one outcome of acting to stop the abuse was a feeling of positivity about what they had achieved, and about living without the stress caused by the abuse. Some participants referred to now having a sense of peace.

- “I value my freedom more than anything. My freedom, my independence, and I’m my own financial manager.” (Older woman)
- “I’d hit the bottom and now I’m starting to climb up.” (Older woman)
- “I am happy that I have my own little space. I got peace and quiet which is something that I didn’t have for a long time.” (Older woman)

Confusion about availability and access to support/Disappointments in expectations

For some participants the possibility of an intervention introduced a lot of confusion and worry about what would happen, and what the outcomes would be. For example, there were concerns about the impact of legal costs and outcomes. There were also disappointments related to expected outcomes, when money could not be recovered (to be discussed further). One woman was still dealing with strong emotions that her husband was not held accountable for what he did and that the whole system let her down.

- “I think that was not right. If I went to Senior Rights they should have handled my case themselves on their terms and not passed me on to this other people. I didn’t know how much is going to be paid and how much is going to be net coming in my pocket. We hear so many things about solicitors that it scared me.” (Older woman)
- “I just needed like a guideline, or where to go, or what to do. Things like that ... what my options were and things like that.” (Older woman)

**“I can’t go back and live in the house because ...
[if the son returns] goes off his head or something he will
come there and he will murder me in the house.”**

Older woman

**Assistance with financial planning/
Gaining control over finance/
Repayment of loan**

The outcome for some participants was primarily financial. One woman got SRV to send her daughter a letter asking her to repay an outstanding loan, and the daughter’s partner paid the money. One older woman who fled her abusive daughter and son-in-law now feels she has control over her own finances and says she will never lend or borrow money. In one case, where the financial matter was in abeyance, the SRV intervention offered comfort and hope. The couple were still waiting to hear the outcome of a new repayment plan for the debt the son incurred in the mother’s name but they were hopeful of a better repayment plan and comforted knowing SRV would assist with any further negotiations.

**Ongoing fears and repercussions/
Feeling unsafe/Worry about the future**

While fear was a relatively common feeling amongst the participants while the abuse was happening, for some the fear continued or exacerbated after the intervention. One woman (previously mentioned), who had alternative accommodation felt she could not return to her home. Her other children established a phone network between them to support and protect her from the abusive son.

- “I can’t go back and live in the house because ... [if the son returns] goes off his head or something he will come there and he will murder me in the house.” (Older woman)

Some participants worried about the abuse reoccurring. One woman who left the state still feared running into her daughter when she visits her son who lives interstate in a disability care home. An older man was concerned about the possibility of having to take his son in again in the future and the impact of this on his health.

- “Do I have to take him in again and get sick again’ (Older man)
- “I still don’t trust him 100%” (Older woman)

Ongoing financial concerns

Financial abuse left some participants with outstanding debts, financial hardships or other concerns. The couple whose son ran up debts, one in the mother’s name, worried that the Sheriff would be sent to recover the money, while another feared she may have to sell her house to pay off a bank loan. One woman whose husband (now her ex-husband) and son were both abusive to her now lives alone. She commented that the increased costs of living alone made life more difficult.

- “It was hard on that side, but on the other hand, it’s still harder. Because you’re on your own, you have to survive by, you know, shopping and paying the bills. So heating, I can’t put that on because I can’t afford to pay for the gas and all of that, so you just have to cut down and everything.” (Older woman)

An older woman who got an IVO against her drug addicted and abusive son, requiring him to move out, was asked by the judge if she was able to assist with the costs of the son’s move. She agreed to pay for a moving truck and was incurring ongoing storage fees at the time of the interview; however she intends to address this in the near future.

No change – the abuse continued

There were only three cases where the matter was totally unresolved (social and financial abuse). The case of a women whose son would not go to mediation, another lady who had temporarily reconciled with her daughter and did not take legal action; and a very disappointed participant who won her court case but is still unable to recover her money.

**Did the participant consider
the outcome a success?**

Many of the participants felt the outcome was a success because the intervention achieved its goal. In some cases participants felt the success was easily measured, such as when the perpetrator was required to move out and the abuse stopped, even if there were negative consequences, such as family conflict or a loss of the relationship.

One participant, made the point that the intervention was achieved as the letter SRV sent her son was very good, but because he refused to go to mediation, the overall outcome was not successful. Another participant said the IVO was obtained and the son was removed from the home but that you could not call it a success; a sentiment expressed by others, demonstrating the ongoing ambivalence common among some participants.

This ambivalence was well summarised by the couple whose mentally unwell son absconded interstate to avoid a treatment order. They felt SRV helped them do what they had to do, that is call in the CAT team, otherwise the mother could have ended up in hospital because of the stress. Even though the intervention achieved the goal of removing the son from the home, it was still a no-win situation:

- “I mean we’re in the – well I suppose a no win situation isn’t it, yes the situation here is no longer horribly stressful as it was but we’ve still got the ongoing stress of he is out there and he won’t talk to us... And he’s not talking to his younger sister.”

SRV and other intervention services are very important in ending or alleviating abuse. However, to further improve outcomes for older people, interventions that help address mental health and stress (for the perpetrator and older

person), relationships and other problems in the long term need to be considered.

**Disappointments and what hindered
these outcomes**

Where participants indicated that the outcome was not successful this was often because they were unable or still trying to recover money. For example:

- SRV supported an older woman to take legal action to have money she invested in a property with her daughter returned to her. The woman did not have the required paper work to substantiate her investment (“I probably just handed it over”) so was unable to have any of it returned to her, and considered the intervention a failure.
- An older woman whose adult son moved into her home after his marriage had ended had hoped SRV would find her alternative accommodation and some financial assistance as she was struggling with rent and expenses. SRV offered to assist her with getting an IVO against her son, but she did not want to go down that path. Her son eventually left of his own accord and although she considered the SRV intervention unsuccessful, having SRV to talk to was very supportive.
- One woman wanted a caveat on the abusers property but her financial arrangements (she took out a loan and provided the funds to her daughter) did not make this option viable. The participant still believed this was the right action and the debt is still outstanding, even though she won her court case. This outcome may mean the participant will need to sell her home to repay the bank loan.

Legal costs, temporary reconciliations and wanting to preserve family relationships, health and other family issues, the lack of alternative accommodation for the older person or the perpetrator were additional hindrances to outcomes reported by participants. As was the

“Well I would like him to have had some sort of counselling, some sort of help really and I still like him to have some...”

Older woman

actions of some other organisations, such as a mediator’s letters that referred to court action too soon, the abuser using intervention orders and legal aid (based on “nothing”) to perpetrate more abuse and mental health services limitations and failures.

What could have been done differently?

While many of the interviewees did not think that anything more could have been done or could have been done differently, some participants wished they were able to obtain help for the perpetrator – for them this was the missing piece of the intervention.

Help for the perpetrator

Many participants expressed a desire for a counsellor, psychologist or social worker that could assist their adult child.

- “Well I would like him to have had some sort of counselling, some sort of help really and I still like him to have some...like a social worker, or somebody to talk to him you know that would have been beneficial I think really.” (Older woman)

One participant would have liked a more forceful intervention on behalf of her son and his drug use.

- “I would have liked them [police/courts] to have got hold of [my son] and had him go through some tests just to find out if it’s only the drugs or if there is anything else wrong. ... If it’s the drugs... if he got a judge who thinks he can help them, they might put them in for 3 months into one of the drug rehab places but they need 12 months.
“For the police to talk to them and say: ‘We’ve got to go and have a talk to some people and see what’s going on, why are you so angry, do you need medication, do you need help?’ I suppose I’m being... a mum and wanting the best, but that’s me.” (Older woman)

One woman wished that SRV could have contacted her daughter directly to counsel her about her behaviour.

- For SRV to contact the daughter to “just tell them verbally what’s happening is not right... Like a counselling... to let her know that it is wrong”. ... That that’s not on, and that’s against the law. That’s what’s going to happen if the parents or whoever reported it for the second time. That’s what I think... maybe I’m wrong but I felt left down a little bit... They should have been a little stronger, like “that’s the rule this is what you have to abide”. The husband (also a participant) thought that he was too lenient with the daughter growing up and that is what he could have done differently.

Better legal advice

One participant reported receiving wrong advice from a solicitor when her husband died. The solicitor suggested putting the house in her daughter’s name (who was living in their second house) so it would not affect her pension: “Wrong advice I’d say... I was ill advised. I would have just sold the house”. The participant is now struggling financially due to health costs.

For the bank to have listened

One participant wanted banks to take more notice of parents concern regarding loans to their adult children: “Don’t give my son any money because he can’t pay you back. But they don’t take any notice from people.” (Older man)

Faster processes

One older woman would have liked to have been informed earlier by the domestic violence service that an urgent IVO via the police can be obtained “rather than waiting a week and a half”

Advice

Older person’s advice to other older people

The most common advice participants would provide to other older people facing abuse was to contact SRV and that more people need to know about SRV.

Other advice included:

- Call the police
- Access family violence services, or go to a women’s refuge
- Talk to someone
- Get help immediately; don’t let it drag on; get out as soon as you can.
- Access the court social worker for support if you need to go to court
- Don’t sell your house; give money; or mortgage your home
- Ensure you have the paperwork to substantiate loans and other arrangements
- Think carefully before you go and live with your children and children-in-laws.
- Take full control of your finances, regardless of what your children promise or what they say they will do.
- Take the time to find the right therapist if you’re receiving counselling.

Advice was also provided that related to the older person accepting there was a problem, having courage to take action and being firmer with perpetrators:

- “Be brave!” (Older woman)
- “Be firmer with the person involved, make sure that right from the word go you are very firm, say, ‘You are living in my house, you are to maintain it to a degree and pay me, not necessarily a full rent but pay something’” (Older woman)
- “You’ve got to come to the realisation and acceptance that you do have a problem ...

Because I think it comes down to the personal sort of decision and acceptance that you’ve got to say, ‘Well yeah, it is happening to me and I have actually got to do something even though I don’t really want to do it’ (Older man)

- “Most families, their children are pretty good, but there are some families I know that their children take right advantage of them and they should learn that they mustn’t let them do that.” (Older woman)
- “People have to look after themselves. But you don’t realise it at the time.” (Older woman)

Older person’s advice to services/governments

Participants highlighted the need for more government services to help older people facing abuse, but also wanted services for the perpetrators who often had problems relating to mental health, addiction, and relationship and financial difficulties.

As most participants were not aware of SRV prior to needing their services it was suggested that SRV should be advertised more, and that better ways of reaching older people in abusive situations was needed. Suggestions included GPs, home help agencies and information stalls, with one participant suggesting that more SRV offices were required.

Accommodation

The need for appropriate and affordable accommodation for both older people and perpetrators was an important factor for many participants. As they are often on a limited income (receiving an aged pension, and/or suffering financial abuse) older people found there was a need for short-term accommodation options to escape abuse, as well as affordable long-term options suitable to their circumstance.

Abuse problems were often triggered by adult children not leaving, or returning to, the family home. The participants suggested that affordable accommodation for perpetrators facing hard times or experiencing mental health issues would be beneficial so that family did not have to take them in.

The need for peace of mind was also reported and demonstrates why alternative accommodation is so important (for the older person or perpetrator):

- “I feel at this stage of my life I need to have some peace, I really do.” (Older woman)
- “Anyway I am not happy. I want to find something. I don’t know where but something to live, to have peace and quiet.” (Older woman)

Assistance for perpetrators

Many participants felt there was a need for appropriate and affordable services to help perpetrators experiencing mental health issues, substance abuse problems and gambling addictions. Failures by the mental health system, and health and other professionals, including the courts, to adequately deal with the mental health problems faced by their adult children were highlighted. As one participant noted, “Even though we are parents, we don’t really have any rights, we can’t interfere [to compel an adult son to address mental health issues].”

Participants also highlighted the need for services to assist with family conflict, preferably, with the authority to compel perpetrators to participate in programs, undergo assessment, or step in when there is conflict. In some situations the only option was for older people to call police when faced with an abusive child, which many were reluctant to do for fear of getting their child in trouble. Participants

therefore felt it would be useful for a service that had some authority to make their children address and change their behaviour to avoid abusive situations developing.

Some advice offered included:

- Mental health needs to be “discussed honestly” and more mental health care service need to be available “as it is becoming a bigger and bigger issue.” (Older man)
- To be effective, drug rehabilitation programs need to be twelve-month duration rather than three.
- Drug rehabilitation programs can be prohibitively expensive, and as one man said, “Where the ... hell are we going to get \$30,000 with all these debts [son’s debts]?” This man felt that “someone with authority” is needed who can “control people from keep getting into this mess and trouble”.
- The gambling industry should support rehabilitation services
- Need for someone with authority who can mediate between family members, before the police need to be called in because of a dangerous situation.

Better protection from banks and other organisations to prevent financial abuse

One participant suggested banks and other organisations should get things in writing, and not approve purchases or loans over the phone.

Financial assistance

Other suggestions by one participant included providing assistance for those who are struggling financially (to pay lower prices or borrow money and then “pay off a little bit off on your pension [for example].”

“I feel at this stage of my life I need to have some peace, I really do.”

Older woman

Assistance for older women

One participant suggested there was a need to help women who have been married for a long time and have never been independent.

Increased understanding of elder abuse by health professionals

Two participants referred to GPs being aware of conflict or abuse but not providing adequate referral or assistance. One participant said her GP knew what was going on (abusive husband) but offered no advice and that a social worker “tried to help” but that she does not recall being referred to anyone. Another said that the GP felt the parents were covering up for the oldest son. These stories indicate that training is required by doctors and other health professionals to better handle suspected abuse.

Discussion

These findings are representative of the clients who were prepared to contact SRV, to take action, and to talk to researchers. The experiences of older people not prepared to contact SRV or talk to the project researchers may be different.

This study highlights the important role that Seniors Rights Victoria plays in addressing elder abuse in Victoria. The legal assistance and advocacy support provided by SRV were valued by these older people who have experienced abuse. Participants in the study reported that feeling supported, knowing their story had been listened to and understood, and being provided with options, including the processes, implications and limitations of each option, was an important aspect of being able to take action. For some participants knowing these options were available to them if needed, or when they were prepared to take action, gave them the strength to deal with their situation.

In most situations, clients were happy with SRV's assistance and felt the intervention was necessary to address the abuse. While many of the outcomes of the interventions were positive, and seen by the older people concerned as successful, there were negative and sometimes unintended outcomes. Some participants felt stress and regret at the damage done to their relationship with the abusive perpetrator when action was taken, some continued to feel unsafe, some had to move to new accommodation, and some were faced with further financial difficulties. Some participants also found the legal and financial implications of taking action overwhelming and confusing. Though most felt little could have been done differently, a desire to obtain help for perpetrators with mental health, gambling or other difficulties was often reported. Parental love was strong and often related to the ambivalence older people reported towards outcomes.

A limitation of the current study was the fact that many ex-SRV clients could not be contacted because of safety issues and others did not wish to revisit the abuse. Their stories may have provided a very different perspective to elder abuse, interventions and outcomes. They may have provided additional information about barriers to seeking help and taking action, in particular in cases where the older person is reliant on the perpetrator for care. Although the recruitment strategy was amended to include participants who made two or more calls only two additional people were recruited. The limited services provided by SRV in these instances restricted the depth of the information available in relation to interventions and outcomes. Other limitations included: the lack of more specific questions to probe CALD specific issues or family dynamics prior to the abuse; and the lack of diversity in the CALD participants. For example there were no participants from newly arrived or collectivist cultures.

Awareness-raising

The findings highlight the need for expanding SRV services and improving awareness of SRV. Awareness-raising strategies should not only involve older people but also the services and health professionals they come into contact with. The older people interviewed who spoke to their doctors did not receive the type of support or referral one would have hoped they would have received.

Rights of older people

The rights of older people need to be promoted more widely, not only to seniors but adult children and society generally. Increased economic pressures, such as flexible working hours (longer hours, more part-time and casual work) and higher house prices, coupled with changes in family structures, mean that each

“We knew that we had, you know, like a call, that we can rely on ... that’s probably what kept us going and kept us stronger.”

Older couple

family member needs to understand one another's rights and obligations so that true reciprocity is afforded. Expecting a parent to raise grandchildren or re-mortgage their home does not honour the personhood of the older person and puts them at financial risk at a time when they have no or limited capacity to recover financial losses. Improving communication and conflict resolution skills, promoting better ways of setting boundaries with adult children, and addressing family conflict and disparate views related to care (of older parents and grandchildren, etc.) is needed to ensure the rights of older people are respected.

Supporting services

The experiences of the participants highlight the impact of reduced housing affordability and difficulties accessing adequate mental health services. Many participants felt the perpetrator's behaviour was influenced by external factors such as mental health problems, financial difficulty or other stresses, and it was often these factors that caused the perpetrator to be living in the older person's home. More affordable and appropriate housing options would lessen the impact of adult family members requiring support from elderly parents.

In many cases, the perpetrator was removed from the older person's house, which put an end to the abuse, but the factors that may have been influencing the perpetrator's behaviour were not addressed. To this end, more effective, affordable and integrated mental health and AOD rehabilitation services are required that can provide assessment and treatment for perpetrators. Mental health services also need to establish more effective methods of encouraging perpetrators to seek help and adhere to treatment plans. The use of more mandated treatment orders should be investigated but needs to be done hand-in-

hand with the establishment of more effective engagement practices.

Counselling

Few older people sought treatment to deal with their emotional or psychological trauma following their elder abuse (or other life trauma) although some were still clearly distressed. An important aspect of any intervention is allowing the older person to come to terms with what has happened, and to adjust to changes in circumstances. Encouraging older people to access counselling and psychological support in the community to cope with lost relationships or, if contact is re-established, to provide them with the skills to deal with boundaries, conflict and effective communication, may be one way of continuing to support and empower older people. Although SRV recommend and encourage counselling where appropriate, it is up to the older person to take up the referral. It may assist uptake if this support is offered at different time points during and after the intervention, in acknowledgement that emotions and circumstances change.

Mediation

Only one participant referred to mediation but they were unable to engage the support of the perpetrator. For those not willing to take their adult children to court this may be a more acceptable option. However, mediation in elder abuse situations is relatively new and needs to be evaluated properly (Bagshaw, Adams, Zannettino, & Wendt, 2015; Craig, 1998).

Financial advice

Independent advice to older people considering financial arrangements with children (asset for care or loans, transferring property to children) and the implications of

inheritance decisions is currently provided by SRV and other seniors' organisations. However, older people are generally reluctant to seek out independent advice before a conflict arises as they do not expect their own children to be capable of abusive behaviour. Efforts should be made to increase the likelihood of people accessing independent advice before entering into financial agreements with their children. Financial institutions and the legal profession have a key role in this effort; however, community awareness campaigns may also assist.

Follow-up service

SRV follow up clients by sending a survey every three months after a case is closed. Current discussions with SRV indicate that they are now considering obtaining this information through phone calls. Calls to ex-clients during the recruitment stage of this project led to files being reopened so this seems to be a more appropriate means of identifying ongoing or re-emerging abuse. This ongoing contact may provide the motivation to help older people move to the next stage of wanting to take action or help them maintain their resolve. Therefore follow-up contact by phone is recommended.

Follow-up interviews should include a broader range of intervention outcomes and not only whether the abuse ended or abated. Outcomes, such as improvement in the older person's awareness of their rights and the choices available to them, how supported they felt through the intervention process, and any progress in their resolve to take action are all key outcomes. Negative outcomes also need to be discussed as further action to address these may be necessary, including counselling for clients still dealing with strong emotions.

Recommendations in summary based on the findings

- 1 Expanding SRV services and more targeted awareness-raising of SRV services to older people, service providers and health professionals, especially GPs.
- 2 A review of the legal aid, community legal services, and other legal options, to ensure more affordable options are available to older people facing abuse.
- 3 A review of mental health services, gambling and alcohol and/or other drug services in terms of affordability and availability; and looking at how to improve perpetrator engagement in assessment, services and treatment plans, including court ordered treatments.
- 4 A review of affordable housing options, both short and long term, for all age groups (older person and adult children); including a review of rent assistance policies and programs.
- 5 The establishment of family mediation services to support intergenerational living arrangements, and other arrangements, so that families can create written agreements supported by independent advice.
- 6 There is little available research evaluating elder mediation, more research is required to establish its effectiveness, when and under what circumstances elder mediation is most appropriate and what needs to be put in place to make elder mediation more effective.
- 7 Further research to guide the use of therapeutic interventions, both for the older person and perpetrators, are also needed.
- 8 Greater community awareness about family roles, expectations, boundaries, rights and responsibilities, and managing conflicts and effective communication. Community awareness must also include broader societal issues that include ageism and gender.
- 9 Greater efforts to ensure older people obtain independent advice regarding financial and other arrangements with children is needed. These efforts need to include lawyers, banking institutions, older people and the community more generally.
- 10 For SRV, follow up calls (rather than surveys) at 3 and 6 month, and longer, is recommended to see if the abuse situation has changed because often longer term outcomes are missing in research. Phone contact is also more likely to identify ongoing or re-emerging abuse and phone contact may help motivate the older person to move to the stage where they are prepared to take action.

Conclusion

Addressing elder abuse is greatly complicated when such important relationships are at stake. Participants often reported ambivalence to take action and ambivalence towards outcomes although many positive outcomes were achieved as a result of legal and advocacy services received from SRV and other services. Whilst pleased to be free of abuse, concerns for the perpetrators who were adult children, loss of contact with the perpetrator, and the desire to obtain help for the perpetrator were often expressed by participants.

The findings highlight the importance of legal and advocacy services in addressing elder abuse. This includes the provision of options, and the process, implication and limitation of each option, so that the older person can make an informed decision and choice. Equally important was the support that SRV provided to help them through the intervention process and the many emotions associated with taking action.

An array of interventions is needed to address elder abuse because each case has its own unique features. Non-legal intervention identified by participants included the need for therapeutic interventions (particularly for perpetrators), mediation services, accommodation and financial assistance. Non-legal interventions may help older people seek out help, especially those who fear the consequences or cost of legal action.

The literature related to therapeutic interventions and mediation is particularly limited in relation to elder abuse outcomes. However, therapeutic options offer the potential for healing and addressing family dynamics as older people generally want to preserve their relationship with adult children who are often perpetrators. Counselling can help the older person come to terms with the trauma and the relationship loss that so often occurs but it can also provide relationship counselling, conflict resolution and effective communication skills for the family during the intervention or after contact is re-established. However, uptake of therapeutic options, both for the older person and the perpetrator, needs to be improved. Mediation is a promising alternative to the adversarial legal system but is still relatively new and needs to be refined and tested.

Elder abuse is a human rights issue; each person, regardless of age, has a right to live free from violence and abuse. We need to ensure that adequate services are available that address family or individual risk factors. We also need interventions that address community attitudes that stereotype, devalue, disempower and marginalise older people.

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Appendix

Recruitment

There were 244 closed cases in this timeframe, but 194 of these were not suitable for inclusion due to a variety of reasons.

No. of clients	Reason unable to participate
67	Could no longer be contacted
47	Bendigo clients were discounted from the study because of service limitations; clients received legal advice/services rather than the usual combined model
33	Had very limited contact with the service
18	Had cognitive difficulties
12	Had their case re-opened after contact from SRV (only clients with closed cases were eligible)
9	Deemed unsafe to contact
8	Deceased

Of the 50 clients eligible and able to participate, 36 expressed interest, and 14 declined.

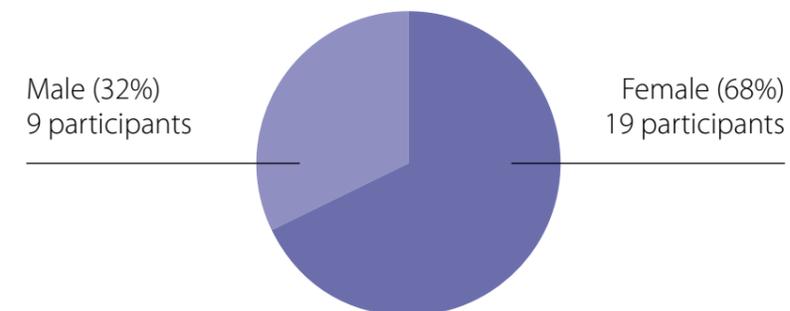
No. of clients	Reasons for declining to participate
4	Wanted to put the incident behind them
4	Had other commitments/were unavailable
3	Unwell
2	Busy
1	Felt participation was unsafe

There were 10 repeat callers (who contacted SRV two or more times) who became eligible for the study after an amendment. Of these, 6 were unable to be contacted and 1 declined to participate (response rate 75%).

A total of 39 participants (including 2 couples) were approached by NARI to participate, and 24 agreed (22 with closed cases, 2 repeat callers).

No. of interested clients	Reasons for declining to participate
4	Wanted to put the incident behind them
4	Had other commitments/were unavailable
3	Thought they were dealing with SRV (rather than a research study)
1	Was confused and unable to consent
1	Uninterested as issue was resolved

Profile of older participants



Age

Mean age was 75 years (SD 5.9; ages ranged from 62 years to 89 years).

Education

No. of participants	Education completed
14	Middle school
6	University
5	High school
3	Primary school

Health

Most participants reported their health to be good (11) or fair (11); 4 reported poor health and 2 excellent health. Even when health was reported to be good a range of health issues were mentioned, including:

- arthritis
- anxiety
- hearing impairment
- blood pressure problems
- macular degeneration
- back pain
- acquired brain injury.

Those reporting fair or poor health mentioned issues including:

- depression
- anxiety
- arthritis
- cancer
- osteoporosis
- glaucoma
- heart conditions
- knee/hip replacement, or stroke that affected mobility.

Background and language

No. of participants	Country of birth
15	Australia (non-Indigenous)
3	Macedonia/former Yugoslavia
2	Greece
3	Malta
1	Pakistan
1	Mauritius
2	England
1	Scotland

While 10 participants were born in non-English speaking countries, they spoke English well (self-reporting: excellent [4], good [4], fair [2]), and an interpreter was used for one interview. One participant declined an interpreter due to privacy issues, and one interview was conducted primarily in English with some Greek used (as the researcher spoke Greek), however, in this instance, both interviewees spoke English well enough to be understood.

Living arrangements

No. of participants	Living arrangement
13	Alone
9	With spouse/partner
3	With adult child/children
2	In separate units on property owned by child
1	Shared separate parts of house with estranged partner

No. of participants	Living arrangement
17	Own privately owned home
4	Private rental
2	Family members' home
2	Retirement village
1	Family estate
1	Partner's home
1	Public housing

Notes

Income

No. of participants	Income
17	Aged, DVA or an overseas pension
7	Part pension, investments, saving or superannuation
3	Superannuation
1	New Start

Profile of perpetrators

While the ages of the perpetrators ranged from 31 to 69, age was not reported for 2 daughters, 2 husbands and 1 daughter-in-law.

No. of participants	Age range
12	40–49
9	50–59
4	30–39
1	60–69

Living arrangements

Most of the perpetrators were living with the participant at the time of the abuse (18); 14 in the older person's home (e.g. because of a marriage break up; they never left home; or while they were building their own home); and 4 in units/granny flats/homes owned by children that the older person contributed to financially in some way (direct funds; had provided a loan; had bought the land; or whose rent contributed to the mortgage).

