Editorial: Elder Abuse and Social Work: Research, Theory and Practice

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This Special Issue of the British Journal of Social Work is dedicated to arguably one of the biggest challenges facing social work today: violence and abuse of older people. Despite increasing acceptance of elder abuse as a global public-health issue and violation of human rights, research, policy and practice in this area remain fragmented and there are serious gaps across all three areas. This Special Issue is devoted to examining the international development of research, theory, policy and practice in relation to elder abuse and domestic violence affecting older populations.

Background

The Western population is rapidly ageing. By 2030, over a billion people worldwide— one in every eight of the Earth's inhabitants and almost double the current number— are forecast to be over sixty-five. In the UK, 10.3 million people are aged sixty-five or over and this number is projected to increase to over 16 million in the next twenty years (Minocha et al., 2013). As Herring (2009) points out, these demographic changes will impact on society in profound ways. Despite a growing number of healthy older people, their place in society is marginalised; the 'golden years' are not always golden and there is an increasing awareness that older people can, and do, experience violence and abuse in later life.

There is no globally accepted definition of elder abuse. As Fox (2012, p. 128) notes, 'elder abuse is a relatively new research field in comparison with the issue of child abuse. Due to this youth, standardised terminology is yet to emerge'.

There is no official definition of elder abuse in the UK, and the difficulties in defining it have been acknowledged by the Department of Health and Home Office in their guidance on abuse of vulnerable people (2000), which provided a rather broad definition of abuse:

'Abuse is a violation of an individual's civil or human rights by any other person or persons' (Department of Health, 2000, p. 9).

One of the most common definitions utilised across the existing research is provided by the World Health Organisation (WHO), which defines elder abuse as an act of commission or of omission . . . either intentional or unintentional . . .. Of a physical, psychological, financial nature or other material maltreatment . . . that will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and decreased quality of life for the older person (WHO, n.d., p. 126).

Despite the lack of definitional consensus, it is reassuring that most people concerned with the issue agree on the different types of abuse that can occur. Behaviours that fall within most definitions can be broadly categorised into five categories: physical

abuse; psychological or emotional abuse; sexual abuse; financial or material abuse; and neglect (Krug et al., 2002, in Desmarais and Reeves, 2007), although it is worth mentioning that some definitions of elder abuse do not include sexual abuse (see Bows, 2017).

In England and Wales, the category of discriminatory abuse was added in the policy guidance that was issued at the beginning of the century (Department of Health, 2000; WAG, 2000). Institutional abuse is also usually included within policy documents produced at the local level, and considerations of societal-level abuse may also appear in such documents. In the more recently introduced consolidating legislation in England, the Care Act 2014, the typology was expanded to include domestic violence, including honour-based violence; modern-day slavery, including human trafficking and domestic servitude; and organisational abuse (in place of institutional abuse), as well as self-neglect.

In addition to the definitional ambiguities, it has been suggested that grouping together the different forms of abuse under the all-inclusive term of 'elder abuse' is also problematic in that it suggests it is a single collective issue that can be researched and responded to by a single intervention or policy initiative (Brandl and Raymond, 2012). Desmarais and Reeves (2007) argue that the de-contextualisation associated with the over-arching term of 'elder abuse' has arguably contributed to an 'overemphasis on types of abuse and perpetrators unique to elders, such as abuse by adult children, disregarding abuse occurring between partners' (p. 381). Likewise, it has been argued that, with 'a problem as complex as elder abuse, it is unlikely that any single theoretical perspective could explain all forms and situations' (Anetzberger, 2004, p. 10).

Legislative and policy context

In general terms, it is rare to find single, stand-alone legal statutes in relation to elder abuse in countries across the world and indeed only a few countries, such as Israel and Japan, have enacted specific legislation relating to elder abuse. In the USA, the majority of states have Adult Protective Services provision, largely initially enacted within the 1965 Older Americans' Act, but subsequently strengthened via the 2010 Elder Justice Act. This Special Issue includes papers from Australia, Canada, Ireland, Oman, Poland and the USA, as well as different UK nations, so the jurisdictional variation between them is relatively large. What all of the papers have in common, however, is to explore different aspects of the phenomena of elder abuse and neglect and examine advances (or the potential for advances) in prevention in this area.

Across the UK, there are many different pieces of legislation used by professionals working in the field of abuse. As in many countries, the range of such professionals includes social workers, social-care staff and allied professionals from health-care settings as well as the criminal justice sector. All practitioners in this type of work need to have essential knowledge and understanding of legislation and, although it may be most likely social workers who are primarily and predominantly involved in application of the law (excluding the police), other professionals also need to have some basic knowledge of the law, depending on the situation involved. Of the core social work functions, helping to protect individuals from others, from themselves, from circumstances and from various types of disadvantage in life is a fundamental role. However, in some ways, social workers can additionally act to protect society from

danger and harm by regulating individuals' lives through functions that are predominantly about control rather than care. In order to do this, a wide range of law and policy is needed. Within the UK setting, the general approach taken to issues of protection is that of adult safeguarding, concerning the abuse of adults who might be considered at risk of harm, rather than a specific focus on elder abuse. In Scotland, the term used is (still) adult protection, whilst, in Wales and Northern Ireland, there have been shifts in recent years to use of the term safeguarding, but again covering all adults who might be covered by health and care statutes in a more general sense, rather than specifically older people.

People with impairments or disabilities (physical and/or cognitive) or complex health problems can at times be vulnerable due to their situations and may be at risk of harm and abuse from other people in a variety of contexts. They may also put others at risk of harm by their actions. It is important to note, however, that there is no single piece of legislation that specifically (and uniquely) concerns the protection of vulnerable adults (of any age) in England, Wales or Northern Ireland, although this might develop in future. Instead of a single law, there are a number of different pieces of legislation, different parts (or specific 'sections') of which may be used by individuals who are in need of support and/or protection. At times, another person, such as a professional practitioner, can use legislation on behalf of an individual. The Care Act 2014 was introduced as a consolidating law in order to bring many different areas of social-care law relating to adults into one overarching piece of legislation. Although adult safeguarding is included within the remit of this legislation, this statute does not provide law in relation to specific types of abuse, but rather develops an overall framework within which the safeguarding of adults should take place within authorities and local areas—thus it is known as 'framework legislation'—providing statute on organisational aspects of safeguarding processes.

Concerning different types of legislation, there is law designed to protect people with mental illness from harm or harming others (e.g. the 1983 and 2007 Mental Health Acts, Supervised Discharge Procedures 1995). The legislation concerning mental health also extends to adults with severe learning disabilities, and includes such provision as guardianship arrangements, which may be used for older people with severe and enduring mental health problems or cognitive impairment. The 2005 Mental Capacity Act (MCA) covers those older adults who lack the capacity to take specific decisions for themselves (as well as other adults who also lack such decision-making capacity). This law includes some provision concerning the protection of those covered by the legislation from abuse, particularly in the creation of a specific offence of ill treatment or wilful neglect of an adult who lacks capacity (section 44 of the MCA), with punishment resulting in a fine, or imprisonment. An amendment to the MCA through the 2007 Mental Health Act introduced the Deprivation of Liberty Safeguards (concerning the restriction of liberty of individuals in hospital and care settings); these became effective in England and Wales from 2009. More recently, these provisions have been subject to a review, with subsequent proposals for amendment by the Law Commission produced in 2017 (Law Commission, 2017), with recommendations for changes to the safeguards broadly accepted by the English government in spring 2018. Additionally, Part IV of the 1996 Family Law Act affords individuals some protection from violence that happens in the domestic setting. This legislation provides a range of measures that might be used, including non-molestation and ouster orders (concerning abusers/perpetrators) in certain situations.

At the time of implementation, the scope of this legislation was broadened to include a wider range of individuals living together, not just spouses or those people in a cohabitation relationship. The possibility of action taken on behalf of an individual by third parties such as professional practitioners is also included, so this provision can also be used to ensure the safety and protection of older adults at risk of harm.

Whilst legislation relating to domestic violence was expanded to include adults experiencing either elder or adult abuse (including the Family Law Act), the Domestic Violence, Crime and Victims Act, which was enacted in November 2004, introduced a further extension of this type of provision. This occurred through inclusion of a new offence of familial homicide, which covered abuse in the domestic setting including being killed by family members, but where it proves difficult to identify a single perpetrator. In addition, the government agenda for the modernisation of social services also contained specific recognition of the need to both promote independence and increase measures of protection for vulnerable individuals (Department of Health, 1999). These changes were gradually implemented over the period 2000–06. As an example of this type of protective measure, the 1998 Public Interest Disclosure Act was introduced to provide protection for individuals who whistle-blow about abusive situations within organisations (such as care homes or hospitals), whilst the Safeguarding Vulnerable Groups Act came into effect in 2006 and strengthened regulation relating to the health and care workforce.

Prevalence and nature of elder abuse
In general, research examining elder abuse largely falls into two areas: studies examining the prevalence of elder abuse or specific types of elder abuse; and studies exploring consequences and responses to elder abuse. Large-scale prevalence studies have been carried out in a number of countries including the USA and UK and a wide range of prevalence figures have been observed, in part down to different populations, measures and definitions of abuse (Cooper et al., 2008). A systematic review of existing studies conducted by Cooper et al. in 2008 found around 6 per cent of older people reported significant abuse in the last month in general population studies. Furthermore, 5.6 per cent of couples reported physical violence in their relationship over the last year.

However, reflecting the wide range of definitions of 'older' adopted in the existing studies, Cooper et al. (2008) included studies ranging from forty-five and over to seventy and over in their systematic review. The authors concluded that only a small proportion of abuse was currently detected and they estimate at least one in four elders is at risk of abuse. A more recent systematic review of the prevalence of abuse of older people in community settings by Yon et al. (2017) estimates that, globally, one in six older people experiences some form of elder abuse each year. They report that the highest rates of abuse are psychological and financial abuse. The latter has historically received very little research attention, although there is a growing awareness that older people are often victims of financial abuse by family members, carers and friends.

Previous research has identified that older people who are dependent on a carer or family member are at heightened risk for financial abuse, as well as those who have limited or reduced capacity (Davidson et al., 2015). In the first paper of the Special

Issue, Purser, Cockburn, Cross and Jacmon examine how financial abuse can occur in circumstances where a person no longer has control over their financial or legal affairs and has delegated authorisation to act on their behalf. These agreements, known in most jurisdictions as Power of Attorney, can be used to perpetrate financial abuse, in many ways, hidden in plain sight.

However, financial abuse is not limited to family or caring contexts. There has been a growing concern about the rates of older people who are victims of financial scams; whilst official statistics have generally found older people to be at lower risk of experiencing fraud or financial scams (ONS, 2018), it is widely believed that these figures may reflect a lack of awareness of fraud in older age groups. Conversely, in the UK, a recent report by Age UK (2015) found the majority of older people felt they had been the victim of a financial scam. In the next paper, Fenge and Lee explore the risks of financial scams for older people and explore how developing better understandings of this can assist elder-abuse prevention. They find that loneliness and social isolation increase the vulnerability of older people to these types of scams. Drawing on the experiences of older people and their carers who have been victims of such scams, the authors reveal the complexities of preventing this type of abuse and highlight an urgent need to develop effective training and awareness raising to protect older adults.

Regardless of the context in which financial abuse of older people occurs, capacity to understand and consent to matters concerning financial affairs has been highlighted as an issue that can leave older people vulnerable to such abuse. Phelan, McCarthy and McKee examine safeguarding staff's experiences of dealing with cases of financial abuse where the victim is older. In addition to managing situations where an older person does not have capacity, the authors found that older people who are deemed to have capacity but appear to be being exploited create equal complexities for social work practice. As always, the delicate balance between agency and autonomy of the individual with the need to protect vulnerable people from abuse is central. The article rightly points out that combatting structural factors that enable financial abuse is just as important as working at a more personal level to empower older people to make decisions that serve to self-protect.

The fourth and final paper examining the issue of financial abuse comes from a Canadian research team (Beaulieu, Be´dard-Lessard, Charbonneau, E´thier, Fortier, Morin, Se´vigny, Lorrain, Maille´ and Salles), who consider the role of non-profit organisations in Canada in countering material and financial mistreatment of older people. The importance of including a range of agencies and organisations, including third-sector and non-profit organisations, is a finding echoed throughout this Special Issue. Beaulieu and colleagues find that these organisations can be instrumental throughout prevention, detection and intervention stages of elder abuse. They call for social work training to incorporate this intersectoral focus, incorporating a wider range of non-profit and third-sector organisations, including partners and volunteers.

Elder abuse or domestic violence?
One of the major debates emerging from feminist scholars over the last two decades concerns the naming and framing of abuse of older people. Most of the existing definitions of elder abuse and domestic violence share a number of similarities. First, most definitions of elder abuse and domestic violence incorporate physical,

emotional/psychological, financial and sexual abuse. Second, most definitions of elder abuse and domestic violence encompass the same contexts—that is, the abuse is perpetrated by a partner, family member or someone else living in the same home.

Consequently, the key difference between the two definitions appears to be one of age: where the abuse happens to someone who is older, it is labelled elder abuse. The 'definitional chaos' (Mysyuk et al., 2013, p. 50) is matched by a disparity in research approaches; currently, elder abuse and domestic violence operate as distinct disciplines that have evolved separately and continue to be treated as distinct (Whittaker, 1995; McCreadie, 1996; Penhale, 2003). In this Special Issue, three articles specifically address domestic violence involving older adults. In the first of these articles, Wydall, Clarke, Williams and Zerk examine how effective two recent Welsh legislation developments in adult safeguarding and domestic violence are in addressing the intersecting area of abuse of older people. Whilst they conclude these developments offer a welcome starting point, the current approaches fail to fully coalesce to provide opportunities for a collaborative, integrated response to abuse of older people. Competing definitions and disparities in practice between elder-abuse and domestic-violence approaches continue to hinder both prevention and intervention in this area. The authors highlight a missed opportunity in respect of both pieces of legislation to fully address abuse of older people.

The problems the varying definitions and ideologies create in research, policy and law are mirrored by challenges and failings in practice. For example, Harris (1996) points out that, when violence against older women is viewed as elder abuse rather than domestic abuse, public services are largely health-based and such interventions may prioritise prescribing antidepressants or sedatives, recommending couple or family counselling or providing help for the abuser (Brandl and Horan, 2002), which are the opposite responses to those identified as best practice with domestic or sexual violence victims. The second article in this section continues this line of critique, this time considering current issues preventing effective service responses to older victims of domestic violence in Poland. In their article, Halicka, Halicki, Kramkowska and Szafranek highlight the need for key agencies (the police, law enforcement and social workers) to develop understandings of the needs that older victims of domestic violence present. Their studies find that the intersections of gender and age are yet to be fully recognised in front line responses to domestic violence in older age groups.

This latter point is the focus of the third paper, from Crockett, Cooper and Brandl. As the authors rightly point out, individuals do not automatically become immune to the risks of violence and abuse by virtue of older age, and the impact of age, gender and sexuality creates intersectional stigma for older survivors. The current definitional problems obscure the existence of this problem and responses focus either on age, or gender, or sexuality. They call for an integrated, intersectional collective to the abuse of older women. This article makes several suggestions for how social workers can begin to develop a model that achieves this.

Developments in social work policy in the UK
It is only relatively recently in the UK (and elsewhere) that guidance from governments concerning abuse and safeguarding has been viewed as a priority area. As seen earlier in this Editorial, this is likely to be an important aspect of prevention of abuse, violence and neglect towards older adults. The initial guidance concerning elder abuse

was published in 1993 by the Department of Health, from the Social Services Inspectorate, England. The document concerning elder abuse was clear that, fundamentally, it only applied to situations occurring within the domestic setting, However, establishment of even limited guidance was both necessary and important. This initial policy direction and guidance from both national government and associated employing bodies for professionals at the local level were introduced to try and ensure that standards of practice in relation to elder abuse were clear and appropriate and that they were adhered to by those who put them into effect.

In 1998, the English Department of Health (Social Services Inspectorate) began work to produce necessary guidance on what was then called adult protection for authorities and organisations to adopt in their work. This took place to rectify the lack of guidance concerning other vulnerable adults (e.g. adults with physical disability, sensory impairment or mental health difficulties who might also have needs relating to vulnerability and protection), as the focus before this had effectively been on adults with learning disabilities and older people. A draft guidance document was produced for consultation purposes in late 1999 (Department of Health, 1999) and the final document, No Secrets, was published during 2000 (Department of Health, 2000). This latter document produced guidance concerning the roles and responsibilities of differing organisations and disciplines and the processes that should take place in relation to abuse. Social services departments were designated as the lead agency for co-ordinating responses within adult protection in each local authority area, and the guidance itself had sufficient status that it was a requirement for the guidance to be implemented by authorities, although the requirement rested with local authority social services departments rather than with other or all organisations involved at the local level. The guidance was implemented in autumn 2001 and remained in place until superseded by the introduction of relevant sections of the Care Act 2014 following its implementation in 2015.

Over roughly the same time period, a similar consultation process took place in Wales concerning the development and introduction of policy and procedural guidance; the document bearing the title In Safe Hands was also introduced in 2000 and was broadly similar in reach to the counterpart English document. This too was replaced by the introduction of statute in 2014 in the form of the Social Services and Well-being (Wales) Act, which, similarly to the Care Act, contains some provision in relation to safeguarding adults. Scotland has led the way in having legal provision in the form of the 2007 Adult Support and Protection (Scotland) Act (implemented from 2008), which introduced stand-alone legislation concerning adult protection; this includes powers of entry, and powers of removal (for assessment purposes). In Northern Ireland, the comparable policy document, Safeguarding Vulnerable Adults Regional Adult Protection and Policy procedural guidance, was introduced some years later in 2006 (Northern Ireland Social Services Board, 2006). This guidance document laid out the relevant policy framework for adult protection in Northern Ireland and included discussion of definitions and principles of work in this area, as well as emphasising the importance of inter-agency working. More recent developments have included a Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, which outlines roles and responsibilities of the respective agencies and provides guidance about joint working arrangements and processes of investigation (NHSSB). Similar to other jurisdictions in the UK, the policy guidance in Northern Ireland has been subject to review and development in recent years.

As part of the suite of changes introduced by the Care Act, a focus on personalised approaches to safeguarding, entitled 'Making Safeguarding Personal' (MSP), was included. This requires involvement of the individual subject to the safeguarding referral, and of others significant to them, during all stages of the process of an investigation and any subsequent action. In our next article, Cooper, Cocker and Briggs consider how this nationwide English programme has been implemented in practice. Overall, they report MSP was being implemented across the country, but at varying levels within different local authorities. They found that social workers were overwhelmingly positive about the benefits of MSP, particularly that it allows them to focus on subjective needs—something the authors note is a marked shift from the process-led culture that has dominated the profession for the last two decades.

Preventing and responding to elder abuse

Across England and Wales, many local authorities began work in the area of adult protection/adult safeguarding some years ago and did not wait for national initiatives to develop and improve practice in this area. A large number of these authorities had initially begun work in the area of elder abuse and then expanded their focus and remit. However, it is now generally agreed that the frameworks developed should be interagency in nature and that approach should be taken in developing responses at the local level (Pritchard, 2000). Policies and procedures can be shared across agencies, or separate procedures developed by agencies who then work to a shared, over-arching policy, that is multiagency and collaborative in nature and scope.

It seems clear that policies and procedures are very important tools to inform professionals of the actions that should be taken at particular points in the process of responding to potentially abusive or neglectful situations. However, on their own, policies and procedures cannot ensure that good-quality practice will happen. Fundamentally, there needs to be consideration of how such frameworks are actually put into practice and operationalised (Penhale, 1993). The majority of policies and procedural documents detail the steps that should happen in practice from the initial referral or alert concerning alleged abuse of an adult and the following stages of investigating or assessing the circumstances within that situation and reaching a determination about whether abuse has occurred or not. Generally, a further stage relating to decisions about whether there is a need for any ongoing work or monitoring and review of the situation then takes place. With the development of MSP, the involvement of the older person at all stages of processes and decisions, as far as possible, is rightly emphasised: the older person should be at the centre of processes affecting them, in safeguarding as elsewhere in life.

Two key concepts underpin most adult-safeguarding decision making and approaches to both prevention and intervention: assessing and managing risk, and identifying and protecting vulnerable people. However, these concepts are not static and lack objective measurements. Furthermore, as Lonbay argues in the next article, older adults are often not involved in the decision-making process in adult safeguarding, despite the clear emphasis on the importance of this in the policy developments outlined earlier in this Editorial. Lonbay examines how risk and vulnerability are constructed in the context of safeguarding older people. She reports a tension between the social worker's recognition of the importance of involving service users in decision making whilst being reluctant to apply this in adult-safeguarding cases

because of assumptions about older people being unable or unwilling to participate in this process. Her article throws into sharp relief the difference between policy and practice in this area and highlights the need for ageism to be challenged across the profession.

One of the difficulties faced by those in adult safeguarding and other authorities is the lack of reporting and disclosure of abuse, often due to a reluctance to engage with services. As long ago as 1994, Wolf and Pillemer found the three most common barriers to community service utilisation by elder-abuse victims were: the fragmented service system, reluctance of victims to accept services and the shortage of trained personnel. Social workers have an important role to play in identifying, and responding to, elder abuse. The article from Storey and Perka evaluates the first, and longest-running, social work intervention programme for elder abuse in Canada. They report that polyvictimisation is common, with victims experiencing emotional and financial abuse most commonly. Through an analysis of case files, they found that victims often had multiple physical and/or mental health problems and were often dependent on someone else (in many cases the perpetrator) for care. Interestingly, elder abuse was often reported by a professional attending the victim's home (with victims rarely reporting themselves).

Storey and Perka's paper highlights the importance of multi-agency working and the ability of professionals to gain access to victims. However, physical barriers can also prevent victims from disclosing and/or social workers gaining access to those at risk and, in some cases, it can be third parties creating these obstructions. Norrie, Stevens, Martineau and Manthorpe explore these challenges by examining the current options and practices adopted by social workers to access older people living at home who are considered at risk of elder abuse, where a third party attempts to obstruct this access. As they point out, the ability to have a private conversation with people at risk of, or currently experiencing, abuse is one of the most important tools for social workers. In the absence of legislation providing powers for social workers to gain entry to an older person's home, social workers rely on various tactics ranging from negotiation with third parties to multi-agency interventions involving voluntary-sector organisations and, in some cases, formal agencies including the police.

In addition to the acknowledged difficulties in 'reaching' potential or actual victims of elder abuse, victims who do engage with services often present with a myriad of complex support needs. Nerenberg (2008) suggests victims' service needs span a broad spectrum and range from preventing abuse by reducing isolation and dependency and enlisting help and support; responding to and stopping abuse through to legal interventions and removing victims from unsafe settings, providing information, advice and support; and helping victims recover from abuse by medical treatment or health care, group or individual counselling, legal actions to recover property, counselling and support services. The final two papers in this Special Issue examine innovations in social work practice to support older people at risk of, or currently experiencing, abuse. First, Elsherbiny and Maamari explore how logotherapy can be used to mitigate social isolation in older adults living in institutes and the benefits of this for older people at risk of, or experiencing, elder abuse. Logotherapy is a therapeutic treatment used in various contexts (not limited to abuse or older adults) that focuses on human meaning and purpose in life. Elsherbiny and Maamari adopt a control-group comparison approach to evaluate the effectiveness of this treatment via

group activities (e.g. walking, group prayer, reading and eating as well as using social media). This article points to the importance of social interaction in reducing social isolation among older people. As social isolation is an accepted risk factor for elder abuse, this paper offers important insights into the creative ways social isolation can be mitigated and elder-abuse victimisation potentially reduced.

Finally, Parkinson, Pollock and Edwards explore the utility of family group conferences as a tool to reframe responses to elder abuse. Through a fictional case study, the authors consider how these conferences create both opportunities, and challenges, in addressing elder abuse. On the one hand, these forms of mediation between families may be considered a more holistic response to family disputes. On the other hand, there remain significant concerns about the utility of such 35 responses in the context of abuse, in particular, as extensive research from related fields (notably domestic violence) has highlighted the inappropriateness of such responses, which carry the risk of attributing responsibility for the abuse and stopping it, to the victim (see Laing (2017) for an interesting discussion). This Special Issue concludes with a review of recently published book Social Work Practice with Older Adults. Christian Beech concludes that this book offers an important contribution to the literature and provides a foundation tool for students and practitioners working with older adults.

Collectively, the papers in this Special Issue showcase the range of current research, policy and practice developments in the area of elder abuse/domestic violence. Developing good practice needs to include developing knowledge and understanding about what sorts of interventions are most appropriate for specific types of abuse, together with a thorough evaluative framework for interventions, including those that are designed and targeted to prevent abuse, and based on public-health frameworks (WHO, 2011). This Special Issue, with its focus on extending knowledge and understanding, as well as the evidence base that is needed to further develop much-needed responses and interventions in this area, aims to provide a useful check of the current state of play in elder-abuse research and practice as well as a resource for all those involved in work to counter all forms of elder mistreatment.

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