



Housing and elder abuse:

How housing has impacted HAAG clients' experiences of elder abuse 2020-24

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Contents

Executive Summary	3
Key findings	4
Recommendations	5
About Housing for the Aged Action Group	6
About Home at Last	6
About this report	7
What is elder abuse? – definitions	8
Findings	11
Demographic characteristics – who experiences elder abuse?	11
Types of abuse and prevalence – what does elder abuse look like?	14
People who cause harm – who commits elder abuse?	17
Housing conditions – where were clients living when presenting?	19
Presenting reasons and outcomes – how did HAAG help clients experiencing elder abuse? ..	22
Elder Abuse and Housing – does housing affect how people experience elder abuse?	27
Discussion	30
Characteristics likely to be associated with clients experiencing elder abuse	30
Types of elder abuse most likely to be perpetrated against HAAG clients	32
The likelihood of clients knowing their person causing harm	34
Connecting presenting reasons and outcomes for clients experiencing elder abuse	37
The impact of housing conditions on shaping experiences of elder abuse	40
Key findings	Error! Bookmark not defined.
Recommendations	Error! Bookmark not defined.
Conclusion	43

Executive Summary

Elder abuse can occur to older adults of any age and in any housing situation.

This report explores the experiences of older people facing housing insecurity who presented to Housing for the Aged Action Group (HAAG) with suspected elder abuse between 2020 and 2024. Drawing on client records and case notes, the report aims to better understand the relationship between housing and elder abuse, how this presented in HAAG clients, and indicators of the circumstances in which elder abuse was likely to occur. The findings highlight that elder abuse is a complex and often hidden issue, particularly when it occurs in familial settings or is exacerbated by housing insecurity and financial hardship, as these drive further dependence on the person(s) causing harm.

Older people presenting to HAAG with experiences of abuse were most likely to be women from culturally and linguistically diverse (CALD) backgrounds, often aged in their early seventies, and living with mobility challenges. Elder abuse was most frequently caused by close family members or others residing in the same household, or property, particularly in situations where the older person was dependent on them for housing or care. Psychological abuse was the most common form identified, often occurring concurrently with financial and physical abuse or neglect. This abuse was sometimes part of broader pattern of coercive control too.

Many clients did not explicitly identify their situation as *elder abuse*, instead indirectly describing behaviours and harms that aligned with it. This reflects both the challenge an older person faces in acknowledging they have experienced abuse and the difficulty of recognising harm within emotionally complex and close relationships. For CALD clients, limited English proficiency and cultural stigma acted as further barriers to disclosure and access to support.

Importantly, **housing emerged as the critical factor in both increasing the risk of elder abuse and as a pathway to escape it.** Insecure and shared housing arrangements, particularly with multiple people within relationships of trust, appeared to heighten vulnerability, while access to secure, affordable housing arrangements allowed older people to leave unsafe environments and regain autonomy – often without jeopardising their relationship with the person causing harm.

Key findings

- Key finding 1:** Culturally and Linguistically Diverse (CALD) clients may be unaware of how to access assistance without relying on family and have additional stigma and shame around disclosing that the people closest to them are the ones who are mistreating them.
- Key finding 2:** Older adults of any age may be at risk of experiencing elder abuse in some aspect of their lives.
- Key finding 3:** The presence of multiple forms of abuse simultaneously suggests that elder abuse can range in severity and could increase when an older person is living with others.
- Key finding 4:** There is likely to be underreporting in the number of clients experiencing elder abuse, due to individual and social barriers that may discourage clients from disclosing, and the ways in which the identification of elder abuse overlaps with family violence.
- Key finding 5:** Family members and other people living on the same property were the most likely to cause harm against an older person and be the source of their elder abuse. This likelihood can increase where an older person is dependent on them for housing and care.
- Key finding 6:** Elder abuse that emerges from close relationships (e.g. parent-child) and occurs with more than one person causing harm, can leave older people trapped in patterns of abuse and make it difficult for them to plan their exit of these relationships.
- Key finding 7:** External factors, such as housing insecurity and financial hardship, and overlapping issues can create opportunities for elder abuse to occur within the home and contribute to its prevalence.
- Key finding 8:** Housing represents a crucial pathway for older people to escape elder abuse. It allows them to remove themselves from the abusive environment, while preserving their relationship to the person(s) causing harm.
- Key finding 9:** Elder abuse may be underreported by clients as they themselves may unknowingly obscure the elder abuse they experience behind other terms.
- Key finding 10:** There is no single response to solving elder abuse. Housing and other like services can support older people in various ways to achieve autonomy, safety, and housing stability without direct intervention.
- Key finding 11:** Different housing conditions alone do not determine risk as elder abuse can occur in any home and to any older person.

Key finding 12: Older people are likely to have been living with the person(s) who caused harm when the elder abuse occurred, either in the same home or property.

Key finding 13: ‘Living with others’ and ‘living with family members’ may be stronger indicators of risk of elder abuse as these are the conditions in which it is more likely to occur.

Recommendations

Recommendation 1: Provide culturally appropriate community education to raise awareness of elder abuse, and to reduce stigma. This should include recognition of the negative connotations and misunderstanding of the term ‘elder abuse’, and appropriate terminology that better reflects the understanding of the community and encourages older people to seek help.

Recommendation 2: Further examination of HAAG’s client data to examine any key differences between the circumstances and demographics of those experiencing elder abuse compared to those who are not, to identify potential risk factors and early intervention opportunities.

Recommendation 3: Provision of professional education to the family violence and homelessness sectors on the unique ways in which elder abuse presents, so that older people are more visible.

Recommendation 4: To most effectively identify elder abuse, a combination of both MARAM and elder abuse specific screening instruments, using sensitive questioning, should be used by those working with older people.

Recommendation 5: To address elder abuse, the external factors that create opportunities for elder abuse to occur must be addressed, such as financial hardship, housing affordability, and family pressures. This requires a whole of government and sector response.

Recommendation 6: Improved recognition amongst policy makers, funders and the sector of the link between elder abuse and unsuitable housing, and that providing housing prevents elder abuse. Most clients were more concerned with obtaining suitable housing for themselves or their adult children than seeking redress, law enforcement or support for the mistreatment they are experiencing.

Recommendation 7: Investment in more public and community housing to ensure older people (and their adult children) have affordable housing alternatives. Without these alternatives, older people remain trapped in cycles of abuse and unsafe conditions.

About Housing for the Aged Action Group

Housing for the Aged Action Group (HAAG) is a member-based, community organisation specialising in the housing needs of older people. HAAG has over 900 members across Australia actively working towards housing justice. Established over 40 years ago as a grassroots movement, HAAG has developed a robust service delivery arm in Victoria, and has a strong presence in advocacy for older people experiencing housing and homelessness related issues across Australia. HAAG works with older people through community engagement, community education and advocacy to achieve systemic change and housing justice.

HAAG has an early intervention and prevention approach to homelessness and actively campaigns for a society where older people have safe, secure and affordable housing that supports the right to age in place. HAAG campaigns for better regulation of community housing, retirement housing and tenancy through alliance building, networking and joint advocacy. HAAG recognises housing as a public health issue, influencing health, family violence and abuse, and educational outcomes.

About Home at Last

Home at Last (HAL) is HAAG's unique specialist housing service for older people, providing information, support, and advice to over 1,800 older people a year.

This includes:

- Statewide Information and Referral: providing support to older people about housing options, as well as referrals to housing support and other services.
- Outreach Case Management Support: providing assistance to older people on low incomes who are experiencing, or at risk of, homelessness to access long-term affordable housing (mainly social housing). This includes assistance with housing applications, support during the move, establishing a new home and referrals into aged care and other supports.
- Retirement Housing Advice and Advocacy: providing specialist information, support and advocacy for people interested in, or living in, retirement housing. This includes lower cost retirement villages, residential parks, rental villages and caravan parks.
- Care Finders: providing assistance to older people to navigate the aged care system and register for aged care services

About this report

The purpose of this report is to better understand the relationship between housing and elder abuse, how this presented in HAAG clients, the impact of living conditions on heightening an older person's risk of experiencing elder abuse, and the circumstances in which the elder abuse occurred. A key focus of this report was also to examine the different characteristics of affected individuals and their relationship to those who caused harm against them.

The data examined in this report was drawn from client records and case notes of clients who presented to HAAG's *Home at Last* (HAL) service from 2020 to 2024. Firstly, a preliminary list of clients was extracted of HAL clients who had recorded elder abuse on their file. This list was then refined according to clients whose experiences were consistent with definitions of elder abuse. Notes on clients' files were then analysed to identify and extract details pertaining to the elder abuse they experienced, who caused the harm, and with whom clients were living. Finally, data from the client records and case notes were examined to produce the findings of this report.

While it is beyond the scope of this report to comparatively examine how the potential risk factors identified in this report compare to clients who had no recorded experience of elder abuse in this period, the findings of this report are important to illuminate how elder abuse manifests in older people facing housing insecurity.

What is elder abuse? – definitions

What is elder abuse?

In line with the World Health Organisation¹ and Seniors Rights Victoria², this report adopts the following definition for elder abuse:

Elder abuse is any form of violence or mistreatment that causes harm or distress to an older person and occurs within a relationship of trust. This includes single, repeated acts, or lack of appropriate action.

Abuse may occur as a result of ignorance or negligence, or it may be deliberate. Some forms of elder abuse are criminal acts, i.e., sexual and physical abuse. Abuse is typically carried out by family members, in particular adult children, upon whom the older person is dependent for care and/or accommodation.

What types of abuse are considered elder abuse?

The Draft National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034³, published by the Attorney-General's Department defines five main types of abuse. These are:

Psychological Abuse	<p>An act that causes emotional pain or injury to an older person.</p> <p>This includes threatening or insulting a person, shouting or screaming, acts of humiliation or disrespect, controlling behaviours such as isolating a person from their social contacts or normal activities and supports.</p> <p>Deliberately withholding affection to cause harm, such as <i>grandparent alienation</i>, as well as other acts consistent with verbal abuse.</p>
Financial Abuse	<p>The misuse or theft of an older person's money or assets, including exploitation to obtain access to them.</p> <p>Examples include accessing and using an older person's finances without permission, using a legal document such as an enduring power of attorney for purposes outside for which it was established, withholding care for financial gain, pressuring an older person into a disadvantageous financial position, and selling or transferring property against their wishes.</p>
Physical Abuse	<p>Acts that inflict physical pain, injury, or force (or the fear of any of these things), or physical restraint of an older person.</p>

¹ World Health Organisation. (2002). *The Toronto declaration on the global prevention of elder abuse*. https://eapon.ca/wp-content/uploads/2021/09/toronto_declaration_en.pdf

² Seniors Rights Victoria. (2018). *Elder Abuse as Family Violence*. <https://seniorsrights.org.au/wp-content/uploads/2021/03/2018May1PolicyEAFamilyViolenceDiscussionPaper.pdf>

³ Council of Attorney-General's (2024), *Draft National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034*. Australian Government. <https://consultations.ag.gov.au/families-and-marriage/eamop/>

	<p>This includes, but is not limited to, physical violence, hitting, pushing, kicking, locking an older person in a room or intentionally putting them in a position they are unable to get out of.</p> <p>The misuse of prescription medication or other drugs used to control an older person's behaviour, sometimes referred to as chemical abuse, are also included.</p>
Neglect	<p>Neglect refers to the failure of a person to meet the needs of an older person where they have a responsibility to do so. It can be physical, emotional, passive, or deliberate, and may result from individual acts or systemic issues.</p> <p>Examples include denying an older person access to medical attention or care, not providing adequate food or drink, unmet hygiene needs (e.g. assistance with bathing), unmet physical needs (e.g. withholding walking frame), refusing to allow others to provide appropriate care and support, or abandonment of an older person with insufficient care or support.</p>
Sexual Abuse	<p>Any sexual behaviour inflicted on a person without their consent. This includes inappropriate as well as <i>non</i>-contacts of a sexual nature.</p> <p>Examples include any non-consensual sexual contact, language or behaviour, enforced nudity, rough or inappropriate handling of genital care, exposure to pornography, or any act that makes the person feel uncomfortable about their body, gender identity, or sexuality.</p> <p>This can also include sexual harassment or acts of sexual violence, such as sexual assault.</p>

This report includes an additional category of elder abuse, identified through client case notes. In cases where clients used general terms and descriptions to describe behaviours and situations that were consistent with elder abuse but provided no specific indicators as to the sub-type of elder abuse, these have been categorised under '*Nonspecific*' elder abuse.

Why 'elder abuse'?

It is important to note that, within the *Draft National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034*⁴, the term 'abuse and mistreatment of older people' is adopted instead of 'elder abuse' as this term may carry different meaning and significance for First Nations People and those in certain culturally and linguistically diverse communities. Likewise, some older people may use the terms 'disrespect' or 'mistreatment' to describe behaviour that is abusive and violent.

However, the term 'elder abuse' remains used as a commonly used term among many specialist services, organisations, and in the community. Similarly, client records, internal reporting and policies within HAAG continue to adopt this term. Hence, for the purposes of this report, the term 'elder abuse' will be used.

⁴ Council of Attorney-General's (2024), *Draft National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034*. Australian Government. <https://consultations.ag.gov.au/families-and-marriage/eamop/>

Who is a 'person causing harm'?

The *Draft National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034* adopts the term '*person causing harm*' instead of '*perpetrator*' to acknowledge that elder abuse can be intentional or unintentional, and may result from systemic issues. This reflects the complexity of elder abuse, where harm often occurs within close or family relationships, where in some cases the people causing harm have experienced abuse themselves.

This term avoids the shame or stigma that may come from acknowledging the elder abuse, helps preserve relationships where appropriate, and focuses on the *harm* caused, rather than the intent. The aim of using this term is to support people to recognise that elder abuse may occur in any context and setting, without dismissing the seriousness or accountability involved. The term 'person' or 'people causing harm' is hence adopted throughout this report.

How is elder abuse different to family violence?

Under the *Family Violence Protection Act 2008 (Vic)*, elder abuse is defined as a distinct form of family violence, with unique causes and characteristics.

As defined by Seniors Rights Victoria⁵, *Family Violence* refers to violence, power, and coercive control exercised over another person to cause humiliation, harm and distress. This includes a range of abusive and violent behaviours that are physical, psychological, social, sexual, and/or financial. It can occur within close and extended family relationships, or within family-like and unpaid carer relationships. The most common form of family violence is intimate-partner violence by men against women, which is driven by gender inequality.

In contrast, elder abuse is any form of violence or mistreatment that causes harm to an **older person** and occurs **within any relationships of trust**, occurring most often with the family or a domestic setting. Elder abuse is often **intergenerational** and perpetrated by an adult child against their parent. Some older women may be particularly vulnerable to this form of abuse due to previous or ongoing experience of intimate partner violence.

⁵ Seniors Rights Victoria. (2018). *Elder Abuse as Family Violence*. <https://seniorsrights.org.au/wp-content/uploads/2021/03/2018May1PolicyEAFamilyViolenceDiscussionPaper.pdf>

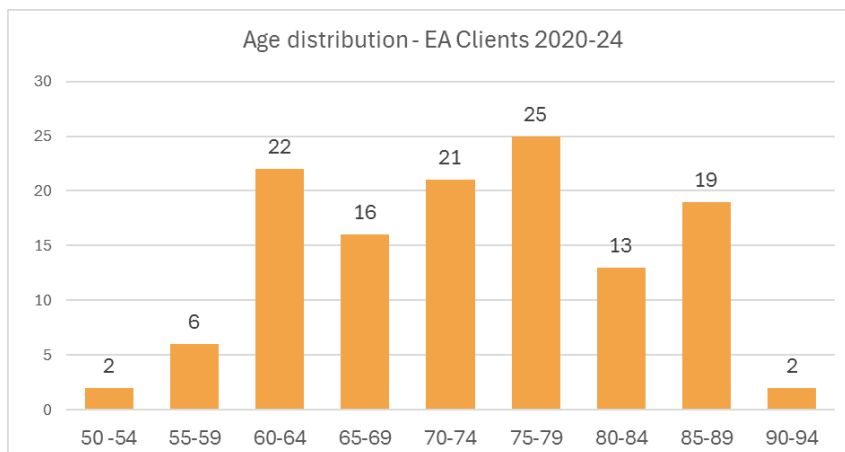
Findings

Demographic characteristics – who experiences elder abuse?

Age

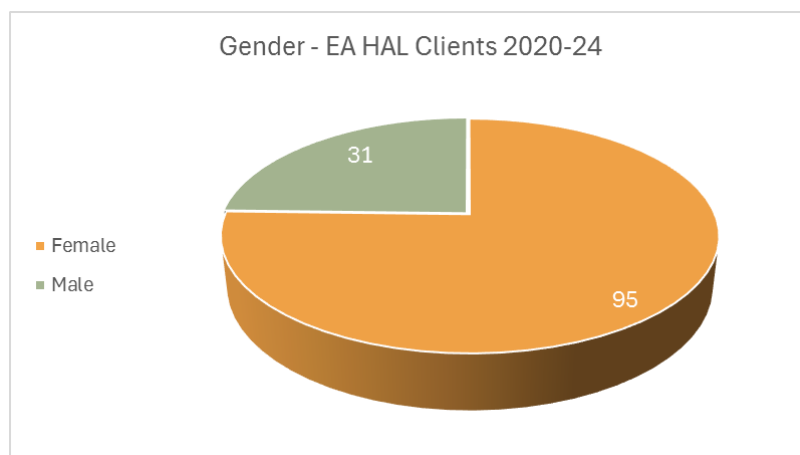
The age of clients presenting with elder abuse between 2020 and 2024 was widely distributed.

Client's ages ranged from as young as 52 to 94 years of age. Clients were, on average 73 years of age. The majority of the clients with recorded elder abuse were between the ages of 60 to 89, with few clients recorded outside this age range⁶ (n=8).



Gender

The majority of HAAG's clients experiencing elder abuse were women. **Female clients made up 75% (n=95) of clients experiencing elder abuse** whereas male clients accounted for 25% (n=31) of this demographic. Women hence face a higher risk of experiencing any form of elder abuse. There were no clients who self-identified beyond these gender identities⁷.



⁶ In the years 2020 to 2024, of the clients experiencing elder abuse eight were recorded as being between 50 to 59 years of age, and only two were reported being between 90 to 94 years of age.

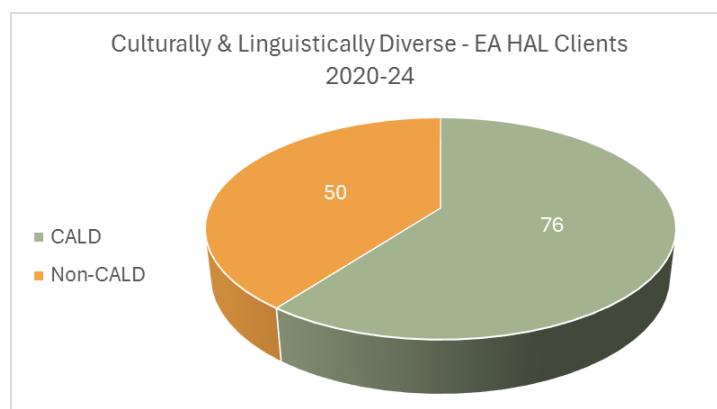
⁷ This may be due to a variety of factors that cannot be explained using this dataset alone.

Culturally and linguistically diverse clients

The prevalence of elder abuse was higher for clients of culturally and linguistically diverse (CALD) backgrounds than for those born in Australia. Approximately two-thirds (n=76) of clients with experience of elder abuse were of CALD backgrounds, while the rest were Australian-born (n=50) and predominantly spoke English at home.

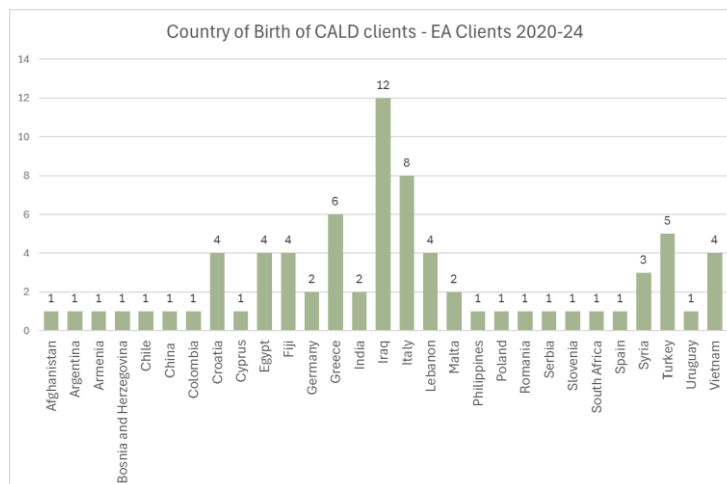
CALD clients were of numerous different countries and spoke a variety of languages from across the world. Between 2020 and 2024, these clients were recorded to be **from at least 29 countries**, with the highest number of clients being from Iraq, Italy, and Greece, followed by Croatia, Cyprus, and Vietnam⁸. Additionally, CALD clients experiencing elder abuse in this period spoke at least 22 different languages, outside of English. The most common languages spoken at home by CALD clients were Arabic, Assyrian Neo-Aramaic, Italian, and Turkish.

More than half of these CALD clients (n=43) reported low levels of English proficiency, while 46 needed an interpreter while accessing the HAL service⁹. Based on the client case notes, many CALD clients in this group were supported by either a friend, family member, or sometimes an external support worker to interpret for them and contact the HAL service on their behalf due to their limited English.



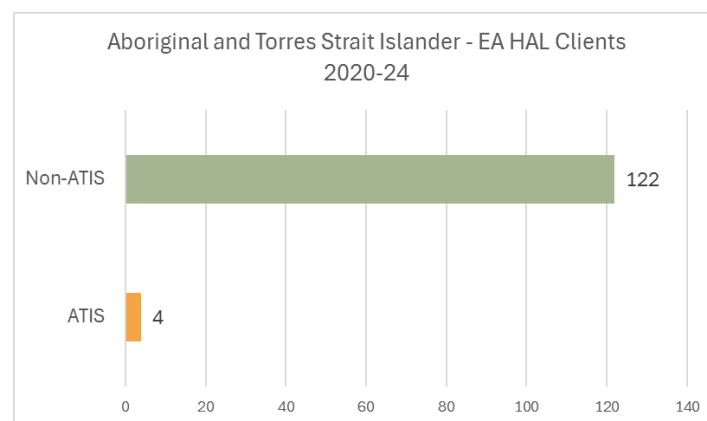
⁸ There were at least four clients recorded as being from each of these countries.

⁹ All clients who reported 'Not at all' [16] and 'Not well' [27], and [3] who reported 'Well' in English proficiency reported needing an interpreter



Aboriginal & Torres Strait Islander clients

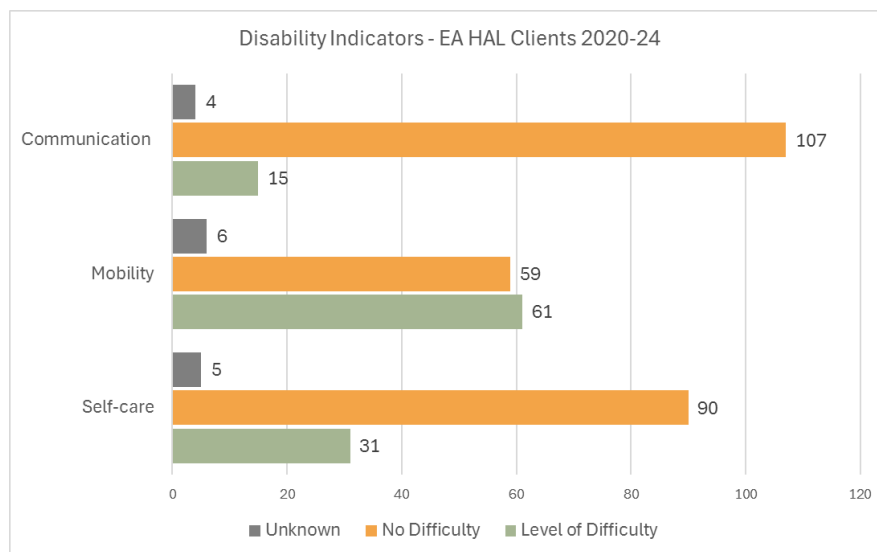
Clients who were recorded as being Aboriginal and Torres Strait Islander constituted a small number of HAAG clients experiencing elder abuse. There were just four clients who recorded having Aboriginal and Torres Strait Islander background. Of these clients, three were women of Aboriginal descent while one client was a man of *both* Aboriginal and Torres Strait Islander background.



Disability indicators

Clients experiencing elder abuse **were likely to be facing some level of difficulty with their health in terms of needing support or using aids to manage a health condition or disability**. 74 clients recorded some level of difficulty in either *self-care*, *mobility*, or *communication* indicators. Clients were likely to experience varying levels of difficulty across at least two indicators. Most of these clients reported needing various supports (i.e. aids, equipment and medication) to manage difficulties in their *self-care* and *mobility*, whereas 15 were actively needing support to *communicate* because of pre-existing disability or condition.

Although 52 clients reported '*No difficulty*' across each disability indicator, 16 of these clients nonetheless reported having 'poor' health and six reported having a prior mental health diagnosis. Hence, some clients may face difficulty in other aspects of their health that is not comprehensively captured by these indicators alone.



Types of abuse and prevalence – what does elder abuse look like?

Types of abuse

Elder abuse includes a wide range of abusive behaviours and mistreatment. HAAG clients experienced a range of abuses to varying degrees of severity. Based on the client case notes, elder abuse occurred within five main subtypes: 1) psychological or verbal abuse, 2) financial abuse, 3) physical abuse, 4) neglect, and 5) nonspecific abuse.

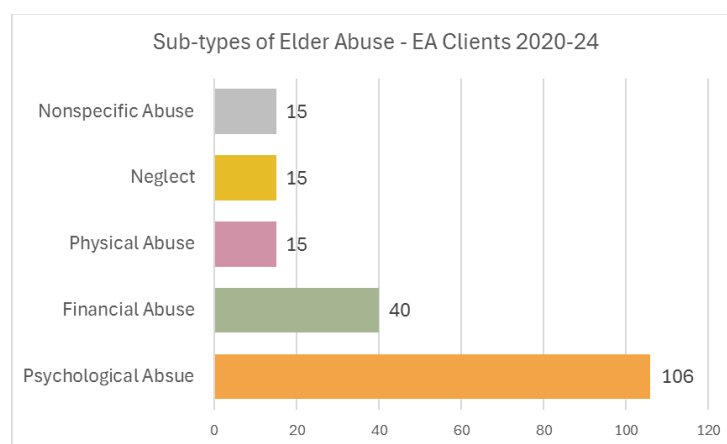
The most common subtypes of elder abuse described by clients in period were **psychological abuse and financial abuse**, which was often experienced in conjunction with other subtypes of abuse. Of the 126 elder abuse clients, **the majority (n=106) had experienced some form of psychological or verbal abuse**. Clients described being belittled, shouted or scream at, socially isolated from others, coerced to do things they were unwilling to do (e.g. clean the house every day, restricted to parts of the home), threatened to be 'kicked out' or made homeless, and made to feel invisible.

A significant number of clients (n=40) **also described being financially abused** by the person causing harm(s). These clients described having their income or pension taken away by the person causing harm, being forced to pay excessive rent that they could not reasonably afford, forced to pay rent without being placed on the lease, and being manipulated or threatened to financially support the person causing harm.

At least 15 clients described experiences of **physical abuse**, and 15 clients experienced **deliberate neglect**. Clients who were victims of physical abuse described being physically assaulted, pushed, hit, confined to their room or sections of the home, and being placed in a living situation against their will. In contrast, those experiencing neglect described the person causing harm deliberately ignoring their physical health or medical needs, creating conditions where it is especially difficult for the

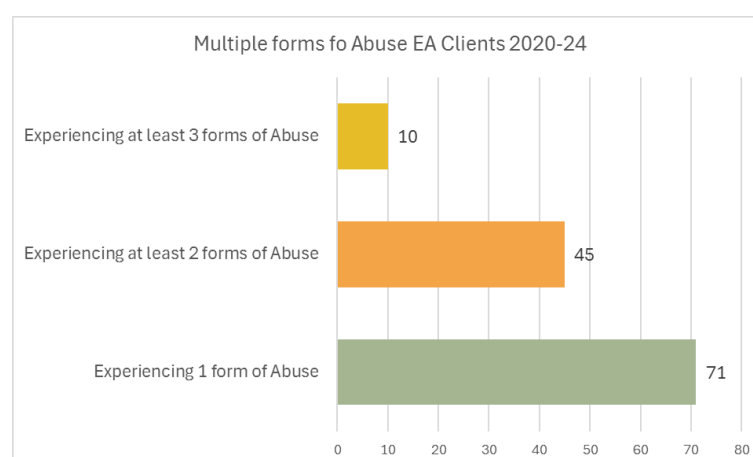
client to get help, failing to address client's concerns or to maintain safe conditions for the client to live in. Physical abuse and neglect were rarely experienced in isolation and were mostly described being in conjunction with other forms of abuse. Only one client in this period described experiencing neglect alone.

In some cases, it is not possible to derive the specific form of abuse experienced by the client. There were 15 such cases where either the clients or their support worker indicated they had experienced some form of either elder abuse, family violence, or domestic violence but did not disclose further details about it. For the purposes of this report, these have been categorised into the '*nonspecific abuse*' subtype. There were no clients who described experiencing elder abuse in the form of sexual abuse during this period, although this is another potential subtype.



Prevalence of multiple forms of abuse

Among the 126 HAAG clients who experienced elder abuse, a significant portion (44%) **experienced multiple forms of abuse**, often describing **psychological abuse in conjunction with other subtypes**.



45 clients experienced at least two forms of abuse simultaneously. These clients described psychological abuse in conjunction with either financial abuse ($n = 27$), neglect ($n = 12$) or physical abuse ($n = 6$). Additionally, 10 clients experienced at least three forms of abuse, similarly reporting

psychological abuse in conjunction with a combination of either financial and physical abuse (n =8), financial abuse and neglect, and physical abuse and neglect (n=1).

The remaining 71 clients (56%) described experiencing at least one form of elder abuse only, with minimal overlap with other subtypes. Psychological abuse was the most common form of abuse experienced by these clients, with 51 having experienced it in isolation. 15 clients described experiences of elder abuse broadly, or *nonspecific*, while one client experienced neglect and four experienced financial abuse alone.

The table below provides a comprehensive breakdown of the multiple forms of abuse described by clients when presenting to HAAG.

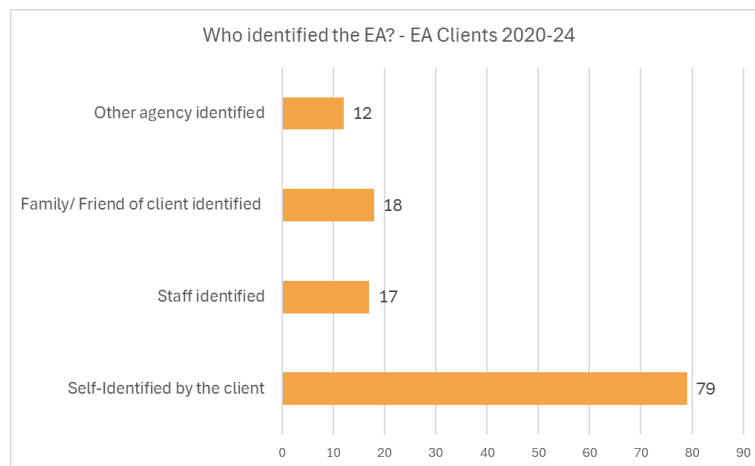
Prevalence	Number of Clients	Specific Type	Number of Clients	% of total
Reported experiencing one (1) form of abuse	71	Psychological Abuse	51	56.35%
		Financial Abuse	4	
		Physical Abuse	0	
		Neglect	1	
		Nonspecific	15	
		Sexual Abuse	0	
Reported experiencing at least two (2) forms of abuse	45	Psychological & Financial	27	35.71%
		Psychological & Neglect	12	
		Psychological & Physical	6	
Reported experiencing at least three (3) forms of abuse	10	Psychological & Financial & Physical	8	7.94%
		Psychological & Financial & Neglect	1	
		Psychological & Physical & Neglect	1	
Total(s)			126	99.99%

Identifying elder abuse

Elder abuse was often self-disclosed by clients to HAAG intake workers when they described their experience at home and their reason for contacting the HAL service. There were 79 cases in which clients were recorded to have personally identified the abuse, while in 17 cases this was identified by the intake worker. To identify the abuse clients may have used explicit terms, such as ‘verbal abuse’ and ‘abusive’, but most described a situation that made them feel unsafe and unwelcome and was distressing for them.

It is important to note that the difference between self-identified and staff-identified elder abuse may be unclear as staff may make inferences from what the client has shared or ask probing questions that prompt the client to disclose.

In 18 cases, elder abuse was identified by family members or friends who were calling HAAG on behalf of the clients or were supporting the client by interpreting for them. There were 12 cases in which the abuse was identified by another agency or social workers, often on referral to HAAG.



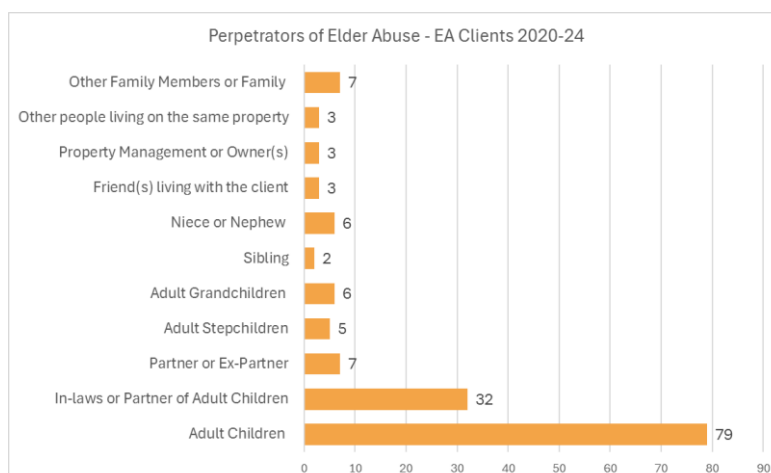
People who cause harm – who commits elder abuse?

Sources of abuse by relationship

The people causing harm for HAAG's clients are **predominantly from *within* the client's family**, most commonly immediate family members related to the client.

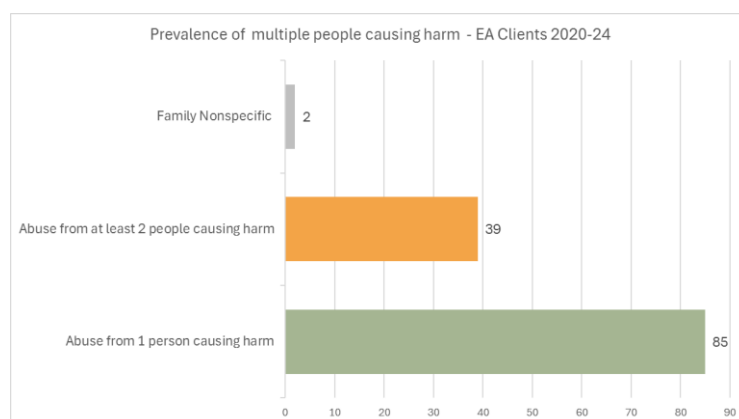
Adult children, specifically, represented the largest group of people causing harm, accounting for more than half of all reported sources of abuse (n=79). In particular, adult sons accounted for the highest number of people causing harm (n=44), followed by adult daughters (n = 34) and (ex)partners (e.g. husband or wife) of the client (n=7). Adult stepchildren (n=5), adult grandchildren (n=6), and siblings of the client (n=2) were also reported.

Additionally, extended family also represent a large number of people causing harm. There were 32 cases in which either a daughter in law (n=14), son in law (n=12), or their adult children's partner (n=6) were sources of elder abuse. Nieces, nephews, and 'family' or other extended family members have also been identified as sources of abuse in 13 cases. There were only nine instances in which abuse was not caused by a family member. In these cases, the people causing harm were either friends living with the client, other people living on the same property, or were property management or owners.



Prevalence of clients experiencing elder abuse from multiple people causing harm

Many clients **endured elder abuse from multiple people simultaneously**. While the majority of clients described experiencing abuse from an individual person (n=85), 39 clients experienced abuse from multiple people simultaneously, most of whom were **family members who were living with the client**.



These were most likely to be adult children (i.e. sons and daughters), and adult children and their partners (n=21). There were also 12 cases in which clients described abuse from multiple immediate and extended relatives. Beyond the family, there were four cases in which multiple people causing harm were living on the same property as the client or were part of the management, and one case in which the person causing harm were explicitly friends the client was living with. There were two cases where the clients described the abuse as being caused by 'family' without specifying who this was explicitly.

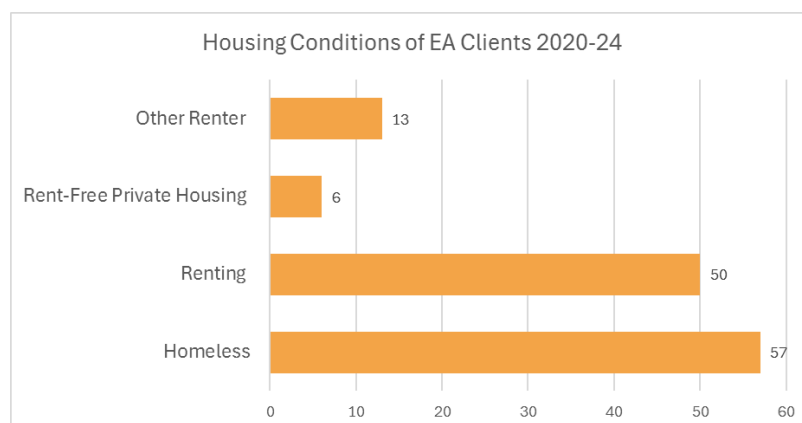
The table below provides a comprehensive breakdown of the multiple people causing harm described by clients when presenting to HAAG.

Prevalence	Number of Clients	Specific Relationship to Client	Number of Clients	% of total
Reported experiencing abuse from (1) person causing harm	85	Adult Child	52	67.46%
		In-law or Partner of Adult Child	18	
		Ex-Partner	3	
		Adult Grandchild	6	
		Sibling	1	
		Niece or Nephew	1	
		Property Management or Owner(s)	1	
		Other people living on the same property	1	
		Friend	2	
Reported experiencing abuse from at least (2) people causing harm	39	Adult Children	9	30.95%
		Son & DIL	5	
		Daughter & SIL	6	
		Adult Stepchildren	2	
		Friends	1	
		Family (Various)	12	
		Other	4	
Family nonspecific	2	'Family' nonspecific (no further details provided)	2	1.59%
Total(s)			126	99.92%

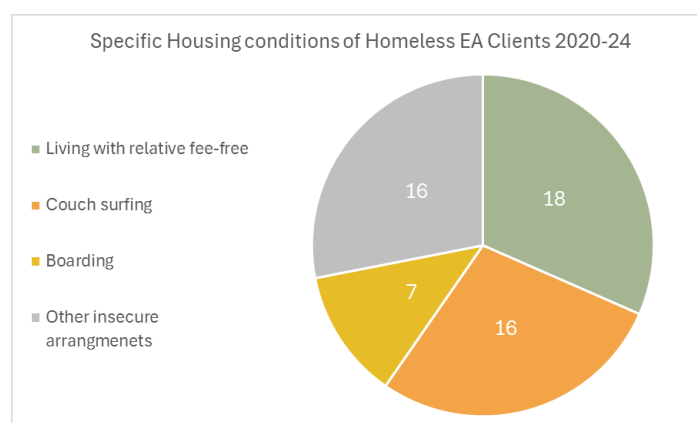
Housing conditions – where were clients living when presenting?

Housing conditions when presenting to HAAG

The majority of clients presenting to HAAG with elder abuse were **facing insecure housing arrangements**. These arrangements varied across four main housing categories: homeless, renting, rent-free private housing, and other renter, which includes alternative or informal housing arrangements.

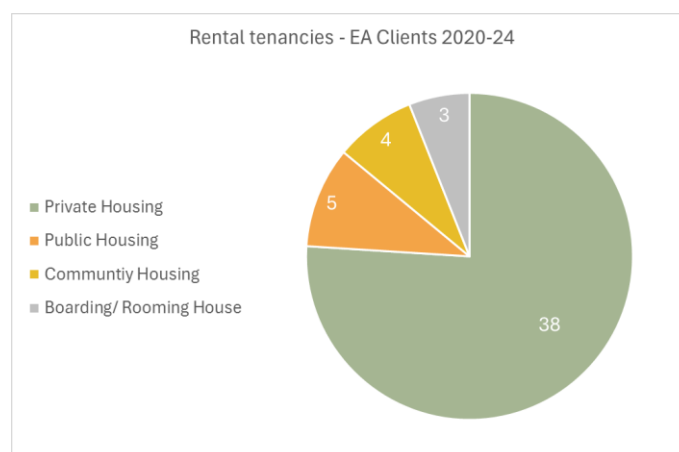


The largest housing category, with the highest number of recorded elder abuse clients, was '*no tenure*' (n=57). **These are clients who would be otherwise be considered *homeless***. Clients in this category were staying temporarily with relatives for free (n=18), couch surfing (n=16), boarding or in rooming houses (i.e. sharing with others) (n=7), or were in other insecure housing conditions that put them at high risk (n=16). Insecure conditions described by clients include rough sleeping in their car, staying briefly between friends' or relatives' homes, living in a caravan park or garage, and had nowhere to go after their discharge from hospital or their emergency accommodation. One client in this category described being placed in an aged care facility against their will and having all their belongings sold by the person causing harm, forcing them to stay there.



Rental tenancies represented the second largest housing category recorded by clients experiencing elder abuse (n=50). There were four categories of renters according to the housing they were in: private housing, public housing, community housing, and boarding or rooming housing. Renters in

private housing were the largest group of renters (n=38), followed by those in public housing (n=5), community housing (n=4), and finally those in boarding housing (n=3). While most of these clients were in leased tenures and were nominated on the lease (n=41), there were some who were paying rent but were not officially on the lease (n=5) and others were boarding without a lease (n=3). Based on client case notes, many clients renting in private housing described struggling with the costs of rent, strained relationships with those they lived with, and many felt pressured by others in the same home to leave the property. However, clients feared that doing so would make them homeless as they could not afford to rent alone.

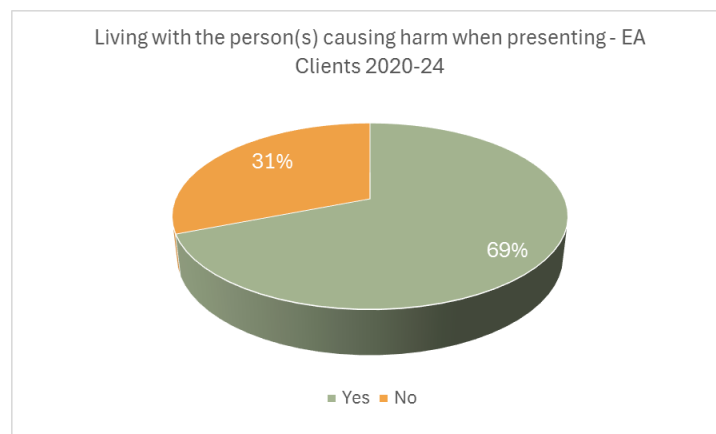


Six clients were **living in private housing rent-free**. Each of these clients had been living with a relative in the same home or property but these conditions had become unsuitable and unsafe for the clients. For instance, one client was living in overcrowded conditions and was forced to sleep in the laundry room of their daughter's home after their son, who they were previously living with, became abusive. Similarly, two clients were staying with a friend free of charge after being forced to leave their previous home. In one case the client moved to their son's home after their other son had become abusive and threatening yet they continued paying mortgage on the home where that son was.

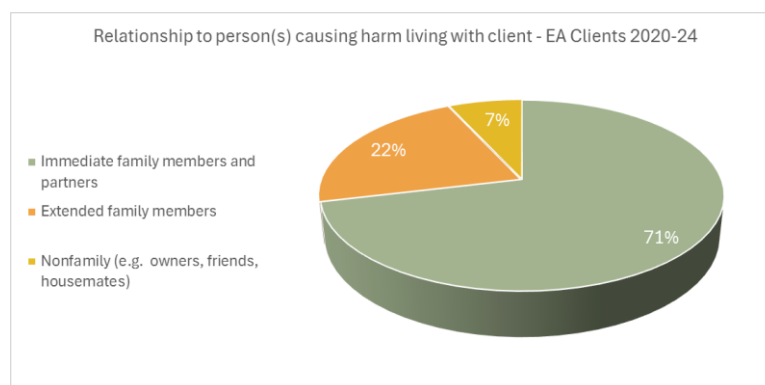
The final housing category, 'other renters' refers to 13 clients who were in a **variety of insecure and unstable housing conditions**. There were clients who were living and paying rent or board on a property owned or rented by someone known to them (e.g. house/flat, caravan, granny flat). Often this was the property of relative or friend. This category also includes clients who had their income and pension unwillingly seized by a person causing harm to pay rent or board, those felt pressured to continue paying rent for a private property they no longer resided in, and clients who were in residential aged care but were no longer wanting to live there. Some clients in this category also described themselves as being homeless.

Clients living with the person(s) causing harm(s)

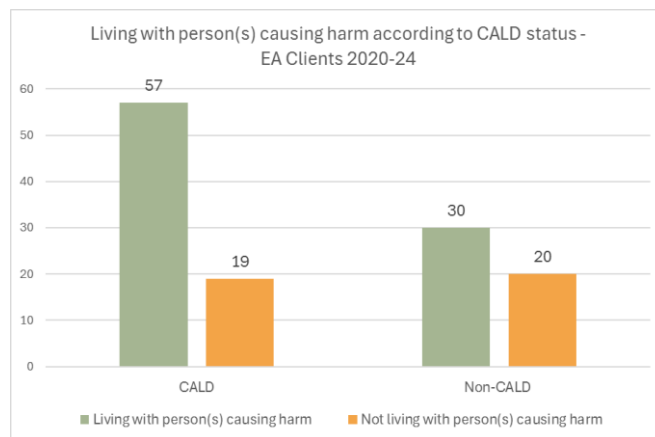
Most clients presenting to HAAG experiencing elder abuse had lived with the person causing harm at some point, indicating a high level of housing-related risk and lack of alternative accommodation. Two-thirds of clients (n=87) were living with the person causing harm while presenting to HAAG, whereas the remaining third of clients (n=39) were not actively living with them but many had been prior to contacting the HAL service.



Of those who were living with the person causing harm, 74 were in the same home, eight were on the same property, and five were temporarily living with them, during the period of assistance provided by HAAG. In terms of client's relationship to the person causing harm, the majority of these people were the client's immediate family and partners (n=62), followed by extended family members (n=19), and then either friends, housemates, or owners (n=6) that were living with the client.



Clients of CALD backgrounds, when compared to non-CALD clients, were more likely to be actively living with the person causing harms. Of the 76 CALD clients, 75% were living with the person causing harm (n=57) while contacting the HAL service while 25% were not (n=19) when presenting. In comparison of the 50 non-CALD clients, 60% were living with the person causing harm (n=30) and 40% were not living with them while presenting (n=20).

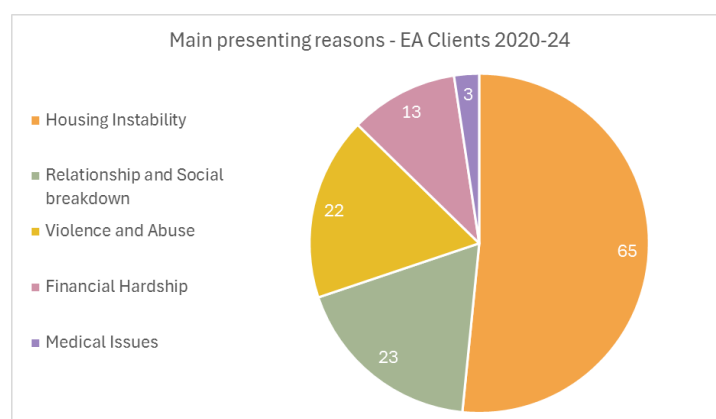


In total, there were 39 who had *not* lived with the person causing harm at any point while presenting to HAAG. Of these, 28 clients had previously lived with the person causing harm before contacting the HAL service, while two were living on properties owned by the person causing harm, and one was living on the same property with shared facilities but living in separate unit. Only eight of the 126 clients did not describe having lived with the person causing harm previously or while presenting.

Presenting reasons and outcomes – how did HAAG help clients experiencing elder abuse?

Main presenting reasons for contacting HAAG

Clients who reported elder abuse sought assistance from HAAG in response to a range of issues related to their housing, safety, and financial difficulties. The main reasons for clients contacting HAAG varied over five categories: housing instability; financial hardship; relationship and social breakdown; violence and abuse; and medical issues.



Between 2020 and 2024, 65 clients presented to HAAG needing **urgent help with housing instability**, representing almost 52% of elder abuse clients in this period. Clients in this category were facing housing crisis (n=33), inadequate or inappropriate dwelling conditions (n=29), their previous accommodation had ended (n=2) or were in insecure housing (n=1). Housing Instability featured

prominently as the main reason for presenting for all clients, irrespective of housing conditions. Of the 65 clients in this category, 29 were homeless, 24 were renting, four were living rent-free in private housing, and eight were in other insecure arrangements. Clients across each housing category were most likely to be facing housing instability in terms of housing crisis (e.g. eviction) and inadequate or inappropriate dwelling conditions.

Both **relationship and social breakdown, and violence and abuse** were similarly reported as the primary reason for which clients contacted HAAG. 23 clients needed assistance following a relationship and social breakdown, of which 20 were facing a relationship/family breakdown specifically, while three had a lack of family and/or community support. In terms of housing, 13 clients in this category that were homeless, seven clients who were renting, and three who were in other housing arrangements. Comparatively, homeless clients (23%) and those in other arrangements (23%) were more likely than those renting (14%) to report a breakdown as their main reason for contacting HAAG as their living conditions were often a direct result of the breakdown.

Additionally, there were 22 clients who presented to HAAG needing urgent assistance because of the **violence and abuse they were facing**. In this category, 18 clients reported domestic and family violence, three elder abuse, and one client described non-family violence as their main reasons for presenting. Most clients to report violence and abuse issues as their primary presenting reason were homeless, representing 14 of the 22 clients. Of the remaining clients in this category, six were renting and two were living rent-free in private housing.

The categories **financial hardship, and medical issues** were reported as main presenting reasons to a lesser extent. 13 clients needed help due to financial hardship, of which 10 were in housing affordability stress (i.e. spending more than 30% of their income on housing costs) and three were experiencing financial difficulty (e.g. depleted savings, in debt). Clients who were renting represented the largest proportion of clients in this category, representing 11 of the 13 clients. In contrast, there was just one homeless client and one client in other housing arrangements who cited this as their main reason for contacting HAAG. There was only one client who was in other housing arrangements that described medical issues as their primary reason for reaching out to HAAG.

Importantly, while all 126 clients were facing some form of elder abuse and mistreatment, clients described contacting HAAG's HAL service and needing urgent help across a range of reasons that would help them get out of their abusive situation, even if elder abuse explicitly was not their main reason.

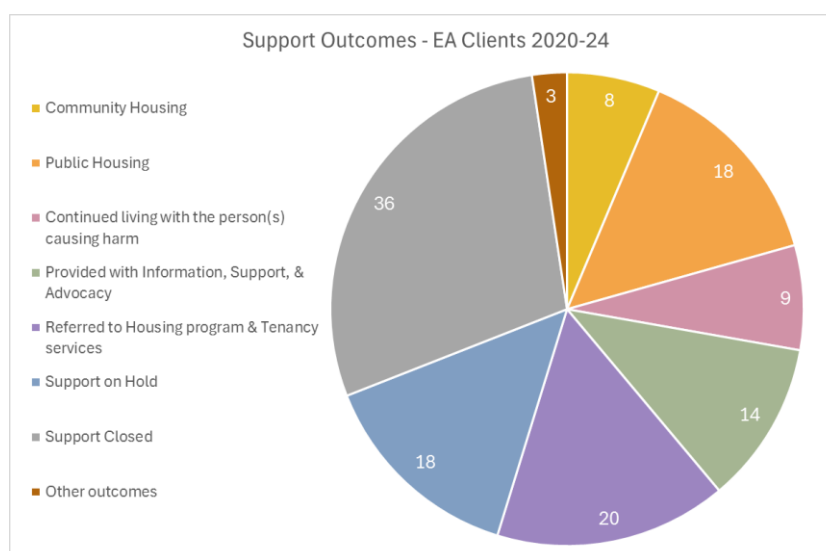
The table below provides an overview of the main presenting reasons elder abuse clients presented to HAAG, organised according to group categories and specific reasons.

Main presenting reasons	Number of Clients	Specific Reasons	Number of Clients	% of total
Housing Instability	65	Housing crisis (e.g. eviction)	33	51.59%
		Inadequate or inappropriate dwelling conditions	29	
		Previous accommodation ended	2	
		Other – Insecure Housing	1	
Relationship and Social breakdown	23	Relationship/ family breakdown	20	18.25%
		Lack of family and/ or community support	3	
Violence and Abuse	22	Domestic and Family violence	18	17.46%
		Non-family violence	1	
		Other – Elder Abuse	3	
Financial Hardship	13	Financial difficulties	3	10.31%
		Housing affordability stress	10	
Medical Issues	3	Medical Issues	3	2.38%
Total(s)			126	99.99%

Outcomes for clients after getting assistance from HAAG

On completion of assistance from HAAG's HAL service, or upon the client's final contact with HAAG, clients had numerous different outcomes as they were supported according to their diverse needs. There were eight broad outcomes for clients who had experienced elder abuse related to the help that they received through the HAL service:

1. Secured community housing
2. Secured public housing
3. Continued to live with the person(s) causing harm
4. Provided with information, support and advocacy
5. Referred to housing program providers and tenancy services
6. Support on hold
7. Support closed
8. Other outcomes.



Between 2020 and 2024, HAAG helped 26 clients secure social housing either through public housing (n=18) or community housing (n=8). In many of these cases HAAG supported clients with the costs of moving in and provided financial assistance by purchasing essential white goods, furniture, and temporary storage. There were 15 homeless clients who successfully secured housing, 11 moved into public housing while four secured community housing dwellings. Clients who were renting accounted for nine of these clients, with six securing public housing and three securing community housing. There were also two clients who were in other living arrangements that secured social housing. Of these clients, 16 had presented to HAAG for housing instability issues while five had presented because of relationship and social breakdowns, while the remaining five clients had presented for other reasons.

HAL workers also supported 20 clients to maintain and secure private rental housing by referring them to appropriate housing program providers and tenancy services. These include the Private Rental Access Program (n=11), Tenancy Plus support program (n=2), and HAAG's Tenancy and Retirement Service (n=2). Workers often liaised and followed up with program providers to ensure clients got the help they needed.

While all clients are provided with a range of information and support by HAL intake workers, there were 14 cases in which this was the only support provided to clients. In many of these cases, clients were only seeking advice or were needing specific information to enable them to make informed choices about their housing. In some cases, clients were ineligible for further assistance due to their assets level or visa status however staff nonetheless provided advice for further action. HAL workers assisted clients to navigate and prepare their Victorian Housing Register application, provided clear information regarding retirement and aged care services, provided tenancy advice and advocacy where needed, and clarified the My Aged Care referral process. Additionally, there were three clients who were advised to continue with their existing social worker through other housing services as they already had a primary service provider.

There were 18 clients who had their support on hold and had not yet secured housing. Five of these clients were actively receiving support and were awaiting initial assessment by an outreach worker. In contrast, there were 13 clients' who were awaiting public housing offers (n=8), allocation of a HAL worker (n=2) or were yet to provide their HAL worker further directions on what they wanted to do with their housing (n=3).

Over the course of this period, there were nine clients who continued living with the people causing harm(s), even after receiving some assistance through the HAL service. While four clients described that their relationship and living situation with the person causing harm had improved over the period that they were in contact with HAAG, there were three cases in which clients continued living with the person causing harm as they could not sustainably or physically live independently or were unable to afford alternative housing. In the remaining two cases the client either made no further contact with HAAG or were no longer interested in public housing and hence continued living at the same property. Notably, six clients within this group had presented to HAAG as they were needing help due to either domestic and family violence, and relationship and social breakdown, yet they nevertheless continued living with the person causing harms of the elder abuse.

Finally, there were 36 clients whose support was closed. These clients had predominantly presented to HAAG needing assistance with housing instability (n=20), followed by those who needed urgent support with violence and abuse (n=7), relationship and social breakdown (n=5), and financial hardship (n=4). Among these cases, 12 clients made no further contact with HAL workers, five declined offers for public housing, three were overseas for an extended period, one client was placed into permanent aged care, and three clients passed away. There were also three clients who were getting housing support from other service providers. Of those who had their file closed, nine clients were no longer at risk of homelessness. These clients had often come to an agreement to live with other relatives, had found a private rental property for themselves, or they were able to continue living in their home after the person causing harms had left the property, as was the case for three clients. Subsequently, the support period for these clients expired and their cases were closed as they did not seek further assistance from HAAG with their housing.

The table below provides an overview of the primary outcomes elder abuse clients presented to HAAG, with specific outcomes grouped into the eight main categories:

Main Outcomes	Number of Clients	Specific outcomes	Number of Clients	% of total
Community Housing	8	Successfully moved in & provided financial assistance with essential goods/ moving/ storage	8	6.35%
Public Housing	18	Successfully moved in & provided financial assistance with essential goods/ moving/ storage	18	14.29%
Continued living with the person(s) causing harm	9	Client unable to live independently	2	7.14%
		Housing situation improved	4	
		Unable to find alternative housing	1	
		Living with perpetrator – no further contact	1	
		Client no longer interested in public housing	1	
Provided with Information, Support & Advocacy	14	Includes: VHR eligibility & application support, Tenancy support & advocacy, Retirement & Aged care service info., MAC & referral processes etc.	14	10.31%
Referred to Housing program provider & Tenancy services	20	Referred to Private Rental Access Program provider	11	15.87%
		Referred to Care Finder via another provider	1	
		Referred to HAAG Aged Care Navigator pilot program	1	
		Referred to HAAG Tenancy & Retirement Team	2	
		Referred to Housing Support Service	2	
		Referred to Private Rental Access Program provider	1	
		Referred to Tenancy Plus support program	2	
Support on Hold	18	Awaiting outreach assessment or ongoing support	5	14.29%
		Awaiting Housing offer	8	
		Awaiting further contact from client	3	
		Awaiting allocation of HAL worker	2	
Support Closed	36	Client no longer at risk of homelessness	9	28.57%
		No further contact from client	12	
		Client rejected offers for Public Housing	5	
		Client getting housing support from other provider(s)	3	
		Client in permanent care	1	
		Client overseas for extended time	3	
		Client passed away	3	
		Continued with <i>existing</i> Assistance with Care Housing program provider	2	
Other outcomes	3	Continue with <i>existing</i> My Aged Care Case Coordinator	1	3.17%
Total(s)			126	99.98%

Elder Abuse and Housing – does housing affect how people experience elder abuse?

This section examines the relationship between clients' housing conditions, the type of elder abuse they experienced, the prevalence of multiple people causing harm, and likelihood of living with the person causing harm(s). The aim of this is to analyse whether different housing conditions change how clients experienced elder abuse. The section is organised according to the four primary housing categories: homeless, renting, rent-free private housing, and other renting arrangements.

The relationship between homelessness and elder abuse

57 clients had described themselves as being homeless, holding no tenure and living in insecure, unsuitable dwellings. The majority of clients who were experiencing homelessness had lived with the person causing harm at some point (n=53), and 39 were still living with them. The people causing harm were almost entirely individuals who were within the client's immediate or extended family. There were only four cases in which the person causing harm were described as not being within this circle and were either friends, a housemate, or a client's late partner's family. About a third of these clients were experiencing abuse from multiple people causing harm (17 of 57), 11 of which were actively living with them while presenting to HAAG.

Most of the clients in this situation, 48 of the 57 clients, had described having experienced some form of psychological or verbal abuse while presenting to HAAG. 22 clients who reported experiencing psychological abuse in isolation, while 26 clients described experiencing this form of abuse in conjunction with either financial abuse (n=14), neglect (n=5), or physical abuse (n=3). Four clients were identified as having experienced at least three forms of abuse simultaneously – psychological abuse in addition to both financial and physical abuses. Alternatively, of the nine clients who did not describe any particular form of psychological abuse, two clients were experiencing financial abuse and seven reported elder abuse generally, using non-specific descriptors

The relationship between renting and elder abuse

50 clients were renting - in private, public, and community housing, or were boarding and sharing housing facilities with others. 36 of these clients were living with the person causing. In many cases of renting clients living with the person causing harms (n=26), this was someone from the client's family with whom the client was living with. There were seven cases in which the person causing harm was either their daughter's partner, a landlord, or other tenants that were on the same property as the client. Similarly, about a third of renting clients (n=14) were experiencing harm from multiple people, most of which (n=12) were living with these people while presenting to HAAG.

Notably, within this category many clients remained in unsafe situations as they could not afford to go anywhere else. The majority of clients who were renting in private housing (n=38) described facing financial hardship and housing instability as their main reasons for presenting to HAAG (n=28).

In many of these cases, clients described spending the bulk of their income on rent that was unsustainable and unaffordable for them to continue paying alone, forcing them to continue living with people who cause harm, in order to manage rent and living costs. Though 32 clients in this group were nominated on the lease, they remained powerless within their home.

Clients in stable housing conditions also remained at risk of elder abuse. Within this category, four clients were in community housing, one who was living on the same property as the person causing harm. There were five clients in public housing when presenting, all of which were living either in the same home or property as the person causing harm.

A large portion of these clients, 41 of 50, had experienced some form of psychological abuse while presenting to HAAG. While 22 clients described experiencing this type of abuse in isolation, 15 clients described experiencing it simultaneously with financial abuse (n=8), negligence (n=6), and physical abuse (n=1). There were four clients who had experienced multiple forms of abuse simultaneously. Of these clients, three had described experiencing financial and physical abuse in addition to psychological abuse, while one client described neglect as a third form of abuse instead of physical abuse. There were nine renting clients who did not describe psychological abuse specifically but instead described experiencing elder abuse and mistreatment generally (n=7), or either financial abuse (n=1), and negligence (n=1) in isolation.

The relationship between rent-free private housing and elder abuse

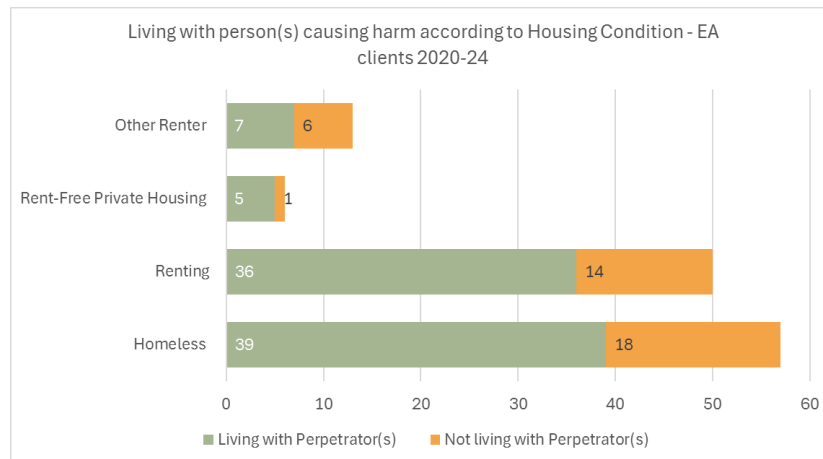
Of the 126 clients who had experienced elder abuse, six were living rent-free in private housing. Almost all clients who were living rent-free with their relatives (n=5) had been living with the person causing harm while presenting to HAAG, with the exception of one client who had done so prior to contacting HAAG. In each case, the person causing harms was related to the client. These were either adult children (n=4) or were the client's daughter-in-law (n=2).

All clients in this category had experienced psychological or verbal abuse. Half of these clients (n=3) described experiencing this form abuse in isolation, while two clients described it co-occurring with financial abuse, and one described it alongside physical abuse. Among the clients in this category, only one client reported experiencing abuse from multiple people causing harm in comparison to five clients who had described a single person causing the elder abuse they had experienced.

The relationship between other renting arrangements and elder abuse

There were 13 clients who were living in alternative renting arrangements who had described experiencing elder abuse. 10 clients in these housing conditions had lived with the person causing harm at some point, while seven were actively doing so while contacting HAAG. The majority of people causing harm for clients in this category were directly related to the client (n=11), except for two cases in which the person causing harm were friends or their daughter's partner. Two-thirds of clients in these arrangements (n=8) were experiencing abuse from multiple people causing harm, four who were actively living with the client while four clients had previously lived with the person causing harms (n=3) or were living on property owned by them (n=1).

All but two clients (n=11) in these housing conditions had experienced psychological abuse while presenting to HAAG. Of these clients four had describe experiencing psychological abuse in isolation while others reported it in conjunction with other sub-types of abuse. These includes psychological abuse in addition to financial abuse (n=3), physical abuse (n=1), and neglect (n=1). Two clients had simultaneously experienced three forms of abuse: psychological and financial abuse with either physical abuse (n=1) or neglect (n=1). Only one client described elder abuse as financial abuse in isolation while one client did not report the abuse in detail, making only non-specific references to elder abuse.



Discussion

This section draws together key findings from the data to explore how elder abuse manifests among clients who sought support from HAAG between 2020 and 2024. It focuses on the characteristics commonly associated with clients experiencing elder abuse, the types of abuse they reported and the relationships they had with the person causing harm. It also examines how housing conditions influenced both the likelihood, and the nature of the abuse clients experienced, and how these conditions affected clients' ability to seek help or exit unsafe situations. Finally, the discussion section considers the connection between the reasons clients initially present to HAAG and the outcomes they achieved, highlighting how housing support can act as both a protective factor and a pathway out of abuse. Each subsection considers various, but interrelated, dimensions of these experiences, contributing to a nuanced understanding of elder abuse through the lens of housing insecurity and precarity.

Characteristics likely to be associated with clients experiencing elder abuse

This section explores the demographic characteristics that appear to be most commonly associated with clients who reported experiencing elder abuse, based on patterns observed in the client data.

Clients experiencing elder abuse were most to be **older women of culturally and linguistically diverse backgrounds, aged in their mid-60s to late 80s**, and likely had **some level of difficulty with their mobility**.

Within this sample, **women** were about **three-times more likely than older men to present to HAAG with experiences of elder abuse**. This is consistent with broader patterns in family, domestic, and sexual violence where women are disproportionately affected as victims of abuse.

The proportion of clients from **CALD backgrounds** experiencing elder abuse is the same as the proportion of HAAG clients overall who are from CALD backgrounds (60% in both cases). This reflects HAAG's work over the past ten years with culturally diverse communities, bilingual educators and ethno-specific services to produce information, establish regular CALD community engagement initiatives, and to work closely with interpreter services to reach older people in communities who would otherwise have no housing support in their first language.

Clients from **CALD backgrounds often relied on family members, friends, or support workers to access the HAL service**, and they frequently reported low levels of English proficiency. This reliance on others, particularly family members, may limit the kind of support they are able to access, especially given that close family members are most likely to be person causing harm, and in some cases, clients are dependent on people who are causing them harm.

However, these findings do not by any means suggest that certain migrant or cultural communities are more likely to commit elder abuse than the broader population. Instead, they are to be interpreted as recognition that elder abuse can occur within a range of different cultural contexts.

Subsequently, it is important to not infer the actions of certain individuals as a reflection of broader cultural values, attitudes, or communities but rather as a reflection of the wider systemic pattern of abuse committed against vulnerable older people.

Nonetheless, it underscores the **importance of maintaining culturally safe and accessible services** that ensure CALD clients have equal opportunities and the autonomy to get housing assistance independently, as well as the importance of culturally appropriate community education. The success of HAAG's community engagement highlights the need for further investment into targeted language resources and programs.

Key finding 1: CALD clients may be unaware of how to access assistance without relying on family and have **additional stigma and shame around disclosing** that the people closest to them are the ones who are mistreating them.

Recommendation 1: Provide culturally appropriate community education to raise awareness of elder abuse, and to reduce stigma. This should include recognition of the negative connotations and misunderstanding of the term 'elder abuse', and appropriate terminology that better reflects the understanding of the community and encourages older people to seek help.

Interestingly, the demographic data suggests that **vulnerability to elder abuse does not necessarily increase with age**. Rather, older adults across a range of ages may be at risk of experiencing elder abuse in some aspect of their lives. The average age of clients experiencing elder abuse, in conjunction with other demographic characteristics, is not significantly different from the broader client group reported in previous years. This suggests that other factors, such as social relationship or housing conditions, may play a stronger role in predisposing individuals to elder abuse. Subsequently, a further comparative examination between clients with and without a recorded experience of elder abuse may be useful to understanding the impact that certain characteristics have on increasingly clients' vulnerability to elder abuse.

Key finding 2: Older adults of any age may be at risk of experiencing elder abuse in some aspect of their lives.

Recommendation 2: Further examination of HAAG's client data to examine any key differences between the circumstances and demographics of those experiencing elder abuse compared to those who are not, to identify potential risk factors and early intervention opportunities.

Case study 1

Farida* is a CALD woman in her mid-70's who only speaks a language other than English, and who has complex health needs, including needing a wheelchair and assistance with most activities of daily living. Farida was living with her adult son. She had purchased a home for him using her life savings, with the understanding that he would care for her as she aged. However, her son completely neglected her. She had been confined to bed as he had cancelled all her external care

supports. He also did not allow her to seek medical treatment, controlled all her finances and communication with the outside world. She said she felt like 'a prisoner'.

Farida was connected to support services through a friend, and after many challenges due to language and physical barriers, elder abuse and her fearfulness of her son, Farida was able to access respite care while a more permanent housing option was found. Unfortunately, most housing options were not physically accessible and did not allow modifications for her mobility needs.

After advocacy from her case workers, Farida moved into a fully accessible modified and accessible unit in a suburb with appropriate cultural and community supports and was close to her medical services. Farida now lives independently, with a home care package in place, and her health has significantly improved.

**Name has been changed, and the person's consent was obtained to share the story*

Types of elder abuse most likely to be perpetrated against HAAG clients

This section explores the types of abuse most commonly experienced by HAAG clients, their prevalence, and client's self-disclosure of these abuses occurring. Elder abuse is complex as it encompasses a range of abusive and harmful behaviours perpetrated those an older person trusts or is living with.

Elder abuse is most likely to manifest in **the form of psychological and verbal abuse**. The majority of clients presenting to HAAG with elder abuse had experienced some form of psychological abuse, such as threats and intimidation, coercive control, social isolation, shouting and screaming, and belittling. This remained consistent as the highest reported form of abuse across housing conditions. While some clients described experiencing this form of abuse alone, it is likely that **psychological abuse co-occurred simultaneously with other types of elder abuse, such as financial abuse, neglect, and physical abuse, irrespective of housing**. For example, some clients may be verbally threatened and manipulated to surrender their income to a person causing harm or may be isolated from others and have their health needs ignored by those they were living with. This highlights the **complexity of elder abuse and its multidimensional nature**.

Patterns of abuse may also **strongly indicate the presence of coercive control**, whereby people causing harm try to control an older person through various patterns of harm. For example, some clients were threatened with being 'kicked out' of their home or were subject to daily intimidation such as belittling, shouting, or even physical pushing. These tactics often put pressure on clients to surrender their pension or income to the person causing harm and increased their dependency on them, thereby keeping them trapped in the home and in their relationship with the person who causing harm. Subsequently, **patterns of abusive behaviour may keep vulnerable clients from seeking alternative housing for fear of becoming homeless or having no other affordable options**.

Key finding 3: The **presence of multiple forms of abuse simultaneously** suggests that elder abuse can **range in severity** and **increases when an older person is living with others**.

Case study 2

Diana* is a CALD woman in her mid-70s with various long-term health conditions, at high risk of homelessness due to patterns abuse and mistreatment in the home. Diana was living with her stepsons in a property previously owned by her deceased husband. When Diana's husband passed away, her stepsons took over the property and she was left with nothing. In exchange for allowing Diana to temporarily continue living in the same house, Diana was expected to complete all the housework, such as cooking, washing, and cleaning up after all the family and guests. However, due to Diana's deteriorating health, she struggled to complete the housework and could no longer continue doing so.

Diana's stepsons were also increasingly disrespectful and verbally abusive toward her. They did not allow Diana to use any household item or facilities without their permission and threatened to evict her daily. The complete breakdown in their relationship caused a decline in Diana's mental health and she remained isolated in her room.

With advice and support from HAAG workers, in addition to support provided by members of her extended family, Diana was able to successfully secure a public housing unit. To support her transition into her new living arrangements HAAG further assisted Diana by paying some of her rent in advance and purchased essential goods and furniture to help her successfully settle in.

**Name has been changed for anonymity.*

Many HAAG clients did not explicitly describe their situation as 'elder abuse'. This term may carry negative connotations and clients may face stigma, threats to reputation, cultural barriers, and fear of judgement that explain this reluctance. Clients also rarely used explicit terms 'abuse' or 'mistreatment' to describe their situation, despite describing actions and behaviours that aligned with definitions of elder abuse. Only a few clients labelled it as such. This apprehension suggests that other terms, aside from 'elder abuse' could be adopted to indicate its prevalence. As such, there has been opportunity for HAAG to consider how it refers to these experiences.

Supporting clients who may be unable to name their situation as elder abuse is crucial to providing a service that is empathic, respectful and responsive. HAAG workers are skilled at sensitively identifying potential elder abuse and mistreatment, even if clients do not name it as such, and without necessarily using those terms.

Workers assess client safety through the use of sensitive questioning based on the MARAM¹⁰ Screening Tool &/or Brief Adult Risk Assessment,¹¹ such as asking:

- 'Has anyone in your family done something that made you or your children feel unsafe or afraid?'

¹⁰ Multi-Agency Risk Assessment and Management: <https://www.vic.gov.au/maram-practice-guides-and-resources>

¹¹ <https://www.vic.gov.au/maram-practice-guides-and-resources/responsibility-2>

- 'Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?'

These are supplemented by sensitive questions that address the specific context of elder abuse, where the person causing harm is most often a child, a partner of a child, or other family member of a younger generation. This can include questions drawn from elder abuse screening instruments, such as:

- 'Do any of these people threaten you? (E.g. threats with respect to money, property or access to grandchildren?)'
- 'Do any of these people take anything of yours without asking, such as your money (including accessing bank accounts) or valuables?'

Best practice approaches to identifying elder abuse involves combining screening tools from both MARAM and elder abuse specific instruments¹².

Finally, while this data captures a range of clients' experiences with elder abuse, there may be an underreporting of the clients in this demographic. At HAAG, the term family violence is most often used to record intimate partner violence, most often physical abuse, whereas elder abuse is most often used to record abuse occurring at the hands of other family members and encompasses other types of abuse. This is not always consistent in client notes. The intersection between family violence and elder abuse, and the implications for risk assessment, could be further explored.

Key finding 4: There may be an **underreporting in the number of clients experiencing elder abuse**, due to individual and social barriers that may discourage clients from disclosing, and the ways in which the identification of elder abuse overlaps with family violence.

Recommendation 3: Provision of professional education to the family violence and homelessness sectors on the unique ways in which elder abuse presents, so that older people are more visible.

Recommendation 4: To most effectively identify elder abuse, a combination of both MARAM and elder abuse specific screening instruments, using sensitive questioning, should be used by those working with older people.

The likelihood of clients knowing their person causing harm

Understanding the relationship between clients and the person causing harms is important to understanding how elder abuse is experienced and identified. In many cases, the person causing harm is someone known to the client, often an immediate family member of client, which can complicate client's ability to recognise and acknowledge the prevalence of elder abuse. This section explores the implications of relational dynamics, particularly the relationship between clients and their family.

¹² The National Ageing Research Institute Australian Elder Abuse screening instrument (AUSI) has been used to develop questions <https://www.nari.net.au/ausi>

This data suggests that the **people causing harm were most likely to be individuals from the client's immediate and extended family** – typically someone the client knew well or were living with. In many cases, the close nature of these relationships made it difficult for clients to label their experience as elder abuse. Within this sample, several clients identified adult children (e.g. sons, daughters, stepchildren) as the primary person causing harm. This indicates that **immediate family members may pose the greatest risk to clients who are facing insecure housing or homelessness**, especially when the person causing harm is **someone the client is dependent on for care and accommodation**.

Key finding 5: Family members and other people living on the same property were the most likely to cause harm against an older person and be the source of their elder abuse. This likelihood can increase where an older person is dependent on them for housing and care.

Case study 3

Mariella* is a CALD woman in her 70s with a history of complex health issues, from which she continues to recover. Mariella had been living with her son for several months until he became verbally abusive and demanded that she leave their home. She had previously lived with her daughter, but that relationship also became strained, leaving the client without any other family to rely on. Mariella was staying with a friend temporarily but soon moved back in with her son as his behaviour had reportedly improved.

Despite Mariella's health, her son began to verbally abuse and intimidate her again, deteriorating the relationship further. Although Mariella contacted HAAG seeking housing again, she was no longer able to live independently due to her worsening health issues and her need for a live-in carer to assist her. She continued to live with her son.

**Name has been changed for anonymity.*

Clients' relationships with the person causing harm may also **influence how they report and perceive their experiences**. Some clients may hesitate to describe their situation as abusive or as 'elder abuse', for **fear of jeopardising their relationship with a family member**, who is often the person causing harm. In several cases, the abuse was not identified by the client themselves but by others, such as HAL staff, a caseworker or a friend that was mediating contact with HAAG on their behalf. This highlights the reluctance or difficulty many clients have in recognising their experiences as 'elder abuse'.

Notably, clients rarely described themselves or others as 'victims', 'abusers', or 'person who causing harm' when recounting their lived experiences. This suggests that older people may be apprehensive about adopting these terms to describe their situation which can feel stigmatising or conflicting, particularly when the abuse comes from someone close and trusted. Instead, **clients may use descriptive language or other terms when describing their distress, strained relationships, and emotional or verbal conflicts**, instead of explicitly labelling behaviours and experiences as abusive.

Clients who had parent-child relationships with the person causing harm may have found it particularly difficult to acknowledge that they had been harmed by someone so close. These relationships have complex emotional bonds and responsibilities, potentially limiting a client's ability to identify the elder abuse, especially in cases where the person causing harm was also a client's primary carer. Thus, complicating and contributing to client's conflicted feelings about recognising the abuse, let alone the idea of taking steps to report or leave the elder abuse.

Case study 4

Loretta* is a CALD woman in her 80s who was seeking alternative housing for herself after years of living in the laundry room of her daughter's home, in overcrowded conditions. Loretta had previously been living with her son in a property that she owned however, Loretta's son had become a danger to her. He threatened to harm the Loretta on multiple occasions, was abusive toward her, and had escalating mental health and substance abuse issues. Loretta was fearful of her son and had to take legal action to prohibit him from seeing her.

Her son continued living in her property, which she continued making mortgage payments towards even while Loretta herself no longer lived there. Although Loretta had no alternative housing options, she did not want to pursue any action to reclaim her house for fear of her son becoming homeless. To support Loretta in her current housing conditions, she was referred to support from My Aged Care. Despite workers from HAAG and other agencies attempts to contact her, Loretta made no further contact and likely continued living in her daughter's home.

**Name has been changed for anonymity.*

In addition, some clients described **abuse from more than one person causing harm**, often at the hands of more than one adult child and their partners or in-laws. These clients may face prolonged and overlapping patterns of harm. In most cases, the person causing harm was described as being part of clients' family network or social circle, further **limiting who they could turn to for support if they wanted to leave their housing condition**. These clients may require additional attention and support, as addressing elder abuse where there are multiple people causing harms may **involve breaking multiple cycles of abuse simultaneously, which can be emotionally more difficult for clients**.

Key finding 6: Elder abuse that emerges from close relationships (e.g. parent-child) and occurs with more than one person causing harm, can leave older people trapped in patterns of abuse and make it difficult for them to plan their exit of these relationships.

Case study 5

Evelyn* is a CALD woman in her 70s who had been experiencing homelessness and was couch surfing between her daughter and son's homes. While living with her son, daughter in law, and grandchildren, Evelyn faced various types of abuse. Her son was financially abusive, controlling her income, accessing her bank account, and managing her finances against Evelyn's wishes. Her

daughter in law was verbally and emotionally abusing her, making insulting comments toward her, controlling her actions in the home, and intimidating Evelyn at home.

Evelyn spent most of her time shut in her room or at her daughter's home, which is cramped and overcrowded. Through the HAAG HAL service, Evelyn was able to upgrade her application on the Victorian Housing Register. With the support of her daughter and HAAG workers, Evelyn successfully secured and moved into a public housing unit. HAAG also followed up with her additional queries to ensure the unit was appropriate for her needs.

**Name has been changed for anonymity.*

Together, these findings highlight the **deeply emotional and complex dimensions of elder abuse**. Familiarity with the person causing harm, particularly if they are within the same family, can complicate the recognition of elder abuse and make it more difficult for older people to leave unsafe situations. It is important then that **services remain trauma-informed and sensitive to the relationships clients have to with those they live with**, as this can help clients safely navigate these complex dynamics when accessing housing support.

Connecting presenting reasons and outcomes for clients experiencing elder abuse

The analysis in this section is based on insights from observed patterns in clients' presenting issues and outcomes. While presenting reasons reflect the complexity of elder abuse, outcomes highlight HAAG's commitment to providing housing support that meets the needs of clients and highlights potential challenges that arise in addressing elder abuse. Drawing from this comparison, the intersection between client needs, priorities, and limited availability of housing alternatives shapes the outcomes clients achieved through the HAL service.

External factors create opportunities for elder abuse to occur within the home. The majority of clients initially presented to HAAG for help with housing insecurity and financial hardship, which arose from being in housing crisis, affordability stress, or in inadequate and unsafe living conditions. To manage the financial burden of housing, many clients described living with other family members, often adult children to support *them* with housing in exchange for living on the same property. However, in cases where clients described a significant sacrifice of their own savings or income toward supporting others with housing, they themselves were left with limited housing options when the relationship turned abusive. Consequently, close proximity and blurring of the boundaries in relationships of trust, as within family, may create tensions within the home. This may explain why many clients also presented to HAAG because of relationship or social breakdowns ahead of other reasons. **Housing is therefore intricately linked with the reporting of elder abuse.**

Clients experiencing elder abuse also often faced overlapping challenges such as housing instability, financial hardship, and relationship breakdowns. These intersecting issues meant that the support they received, and the outcomes they achieved, varied depending on each client's priorities, the

urgency of their situation, and the availability of suitable housing. For example, financial hardship among renters experiencing housing affordability stress was a significant factor for presenting to HAAG. Many clients in this group were on limited incomes, such as the age pension, making them **highly vulnerable to coercion within the home or housing exploitation**. In such cases, beyond information and support, HAAG assisted these clients with referrals to tenancy services and the provision of aged care services within their homes. In turn, many were able to sustain their tenancy where they were living. However, outcomes for clients were also shaped by structural limitations, including long public housing wait times, program eligibility constraints, and limited HAAG staff available to work with and manage numerous clients. These constraints, at times, limited the support HAAG could offer.

Key finding 7: External factors, such as housing insecurity and financial hardship, **and overlapping issues can create opportunities for elder abuse to occur within the home** and contribute to its prevalence.

Obtaining housing support is a pathway to escaping elder abuse. For many, the immediate priority was to secure alternative housing in order to move away from the person causing harm or to gain greater independence from them. Between 2020 and 2024, HAAG supported 26 clients to secure public or community housing and provided financial support to ensure these clients could easily transition into housing. Additionally, HAAG helped clients avoid homelessness or delay eviction by supporting them through referrals to tenancy and aged care services, giving them time to plan safe exists from abusive conditions. This highlights the way in which safe and stable housing can enable older people to escape abusive situations, rather than addressing the abuse directly through other means.

Key finding 8: Housing represents a crucial pathway for older people to escape elder abuse. It allows them to remove themselves from the abusive environment, while preserving their relationship to the person(s) causing harm.

Recommendation 5: To address elder abuse, the external factors that create opportunities for elder abuse to occur must be addressed, such as financial hardship, housing affordability, and family pressures. This requires a whole of government and sector response.

Case study 6

Naomi* is an Australian-born woman in her 60s who was facing a volatile living situation after moving in with her grandson. Naomi had been previously living alone but decided to live with her grandson to financially support him after he was kicked out of his family's home. Their relationship had deteriorated as her grandson became verbally abusive towards Naomi and she could no longer cope with the abuse. She felt isolated and unsupported by the rest of her family, who did not want to get in between Naomi and her grandson.

Due to her physical health needs, Naomi felt she could no longer continue to afford paying rent and was seeking social housing to be closer to her health providers. Although she was

experiencing abuse, Naomi expressed not wanting to pursue support for family violence and only wanted to leave the unsafe environment she was in. Naomi was successfully referred by HAAG to an Assistance with Care and Housing [now Care Finder] program provider to help her secure housing in an area that matched her needs.

**Name has been changed for anonymity.*

Elder abuse may be hidden behind other presenting reasons. Although there were just three clients who described elder abuse as their main reason for presenting to HAAG, many clients described situations and conditions consistent with elder abuse yet did not frame it in such direct terms. For example, some clients' relationships with those living with them broke down *because* of elder abuse, while in other cases the violence and mistreatment clients experienced was a sign of ongoing elder abuse. As clients often live with and are closely related to the person causing harm, relying on them financially or for care, these intersecting factors may make it difficult for clients to identify their experience as elder abuse.

Key finding 9: Elder abuse may be underreported by clients as they themselves may unknowingly obscure the elder abuse they experience behind other terms.

Housing support without relocation was still meaningful for clients experiencing elder abuse. All clients who presented to HAAG were provided with information, support, and, where appropriate, advocacy to help them make informed decisions about their housing while upholding their right to safe and secure accommodation. While many clients continued with long-term casework, in some cases clients only received informational support, such as guidance with their Victorian Housing Register application and further information regarding different available aged care and housing options. While this level of support may seem limited, it reflects the enabling role of HAAG in empowering older people to make informed decisions and in supporting clients with elder abuse through the early stages of safety planning or eventual disengagement from the person causing harm.

Key finding 10: There is no single response to solving elder abuse. Housing and other like services can support older people in various ways to achieve autonomy, safety, and housing stability without direct intervention.

Case study 7

Renee* is an Australian-born woman in her 80s who was living in a granny flat unit located in the rear of her daughter's house. Renee has a difficult and tense relationship with her daughter and her grandchildren. She feels isolated, and fears that her daughter has turned her grandchildren against her as they rarely speak to her.

Renee had planned to leave her daughter's property over fears she might soon become homeless, but she was unable to secure housing elsewhere as she was over the asset limit for the Victorian Housing Register. Renee continued living in the unit and was provided with information on housing alternatives and contacts of key services to help her with the abuse.

**Name has been changed for anonymity.*

While many clients were supported into safer housing outcomes, 36 client cases were closed without definitive housing solutions. Reasons included loss of contact with the client, refusal of public housing offers, extended overseas travel, death, or client withdrawal from the HAL service. These cases highlight the importance of early and consistent engagement with older clients experiencing elder abuse trauma, mobility limitations, or clients who are uncertain about formal intervention. However, it is encouraging that in at least nine of these cases, clients were no longer at risk of homelessness as they had secured informal housing solutions away from the person causing harm or remained safely in their existing dwellings after the person causing harm left.

There nonetheless remains ongoing risk and structural challenges that place clients at risk of prolonged exposure to elder abuse. The fact that nine clients remained with the person causing harm despite having initially engaged with HAAG's HAL service, indicates that there are other structural and emotional barriers older people face when trying to leave abusive environments. For some of these clients, relationships improved, however, for others, the lack of affordable alternative housing or support made staying with the person causing harm the only viable option. This reflects a broader issue: **without affordable housing even the best-intentioned and flexible housing and elder abuse interventions can fall short.**

The impact of housing conditions on shaping experiences of elder abuse

This section explores how housing conditions can significantly shape and heighten clients' risk of exposure to elder abuse. For all clients in this demographic, **while precarious housing conditions overall increased vulnerability, living with a person causing harm and multiple others in the same home indicated a potential increased likelihood of experiencing elder abuse.**

This data shows that elder abuse is not confined to specific housing arrangements, instead clients reported being in a **range of housing conditions when the elder abuse occurred**. This includes clients who were considered to be 'stable' housing conditions, such as in community and public housing, and those who were facing homelessness or were at high risk of becoming so. Even where clients were living rent-free, the risk of exposure to elder abuse remained. This suggests that elder abuse can occur regardless of what type of housing an older person is living in.

However, **living with others heightens the risk of an older person experiencing elder abuse**. Almost all clients had been living with the person causing harm at some point, and many were actively doing so when presenting to HAAG. Only 8 of the 126 clients in this demographic had not lived with the person causing harm at any point. **Clients who were homeless, renting, and living rent-free were most likely to be living with the person causing harm.** This placed clients in close proximity with the

person causing harm, increasing clients' exposure to prolonged elder abuse as they confronted it daily as a part of their living conditions. As a result of extended exposure to abuse, older people may find it difficult to disclose that they are experiencing some form of elder abuse, let alone safely leave these conditions.

Key finding 11: Different housing conditions alone do not *determine* risk as **elder abuse can occur in any home and to any older person.**

Key finding 12: Older people are likely to have been living with the person(s) who caused harm when the elder abuse occurred, either in the same home or property.

Recommendation 6: Improved recognition amongst policy makers, funders and the sector of the link between elder abuse and unsuitable housing, and that provision of housing prevents elder abuse. Most clients were more concerned with obtaining suitable housing for themselves or their adult children than seeking redress, law enforcement or support for the mistreatment they are experiencing.

Case study 8

Alice* is an Australian-born woman in her 80s facing a complex and precarious living situation, with signs of mental health issues. Alice was living alone in a private rental but was falling behind and struggling to pay rent following her loss of employment. When Alice was employed, she had invested her savings into financially supporting two close relatives but neither had repaid Alice nor expressed being grateful for the she had assistance provided.

Alice's relationship with her relatives is tense as they have acted aggressively, shouted at her, and demanded that Alice continues to pay for their expenses, indicating signs of financial abuse. Alice feels unwilling to speak up for fear of backlash from them, particularly as she still feels responsible for supporting them.

Amidst declining cognitive and mental health, in addition to a worsening financial situation and outstanding arrears, Alice has no option but to move in with her relatives. Although she is extensively supported by social workers from HAAG and another housing program provider, Alice is unable to secure alternative housing due to her needs. She continues living with the people causing her harm.

**Name has been changed for anonymity.*

Living with the person causing harm is often not a choice but is instead out of dependence. Due to the lack of affordable alternatives and high risk of facing homelessness, many clients remained dependent on the person causing harm for housing. In particular, clients renting and in other living arrangements described remaining in unsafe conditions as they were facing financial hardship and could not sustainably afford other options, remained with the person causing harm out of fear of becoming homeless. Additionally, as most clients described some level of difficulty managing their health, it is likely that many clients depended on the person causing harm for care and in other

ways. Hence, many clients remained trapped in a cycle of abuse as they stayed reliant on the person causing harm they lived with.

The number of people an older person lives with may also be a useful risk indicator of elder abuse.

Many clients in insecure housing described living with multiple family members, friends and other tenants in the same home or on a shared property. In these cases, clients were frequently experiencing harm by multiple individuals, to which others in the home were often complicit. The presence of numerous people in the same home may blur household boundaries and create greater opportunities for conflict to arise. This puts these clients at greater risk of experiencing some form of elder abuse from more than one source at the same time.

The risk of abuse can further heighten if these are relationships of trust, such as close family, as older people may feel less inclined to admit that the harmful behaviour this people have inflicted *is* elder abuse. Using 'living with family members' as a potential flag for identifying risk of elder abuse may be a useful indicator for housing services such as HAAG to adopt, rather than simply recording housing conditions alone, particularly if viewed in conjunction with other risk factors such as language barriers.

Key finding 13: 'Living with others' and 'living with family members' may be stronger indicators of risk of elder abuse as these are the conditions in which it is more likely to occur.

Recommendation 7: Investment in more public and community housing to ensure older people (and their adult children) have affordable housing alternatives. Without these alternatives, older people remain trapped in cycles of abuse and unsafe conditions.

Case study 9

Ivan* is a CALD man in his 80s with complex health issues, who was at high risk of becoming homeless due to the abuse he was facing. Ivan was living with his wife and stepdaughter but felt vilified and ostracised as his stepdaughter was financially and emotionally abusing him. She would insult, intimidate, and act aggressively around him, manipulating Ivan's wife to become distant from him too. Ivan also had no control over his income as his stepdaughter was controlling his bank account and deliberately withheld his mail and important information from him to keep him from knowing and seeking help.

As Ivan felt unsafe and humiliated in the home, he spent most of his time alone in his room and rarely slept comfortably until others were asleep. Due to escalating abuse and the potential for his stepdaughter to become violent if Ivan blocked her access to his finances, Ivan worked with HAAG social workers to establish a safety plan and was given the contacts of emergency support services should a situation arise.

With the support of HAAG workers and other members of his family, Ivan was able to secure stable community housing. Ivan was able to settle well into the new arrangements and could

receive the support he needed. He nonetheless remained concerned about his wife's safety, who was still living with the stepdaughter.

**Name has been changed for anonymity.*

Conclusion

This report explored the intersection between elder abuse and housing insecurity among older people accessing HAAG's Home at Last service. It found that elder abuse often occurs within close family relationships and within shared living arrangements, either in the same home or property, often in circumstances where older people are dependent on those causing them harm for housing or care. Elder abuse can occur across different housing conditions, and it frequently arises from external stressors such as insecure housing and financial hardship, indicating a need for a whole of government and sector approach to mitigate the further prevalence of elder abuse.

The presence of multiple trusted people causing harm and overlapping forms of abuse – particularly psychological, financial, and neglect – underscore the complexity of elder abuse and the challenges around its disclosure. Clients from culturally and linguistically diverse backgrounds, may face additional challenges (e.g. cultural barriers and stigma) to admitting they have experienced abuse, particularly where they rely on others to seek support. There is opportunity for the provision of culturally appropriate professional and community education to raise awareness and to encourage older people facing abuse to seek help.

These findings reinforce the importance of secure and stable housing as a critical pathway *out of* abuse. The rising costs and limited availability of affordable housing alternatives leaves many older people with no other option but to continue living with those causing them harm, trapping them in cycles of abuse. There is therefore a need for further investment in more public and community housing to ensure that older people have access to affordable housing alternatives. Integrating housing support within the broader context of elder abuse and family violence will also be critical to improving outcomes for older people facing abuse and mistreatment.

Future work should focus on assessing how risk factors are identified, comparatively analysing elder abuse clients to broader client demographics, and refining how elder abuse is identified and recorded, reflecting how clients describe their own experiences. Follow up surveys of clients who obtained secure housing, or who no longer live with the person causing harm, to assess the impact of safe housing on reducing elder abuse prevalence is a fruitful area for further investigation. Ongoing efforts across the sector are needed to develop culturally tailored elder abuse resources to ensure all older people, regardless of background can access the support they need.