ELDER ABUSE
PREVENTION UNIT
YEAR IN REVIEW

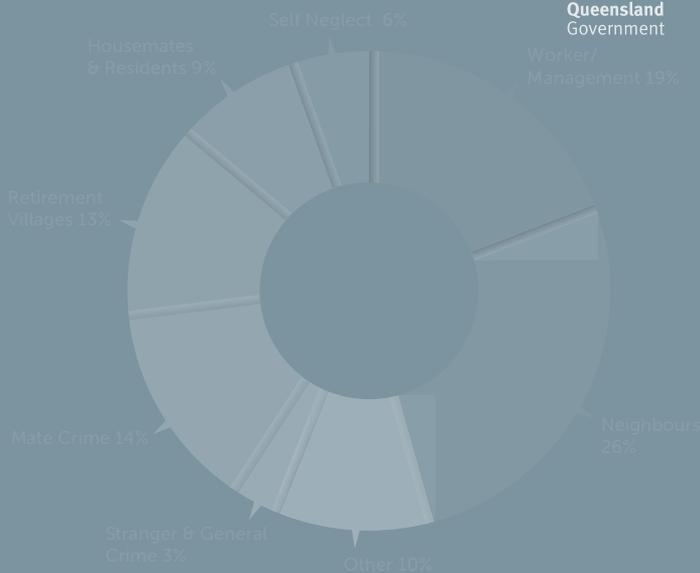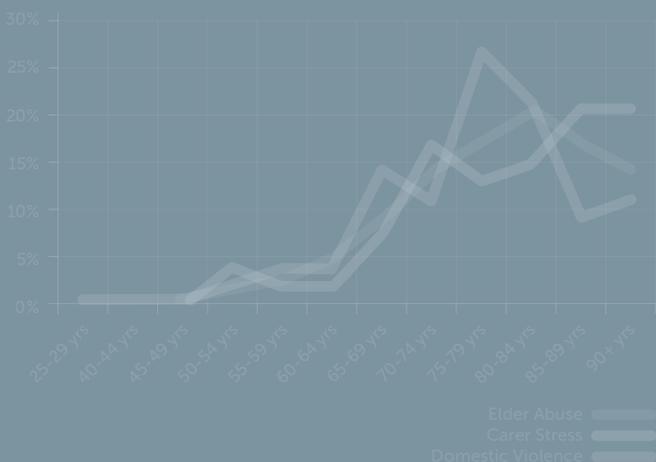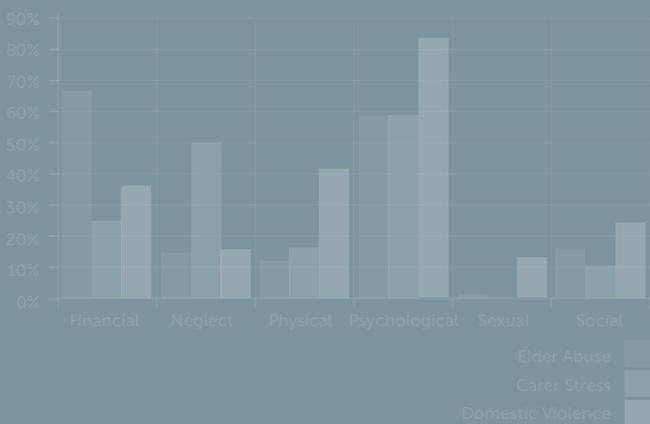UnitingCare **2017-18**

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Executive Summary

The Elder Abuse Helpline is funded by the Queensland Government Department of Communities, Disability Services and Seniors to provide information, support and referrals to older people who are experiencing abuse and those who may witness or suspect that an older person is being abused. Information collected during calls to the Helpline is entered into the Elderline database and analysed on an annual basis. The 2018 Year in Review reports on data collected during the 2017/18 financial year.

In 2017/18 the Elder Abuse Helpline recorded:

Abuse Notifications	1,946
Cases of Abuse in Close/Intimate Relationships	2,199
Unique Victims	1874
Unique Perpetrators	2030
Cases of Abuse in Consumer and Social Relationships	239
Unique Victims	229
Unique Perpetrators	221

Main Statistics

Notifications to the Helpline continued to rise, with an increase of 17.8 percent recorded. In line with past Year in Review findings, financial and psychological abuse were the most common types of abuse reported.

Chart: Number of Abuse Calls by Financial Year

Financial Year	Number of Abuse Calls
2000-01	244
2001-02	328
2002-03	402
2003-04	516
2004-05	508
2005-06	596
2006-07	596
2007-08	714
2008-09	719
2009-10	752
2010-11	906
2011-12	1001
2012-13	990
2013-14	1183
2014-15	1282
2015-16	1529
2016-17	1652
2017-18	1946
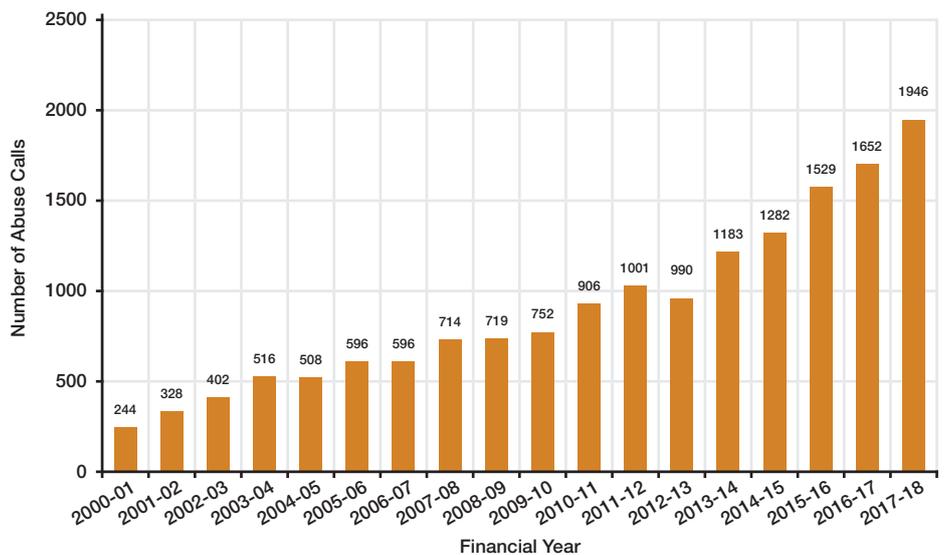
Abuse in Close/Intimate Relationships

Abuse Data

- Financial abuse and psychological abuse were the most frequently reported abuse types, affecting 68.7 percent and 54.9 percent of victims respectively;

- Sons and daughters were the most frequent perpetrators for all abuse types except sexual abuse, where spouse/partners were the most common alleged perpetrators;

- In situations where the victim was female, the perpetrator was more likely to be male; whereas, where the victim was male, the perpetrator was more likely to be female. This was found across all abuse types.

Individual Factors: Victims

Within a bifocal ecological model of elder abuse, the individual level considers factors that may increase an individual's vulnerability and thereby their risk of becoming a victim of elder abuse. Data analysis showed that:

- Females were over-represented as victims (67.5%);

- The largest group of victims were aged 80-84 years (19.5%);

- 60.0 percent of the victims reported (or were reported to have) a physical impairment and 27.9 percent were reported to have a cognitive impairment;

- Over half (52.0%) of victims required some level of personal care, with only 28.9 percent recorded as receiving formal care from a service provider;

- Almost a third of victims (32.5%) were reported to be socially isolated;

- Domestic violence was reported as the most common experience of previous trauma.

Individual Factors: Alleged Perpetrators

Individual vulnerabilities for perpetrators may not have a direct or causal association with elder abuse, but are important to consider when formulating responses. However, data relating to individual perpetrator characteristics need to be interpreted cautiously as notifiers frequently lack this information. Key findings include:

- Perpetrators were slightly more likely to be female (50.6%) than male (49.4%);

- The most common age group for perpetrators was 50-54 years (9.0%), closely followed by 40-44 years (8.5%);

- With regard to health, 14.7 percent of perpetrators were believed to have a mental health condition and 17.1 percent were experiencing a substance abuse issue;

- A notable proportion of perpetrators (11.9%) were believed to have a history of criminal behaviour.

Relationship Between Victim and Perpetrator

The victim and perpetrator of elder abuse may experience shared vulnerabilities. Factors such as cohabitation, dependency and difficult family history may contribute to the risk of elder abuse. Key findings include:

- Almost all cases of abuse occurred within family relationships (92.9%);

- The overwhelming majority of perpetrators were the victims' adult children, accounting for 72.3 percent of cases;

- Almost half of perpetrators (45.1%) lived with victims;

- In 20.8 percent of cases, the victim was dependent on the perpetrator.

Community

The Elderline database does not currently support the collection of detailed data about other people in the victim's life who may interact with or support them. However, calls to the Helpline are most often made by people other than the victim, and these "notifiers" represent a protective relationship for the victim. In 2017/18, 75.5 percent of calls were made by notifiers rather than victims. These notifiers were most often daughters of the victim (24.1%), workers (13.2%), sons of the victim (10.0%) or friends of the victim (8.5%).

Societal Context

Cultural norms about ageing, legislation and policies impacting on older people, characteristics of the economic environment and certain features of the community within which older people live, may all contribute to a context that increases the risk of elder abuse. The Elderline database does not specifically allow data about societal factors to be recorded, but certain information may be viewed as indicators for these broader features of the social environment. Key findings include:

- A cultural norm of intergenerational wealth transfer can contribute to a perception of entitlement and sense of ownership of parental assets. In 30.8 percent of financial abuse cases, this was identified as an issue;

- Housing affordability was posited as an issue as home ownership rates for perpetrators were below the Queensland average.

Abuse in Consumer and Social Relationships

The Helpline receives a small number of calls that relate to abuse perpetrated within a relationship where there is no intrinsic expectation of trust. For example, 40.5 percent of cases related to aged care services and 27.4 percent involved disputes with neighbours. Patterns of abuse varied as a function of whether the abuse related to aged care services, a social situation or consumer issue.

Within these cases, the most common types of abuse were psychological (40.2%) and financial (30.1%) and more victims were female (59.4%) than male (37.2%) and 3.3 percent involved multiple victims.

Section 1
Introduction to
this Report

The Elder Abuse Prevention Unit (EAPU) is a statewide service within UnitingCare's Older Persons programs. It is funded by the Queensland Government Department of Communities, Disability Services and Seniors to promote the rights of older people to live free from abuse and to respond to the abuse of older people in Queensland. This is accomplished through provision of an Elder Abuse Helpline, awareness raising through information sessions for community members and training sessions for service providers and students, facilitation of network meetings and dissemination of Helpline data.

The World Health Organisation definition[1] of elder abuse is used to guide the activities of the EAPU and numerous other Australian and international services:

"Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person."

In accordance with the findings of the EAPU Research Subgroup[2], EAPU further defines a relationship where there is an expectation of trust as those where the perpetrator is a family member, informal carer, or close friend who is 'acting as family'. Relationships with aged care services and workers are considered professional relationships managed by a consumer contract and as such, the worker is in a 'position of trust' rather than a 'relationship of trust'[3]. Relationships with neighbours, housemates and strangers are usually classified as 'non-trust abuse' relationships unless for example, the neighbour or housemate is also a close friend.

For the day to day operation of the EAPU, determining the correct definition of elder abuse is a relatively minor point as those who receive assistance through the Helpline may consider that a broad range of behaviours, policy and consumer issues constitute elder abuse. For example, callers may seek information and support about consumer issues, scams, a lack of access to affordable rental properties, electricity prices, access to public transport and many other issues that they label as elder abuse.

The definition of elder abuse may change in the future as an Australian definition is currently being developed by the Australian Institute of Family Studies (AIFS) and the National Ageing Research Institute (NARI). Information about this project is available on the AIFS website[4].

1   World Health Organisation (2002).
2   Elder Abuse Prevention Unit (EAPU) (2015).
3   Dixon, J., Manthorpe, J., Biggs, S., Mowlam, A., Tennant, R., Tinker, A., & McCreadie, C. (2010).
4   https://aifs.gov.au/projects/elder-abuse-national-research-strengthening-evidence-base-stage-one

Section 1.1
Elder Abuse Helpline

The EAPU Helpline is a confidential service that offers specialised advice including information, support and referrals to anyone who experiences abuse by someone they know and trust or witnesses or suspects the abuse of an older person. The Helpline is often the first port of call for many notifiers who are unsure what to do in an abusive situation. No case management is provided and most callers remain anonymous. The stigma and shame associated with experiences of elder abuse mean that making a call to the EAPU can be difficult due to the victim's emotional state. Making a call can also be risky if the victim lives with the perpetrator and/or the perpetrator monitors or controls their actions. The option of anonymity helps callers to feel safe to disclose the abuse and seek support without fear of judgement or being forced to take action against their will.

The Elder Abuse Prevention Unit adheres to the United Nations Principles for Older Persons, acknowledging the fundamental human rights, dignity and worth of older people and the equal rights of men and women. Consistent with this, the foremost guiding principle of EAPU's work is that the older person has the right to make their own choices and decisions about their life and circumstances. Consequently, EAPU takes a client-focused approach considering the client's needs, rather than that of other individuals, organisations or authorities who may be involved in a client's circumstances. In situations where an older person has impaired capacity, EAPU adheres to the General Principles of the Guardianship and Administration Act 2000 (Qld) which states that a person with impaired decision-making capacity has the same human rights as people who do not experience capacity impairment. Consistent with this, EAPU believes that the older person should still be given the option to provide input into decisions that affect them and access support for the decision making process. Helpline workers employ a collaborative problem solving approach to Helpline calls where empowerment and self-determination are promoted. These approaches to EAPU practice are viewed as the embodiment of UnitingCare's organisational values, which include compassion, respect, justice, working together and leading through learning.

The focus of Helpline calls is on providing support to the caller rather than collecting data about their situation. Consequently, callers are not asked unnecessary questions to elicit information about the victim or perpetrator to improve data collection. Despite this, there is often a wealth of information about victims, perpetrators and the relationship between them that is disclosed during a Helpline call. This non-identifiable information is entered into a research database (Elderline) at the conclusion of the call and the information stored in the database forms the basis of the Year in Review reports. Data is analysed and disseminated annually to help inform understanding of the risk factors and issues surrounding elder abuse. The 2018 Year in Review contains a range of descriptive statistics and analyses of Helpline data from the 2017/18 financial year.

This section will cover:

• Types of calls received by the Helpline;

• How callers find out about the Helpline;

• EAPU call handling process;

• Connections with stakeholders.

Types of Calls

The Helpline receives a diverse array of calls, from calls seeking general information about what EAPU does to reports of serious abuse. When recording information collected during calls, cases are separated into three categories:

1. Enquiries – Some examples of calls that are recorded as enquiries include requests for general information, bookings for information or training sessions and follow-up calls for abuse calls.

2. Abuse in consumer and social relationships (non-trust abuse) – Some examples of these calls include complaints about aged care services, neighbourhood disputes and calls where the older person has fallen prey to a scam.

3. Abuse in close/intimate relationships (elder abuse – relationship of trust) – These calls include situations where an older person is being abused by a family member, informal carer or a close friend.

Consistent with the WHO (2002) definition of elder abuse (see Section 1), EAPU's target group is older people being abused by family and friends as these are relationships which carry an expectation of trust[5]. EAPU has previously referred to these as elder abuse cases but will refer to them as *Abuse in Close/Intimate Relationships* in this report.

Helpline workers also provide support to callers where the abuse does not occur in a relationship of trust (formerly referred to as non-trust abuse). Abuse situations where there is not a relationship of trust will be referred to as *Abuse in Consumer and Social Relationships*. Data from these cases is analysed separately to those that involve abuse in close/intimate relationships. This is done as these cases are not the focus of EAPU's work and the abuse situations, risk factors and patterns of abuse are different to the abuse that occurs within close/intimate relationships.

Volume of Calls

In 2017/18, the Helpline received a total of 3,006 calls. This consisted of 1,060 enquiry calls, 1,733 calls about abuse in close/intimate relationships and 213 consumer and social abuse calls. A more in-depth breakdown of calls is covered in Section 2.

How Callers Found Out About EAPU

The most commonly recorded referral source across all forms of EAPU calls was Professional Knowledge (n=481, 25.2% of calls where referral source was recorded), which refers to situations where the caller knew about EAPU due to knowledge gained in their professional role (see Table 1). Google search was the next most common source of referrals, and many callers had previously called the Helpline and already had a good understanding of the service. However, the referral source in more than one-third of all calls was not known (n=1,094, 36.4%).

5   *Dixon et al. (2010).*

Table 1.
Referral Source for all
Types of EAPU Calls.

Referral Source	Frequency
Professional Knowledge	481
Google Search	363
Previous EAPU caller	220
Service Provider	156
EAPU Website	84
Information Service	76
Department Promo Material	71
Media	69
Police (not Redbourne)	57
SupportLink/Redbourne Referral[6]	55
EAPU Promo Material	52
Specialist Worker	39
Friend	36
Other	30
General Practitioner	21
Family	18
Hospital Worker	18
Public Guardian	17
Other Website	11
My Aged Care	10
EAPU Training/Awareness Session	7
Other Promo Material	7
Telephone Directory	6
Social Media	4
Neighbour	3
Aged Care Complaints Commissioner	1
Total	1,912

6   Supportlink and Redbourne are the referral systems for the Queensland Ambulance Service and
     Queensland Police (respectively).

How Helpline Calls are Managed

Helpline Practice Framework

Under the Helpline practice framework, Helpline calls follow a standardised process to ensure that safety and rights are considered, the caller is supported to understand available options and victims are empowered to make decisions as to what actions they will take (if any).

Advocating for the rights of older people is especially important in the face of ageist attitudes which are relatively common among callers and can manifest in clients as well. Ageism refers to stereotyping and discriminating against individuals or groups on the basis of their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs[7,8]. These attitudes and beliefs can become a self-fulfilling prophecy if these negative perceptions become internalised by the older person themselves.

The circumstances surrounding elder abuse are often complex and the EAPU approaches each call with an acknowledgment of this. The older person is viewed as an expert in their own life, understanding that their perception of their problems and the shape of solutions may differ from others in their lives. The EAPU adopts an empowerment approach to working with clients, and this approach is considered best practice for service delivery in the elder abuse sector[9]. Empowerment and self-determination enable people to have control over their lives, using knowledge and information, their own skills and resources, social relationships, and decision-making to create and implement their own solutions[10].

The empowerment approach is facilitated by client-focused and strengths-based perspectives in service delivery. Client-focused practice centres on the client's needs, rather than that of other individuals, organisations or authorities who may be involved in a client's circumstances[11]. Client-focused practice is an extension of the client-centred, Rogerian approach of accepting a client as they are and "without negative judgment of a person's basic worth"[12]. EAPU adopts the fundamentals of the Rogerian approach to both clients and callers, but the Older-Person Centred model mediates where caller's agenda may conflict with the principles of fundamental dignity, worth and rights of the older client. The strengths perspective is employed to recognise and utilise the client's existing capabilities, skills, values and hopes. Additionally, the EAPU strives to provide a culturally safe service, acknowledging, valuing and respecting the capabilities and distinctive cultural histories, needs and safety of Indigenous and Culturally and Linguistically Diverse groups of people. The EAPU is similarly inclusive of clients in the lesbian, gay, bisexual, transsexual, intersex and questioning communities.

The Helpline is neither a crisis service nor a counselling service; it is funded to provide support, information and referral. Due to the duality of purpose with the role of providing emotional support and provision of information and expertise, the EAPU employs a collaborative problem solving approach to Helpline calls. This approach involves asking questions related to the problem (including precipitating events, if relevant), uncovering resources and potential supports, exploring options and the provision of referrals. Although more directive than approaches that emphasise active listening, it is important to note that collaborative problem solving occurs within a context of client-focussed, client-centred and strengths-based practice approaches, and should never be construed as 'telling a caller what to do'.

7   World Health Organisation (n.d.).
8   Australian Human Rights Commission (2010).
9   Nerenberg, L. (2008).
10   Kenny, S. (2006).
11   Sheafor, B., & Horejsi, C. (2003).
12   Barry, P. (2002).

Stages of Helpline Calls

Helpline calls generally flow across five stages:

1. Connect and build rapport;
2. Explore and assess;
3. Systems education;
4. Facilitated problem solving;
5. Referral and termination.

Some calls do not cover all stages, particularly if the caller is a worker or someone who is quite removed from the situation.

Connections

This section provides a broad overview of the connections between EAPU, stakeholders, data and referrals.

Collaboration

The primary mechanism used by the EAPU to facilitate collaborative relationships is through the EAPU Reference Group which has operated in various formats for around 20 years. The quarterly meetings bring together a diverse range of stakeholders from government and non-government agencies, peak seniors groups and researchers. Many of the members hold senior decision making roles within their organisation and are well placed to contribute to discussions and collaborate on initiatives. All EAPU Reference Group members recognise the benefits of working together to achieve shared goals and the Group is a vital part of the elder abuse response in Queensland. The current organisational membership of the EAPU Reference Group can be found in Appendix A.

Referral Options

Although it is not possible to make firm connections with every potential service used for Helpline referrals, the main service types used are also members of the EAPU Reference Group. As Table 2 shows, legal services, particularly the Queensland Government funded Senior Legal and Support Services, were the most common referrals during the 2017/18 reporting period.

Table 2.
Services EAPU
Referred Clients to in
2017/18.

Service	Frequency
Legal Services	**1,058**
Aboriginal/Torres Strait Islander Legal Service	6
Community Legal Service	87
Legal Aid QLD	14
ADA Australia (Legal Advocacy)	3
Queensland Law Society (Private Solicitor)	41
Seniors Legal and Support Service - Cairns	66
Seniors Legal and Support Service - Ipswich	26
Seniors Legal and Support Service - Brisbane	636
Seniors Legal and Support Service - Hervey Bay	50
Seniors Legal and Support Service - Townsville	57
Seniors Legal and Support Service -Toowoomba	62
Womens Legal Service - QLD	5
Other - Legal	5
Government Guardianship Services	**687**
Office of The Public Guardian	377
QCAT	239
Qld Public Trustee	71
Qld Police Service	**318**
Cultural Police Liaison Officer	3
Crime Prevention Unit - Queensland Police	2
Domestic Violence Liaison Officer - Queensland Police	112
Queensland Police General including Policelink	201
DFV Service	**48**
Domestic Violence Regional Service	19
DV Connect Mens Line	8
DV Connect Womens Crisis Line	21
Accommodation Type Services	**60**
Association of Residents of Qld Retirement Villages	2
Parks And Villages Information Line (PAVIL)	2
Homelessness Services	23
Department of Housing	10
Leading Aged Services Australia	2
Emergency Accommodation	14
Tenant Services	7

Table 2.
Services EAPU
Referred Clients to in
2017/18. (Continued)

Service	Frequency
Interstate Services	**69**
NSW - Elder Abuse Helpline	35
NSW - Office of the Public Guardian	10
NSW - TARS	4
SA - Aged Rights Advocacy Service	3
SA - Office of the Public Advocate	3
TAS - Advocacy Tasmania	2
VIC - Seniors Rights Victoria	6
WA - Advocare	1
Interstate Other	5
Counselling Type Services	**133**
Lifeline Crisis Line	14
Relationships Australia	37
Counselling General	82
Health & Medical	**453**
Aboriginal Health Service	5
Aged Care Assessment Teams	6
Hospital	22
Hospital Social Worker	99
GP	280
Capacity Assessment	25
Mental Health Service	16
Aged Care Type Services	**293**
Ozcare Qld Dementia Support Service	1
My Aged Care	42
HACC - Home and Community Care	16
Community Care Providers	77
Community Health Social Worker	35
Commonwealth Respite and Carelink Centre	46
Personal Alarms	38
Nursing Home	32
Home Assist Secure	6

Table 2.
Services EAPU
Referred Clients to in
2017/18. (Continued)

Service	Frequency
Advocacy, Complaints, Compliance and Disputes	**150**
Aged Care Complaints	2
Queensland Advocacy Inc	6
ADA Qld Inc	96
Ombudsmans and Commissions (various)	7
Dispute Resolution Centre	39
Info and Support Type Organisations	**149**
Alzheimers Association	5
ARAFMI Qld Inc - State Office	5
Disability Information Service	1
Social Support Group	48
Carers Queensland	34
Disability Information Service	1
Seniors Enquiry Line	52
Cultural specific services	3
Financial and Income Services	**112**
Bank	48
Financial Counselling	14
DHS (Centrelink)	41
Social Worker - Dept Human Services	8
Dept of Veterans Affairs	1
Other	**133**
Other	48
Discussed EPoA	85

Section 1.2
About the Data

This section includes:

- Reasons for data collection and dissemination;

- How data is collected;

- Data handling;

- Key terms;

- Limitations;

- The future of data collection at EAPU.

Reasons for Data Collection and Dissemination

There is a paucity of knowledge about elder abuse in Australia[13,14,15]. Community awareness of elder abuse is also lacking[15]. Elder abuse is largely a hidden problem with victims often reluctant to report the abuse or take action due to feelings of shame and/or guilt, fear of retaliation, concern that the abuser may get into trouble, a lack of capacity or reliance on the perpetrator for care. An ageing population and increased longevity highlights the importance of developing a better understanding of elder abuse.

Non-experimental research such as that undertaken by EAPU can be used to highlight the issue and help to increase understanding of the risk factors and consequences of elder abuse. The option of anonymity means that EAPU is able to capture a wider range of data than many other services. Data is also collected from people who are calling with concerns about an older person experiencing abuse and these make up the majority of Helpline callers. Legal services and the police are able to capture more in-depth and accurate data; however, their ability to capture data is limited by the older person's willingness to report and/or whether they have impaired capacity.

The data collected by EAPU is used by stakeholders for:

- Comparison against their own statistics (e.g. guardianship and legal services);

- Guiding future academic research, as the data can highlight emerging issues and areas that may warrant further investigation;

- Informing policy;

- Highlighting risk factors and potential vulnerability to enable interventions to be better targeted;

- Informing community education initiatives and adding to the general understanding of elder abuse.

Data collected by the EAPU is used on an annual basis to inform the design of the Queensland Government's annual Elder Abuse Awareness Campaign. The EAPU data analysis is used to inform marketing personnel about who the victims, perpetrators and notifiers may be in elder abuse cases and what types of abuse may be useful to cover in their awareness campaigns. For example, knowing that family, friends and workers are

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13   Australian Institute of Health and Welfare (2018a).
14   Kaspiew, R., Carson, R., & Rhoades, H. (2016).
15   Lacey, W. (2014).

much more active than the victim in calling an elder abuse Helpline allowed marketing staff to develop the target message "anyone can make the call" used in the 2014 campaign (see Appendix B).

Recording information about where the caller found the Helpline phone number is also undertaken by the EAPU and being able to examine whether posters located in public toilets produce better results than those in libraries or doctors surgeries is highly relevant for government marketing campaigns and helps to optimise the results. The answer to that particular question for the "anyone can make the call" campaign was in fact public toilets. However based on an analysis of who calls the Helpline, a heavier emphasis was placed on internet and social media promotions in the following year, resulting in the internet generating the greatest number of calls. A similar process of data-driven continuous improvement is attempted with all EAPU activities whether it relates to the type of professional development needed for Helpline operators, what to include in community awareness campaigns, or identifying the major risks, barriers and protective factors appearing in the calls.

Data Collection

The data collected by EAPU is based on information provided by callers to the elder abuse Helpline. The primary focus of Helpline workers is on the older person and supporting the caller. Data collection occurs as a natural process from the narrative detailed by the caller. Helpline workers may take notes during a call and non-identifiable data is entered into the database at the conclusion of the call. Any notes taken are shredded after the data is entered into the database.

As Helpline workers do not use scripting or ask callers for information that is not relevant to the matter at hand, the amount of data collected for each call may vary considerably. In some calls, the amount of data collected is extremely limited.

Data Handling

Before data is analysed, some basic data cleaning is undertaken. The following processes were completed:

- Data were checked to determine whether all files are 'active files' and any inactive files were removed from the dataset. This resulted in one file being removed.

- Data were sorted based on the victim's age and any records where the victim's age was under 50 years were removed from the dataset. This resulted in 10 records being removed from the dataset.

- Data were classified into Abuse in Close/Intimate Relationship cases and Abuse in Consumer and Social Relationship cases and these were saved as separate datasets.

- Where required, data were changed from string variables into nominal variables.

- Where multiple responses were recorded for a single variable (e.g. more than one type of abuse can be selected simultaneously) the data was dummy coded into either yes or no for each possible answer. For example, there are six different abuse types and a separate variable was created for each type. This was done using Stata statistical software.

- Data were visually inspected for any obvious anomalies. For example, if a case was recorded as a domestic violence model case where the perpetrator was the victim's daughter, the model was changed to unknown as the definition for the domestic violence model states that it relates to spouse/partner relationships.

After data cleaning and data preparation processes were completed, data were analysed using Stata statistical software.

Key Terms

Victim

A notification may relate to more than one victim. Situations where there are multiple victims commonly involve both members of a spouse/partner relationship experiencing abuse.

Perpetrators

Notifications may involve multiple perpetrators. It is important to note that perpetrator refers to an 'alleged' perpetrator as EAPU does not investigate or verify the details provided in the context of a call.

Abuse Notification/Abuse Call

Refers to the initial contact made with EAPU by a person regarding an abuse situation. Where follow-up calls are made, call duration is either included in the initial record or recorded as an enquiry call, rather than creating a new abuse record. Notifications sometimes include multiple victims and/or perpetrators, meaning that the number of notifications may be lower than the number of victims, perpetrators, or abuse cases.

Abuse in Close/Intimate Relationships

Refers to abuse where the perpetrator is a family member, ex-family member, or close friend who is seen to be 'acting as family'. This includes situations where the perpetrator is a spouse/partner, sibling, child, in-law, other family member, informal carer, or a friend who may be acting in the role of family; for example, the friend may have been heavily involved in the victim's life for a long time and attends family gatherings or has been heavily integrated into the older person's life and there is a relationship of trust.

Abuse in Consumer and Social Relationships

Refers to situations where the perpetrator is not a family member or close friend of the victim. This includes situations such as scams, consumer issues, neighbourhood disputes, issues related to aged care facilities, workers or homecare services, complaints about a government statutory body or any other situation where the caller may identify the situation as abuse of an older person.

Relationships

The ability to collect information about complex abuse relationships was introduced in the 2010 Elderline database. Each abuse relationship within an abuse notification is recorded, so one notification may involve multiple abuse relationships. The following call scenarios attempt to clarify the abuse relationships.

Scenario 1.

Mother abused by son (data collected on one abuse relationship).

Scenario 2.

Mother abused by son and daughter-in-law (data collected on two abuse relationships).
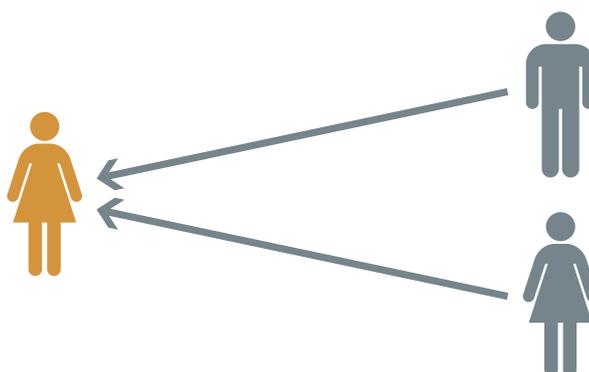
Scenario 3.

Mother and father abused by both the son and daughter-in-law (data collected on four abuse relationships).
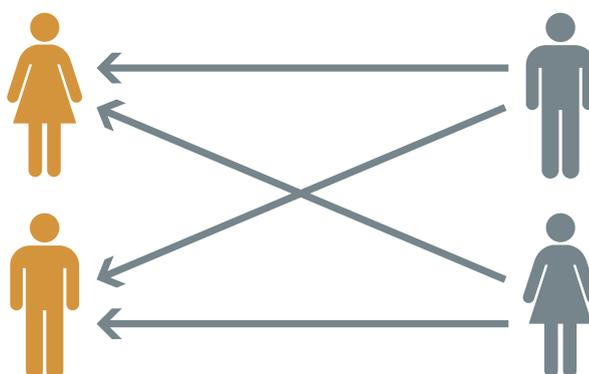
The focus of EAPU data collection and review is on better understanding these relationships, including similarities and differences between victims and perpetrators. Information about the types of abuse being perpetrated is of particular value in informing prevention and intervention strategies.

Limitations of EAPU Data

There are several limitations associated with the data collected by EAPU, including:

- Calls received are not necessarily a reflection of elder abuse prevalence, patterns and characteristics in the community;

- Accuracy - data is collected through the voluntary disclosure of notifiers and may be subjective, incomplete and/or inaccurate. Calls are not scripted and therefore collection of some data may lack the consistency provided by structured interviews or surveys;

- Sampling – Data is based purely on what is reported by notifiers (self-selection). It is likely that the data is biased as particular types of abuse such as physical, sexual or neglect may be more likely to be reported directly to the police. Cases where the victim does not have capacity may be taken directly to the Office of the Public Guardian (OPG) or Queensland Civil and Administrative Tribunal (QCAT) and as such may be underrepresented in this data;

- Other issues may relate to operationalisation of the variables and the consistency of ratings between Helpline operators. Caveats have been included where particular concerns exist with the data being presented.

Despite these limitations, EAPU Helpline data collection remains the only known ongoing source of elder abuse data being collected in Queensland that include the victim and perpetrator, along with information about their relationship. Consequently, the comprehensive coverage of the range of abuse relationships and risk factors associated with elder abuse is attracting the attention of policy makers and researchers.

The Future of Data Collection at the EAPU

As mentioned previously in this report, the focus of the Helpline is to provide information, support and referral rather than collecting data and therefore the Helpline operator does not ask unnecessary questions or extend the conversation just to fill in missing data points. Consequently, the EAPU Helpline data is what it is; front line data with its many gaps and flaws and yet it is remarkably consistent over time and provides a rich source of understanding around this growing social issue.

The reader could be mistaken in believing that data entry must be a burdensome and dreaded task for Helpline operators and yet Helpline operators comply readily because they see the value of the data. The attitude is that a call is not finished until any relevant information arising in the conversation is safely recorded in the database and the notes are shredded. Monthly data meetings are held to reduce incorrect data entry and robust discussions arise about the meanings of the datapoints and what investigations could be undertaken. The staff member who is responsible for maintaining the database and producing the statistics appearing in this report is also an experienced Helpline operator who undertakes phone duties as needed during peak periods and runs the data meeting. This practice provides a direct connection to the victim, the phone staff who are hearing the stories and the experience of data entry where early identification of problems can be detected and addressed.

In 2017/18, the EAPU received funding from the Queensland Government Department of Communities, Disability Services and Seniors to build a new database. The new database went live on July 2nd, 2018 and has increased the breadth and depth of the data that is being captured. Some of the additional areas of interest being recorded in the new database include barriers to change and the impact of the abuse on the victim. This project has also included upgrading the look and feel of the system to improve the user experience by applying an accordion type interface. Administrators have been given greater ability to modify values giving more control over resorting, hiding, adding and updating information. The database upgrade has addressed compliance issues to ensure

that data storage and movement meets regulatory information security requirements. Enhanced reporting capability has also been included to provide improved statistical analysis of data and customisable reporting.

Completing the database build and implementation was a considerable feat as training Helpline staff, testing and bedding down the database occurred during the busiest time of the year around World Elder Abuse Awareness Day on June 15 and in the midst of the Queensland Government's elder abuse campaign. The new database had significant input from reference group members and other stakeholders around what data should be captured. After only three months, preliminary analyses are showing that the database has the ability to provide some really meaningful contributions to the understanding of, and the mechanisms and risk factors that underlie elder abuse.

The EAPU is actively seeking to connect with researchers around Australia to facilitate discussions around elder abuse, domestic violence and data collection. It is hoped that with time, there will be greater consistency in the data being captured around Australia and that this will provide a more comprehensive understanding of the issues and efficacy of responses. It is further envisaged that collaborating with researchers throughout Australia will help to ensure that the data being collected continues to meet the needs of stakeholders. Furthermore, there has been a growing interest in the data being collected in this field and it is hoped that this momentum will lead to increases in the number of services collecting and reporting on elder abuse and provide a more robust understanding to inform national initiatives.

Section 2
Total Call Data

This section includes:

- Call data;

- Elder abuse notifications.

Call Data

The total number of calls to the Helpline during the 2017/18 financial year was 3,006. As Figure 1 shows, 1,946 of the calls were notifications of elder abuse with 1,733 related to abuse in close/intimate relationships and 213 related to abuse in consumer and social relationships. A further 1,060 calls were classed as enquiry calls and included requests for training, community education sessions, resources or information, along with calls which were not recorded as elder abuse calls but still involved a caller who was experiencing some level of distress.

As noted in Section 1, notifications may include multiple victims and/or alleged perpetrators. Analyses in the Year in Review use the data relating to cases as this ensures that notifications involving multiple victims or perpetrators are fully represented. This is important because a single victim who is being abused by two alleged perpetrators may experience different forms of abuse from each perpetrator. The same may apply to perpetrators; for example, a son may be physically and financially abusive to his father but may use manipulation (psychological abuse) as a means to financially abuse his mother.

Figure 1.
Notifications Received in the 2017/2018 Financial Year.
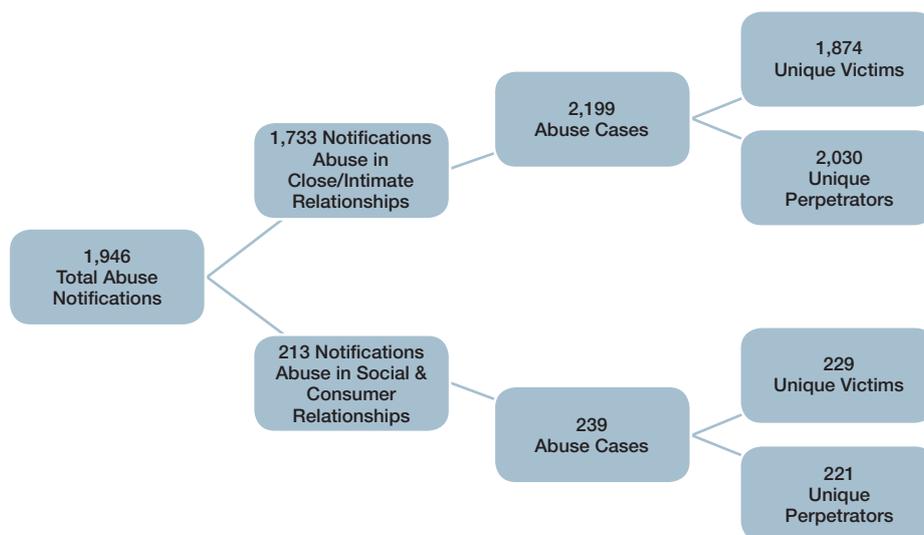
Elder Abuse Notifications

The 1,946 abuse notifications made to the Helpline in 2017/18 was 294 more than the 1,652 notifications received in 2016/17, representing a 17.8 percent increase. This was the largest increase recorded since the Helpline's inception. As shown in Figure 2, the number of elder abuse notifications continues to increase annually from the 244 recorded in 2000/01.

Figure 2.
Total Abuse
Notifications by Year.
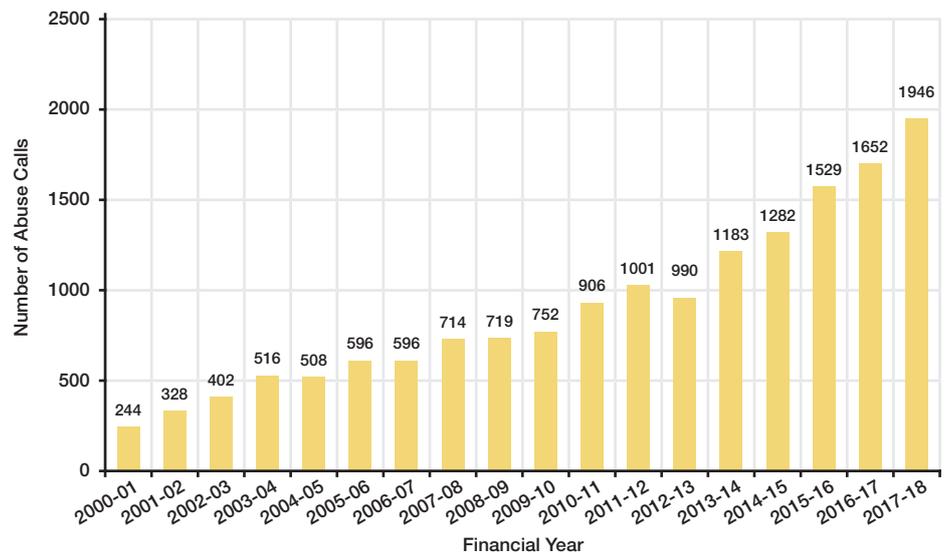
Campaigns that raise awareness of elder abuse contribute to increases in the number of notifications. In 2017, there were two prominent elder abuse campaigns:

1. The Queensland Government's elder abuse prevention campaign;

2. Queensland Law Society's elder abuse trial.

The Queensland Government's campaign ran from June to August 2017 with the tagline 'There's no excuse for elder abuse'. The objective was to break down the social stigma that creates a barrier to reporting elder abuse and to motivate older people and their friends, family members and health professionals to respond appropriately to signs of abuse. The campaign included advertising in shopping centres, medical centres and on public transport. Coralee O'Rourke (Minister for Seniors) held a media launch at Parliament House, with other media promotion comprising advertisements in foreign language newspapers, regional radio, online publications and social media, along with promotion through stakeholder networks and community organisations. The message was also promoted on banners on Brisbane's Story Bridge, which was lit up in purple in recognition of World Elder Abuse Awareness Day.

In June 2017, the Queensland Law Society (QLS) launched a trial which was designed to raise awareness of elder abuse. With the help of the Australian Medical Association of Queensland, the trial enlisted staff and general practitioners (GP's) from 321 clinics to be aware of the signs of abuse and encouraged potential victims to disclose this to GP's. The GP's were provided with referral options for patients, with a focus on EAPU's Elder Abuse Helpline. Articles on elder abuse were run in Quest newspapers for four weeks to highlight the campaign, issues associated with elder abuse and available support options.

During the QLS trial and the Queensland Government's elder abuse prevention campaign, Helpline calls increased by 62.6 percent from 174 in May 2017 to 283 in June 2017 (see Figure 3). In 2018, the number of calls received by the Helpline again increased between May and June, although the increase was more modest at 35.5 percent.

Figure 3.
Calls to the Helpline by Month, January 2017 to June 2018.
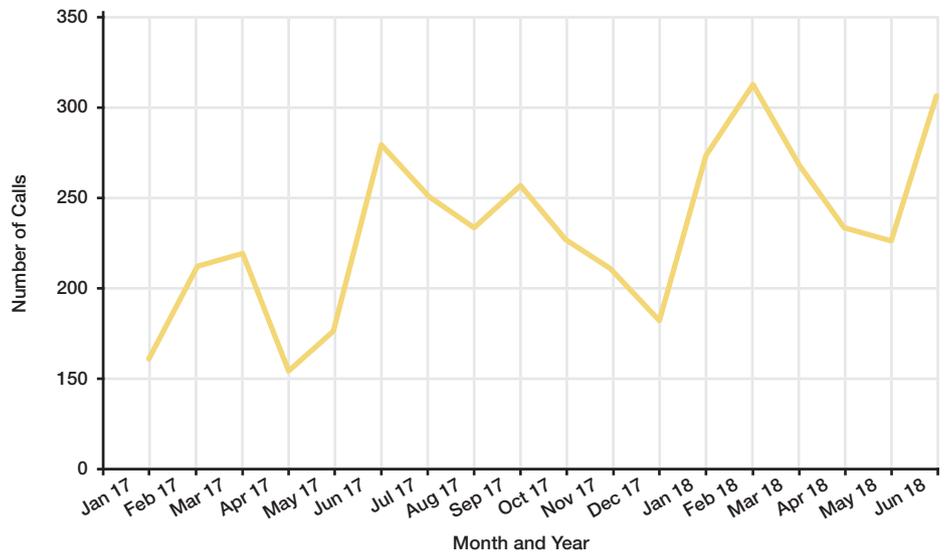
Section 3 Abuse in Close/Intimate Relationships

Elder abuse is increasingly recognised as a multifaceted problem which occurs as a result of the complex interplay between large numbers of factors. The multifarious nature of this issue has led to calls from bodies such as the United Nations Department of Economic and Social Affairs[16], National Institute of Justice[17], World Health Organisation[18] and the National Research Council[19] for research into elder abuse to take into account the complexity and look beyond the victim to include relational and societal influences. The ecological model was identified as a useful theory to examine elder abuse due to its focus on understanding phenomena through an examination of the influences of interrelated systems. A bifocal ecological model has previously been used in elder abuse research both internationally[20,21] and within Australia[22] and this model will be used as a framework to structure analyses of the risk factors.

The Ecological Model

Bronfenbrenner's ecological model[23] positions the individual within four levels of environmental systems that interact to influence individual human development and life experience. Each system is conceptualised as dynamically influencing each other, often bidirectionally. Schiamberg and Gans[20] extended the ecological model through the use of a bifocal approach, which simultaneously focuses on both the victim and perpetrator. It is the bifocal ecological framework which is used in the Year in Review. This model posits that the risk factors for elder abuse are best understood as being situated within four interconnected systems:

1. Individual – relates to the immediate settings in which the victim and/or perpetrator live and any individual factors that create vulnerabilities.

2. Relationship – relates to the relationship between the victim and perpetrator an includes shared risk factors such as whether the victim and perpetrator live together, their relationship and any relevant intergenerational experiences such as a family history of domestic violence or child abuse.

16   United Nations Department of Economic and Social Affairs, Division for Social Policy and Development Programme on Ageing (2009, May).
17   Jackson, S. L., & Hafemeister, T. L. (2013).
18   World Health Organisation (2015).
19   National Research Council (2003).
20   Schiamberg, L. B., & Gans, D. (1999).
21   Horsford, S. R., Parra-Cardona, J. R., Post, L. A., & Schiamberg, L. (2011).
22   Joosten, M., Vrantsidis, F., & Dow, B. (2017).
23   Bronfenbrenner, U. (1979).

3. Community – this refers to the relationships or connections between the victim or perpetrator with the others in the community, any other family or support systems (both formal and informal) and other community factors such as living in a small community and the potential for dual relationships and subcultures.

4. Society – relates to the ideologies and cultural context in which individuals live, including aspects such as cultural norms and ideologies, public policy, access to healthcare, economic inequality and legislation.

These systems interact and changes at one level can influence other levels. For example, changes to housing policy (societal) led to an increase in housing prices resulting in home ownership being out of reach for the son of an older person. The son decides that the only option is for his 80 year old mother to move in with him and pay for a share of the house. His mother's health subsequently deteriorates (individual) and she requires care; however, the son is reluctant to waste what he regards as his inheritance on formal care so he provides minimal care and eventually his mother is unable to leave the house and becomes socially isolated (individual) and becomes more reliant on her son (relationship). Consequently, the interaction between these individual, relationship and societal factors resulted in an increased risk of elder abuse for the older person. A graphic representation of the framework used to frame the Year in Review is presented in Figure 4.

Figure 4.
A Bifocal Ecological Framework Identifying Potential Risks and Protective Factors in Elder Abuse.

Society
- Ageism
- Sexism & Gender Roles
- Racism
- Normalisation of Violence
- Policies
- Legislation
- Housing Affordability
- Cultural Obligation/ Expectations
- Economic Conditions
- Community Factors

Community
- Friends
- Family
- Workers
- Informal Carers
- Neighbours
- Other Community Members

Relationship
- Dependence
- Family History
- Caring Role

Individual
Victim
- Age, gender, ethnicity, wealth, health, capacity, isolation, care needs

Perpetrator
- Age, gender, substance abuse, criminality, health, trauma, income

Section 3.1 Abuse Data

The three most commonly reported abuse types in Helpline calls for 2017/18 were financial abuse, psychological abuse and neglect. As Table 3 and Figure 5 show, more than half of the victims experienced financial and/or psychological abuse, which is consistent with findings both internationally and within Australia[24].

Table 3.
Number of Victims by Abuse Type.

Type of Abuse	Victims
Financial	1,511
Neglect	316
Physical	278
Psychological	1,207
Sexual	19
Social	273

Figure 5.
Proportion of Victims by Abuse Type (*N*=2,199).
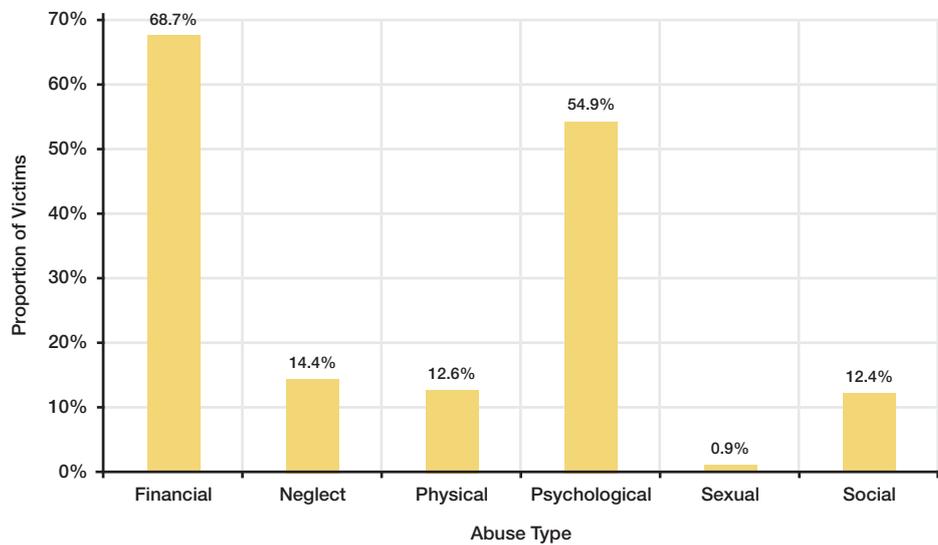
24   Kaspiew, R., Carson, R., & Rhoades, H. (2015).

Victim/Perpetrator Relationships across Different Abuse Types

Sons (n=795, 36.3%) and daughters (n=789, 36.0%) were almost equally represented as the most frequently reported perpetrators of abuse in close/intimate relationships, together representing 72.3 percent of perpetrators (see Table 4 and Figure 6). Spouse/Partners (n=209, 9.5%) were the next most common perpetrators.

Table 4.
Relationship of Perpetrator to Victim across all Abuse Cases (N=2,199).

Relationship to Victim	Frequency
Son	795
Daughter	789
Spouse/Partner	209
Grandchild	116
Friend	100
Other Relative	97
Informal Carer	55
Sibling	31
Unknown	7
Total	2,199

Figure 6.
Relationship of Perpetrator to Victim (n=2,192).

- Son 36.3%
- Daughter 36.0%
- Spouse/Partner 9.5%
- Grandchild 5.3%
- Friend 4.6%
- Other Relative 4.4%
- Informal Carer 2.5%
- Sibling 1.4%
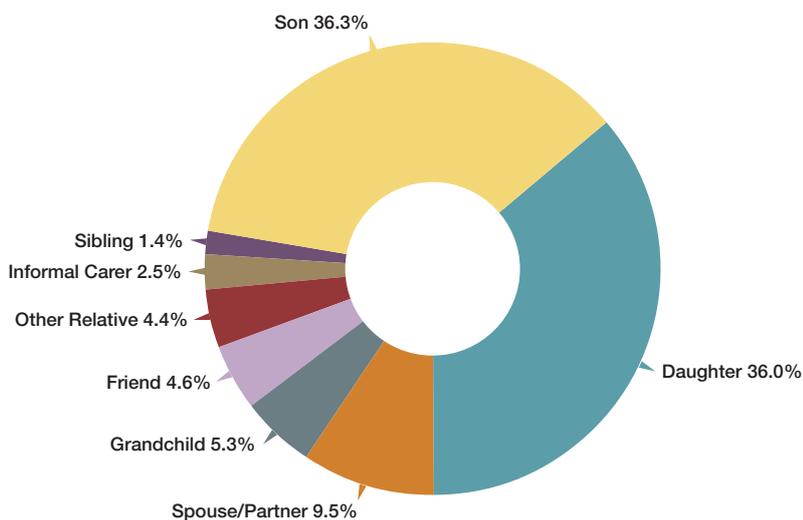
Past Year in Review analyses have found that the relationship between the perpetrator and victim varies across different types of abuse[25]. However, previous reports have only included data relating to the primary abuse type that was chosen. Helpline operators select the primary abuse type based on their perception of which form of abuse that the victim is experiencing is the most severe and/or is causing the greatest distress; a method that is largely subjective. To address this, the analyses for 2017/18 have included secondary abuse type[26].

25   Note. For the purpose of these analyses, the relationships reported on such as son or daughter does not take into account the biological nature of the relationship. For example, Son includes: sons-in-law, adoptive sons, stepsons and biological sons.
26   Note. Inclusion of secondary abuse types data was achieved by a creating a binary variable for each abuse type and dummy coding responses as Yes or No to indicate whether the type of abuse was present.

Financial Abuse

Financial abuse involves the illegal or improper use of a person's finances or property. Some examples of financial abuse reported to the Helpline include not allowing the older person access to their money, pressuring the victim to sign over their house or car to the perpetrator, using the victim's credit card without permission or misusing an Enduring Power of Attorney (EPoA).

One thousand five hundred and eleven cases of financial abuse in close/intimate relationships were reported to the Helpline in 2017/18. As Figure 7 shows, sons (n=580, 38.4%) were most frequently reported as perpetrators of financial abuse, followed by daughters (n=530, 35.1%) and spouse/partners (n=99, 6.6%). Together, these three relationship categories accounted for 80.0 percent (n=1,209) of alleged financial abuse perpetrators.

The categories of Son, Daughter and Spouse/Partner were further delineated into more specific relationship types (see Table 5) which showed that biological sons represented the most common alleged perpetrators. However, when it came to in-laws, daughters-in-law were slightly more likely to be reported as perpetrators than sons-in-law. It was also noted that of the 99 cases where the perpetrator was recorded as spouse/partner, 16 (16.2%) of these were ex-spouse/partners.

Figure 7.
Relationship of Perpetrator to Victim for Financial Abuse (n=1,511).
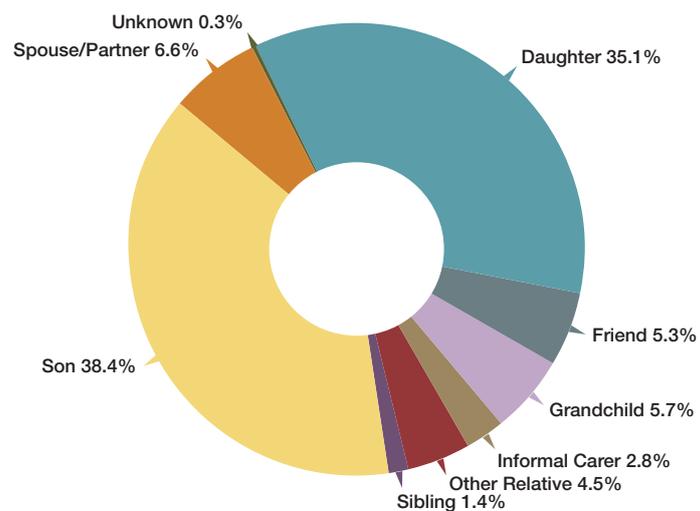
Table 5.
Daughter, Son and
Spouse/Partner
Perpetrators in
Financial Abuse Cases.

Relationship	Frequency	Proportion
Daughter	445	29.5%
Daughter - Adoptive	8	0.5%
Daughter-In-law	53	3.5%
Daughter - Step	24	1.6%
Daughter - Total	**530**	**35.1%**
Son	511	33.8%
Son - Adoptive	7	0.5%
Son-In-law	40	2.6%
Son - Step	22	1.5%
Son - Total	**580**	**38.4%**
Spouse/Partner	83	5.5%
Ex-Spouse/Partner	16	1.1%
Spouse/Partner - Total	**99**	**6.6%**
	1,209	**80.1%**

Neglect

EAPU defines neglect as "The failure of a carer to provide the necessities of life to a person for whom they are caring". Neglect may be intentional or unintentional. Neglect cases reported to the Helpline can include situations where the victim:

- Is not being provided with food, or is fed inadequately, e.g. only fed chips or ice-cream or other foods that do not meet their nutritional needs;

- Is not receiving an adequate level of personal care, e.g. not toileted or showered appropriately or left in clothes or bed that contains urine and/or faecal matter; and/or

- Is not receiving adequate medical care.

Three hundred and sixteen cases of neglect in close/intimate relationships were reported to the Helpline in 2017/18. As Figure 8 shows, sons (*n*=112, 35.4%) and daughters (*n*=112, 35.4%) were equally reported as the most common perpetrators in neglect cases, followed by spouse/partners (*n*=50, 15.8%). Together, these three groups accounted for a total of 86.7 percent of alleged perpetrators of neglect. However, when these relationships were further broken down, a higher proportion of perpetrators were sons, as almost five percent of the perpetrators counted as daughters were in fact daughters-in-law (see Table 6). Within spouse/partner relationships, the gender of perpetrators of neglect was close to equal, with slightly more female perpetrators (*n*=26, 52.0%) than male perpetrators (*n*=24, 48.0%).

Recent ABS data showed that females were the primary carer for a parent with a disability at 7.7 times the rates of males[27]. Despite being much more likely to be caring for their parent/s, daughters were only represented as perpetrators of neglect in an equal proportion to sons (see Figure 8). Further analysis of the data revealed that perpetrators were providing informal care in 135 (42.7%) cases which involved neglect. Daughters (n=47, 14.9%) were providing care for the victim in slightly more cases than sons (n=44, 13.9%) and spouse/partners were providing care in 26 cases (8.2%) which involved neglect.

However, when comparing the proportion of perpetrators providing care in each of the relationship types, more than half of spouse/partners (52.0%) were providing care, compared to 42.0 percent of daughters and 39.3 percent of sons. Of these perpetrators providing care, Carer Stress was reported more often in spouse/partners (n=13, 50.0%), than daughters (n=16, 34.0%) or sons (n=14, 31.8%).

Caring for a family member can lead to difficulties in managing the stress, physical strain, competing demands and financial hardship associated with the role[28,29]. This can leave carers feeling overloaded and reduce their capacity to cope and may affect the relationship between the caregiver and care recipient[30,31]. Despite acknowledgement that carer stress is not the primary cause of elder abuse, carer stress has been found to mediate between individual victim, perpetrator and relationship factors to increase the risk of abuse and neglect[32].

Figure 8.
Perpetrator Relationships to Victims in Neglect Cases (n=316).

Daughter 35.4%
Spouse/Partner 15.8%
Friend 0.9%
Grandchild 3.5%
Informal Carer 6.3%
Other Relative 2.2%
Sibling 0.3%
Son 35.4%
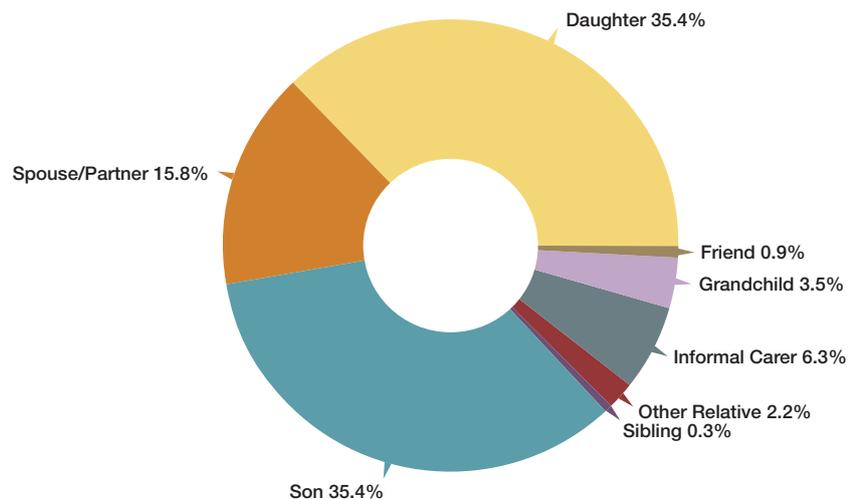
27   Australian Bureau of Statistics (2017b).
28   Brandl, B., & Raymond, J. A. (2012).
29   MacArthur Foundation (2012).
30   Son, J., Erno, A., Shea, D. G., Femia, E. E., Zarit, S. H., & Stephens, M. A. (2007).
31   Chen, R., & Dong, X. (2017).
32   Kohn, R., & Verhoek-Oftendahl, W. (2011).

Table 6.
Daughter, Son and
Spouse/Partner
Perpetrators of Neglect.

Relationship	Frequency	Proportion
Daughter	93	29.4%
Daughter-In-law	15	4.7%
Daughter - Step	4	1.3%
Daughter - Total	**112**	**35.4%**
Son	109	34.5%
Son - Adoptive	1	0.3%
Son-In-law	1	0.3%
Son - Step	1	0.3%
Son - Total	**112**	**35.4%**
Spouse/Partner	48	15.2%
Ex-Spouse/Partner	2	0.6%
Spouse/Partner - Total	**50**	**15.8%**
	274	**86.7%**

Physical Abuse

Physical abuse is the infliction of physical pain or injury or physical coercion. Examples include hitting, slapping, pushing, rough handling or the use of restraint (physical or chemical).

Two hundred and seventy-eight cases of physical abuse in close/intimate relationships were reported to the Helpline in 2017/18. Sons (n=108, 38.8%) were the most common perpetrators in physical abuse cases and were identified as the alleged perpetrators more frequently than spouse/partners (n=55, 19.8%) or daughters (n=70, 25.2%) (see Figure 9 and Table 7). In total, sons, spouse/partners and daughters were the perpetrators in 83.8 percent of physical abuse cases.

Within the broader community, reports of physical abuse in domestic and family violence are more likely to be related to Intimate Partner Violence (IPV), whereas Figure 9 and Table 7 show that cases involving physical abuse reported to the EAPU Helpline are more likely to be related to victims experiencing abuse at the hands of their sons and daughters. Although this discrepancy could be due to IPV being more likely to be reported directly to the police or a domestic violence service, other Australian data has shown that older women experience a decreased risk of IPV[33].

33   *Australian National Research Organisation for Women's Safety (2016a).*

It is interesting to note that a recent analysis of domestic and family violence related deaths in Queensland found that, where the victim was aged over 65 years, the perpetrator was just as likely to be a family member (*n*=11, 47.8%) as an intimate partner (*n*=11, 47.8%)[34]. In contrast, for victims aged between 18-64 years, the perpetrator was an intimate partner in 67.7 percent of domestic and family violence deaths, whereas family members only accounted for 22.9 percent of deaths[34].

Figure 9.
Relationships of Perpetrators to Victims for Physical Abuse Cases (*n*=278).

Son 38.8%
Sibling 1.8%
Other Relative 2.5%
Informal Carer 2.9%
Grandchild 7.6%
Friend 1.4%
Spouse/Partner 19.8%
Daughter 25.2%
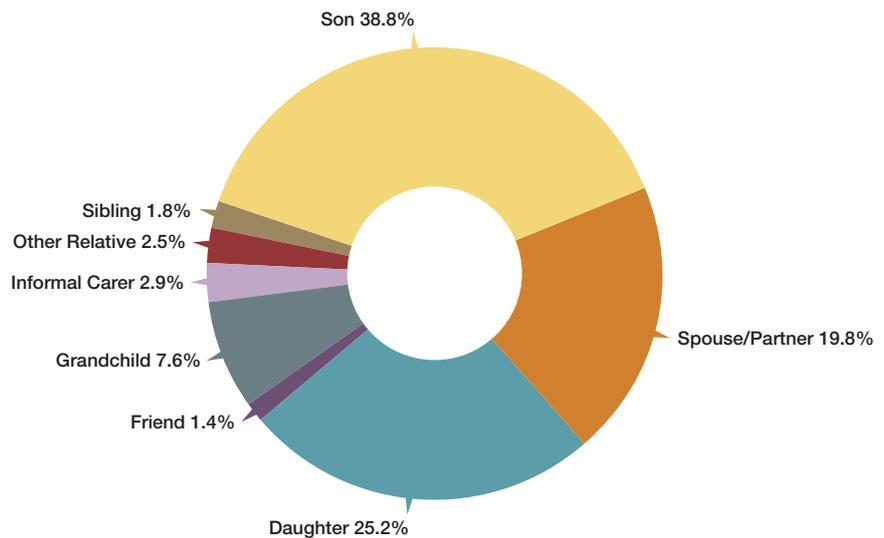
Table 7.
Daughter, Son and Spouse/Partner Perpetrators in Physical Abuse Cases.

Relationship	Frequency	Proportion
Daughter	63	22.7%
Daughter-In-law	6	2.2%
Daughter - Step	1	0.4%
Daughter - Total	70	25.2%
Son	97	34.9%
Son - Adoptive	3	1.1%
Son-In-law	5	1.8%
Son - Step	3	1.1%
Son - Total	108	38.8%
Spouse/Partner	50	18.0%
Ex-Spouse/Partner	5	1.8%
Spouse/Partner - Total	55	19.8%
	233	83.8%

34   *Domestic and Family Violence Death Review and Advisory Board (2017).*

Psychological Abuse

Psychological abuse is defined by EAPU as: The infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness. Some examples of psychological abuse that is reported to the Helpline include the perpetrator belittling the victim by saying things like "You can't do anything right!" "If you don't give me some more money, I will put you in a home" or threatening to stop them seeing their grandchildren.

One thousand two hundred and seven cases of psychological abuse in close/intimate relationships were reported to the Helpline in 2017/18. Sons (n=452, 37.4%) and daughters (n=445, 36.9%) were almost equally represented as alleged perpetrators of psychological abuse, followed by spouse/partners (n=121, 10.0%) (see Figure 10 and Table 8).

Figure 10
Relationship between the Perpetrator and Victim in Psychological Abuse (n=1,207).
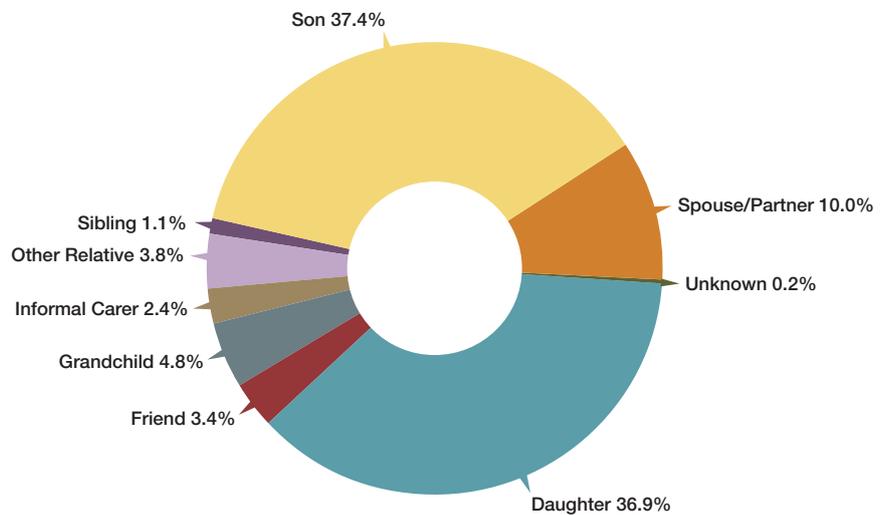
Table 8.
Daughter, Son and Spouse/Partner Perpetrators of Psychological Abuse.

Relationship	Frequency	Proportion
Daughter	373	30.9%
Daughter - Adoptive	12	1.0%
Daughter-In-law	43	3.6%
Daughter - Step	17	1.4%
Daughter - Total	445	36.9%
Son	397	32.9%
Son - Adoptive	6	0.5%
Son-In-law	34	2.8%
Son - Step	15	1.2%
Son - Total	452	37.4%
Spouse/Partner	108	8.9%
Ex-Spouse/Partner	13	1.1%
Spouse/Partner - Total	121	10.0%
	1,018	84.3%

Sexual Abuse

Sexual abuse is sexually abusive or exploitative behaviour. Examples may include: Rape, indecent touching, sexual harassment, forcing a victim to watch pornography and/or inappropriate comments.

Nineteen cases of sexual abuse in close/intimate relationships were reported to the Helpline in 2017/18. As Figure 11 shows, the alleged perpetrators were predominantly spouse/partners (n=9, 47.4%). Further analysis showed that three (33.3%) of the spouse/partner perpetrators were actually ex-spouse/partners (see Table 9).

Sons were also identified as perpetrators in six cases (31.6%) of sexual abuse. The location of the victims in these cases was checked to rule out repeat calls and in each case the postcode was unique, suggesting that these are likely to be six distinct cases. A deeper analysis showed that four of the sons were biological sons; one was an adoptive son and one was a son-in-law (see Table 9).

Figure 11. Perpetrator Relationships to Victims in Sexual Abuse (*n*=19).
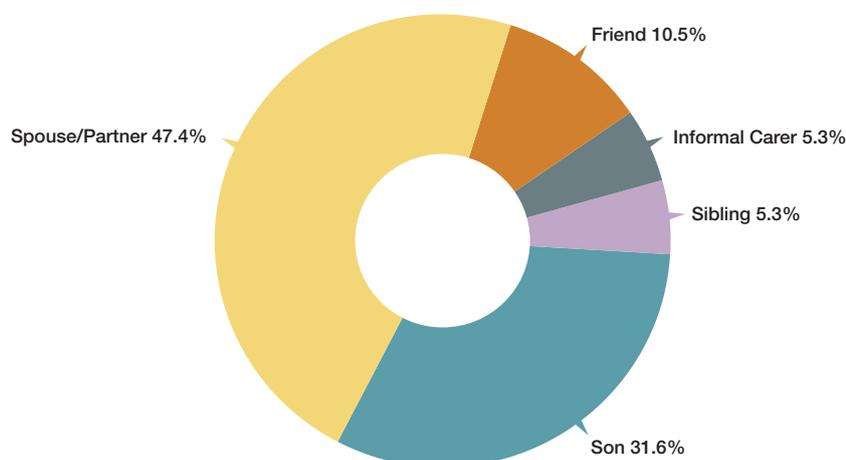
Table 9. Spouse/Partner and Son Relationships in Sexual Abuse Cases.

Relationship	Frequency	Proportion
Son	4	21.1%
Son Adoptive	1	5.3%
Son In-law	1	5.3%
Son - Total	6	31.6%
Spouse/Partner	6	31.6%
Ex-Spouse/Partner	3	15.8%
Spouse/Partner - Total	9	47.4%
	15	79.0%

Limitations:

- Care should be taken when drawing conclusions from the sexual abuse data due to the small number of cases.
- The definition of sexual abuse used to guide data entry is very brief.

The Way Forward:

- A more comprehensive definition of sexual abuse is being used to guide data entry in 2018-19.

Social Abuse

Social abuse involves preventing a person from having social contact with friends or family and often occurs concurrently with psychological and financial abuse[35]. Some common examples of social abuse reported to the Helpline include: The victim's child or children moving the victim away from their friends, other family members and even partners and refusing to allow any contact; the older person being placed in an aged care facility with staff being told not to allow certain people to visit; the perpetrator moving in with the victim and keeping visitors away and/or preventing the victim from leaving the house. In some social abuse cases, victims may have their phone taken away or phone calls monitored by the perpetrator.

Two hundred and seventy-three cases of social abuse in close/intimate relationships were reported to the Helpline in 2017/18. As Figure 12 and Table 10 show, daughters (n=121, 44.3%) were identified as the perpetrators in social abuse cases at higher rates than sons (n=89, 32.6%) and spouse/partners (n=28, 10.3%). Social abuse is the only type of abuse where daughters were represented as perpetrators more frequently than sons.

In many cases of social abuse, the victim is isolated as a means of facilitating or concealing financial abuse[36]. In support of this, over half (n=175, 64.1%) of social abuse victims were also victims of financial abuse.

Figure 12.
Relationship between Perpetrators and Victims of Social Abuse (n=273).

Son 32.6%
Spouse/Partner 10.3%
Unknown 0.7%
Daughter 44.3%
Friend 2.9%
Grandchild 1.8%
Informal Carer 3.3%
Other Relative 2.9%
Sibling 1.1%

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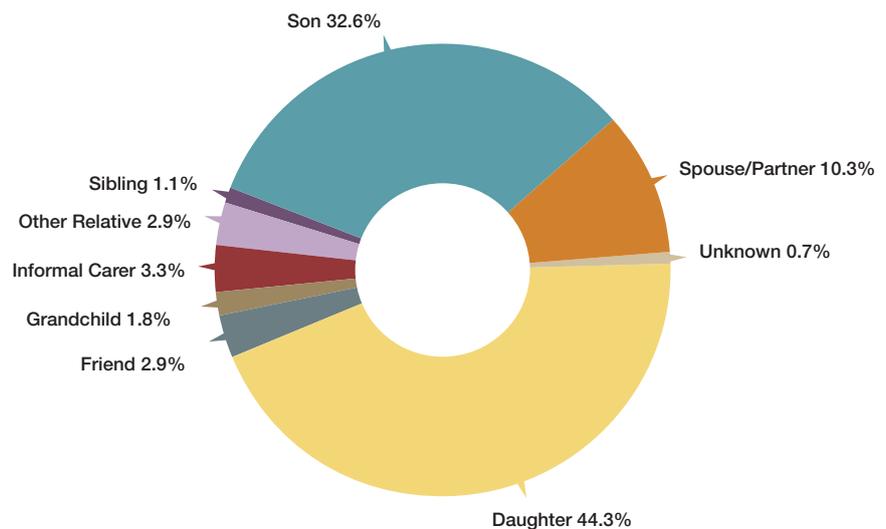
35   Joosten et al. (2015).
36   Cross, C., Purser, K., & Cockburn, T. (2017).

Table 10.
Daughter, Son and Spouse/Partner Perpetrators in Social Abuse Cases.

Relationship	Frequency	Proportion
Daughter	101	37.0%
Daughter - Adoptive	3	1.1%
Daughter-In-law	13	4.8%
Daughter - Step	4	1.5%
Daughter - Total	121	44.3%
Son	80	29.3%
Son-In-law	8	2.9%
Son - Step	1	0.4%
Son - Total	89	32.6%
Spouse/Partner	25	9.2%
Ex-Spouse/Partner	3	1.1%
Spouse/Partner - Total	28	10.3%
	238	87.2%

Abuse Type and Gender of Victim

Based on current conceptualisations relating to abuse type and gender[37,38] it was expected that the proportions of victims who experienced different types of elder abuse would vary as a function of gender. Figure 13 and Table 11 show the number and proportion of victims of each gender who experienced each type of abuse.

Statistical analyses revealed that female victims were significantly more likely to experience psychological abuse or sexual abuse than male victims; however, male victims were significantly more likely to experience financial abuse than female victims[39].

Figure 13.
Abuse Type by Gender (*n*=1,484 Female Victims; *n*=714 Male Victims).
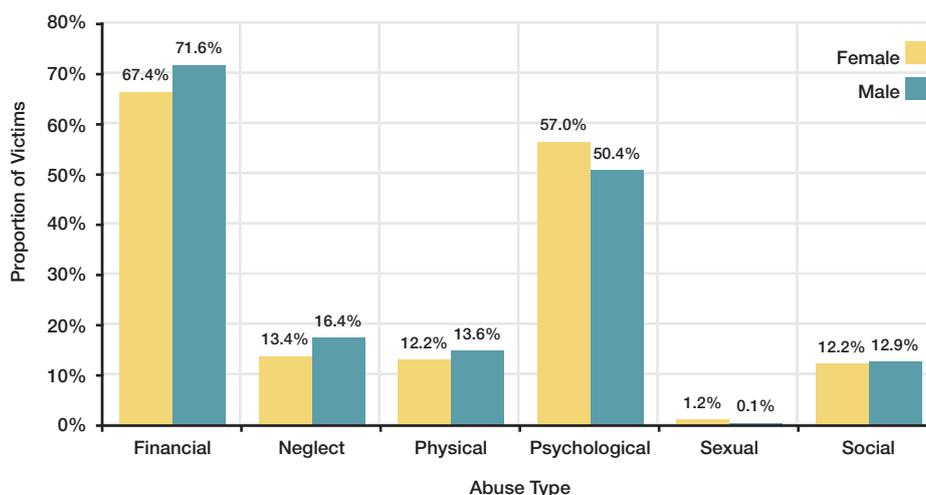
Table 11.
Abuse Type by Victim Gender.

Abuse Type	Victim Gender	
	Female	Male
Financial	1,000	511
Neglect	199	117
Physical	181	97
Psychological*	846	360
Sexual	18	1
Social	181	92

* Note. The gender of one victim was unknown and was excluded from these analyses.

Limitations:

- Data collected by EAPU reflect reported rather than actual abuse. Patterns of reporting may be influenced by gender; for example, male victims may be more reluctant to seek support and cultural gender biases may also result in the abuse of female victims being reported more frequently than cases involving a male victim. It is possible that the abuse reported in cases involving male victims may be severe before support was sought. More research is required to examine this.

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37   Australian Law Reform Commission (2017).
38   Kaspiew et al. (2015).
39   Data was subjected to logistic regression analyses. Female victims were significantly more likely to experience psychological abuse ($\chi2(1) = 8.48$, $p=.004$) or sexual abuse ($\chi2(1) = 8.61$, $p=.003$) than male victims. However, male victims were significantly more likely to experience financial abuse ($\chi2(1) = 3.96$, $p=.047$) than female victims.

Abuse Type and Gender of Perpetrator

Common conceptualisations of domestic and family violence involve a female victim and male perpetrator (usually a spouse/partner). However, although older populations also have higher proportions of female victims than males, the gender of perpetrators is more evenly split, with slightly more female perpetrators (*n*=1,104, 50.6%) than male perpetrators (*n*=1,076, 49.4%).

Despite this, it was expected that the gender breakdown of perpetrators would vary as a function of the abuse types. Figure 14 and Table 12 show the number and proportion of perpetrators of each gender who were identified as perpetrating each type of abuse.

Statistical analyses showed that males were significantly more likely than females to be identified as perpetrators in physical abuse or sexual abuse cases. Females were significantly more likely than males to be identified as perpetrators in cases of social abuse[40].

Figure 14.
Abuse Type by Gender of Perpetrators (*n*=1,104 Female; *n*=1,076 Male).
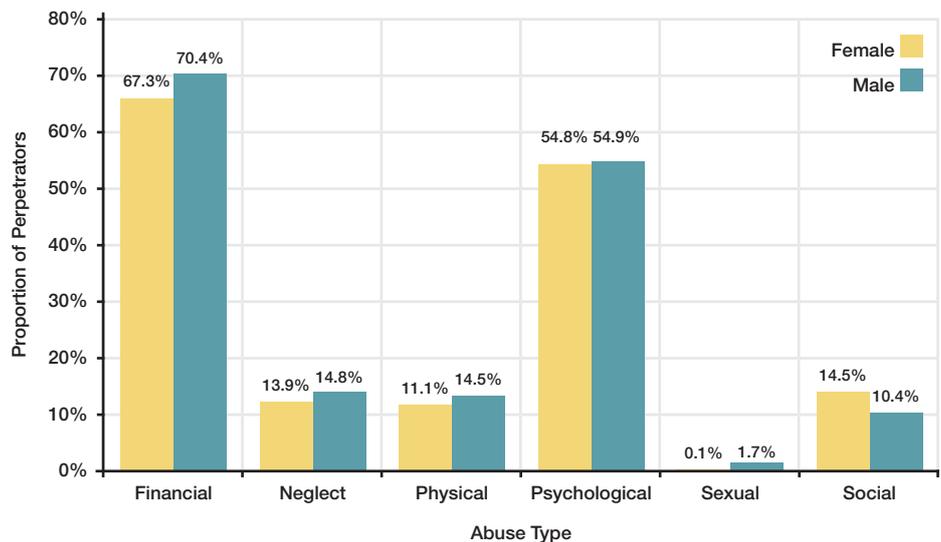
Table 12.
Gender of Perpetrators by Abuse Type.

Abuse Type	Perpetrator Gender	
	Female	Male
Financial	743	758
Neglect	153	159
Physical	122	156
Psychological*	605	591
Sexual	1	18
Social	160	112

40   Data was subjected to logistic regression analyses. Males were significantly more likely than females to be identified as perpetrators in physical abuse ($\chi 2(1) = 5.83$, $p=.016$) or sexual abuse ($\chi 2(1) = 19.08$, $p=.000$). Females were significantly more likely than males to be identified as perpetrators in cases of social abuse, $\chi 2(2) = 9.48$, $p=.009$.

Abuse Type, Victim and Perpetrator Gender

As shown above, overall, victims are more likely to be female (*n*=1,484, 67.5%) than male (*n*=714, 32.5%). In contrast to this, the gender of alleged perpetrators is fairly evenly split, with slightly more female perpetrators (*n*=1,104, 50.6%) than male perpetrators (*n*=1,076, 49.4%). These figures are reasonably consistent with Helpline data from previous years.

The preceding pages have examined whether differences existed in the gender of the victim or perpetrator across the different types of abuse. Further analysis sought to examine whether there was an interaction between victim gender and perpetrator gender across different types of abuse. Overall, as Table 13 shows, in cases where the victim was female, the perpetrator was more likely to be male and when the victim was male, the perpetrator was more likely to be female.

Table 13.
Victim and Perpetrator Gender (*n*=2,179).

	Victim Gender	
Perpetrator Gender	**Female**	**Male**
Female	714	389
Male	757	319

An interaction between victim gender and perpetrator was also found for all six types of abuse[41] (see Table 14, Table 15, Table 16, Table 17, Table 18, and Table 19).

It was expected that the largest difference between the gender of victim and perpetrator would be seen in sexual violence and physical abuse cases (based on other data around the gendered nature of sexual and physical violence[42,43]). However, despite the greatest difference being observed in sexual abuse cases (see Table 18, the next largest difference was found in neglect cases, followed by physical abuse. It is unclear why the difference in neglect cases is higher than physical abuse but an examination of whether there are other factors that moderate these relationships may be warranted.

Table 14.
Victim and Perpetrator Gender in Financial Abuse (*n*=1,501).

	Victim Gender		
Perpetrator Gender	**Female**	**Male**	**Difference**
Female	48.2%	**52.0%**	-3.8%
Male	**51.8%**	48.0%	3.8%
Total	**100.0%**	**100.0%**	

Table 15.
Victim and Perpetrator Gender in Neglect (*n*=312).

	Victim Gender		
Perpetrator Gender	**Female**	**Male**	**Difference**
Female	42.9%	**59.5%**	-16.6%
Male	**57.1%**	40.5%	16.6%
Total	**100.0%**	**100.0%**	

41   Note. To overcome the issue of differences in samples sizes of male and female victims, the number were expressed as the proportion of victims of each gender.
42   Australia's National Research Organisation for Women's Safety (2016a).
43   Australian Institute of Health and Welfare (2018a).

Table 16.
Victim and Perpetrator Gender in Physical Abuse (*n*=278).

| | Victim Gender | | |
Perpetrator Gender	Female	Male	Difference
Female	39.2%	**52.6%**	-13.4%
Male	**60.8%**	47.4%	13.4%
Total	100.0%	100.0%	

Table 17.
Victim and Perpetrator Gender in Psychological Abuse (*n*=1,195).

| | Victim Gender | | |
Perpetrator Gender	Female	Male	Difference
Female	49.2%	**53.8%**	-4.6%
Male	**50.8%**	46.2%	4.6%
Total	100.0%	100.0%	

Table 18.
Victim and Perpetrator Gender in Sexual Abuse (*n*=19).

| | Victim Gender | | |
Perpetrator Gender	Female	Male	Difference
Female	0.0%	**100.0%**	-100.0%
Male	**100.0%**	0.0%	100.0%
Total	100.0%	100.0%	

Table 19.
Victim and Perpetrator Gender in Social Abuse (*n*=272).

| | Victim Gender | | |
Perpetrator Gender	Female	Male	Difference
Female	55.8%	**64.8%**	-9.0%
Male	**44.2%**	35.2%	9.0%
Total	100.0%	100.0%	

Limitations:

- Data collected by EAPU reflect reported rather than actual abuse. Patterns of reporting may be influenced by gender, particularly for certain types of abuse. For example, there can be more stigma attached to reporting sexual and physical abuse if the victim is a male and the perpetrator is female.

- Interactions between victim and perpetrator gender across different abuse types has not previously been examined. Future analysis of Helpline data will help to determine if this is a legitimate pattern.

- Statistical analyses of victim and perpetrator gender across different abuse types were not undertaken and therefore, the identified interactions may not be statistically significant.

The Way Forward:

- A deeper analysis of victim and perpetrator gender across different abuse types will be completed in the future, drawing on a multi-year dataset to examine whether these interactions exist and are significant.

Financial Abuse: Risk Factors and Methods

Financial abuse was the most commonly reported abuse type in 2017/18 with 1,511 or 68.7 percent of all victims having experienced financial abuse. Furthermore, 708 (46.9%) of these cases also involved co-occurring psychological abuse. Psychological abuse often occurs in tandem with financial abuse and may function as a means to facilitate financial abuse[44,45]. For example, perpetrators may threaten to sever contact with the older person, refuse access to grandchildren if the older person is reluctant to provide the perpetrator with money or assets or the means to control access to these. However, there is currently no means of recording the motivation behind the psychological abuse; such as whether it was primarily committed to enable the perpetrator to financially abuse the victim.

The Elderline database allows Helpline operators to select predefined financial factors that may increase the risk of financial abuse. These risk factors can be selected for both the victim and the perpetrator. In this edition of the Year in Review, the financial risk factors are only reported for cases where financial abuse was identified. As can be seen in Table 20, the most prominent risk factors were: A history of loaning money to others (48.1%), delegation of financial decision-making to the perpetrator (27.2%), and requiring support to implement financial decisions despite having capacity for financial decisions (13.7%).

Some examples of situations where this may occur could be in a situation where the victim has a disability and is not able to attend the post office to pay the bill or may have a hearing impairment and is unable to buy a car without support due to not being able to hear the salesperson.

Risk factors were identified for 79.0 percent of victims of financial abuse.

Table 20.
Top 10 Financial Risk Factors for Victims of Financial Abuse.

Risk Factor	Total	Proportion
History of Gifting/Loaning	574	38.0%
Delegated Financial Matters	331	21.9%
Functional Support Required	164	10.9%
Dependence on Others	92	6.1%
Dependence by Others	49	3.2%
Other	24	1.6%
Insufficient Income	18	1.2%
Authorised Access	11	0.7%
Debt Burden	11	0.7%
History of Requesting/Borrowing	9	0.6%

44   Elder Abuse Prevention Unit (2015).
45   Cross et al. (2017).

As Table 21 shows, the top financial risk factors recorded for perpetrators in cases where financial abuse was identified were: A history of borrowing, being authorised to access the victim's bank account or having others dependant on them. At least one perpetrator risk factor was identified in 69.7 percent of financial abuse cases.

Table 21.
Top 10 Financial Risk Factors for Perpetrators of Financial Abuse.

Risk Factors	Frequency	Proportion
History of Requesting/Borrowing	641	55.5%
Authorised Access	333	28.8%
Dependence by Others	64	5.5%
Gambling	41	3.5%
Debt Burden	39	3.4%
Dependence on Others	38	3.3%
Wilful Unemployment	35	3.0%
Unemployment	28	2.4%
Insufficient Income	23	2.0%
History of Gifting/Loaning	17	1.5%

Limitations:

• Some risk factors were only identified in a very small number of cases and may not be useful for assessing risk of financial abuse.

Methods of Financial Abuse

Of the 1,511 cases where financial abuse was reported, at least one method of financial abuse was identified in 959 cases. As Table 22 shows, the most commonly reported methods of financial abuse were: Non-contribution (20.6%), failure to repay loans (11.5%) and EPoA abuse (9.9%). Non-contribution is selected when the perpetrator is living or staying with the victim and not contributing to cover the cost of rent, groceries or other bills. Failure to repay loans is selected when the perpetrator borrows money from the victim and does not pay it back. Enduring Power of Attorney abuse includes situations where the EPoA has been used by the perpetrator for their own benefit; for example, callers to the Helpline often report situations where the EPoA has been used to withdraw sums of money which are then used to pay the perpetrator's mortgage, buy a new car or pay their own bills. Although EPoA abuse was the third most commonly selected method of abuse, the 149 victims represent less than half of the number of perpetrators who held the EPoA for victims in financial abuse cases (n=404, 36.9%).

Table 22.
Ten Most Reported Methods of Financial Abuse.

Method of Financial Abuse	Victims	Proportion
Non-Contribution	311	20.6%
Failure to Repay Loans	174	11.5%
EPoA Abuse	149	9.9%
Theft	115	7.6%
Pension Theft	113	7.5%
Misuse of Cards	102	6.8%
Family Expenses	102	6.8%
Failure to Return Assets	72	4.8%
Will Modification	57	3.8%
Investment in Perpetrator's Property	48	3.2%

Limitations:

- It is likely that not all methods of financial abuse are captured for all victims.

- The database does not capture information about the status of an EPoA (if it has been enacted) and the decisions that the perpetrator has the authority to make. Consequently, the total number of perpetrators who hold an EPoA for the victims may not be representative of the number that could potentially be used to commit financial abuse as some may only be able to make decisions related to personal and health matters.

Section 3.2
Victim Individual Factors

Individual factors or life circumstances may increase an older person's vulnerability and/or influence their risk of experiencing elder abuse. It is important to note that these factors are not causal factors but may be associated with an increased risk of experiencing victimisation. For example, while there are higher rates of females represented among elder abuse victims, it is not being female that increases the risk, but a complex combination of factors such as gender roles and longer life spans for women.

This section includes the following individual factors that have been identified among older people experiencing elder abuse during 2017/18:

- Gender;
- Age;
- Ethnicity;
- Level of English;
- Income;
- Home ownership;
- Physical health;
- Trauma history;
- Psychological health;
- Capacity;
- Care needs;
- Social isolation.

Gender

Similar to previous years, there were more than twice as many female victims as male victims in 2017/18 (see Figure 15). This equated to 1,484 female victims, 714 male victims and one case where the gender of the victim was unknown. However, as shown in Figure 13 (Section 3.1), female victims were more likely to experience psychological abuse than males, whereas males were more likely to experience financial abuse and neglect. Similar proportions of males and females experienced social abuse.

Figure 15
Gender of Victims of
Elder Abuse (*n*=2,198).

Male 32.5%

Female 67.5%
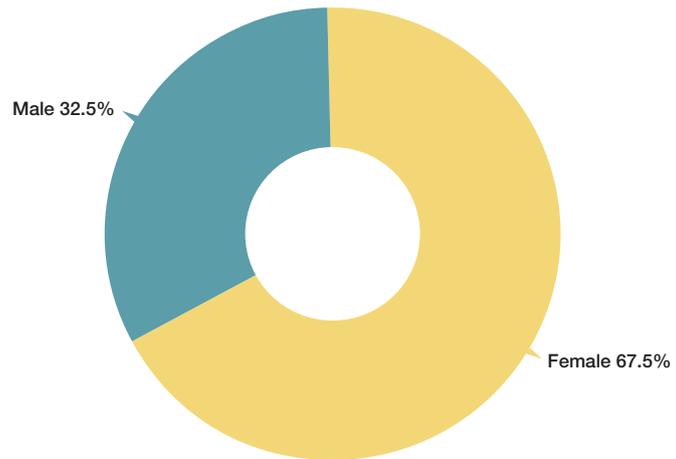
Age

Of the 2,199 cases of elder abuse reported to the Helpline during 2017/18, the age group was recorded for 90.7 percent of victims but was unknown for 9.3 percent. As shown in Figure 16 and Table 23, the most common age group for victims was 80-84 years of age and is consistent with Helpline results for previous years. The 429 victims in this age group represented 19.5 percent of victims (where age was known).

Figure 16.
Age of Victims
(*n*=1,995).
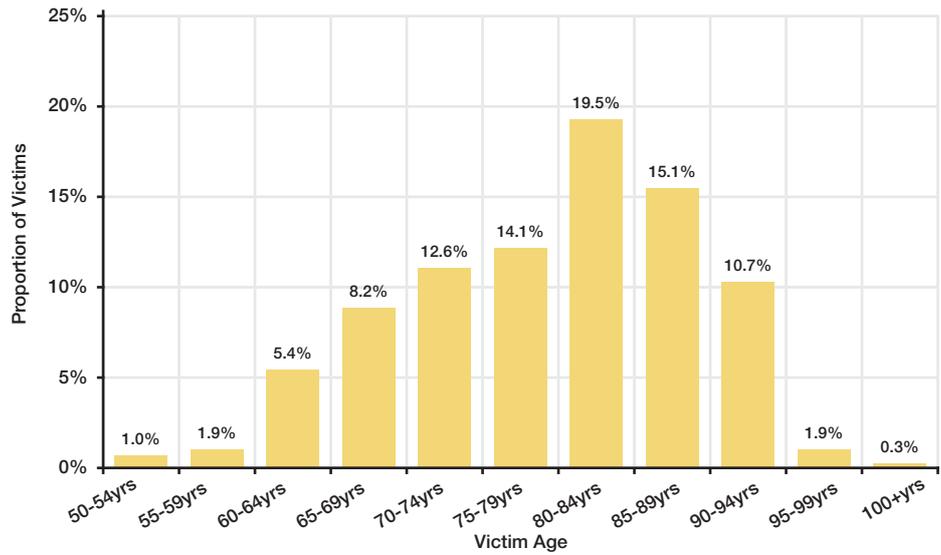
Table 23.
Age of Victims.

Victim Age	Frequency
50-54yrs	22
55-59yrs	41
60-64yrs	118
65-69yrs	180
70-74yrs	278
75-79yrs	310
80-84yrs	429
85-89yrs	333
90-94yrs	236
95-99yrs	41
100+yrs	7
Unknown	204
Total	**2,199**

Age by Gender

Elder abuse victim records were analysed by age and gender. Table 24 and Figure 17 show the number and proportion of male and female victims in each age group. Although the numbers are small in the 100 years and over age group, it is interesting to note that this is the only age group in which the number of male victims is higher than female victims. The number of male victims is six times that of female victims which is surprising given that females typically live longer than males and the ratio of females to males is 3:1 in those aged 100 years and over in Queensland[46].

Table 24.
Victim Age by Gender.

Age	Victim Gender		Total
---	Female	Male	
50-54yrs	19	3	22
55-59yrs	31	10	41
60-64yrs	83	35	118
65-69yrs	115	65	180
70-74yrs	200	78	278
75-79yrs	208	102	310
80-84yrs	281	148	429
85-89yrs	233	100	333
90-94yrs	150	86	236
95-99yrs	30	11	41
100+yrs	1	6	7
Total	1,351	644	1,995

Figure 17.
Victim Age by Gender
(*n=1,995*).
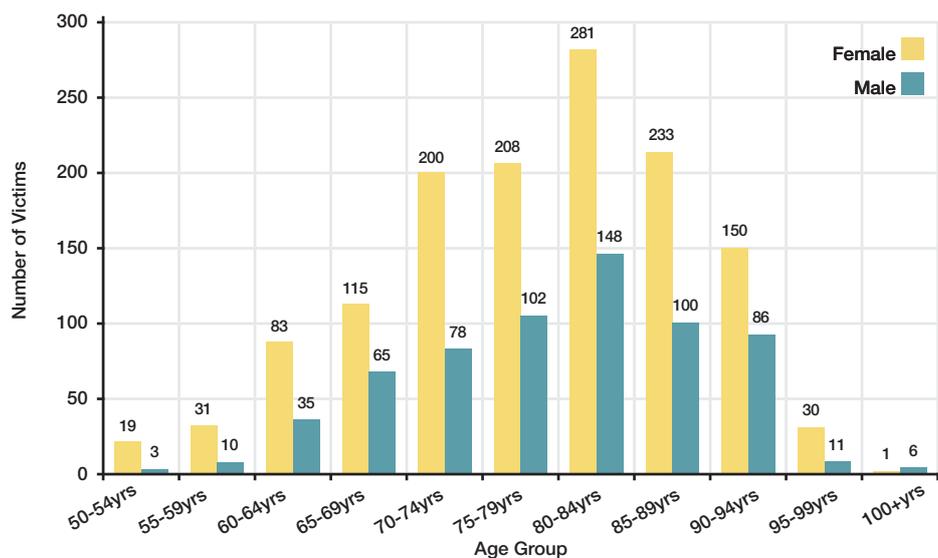
Figure 18 shows that the proportion of male and female victims compared to total males and females respectively for each age group is reasonably similar. The age group of 70-74 years and 80-84 years show more distinct differences between males and females. For the 70-74 years, females have a higher proportion and the 80-84 years shows males being a higher proportion.

Figure 18.
Proportion of Male (*n*=644) and Female (*n*=1,351) Victims by Age Group.
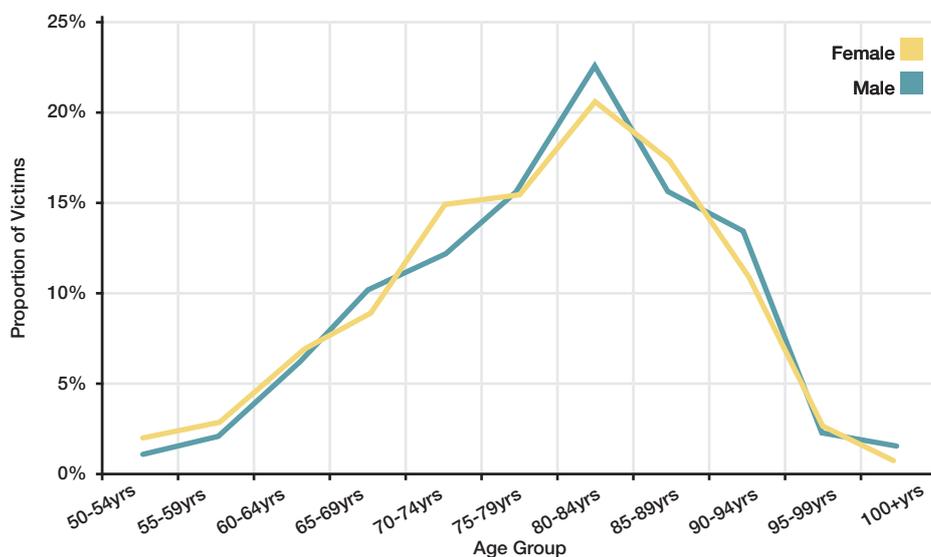
Ethnicity

Research suggests that race, ethnicity and culture may intersect with elder abuse in multiple and complex ways[47,48,49,50]. In particular, there may be specific vulnerabilities and stressors associated with being part of a minority or marginalised ethnic group that may enhance the risk of elder abuse. In the same vein, belonging to a minority or marginalised ethnic group may also function as a protective factor against elder abuse[47,51].

Aboriginal and Torres Strait Islander (ATSI) Peoples

In the 2017/18 reporting period, 77 victims (3.4%) were recorded as being of Aboriginal and/or Torres Strait Islander descent. This is higher than would be expected based on the population statistics from the 2016 Census data[52], where it was reported that 1.9 percent of the population of Queenslanders aged 50 years and over were of Aboriginal and/or Torres Strait Islander descent.

Reliable information on the prevalence and risk of elder abuse for Indigenous Australians is not available; however, Indigenous Australians are reported to experience higher rates of family violence, assault, sexual assault, and murder than their non-Indigenous counterparts[53,54,55]. Given the over-representation as victims in personal violence statistics, it is likely that there is also an increased risk of elder abuse for Aboriginal and Torres Strait Islander peoples. It is important to recognise that being of Aboriginal or Torres Strait Islander descent is not a risk in itself, but rather it is the complex interplay of individual, relational, community and societal factors at work. The society level is particularly important in this context given the effect that colonisation, governmental policy and societal attitudes has had on Aboriginal and Torres Strait Islander peoples.

47   Horsford et al. (2011).
48   Schiamberg, L. B., & Gans, D. (1999).
49   Australian Law Reform Commission (2017).
50   World Health Organisation (2015).
51   Peri, K., Fanslow, J., Hand, J., & Parsons, J. (2008).
52   Australian Bureau of Statistics (2016a).
53   Australian Bureau of Statistics (2014).
54   Parliament of Australia (2014).
55   Australia's National Research Organisation for Women's Safety (2016b).

Within Aboriginal culture there are a number of protective factors that may help to mitigate the risk of elder abuse. In traditional Aboriginal culture, Elders, elderly family members and grandparents are highly respected and even revered. The collectivist kinship system and much broader concept of family that is enmeshed in Australian Aboriginal culture may also mean that there is a larger family to help support and care for an older person. Despite this, a Western Australian (WA) investigation into elder abuse in Aboriginal communities found that elder abuse was occurring and was a major issue for Aboriginal people. Some community members reported that abuse of older people had become normalised within their communities[56]. Financial abuse was identified as being particularly common in the WA study, with younger generations appearing to take advantage of a cultural obligation to share money with relatives. In many cases, the broader definition of family was exacerbating this problem[56].

Culturally and Linguistically Diverse (CALD) Communities

The EAPU and ABS define a client as being from a CALD background if they are born overseas from a country where English is not the predominant language. During the 2017/18 reporting period, 154 victims (7.0%) were recorded as coming from a CALD background. This is lower than expected, given that 2016 Census data found that 13.4 percent of Queenslanders who are aged 50 years and over are from a CALD background[58]. Australian research around elder abuse in CALD communities has found that prevalence is in line with, or higher than population estimates[57]. Underreporting of elder abuse within CALD communities may be due to factors such as a lack of awareness, shame, guilt, cultural norms around privacy and 'family business' and language barriers. The Helpline receives notifications from third parties who state that the victim will not disclose or talk to anyone about the abuse even through a translator, as they believe it will bring shame on their family and community. Victims may also experience pressure from other community members trying to prevent them from disclosing the abuse.

The highest numbers of reported victims from a CALD background in the Helpline data were born in Italy (1.1% of total victims), Austria (0.7%), and India (0.7%). Census data from 2016 shows that Germany, Netherlands and Philippines, respectively were the most commonly reported countries of birth for people from a CALD background aged 50 years and over in Queensland[58]. The differences between the population statistics and Helpline data with regard to country of birth may reflect different levels of awareness of elder abuse within CALD communities and service providers. EAPU has long-term links with Co.As.It Community Services, which has actively worked to raise awareness of elder abuse in the Italian community and may explain people of Italian background are more prominent in the Helpline data.

56   Office of the Public Advocate, Western Australia (2005).
57   Office of the Public Advocate, Western Australia (2006).
58   Australian Bureau of Statistics (2016a).

Level of English

Forty-nine (2.2%) of the total victims were recorded as having low or average English proficiency. Having limited English skills may make it harder to access support and/or services and often leaves the victim reliant on the perpetrator to communicate and act on their behalf[59,60]. This is particularly common in situations where the adult child is the perpetrator as they often have better mastery of English than their parents. In many cases, the older person may not realise that they have been financially abused as they are disengaged from their own financial management and decision making due to communication barriers.

A lack of English mastery may also increase vulnerability in other ways. The Helpline has received calls about cases where victims who are not fluent in English have had capacity assessments done in English and been deemed to have a capacity impairment. However, when capacity assessments were readministered in their native language, the victims were assessed as having capacity. In these cases, incorrect assessment of capacity enabled the perpetrator to enact the EPoA and financially abuse the victim.

Income

As Table 25 shows, the majority of victims (69.1%) received some form of Centrelink or Veterans' Affairs payment.

Table 25.
Income Sources of Victims.

Income Source	Frequency	Proportion
Centrelink	1,520	69.1%
Unknown	436	19.8%
Self-Funded Retirement	182	8.3%
Paid Work	52	2.4%
No Income	9	0.4%
Total	2,199	100.0%

Home Ownership

Helpline operators enter home ownership status into Elderline as a proxy measure of wealth. Of the cases where home ownership status was known (n=1,834), 1,460 (79.6%) victims owned or co-owned at least one house prior to the abuse. This is much higher than the state rate, where 62.2 percent of Queenslanders either own or are paying off their home[61]. A smaller group of victims (277 people, 12.6%) were renting, boarding (61 people; 2.8%), and 19 (0.9%) were living rent free. The home ownership status of 365 victims was unknown.

59   Kaspiew, R., Carson, R., & Rhoades, H. (2016).
60   Australian Law Reform Commission (2017).
61   Queensland Government Statistician's Office (2017a).

Physical Health

The Helpline data showed that 60.0 percent of victims were reported as having some form of physical impairment, including: Frailty (23.4%), illness (28.0%), and disability (8.6%). Of victims aged 65 years and over, 61.0 percent of victims were recorded as having some form of physical impairment. This is higher than the 50.7 percent of Australians aged 65 and over reported to be living with disability[62].

A physical impairment may inhibit the older person's ability to perform the tasks of daily living and make it more difficult to access the community. This may result in the older person becoming more reliant on others for assistance, thereby increasing their vulnerability and the risk of elder abuse[63,64].

Trauma History

A history of trauma was recorded for 239 (10.9%) victims. The most commonly recorded form of trauma was previous DV victimisation, which was recorded in 43.5 percent (*n*=104) of cases where a history of trauma was identified. This is consistent with previous research where an association between domestic violence, trauma and elder abuse has been found[63].

Limitations:

- Only one trauma history item is able to be selected by Helpline operators. Anecdotally, some victims have experienced multiple past traumatic experiences, but this complexity cannot be captured in Elderline.

The Way Forward:

- The new database that came online on 2 July, 2018 has the capability to record multiple responses for trauma history. This will enhance the accuracy of data analysis in the next Year in Review.

Psychological Health

One hundred and sixty victims (7.3%) were reported to have some form of mental health issue, although it is likely that the true rate is much higher as Helpline operators only ask about mental illness if there are concerns about suicide. However, a reported rate of 7.3 percent is still concerning given that the proportion of people experiencing symptoms of mental health disorders has been found to decline with age, with a rate of 5.9 percent found for people aged 75-84 years of age[65].

Six hundred and fourteen victims (27.9%) had, or were suspected of having some form of cognitive impairment, with dementia most commonly reported (*n*=550, 25.0%). It was estimated that in 2011, nine percent of people aged 65 and over had dementia[66]. In contrast to this, 25.0 percent (*n*=454) of victims aged 65 and over (where age was known) were reported to have dementia. This is more than 2.5 times the rate expected given the population statistics. Although it is possible that the rates reported to the helpline are influenced by the use of self-report, it is unlikely that this would fully account for the disparity. It is more likely that having dementia increases vulnerability and therefore the risk of abuse, particularly as cognitive impairment has previously been associated with an increased risk of elder abuse[67,68,69].

62   *Australian Bureau of Statistics (2016b).*
63   *Kaspiew et al. (2015).*
64   *Peri et al. (2008).*
65   *Australian Bureau of Statistics (2007).*
66   *Australian Institute of Health and Welfare (2012).*
67   *Von Heydrich, L., Schiamberg, L. B., & Chee, G. (2012).*
68   *Australian Law Reform Commission (2017).*
69   *Kaspiew et al. (2015).*

Limitations:

- Data collected relating to victim psychological health and capacity is likely to be under-representative of the population as it is dependent on the notifier having this information and a willingness to disclose.

- There is no ability to record in Elderline whether a mental health condition was pre-existing or has occurred subsequent to the abuse. Hence, despite a history of mental health problems being recognised as a risk factor for elder abuse, this cannot be determined from the Elderline data.

- Elderline is configured so that only two mental health or cognitive impairment factors can be recorded in the dropdown menus. Capacity is usually recorded in one of dropdown menus, limiting the ability to record multiple mental health or cognitive impairment factors and consequently, the capability of the data to provide a complete picture of a victim's functioning where there is comorbidity.

The Way Forward:

- The new database that came online on 2 July, 2018 has the capability to record multiple responses for mental health and cognitive impairment and this data will be available in the next Year in Review.

Capacity

A capacity impairment was noted for 385 victims (17.5%), with over half (n=218, 56.6%) of these also having been reported as having dementia. In Elderline, capacity impairment is selected when the notifier reports that the victim has some form of decision making impairment. Having a capacity impairment has consistently been reported as a risk factor for elder abuse[70,71].

Limitations:

- Capacity can be assessed and interpreted differently by different people. Medical professionals and solicitors may have differing opinions as to whether an older person has capacity due to differing frameworks. As the data recorded in Elderline is based on self-report data, this is likely to influence what is recorded and findings should be interpreted with caution.

70   World Health Organisation (2015).
71   Jackson, S. L., & Hafemeister, T. L. (2013).

Care Needs

Over half of victims (*n*=1,144, 52.0%) were reported as requiring some level of care. Of these, only 330 (28.9%) were recorded as receiving formal care (*n*=158 in an aged care facility; *n*=172 home care services). A further 784 (68.5%) requiring care were either dependent on this being provided by family/friends/informal carers, or were not receiving the care required. A lack of formal care may increase the risk of becoming a victim of elder abuse[72,73].

There are many reasons formal care services may not be being provided, including:

- The older person refusing services;

- A lack of services;

- Long waitlists;

- A lack of understanding of the services that are available;

- The older person requiring support to access services;

- The perpetrator refusing to allow formal services to support the victim; and/or

- Providers being unwilling to provide services due to victim or perpetrator behaviour.

A common situation reported to the Helpline involves the perpetrator refusing to allow services into the home. In many of these cases, the older person has been receiving some form of in-home support but the perpetrator cancels the services or refuses entry to the staff. Having home care services involved can lessen the risk to the older person[73] and refusal of the services may reflect several motivations:

- The perpetrator may believe that accepting services would make them ineligible for Carer Payment or Carer Allowance;

- Perpetrators often isolate the older person to reduce the likelihood of the abuse being detected;

- It forces the victim to be more reliant on the perpetrator, making it harder to extricate themselves from the abuse situation;

- Many home care services require a co-payment, which perpetrators may regard as a 'waste of money' or 'spending their inheritance'.

Home care and/or nursing services also phone the Helpline to discuss their concerns after a suspected perpetrator has cancelled their services. In some cases, services have resumed providing support only to find that the older person has become dangerously unwell.

Social Isolation

Social isolation has long been acknowledged as a risk factor for elder abuse[73,74,75]. Older adults are at greater risk of becoming socially isolated due to a range of physical, social and structural factors. Older people have often experienced the loss of partners and friends due to death and this can increase the likelihood of experiencing social isolation and subsequently, loneliness. This can not only increase the vulnerability and risk for elder abuse but also impact on the likelihood of the abuse being reported and the older person's willingness to take action to stop the abuse. In some situations, the perpetrator may be the only social connection that the older person has and in spite of the abuse, they may be reluctant to do anything that could jeopardise the relationship.

72   Johannesen, M., & LoGiudice, D. (2013).
73   National Research Council (2003).
74   Australian Law Reform Commission (2017).
75   Johannesen, M., & LoGiudice, D. (2013).

In 2017/18, a total of 714 (32.5%) victims were identified as being socially isolated across four sub-categories:

1. Lack of support networks;

2. Lack of services;

3. Individual characteristics; and

4. Unable to access services.

As Figure 19 shows, a lack of support networks was recorded as the most common reason for social isolation (*n*=446, 20.3%). This is defined as a lack of positive, supportive relationships with friends, family or community members. To ensure that this is a risk factor and not the result of social abuse, lack of support networks is only chosen in situations where this was lacking prior to the abuse. Being unable to access services was another factor identified as a reason for social isolation (*n*=134, 6.1%). An inability to access services may relate to issues such as being unable to afford services or being assessed as ineligible for support. Lack of services was recorded in 99 cases (4.5%) and relates to situations where the victim lives in a rural or remote area where appropriate services are not available. Social isolation was unknown for almost half of victims (*n*=938, 42.7%).

Figure 19.
Social Isolation of Victims (*N*=2,199).

Not Socially isolated 24.9%

Unable to access services 6.1%

Unknown 42.7%

Individual characteristics 1.6%

Lack of services 4.5%

Lack of support networks 20.3%
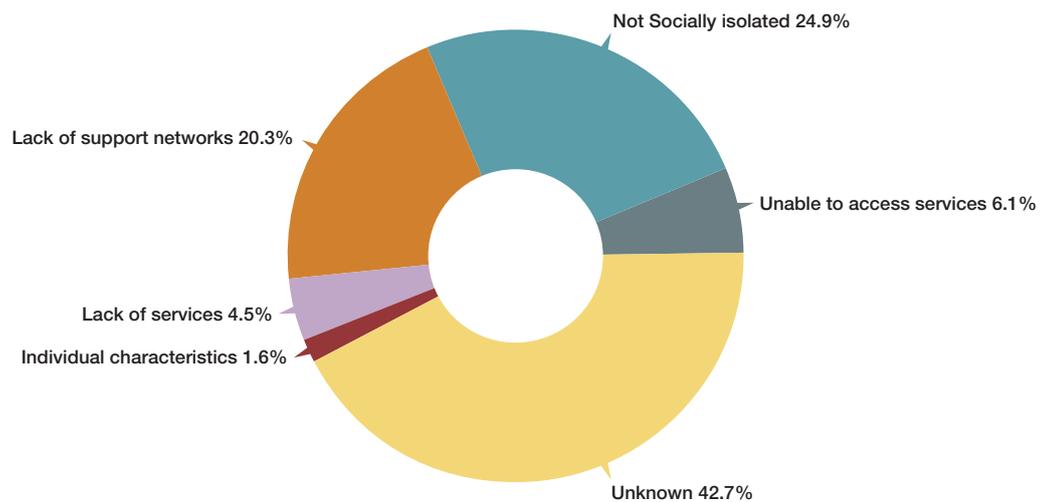
Limitations:

• Social isolation was unknown for almost half of victims.

• Only one social isolation factor is able to be recorded for each victim which may mean that the proportion of victims who are recorded as experiencing each factor may be under-representative of the population of elder abuse victims.

The Way Forward:

• The new database has the capability to record multiple responses for social isolation and this data will be presented in the next Year in Review.

Section 3.3
Alleged Perpetrator Individual Factors

The individual factors covered in this section relate to factors that may directly or indirectly be associated with an increased risk of being a perpetrator of elder abuse. These are not necessarily causal factors. The factors discussed include:

- Gender;

- Age;

- Ethnicity;

- Level of English;

- Income;

- Home ownership;

- Trauma history;

- Psychological health;

- Substance abuse;

- Criminality;

- Social isolation;

- Trauma history.

Gender

The gender of perpetrators was almost evenly split between males (*n*=1,076) and females (*n*=1,104), with slightly more female perpetrators recorded (see Figure 20). The gender of 19 perpetrators was not recorded.

Figure 20.
Gender of Perpetrators (*n*=2,180).

Male 49.4%   Female 50.6%
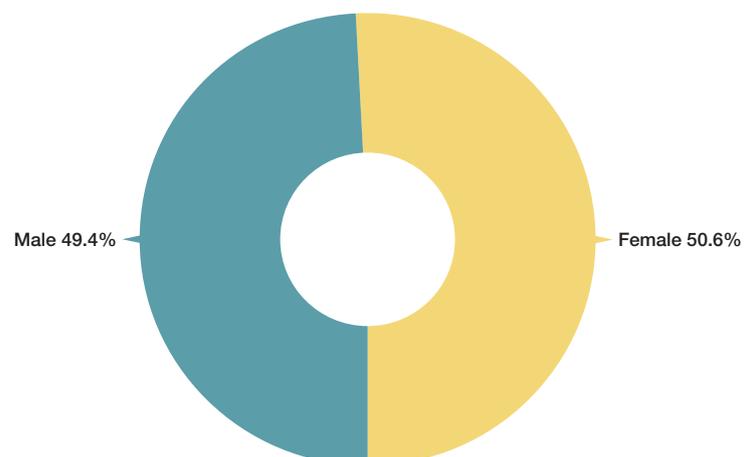
Age

Of the 1,372 perpetrators where age was known, the most common age group was 50-54 years (*n*=198, 14.4%) (see Figure 21). However, as shown in Table 26, there were a large number of cases where the age of the perpetrator was unknown (*n*=827, 37.6%).

Figure 21.
Age of Perpetrators
(*n*=1,372).
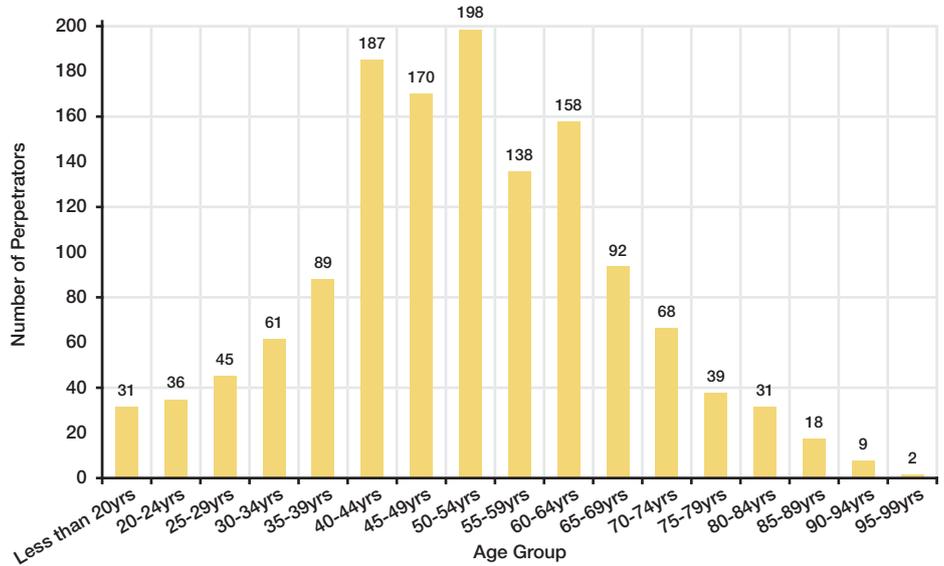
Table 26.
Age of Perpetrators.

Age	Frequency	Percent
Less than 20yrs	31	1.4
20-24yrs	36	1.6
25-29yrs	45	2.1
30-34yrs	61	2.8
35-39yrs	89	4.1
40-44yrs	187	8.5
45-49yrs	170	7.7
50-54yrs	198	9.0
55-59yrs	138	6.3
60-64yrs	158	7.2
65-69yrs	92	4.2
70-74yrs	68	3.1
75-79yrs	39	1.8
80-84yrs	31	1.4
85-89yrs	18	0.8
90-94yrs	9	0.4
95-99yrs	2	0.1
Unknown	827	37.6
Total	2,199	100

Age by Gender

Perpetrator age group varied as a function of gender (see Figure 22 and Table 27). In general, males were slightly more likely than females to be perpetrators in the age groups up to and including 50-54 years of age. In contrast to this, perpetrators aged 55-84 years were more likely to be female.

Figure 22.
Perpetrator Age by Gender (*n*=1,370).
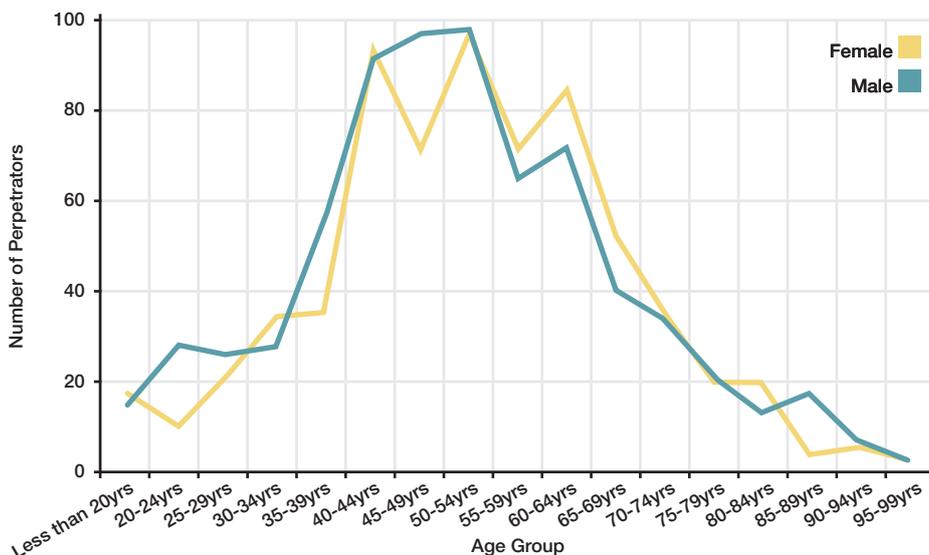
Table 27.
Perpetrator Age by Gender.

Age	Perpetrator Gender		
---	Female	Male	Total
Less than 20yrs	16	14	30
20-24yrs	9	27	36
25-29yrs	20	25	45
30-34yrs	34	27	61
35-39yrs	35	54	89
40-44yrs	95	92	187
45-49yrs	72	98	170
50-54yrs	99	99	198
55-59yrs	72	65	137
60-64yrs	86	72	158
65-69yrs	53	39	92
70-74yrs	35	33	68
75-79yrs	19	20	39
80-84yrs	19	12	31
85-89yrs	2	16	18
90-94yrs	4	5	7
95-99yrs	1	1	2
Total	671	699	1,370

Ethnicity

Sixty-eight of the perpetrators were recorded as being of Aboriginal and/or Torres Strait Islander descent, which represented 3.1 percent of cases (see Figure 23). Ninety-two perpetrators (4.2%) were recorded as being from a Culturally and Linguistically Diverse background, with the Philippines identified as the most common country of origin (*n*=17, 18.5% of CALD perpetrators).

Figure 23.
Ethnicity of
Perpetrators (*N*=2,199).
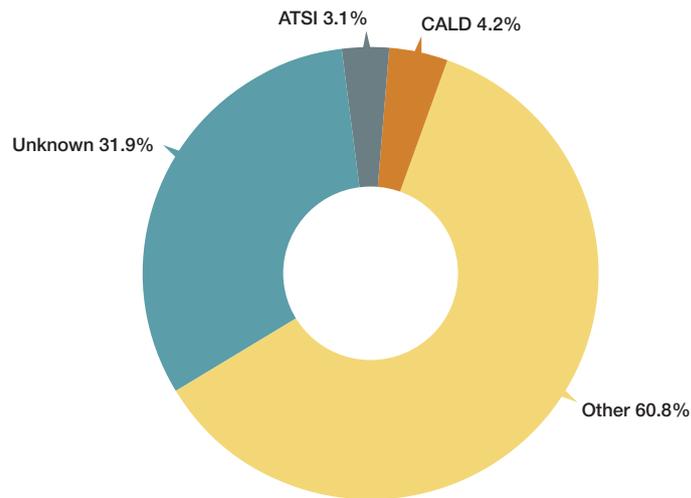
Level of English

Perpetrators had higher levels of English language skills than victims, with only 16 (0.7%) reported as having low or average English language skills. This is much lower than the 2.2 percent of victims who were reported to have low or average levels of English language.

Income

It was reported to the Helpline that a total of 725 (33.0%) perpetrators received some form of government payment. This included 468 who received a Centrelink payment, 9 who received a Veterans' Affairs payment, 216 who received a combination of a Centrelink payment and a Carer Payment or Allowance, and 32 who combined paid work with a Carer Payment or Allowance.

Four hundred and sixty-seven perpetrators (21.2%) were engaged in some form of paid work, 23 (1.0%) were self-funded retirees and 50 (2.3%) were reported as having no income. The income source of 966 (43.9%) alleged perpetrators was unknown. A more detailed picture of perpetrator income sources is presented in Table 28.

Table 28.
Income Sources of
Perpetrators.

Income Source	Frequency
Centrelink	468
Centrelink + Carer	216
No Income	50
Paid Work	403
Paid Work + Carer	32
Self-employed	32
Self-funded Retirement	23
Veterans' Affairs	9
Unknown	966
Total	2,199

Limitations:

- Income source was not recorded for 966 perpetrators. Due to the large volume of missing data, data relating to the income of perpetrators should be interpreted with caution.

Home Ownership

The home ownership status of perpetrators was recorded in 1,316 (59.8%) cases, with this being unknown in 883 (40.2%) cases. Of the 1,316 cases where home ownership status was known, 562 (42.7%) perpetrators either owned or co-owned[76] at least one house or unit, 197 (15.0%) were renting, 90 (6.8%) were boarding and 446 (33.9%) were living rent free. The percentage of perpetrators who own a home is lower than the 62.2 percent of Queenslanders who either own or are paying off their home[77]. This figure is also much lower than the 79.6 percent of victims who were home owners.

Limitations:

- Home ownership was not recorded for 883 perpetrators. Due to the large volume of missing data, the home ownership of perpetrators should be interpreted with caution.

Trauma History

One hundred and seven perpetrators (4.9%) were recorded as having a history of trauma. Child abuse and/or neglect, domestic violence victimisation and unspecified trauma were the most commonly reported forms of trauma. A history of traumatic events, particularly in childhood, has been identified as a risk factor for the perpetration of elder abuse[78,79].

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76   Note. Ownership or co-ownership does not mean that the victim or perpetrator completely owns the property as there may be a mortgage or debts against the property.
77   Queensland Government Statistician's Office (2017).
78   Kaspiew et al. (2015).
79   Peri et al. (2008).

Psychological Health

The presence or absence of mental health issues was unknown for 1,883 (85.6%) perpetrators. Two hundred and sixty-nine perpetrators (12.2%) were reported as having some form of mental health issue. An absence of mental health issues was reported for 47 (2.1%) of perpetrators.

Literature on elder abuse regularly reports that mental health issues for perpetrators is a risk factor for elder abuse[80,81,82]. Within the Helpline data, many more perpetrators (12.2%) were recorded as experiencing a mental health issue than victims (7.3%, see Section 3.2).

Although the mental health status of most perpetrators was unknown, the 12.2 percent of cases where a mental health issue was recorded was much higher than the 7.3 percent recorded for victims. However, the data must be interpreted cautiously as the rate of mental health issues reported for both perpetrators and victims is much lower than National findings which estimate that 20 percent of the population will experience symptoms of a mental health disorder within any 12-month period[83]. Mental health issues may be underreported in the Helpline data.

Many callers to the Helpline talk about their concerns for the mental health of the perpetrator, who is often their adult child. These victims may believe that helping their child is more important than dealing with the abuse. In many cases the victim has tried to access mental health support for the perpetrator, who is unwilling or unable to access support. Victims often recognise that there is an underlying issue impacting on the perpetrator's behaviour and are reluctant to give up on their child, despite the risk to their own wellbeing.

Thirty-five perpetrators (1.6%) were reported as having some form of cognitive impairment, with dementia or suspected dementia being reported for 17 perpetrators (0.8%).

80   Kaspiew et al. (2016).
81   Australian Law Reform Commission (2017).
82   Peri et al. (2008).
83   Australian Bureau of Statistics (2007).

Capacity

Capacity impairments were noted for 26 perpetrators (1.2%).

Substance Abuse

Substance abuse was reported as an issue for 287 perpetrators (13.1%). No substance abuse was recorded for 104 perpetrators (4.7%). This information was unknown for a further 1,808 perpetrators (82.2%). As can be seen in Table 29, alcohol was reported as the most prevalent substance abuse issue for perpetrators. Substance abuse in perpetrators has repeatedly been recognised as a risk factor for elder abuse[84,85,86,87].

Table 29.
Substance Abuse in Perpetrators.

Substance	Frequency	Proportion
Alcohol	100	4.5%
Drugs - Illicit	92	4.2%
Drug and Alcohol	53	2.4%
Drugs - Ice	32	1.5%
Drugs - Prescription	6	0.3%
Ice and Alcohol	2	0.1%
Prescription Drugs and Alcohol	2	0.1%
Total	287	13.1%

Limitations:

- It is likely that perpetrators' substance abuse issues are underreported as many notifiers do not have access to this information. Consequently, this information should be interpreted with caution.

84   Jackson, S. L., & Hafemeister, T. L. (2013).
85   Joosten et al. (2015).
86   Peri et al. (2008).
87   Australian Law Reform Commission (2017).

Criminality

A criminal history was recorded for 259 perpetrators (11.8%). No criminal history was recorded for 94 perpetrators (4.3%) and was unknown for 1,846 perpetrators (83.9%). As seen in Table 30, the most commonly recorded issue was *'Known to the Police'*. This is recorded in situations where the perpetrator has been arrested or questioned a number of times but never convicted of an offence. The only other issue that does not require a conviction is *Subject of DVO*, which is recorded where the perpetrator has been the subject of a Domestic Violence Order (DVO), irrespective of whether they have been convicted of breaching the order. A link between violence convictions and elder abuse has been established and it is contended that previous fraud convictions may increase the risk of perpetrating financial abuse[88].

Table 30.
Criminal History of Perpetrators.

Criminal History	Frequency	Proportion
Known to the Police	128	5.8%
Subject of DVO	69	3.1%
Violence Conviction	18	0.8%
Fraud Conviction	15	0.7%
Unspecified Conviction	10	0.5%
Child Sexual Assault	6	0.3%
Drug-Related Conviction	6	0.3%
Minor Conviction	4	0.2%
Sexual Assault Conviction	2	0.1%
Child Neglect or Violence	1	0.0%
Total	259	11.8%

Limitations:

- The small percentage of cases where criminal history has been recorded means that this data should be interpreted with caution.
- Elderline does not have capacity to record whether the DVO or any of the convictions listed in the criminal history of the perpetrator relate to their actions against the victim.

The Way Forward:

- The new database has the capability to record whether the perpetrator has been or is the subject of a DVO against the victim.

88   *Peri et al. (2008).*

Social Isolation

In 2017/18, 147 perpetrators (6.7%) were recorded as being socially isolated across the same four sub-categories used to describe social isolation for victims:

1. Individual characteristics;

2. Lack of support networks;

3. Lack of services;

4. Unable to access services.

In socially isolated perpetrators, individual characteristics was the most commonly reported issue (see Table 31 and Figure 24). This relates to characteristics about the person themselves that may contribute to them becoming socially isolated. For example, the perpetrator may express highly judgemental attitudes towards others, persistently talk about inappropriate topics or display other behaviour that results in people not engaging with them. In some cases, the perpetrator is described as a difficult person that people tend to avoid.

A lack of support networks was another common issue, which may relate to a lack of positive, supportive relationships with friends, family or community members in general. A lack of support networks may also relate to the perpetrator's role as a carer (if applicable) as a lack of support in this area can also increase the risk of elder abuse[89,90]. In relation to perpetrators, lack of services or being unable to access services is likely to refer to services such as mental health or drug or alcohol support. The rate of social isolation reported for perpetrators (6.7%) was much lower than the rate reported for victims (20.3%).

Table 31.
Social Isolation in Perpetrators.

Social Isolation	Frequency
Individual Characteristics	72
Lack of Support Networks	55
Lack of Services	17
Unable to Access Services	3
Total	147

Figure 24.
Social Isolation Status in Perpetrators (*N*=2,199).

Not Socially isolated 29.1%
Unable to Access Services 0.1%
Lack of Support Networks 2.5%
Lack of Services 0.8%
Individual Characteristics 3.3%
Unknown 64.3%
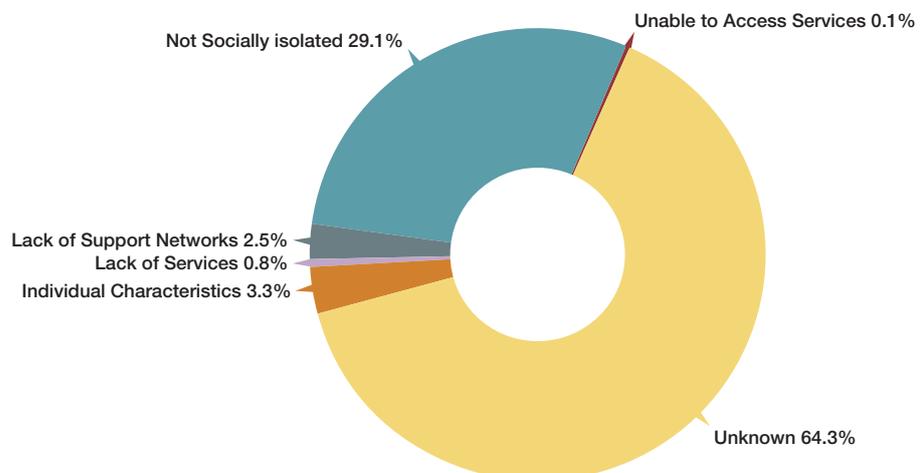
Limitations:

- Social isolation is not recorded for most of the perpetrators and results should be interpreted with caution.

89   *Kaspiew et al. (2015).*
90   *Chen, R., & Dong, X. (2017).*

Section 3.4 Relationship Between Alleged Perpetrator and Victim

This section of the report looks at the relationship between the victim and perpetrator and any shared history and/or current factors that may be influencing interactions between them. This section will cover:

- The relationship between victims and perpetrators;

- Living arrangements;

- Family history;

- Trauma history;

- The caring role and carer stress;

- Dependence;

- Trigger factors.

Relationship between Victims and Perpetrators

When entering relationship data into Elderline, Helpline workers can enter the relationship details in two fields containing set options:

1. Relationship – For example daughter, son, spouse/partner, informal carer, friend.

2. Type of family relationship – For example adoptive, estranged, in-law.

The relationship field is always populated (where the relationship is known); however, the second field is only populated in situations where the family relationship can be further delineated. The relationship between the perpetrator and victim was unknown for 7 cases and these were excluded from all analyses in this section.

Relationship to Victim

As shown in Table 32 and Figure 25, perpetrators were most likely to be sons and daughters of victims[91]. These parent-child relationships accounted for 72.3 percent (n=1,584) of all cases of elder abuse reported. When this proportion is combined with other family relationships (grandchild, other relative and sibling) and intimate partner relationships it is clear that familial relationships account for the majority of reported elder abuse cases (n= 2,037, 92.9%). These familial relationships are examined in more detail below.

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91   Note. This data includes non-biological relationships such as sons and daughters in-law, stepchildren and adoptive children.

Table 32.
Relationship between
Perpetrator and Victim.

Relationship	Frequency
Son	795
Daughter	789
Spouse/Partner	209
Grandchild	116
Friend	100
Other Relative	97
Informal Carer	55
Sibling	31
Total	**2,192**

Figure 25.
Relationship between
Perpetrator and Victim
(*n*=2,192).
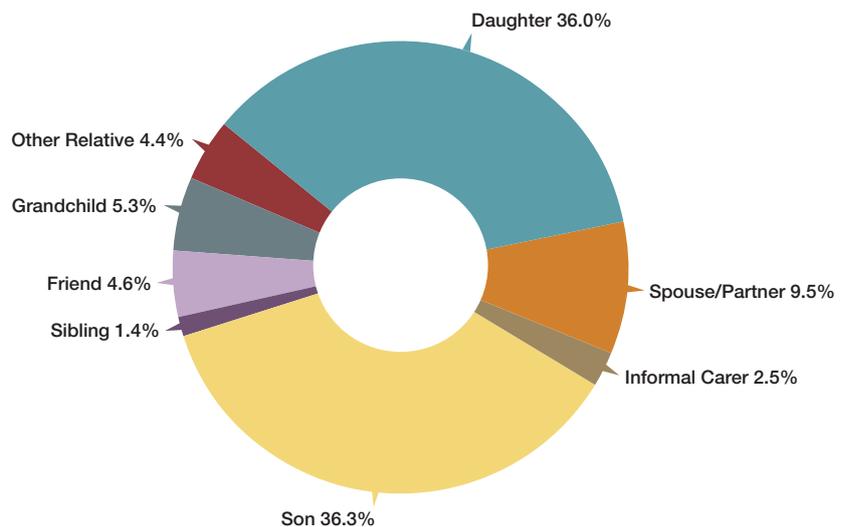
Relationship Type

Most of the relationships data presented in Table 32 and Figure 25 have been further broken down into specific relationship types in Table 33 (note that the categories of Other Relative, Friend and Informal Carer, a total of 252 records, cannot be further delineated). This provides further insight in to the nature of these relationships. For example, some of the spouse/partner perpetrators were actually ex-spouses/partners (11.5% of spouse/partner cases).

As shown in Table 33 and Figure 26, biological sons were slightly more likely to be reported as perpetrators than biological daughters and daughters-in-law were slightly more likely to be reported as perpetrators than sons-in-law. There was little to no difference between stepdaughters and stepsons, estranged daughters and sons, and adoptive daughters and sons.

Other notable differences in Table 33 relate to the gender of sibling perpetrators. Sisters were recorded as perpetrators at more than twice the rate of brothers and sisters-in-law at four times the rate of brothers-in-law (see Figure 27).

Table 33.
Perpetrator
Relationships to
Victims by Type.

Daughters (*n*=789)	
Daughter	655
Daughter-in-Law	76
Stepdaughter	35
Estranged Daughter	8
Adoptive Daughter	15
Sons (*n*=795)	
Son	694
Son-in-Law	54
Stepson	30
Adoptive Son	11
Estranged Son	6
Grandchildren (*n*=116)	
Granddaughter	52
Grandson	61
Grandchild (unknown)	3
Intimate Relationships (*n*=209)	
Spouse/Partner	185
Ex-partner	24
Sibling (*n*=31)	
Sister	17
Brother	8
Sister-in-Law	1
Brother-in-Law	4
Stepbrother	1
Total	**1,940**

Figure 26.
Son and Daughter
Perpetrators by
Relationship Type
(*n*=1,584).
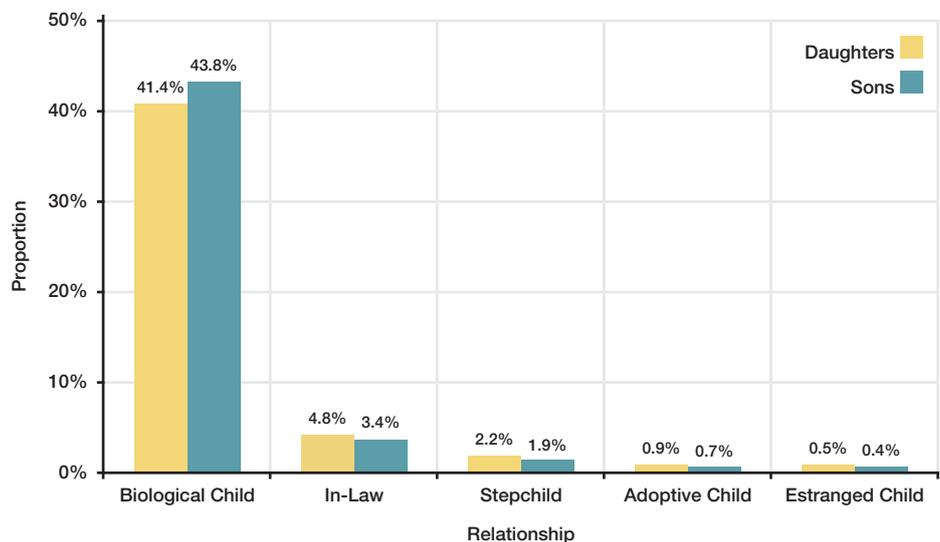
Figure 27.
Sibling Perpetrators
by Relationship Type
(*n*=31).
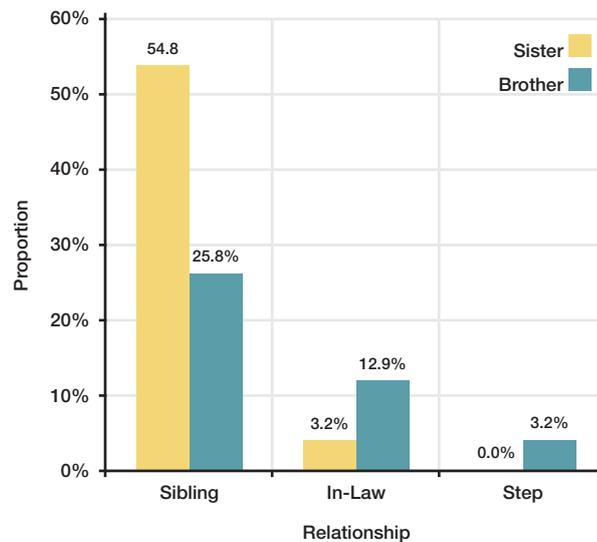
Limitations:

- Some of the relationship groups have small sample sizes and results should be interpreted with caution.

Living Arrangements

Living with the perpetrator is an established risk factor for elder abuse[92,93,94]. Consistent with this, almost half of the cases reported to the Helpline in 2017/18 involved situations where the perpetrator lived with the victim (*n*=992, 45.1%). In 685 (69.1%) cases in which the perpetrator lived with the victim, the perpetrator was a daughter (*n*=311) or son (*n*=374). Further to this, the perpetrator moving home was listed as a trigger for the abuse in 115 (5.2%) cases.

Moving in with the victim may occur for several reasons such as the perpetrator being evicted from a rental property or losing their job and being unable to meet their financial obligations (such as mortgage, rent, personal loans). Other factors such as spousal separation, victim bereavement or victim ill-health may also result in the perpetrator moving home to live with the victim. A common situation reported to the Helpline involves the partner of the older person dying and whilst the older person is trying to deal with the loss, their adult child offers to move in to keep them company or care for them. The adult child then goes on to perpetrate elder abuse.

It is also of note that in most cases of abuse involving informal carers, the carer was living with the victim (*n*=35, 63.6%).

92   *Australian Law Reform Commission (2017).*
93   *Kaspiew et al. (2015).*
94   *World Health Organisation (2015).*

Family History

The majority of alleged perpetrators are members of their victim's family and as such, are likely to share a family history which may impact on their relationships and vulnerability, thereby increasing the risk of abuse. In general, the quality of the relationship between perpetrators and victims strongly influences the risk of elder abuse. A pre-existing negative relationship increases the risk, whereas a previously positive relationship may help to moderate between other individual, relationship, community and societal risks[95]. The Elderline database captures limited data around family factors that could potentially provide insight into abuse situations.

Family factors were identified for 261 (11.9%) victims. As can be seen in Table 34, subsequent marriage of the victim was the most commonly recorded family factor.

Family factors were also recorded for 211 (9.6%) perpetrators, with the most commonly reported factor being Failed-to-Launch[96] (see Table 35).

Table 34.
Victim Family Factors.

Family Factors	Frequency	Proportion of Victims
Subsequent Marriage	81	3.7%
Cultural Pressure	40	1.8%
Blended Family	36	1.6%
Denied Access to Grandchildren	34	1.5%
Raising Grandchildren	28	1.3%
Childlessness	20	0.9%
International Marriage	18	0.8%
Child Safety Involvement	4	0.2%
Total	261	11.9%

Table 35.
Perpetrator Family Factors.

Family Factors	Frequency	Proportion of Perpetrators
Failed-to-Launch[96]	53	2.4%
Blended Family	41	1.9%
Subsequent Marriage	34	1.5%
Child Safety Involvement	31	1.4%
Cultural Pressure	22	1.0%
Raised by Grandparents	15	0.7%
International Marriage	10	0.5%
Childlessness	5	0.2%
Total	211	9.6%

1 Note. Failed to launch is a term used to describe adult children who have not left the family home and moved towards independence. The EAPU definition requires that the perpetrator has made few serious attempts to lead an independent life and has remained living with their parents for the majority of their adult life.

95   Von Heydrich et al. (2012).
96   Note. Failed to launch is a term used to describe adult children who have not left the family home and moved towards independence. The EAPU definition requires that the perpetrator has made few serious attempts to lead an independent life and has remained living with their parents for the majority of their adult life.

Trauma History

Other data that may provide insight into the relationships between victims and perpetrators relates to trauma history. A history of trauma within the family may have influenced the relationships between the victim and perpetrator in a multidirectional manner and impacted on the behaviour of both parties. Intergenerational trauma has been found to increase the risk of caregivers perpetrating elder abuse and/or neglect[97].

A history of domestic and family violence has been found to be associated with an increased risk of elder abuse[97,98,99]. A history of trauma was recorded for 239 (10.9%) victims (see Table 36). The most common trauma history factor was domestic violence victimisation, with this recorded for 104 (4.7%) victims.

Domestic violence victimisation may have also affected the perpetrator if they witnessed the violence, were a target of the violence themselves, or were aware of the violence. In some cases reported to the Helpline, the adult child blames a non-abusive parent for not stopping the domestic violence/sexual abuse/neglect even in situations where the parent was unaware or unable to intervene.

Some cases reported to the Helpline have also involved victims who had been abusive or neglectful to their child, with these children retaliating as adults by becoming abusive towards their parent. Similarly, there have been cases involving victims who had previously perpetrated domestic and family violence but, due to age-related vulnerabilities, were now being abused by their spouse.

Table 36.
Victims' Trauma History.

Trauma History	Frequency	Proportion of Victims
DV Victimisation	104	4.7%
Unexpected Bereavement	31	1.4%
Multiple Losses	27	1.2%
Unspecified Trauma	26	1.2%
Suicide Loss	17	0.8%
Displacement	9	0.4%
Service Related Trauma	9	0.4%
Childhood Abuse/Neglect	6	0.3%
Childhood Sexual Abuse	5	0.2%
Sexual Assault	3	0.1%
Fear of Death Experience	2	0.1%
Total	239	10.9%

As Table 37 shows, trauma history was recorded for 107 (4.9%) perpetrators, with childhood abuse/neglect the most frequently reported factor. Parental mental illness/ substance abuse was recorded for 10 perpetrators, meaning that they had been raised in a family where one or more primary carers were suffering from untreated mental illness or substance abuse problems. In some cases, this may have meant that there was some level of role-reversal in childhood, with the child taking on the role of carer and this may still be impacting on the relationship between the perpetrator and victim.

97   Horsford et al. (2011).
98   Schiamberg, L. B., & Gans, D. (1999).
99   Chen, R., & Dong, X. (2017).

This focus on family history and its influence on family dynamics in the context of ageing parents is consistent with a life course perspective of elder abuse[100]. This perspective has been posited as a means of understanding the context within which the individual risk factors for the perpetrator and victim intersect and influence each other[100,101].

Table 37.
Perpetrators' Trauma History.

Trauma History	Frequency	Proportion of Perpetrators
Childhood Abuse/Neglect	29	1.3%
DV Victimisation	17	0.8%
Unspecified Trauma	16	0.7%
Parental Mental Illness/Substance Abuse	10	0.5%
Suicide Loss	9	0.4%
Unexpected Bereavement	8	0.4%
Childhood Sexual Abuse	6	0.3%
Displacement	4	0.2%
Multiple Losses	4	0.2%
Fear of Death Experience	3	0.1%
Service Related Trauma	1	0.0%
Total	107	4.9%

Limitations:

- Trauma history and family factors are often not known by notifiers, particularly when it comes to information about perpetrators. Consequently, these issues are likely to be underrepresented in EAPU data.

- Family history factors only account for a small number of cases. However, the information provided may be useful to consider when looking at family dynamics and relationships in the context of risk.

- Only one trauma history and family history factor can be chosen for each relationship in Elderline and this means that the recorded data does not reflect the true complexity of this history. The data is also influenced by which selection Helpline operators make when there are multiple factors present.

- Trauma history and family factors are collected for each victim and perpetrator rather than for each relationship. Therefore, there is no way to determine whether these factors have been shared by both parties. For example, domestic violence victimisation may be recorded for the victim but this may have been in a previous relationship before their child (perpetrator) was born and therefore may not have affected the perpetrator or their relationship.

The Way Forward:

- The new database has the ability to capture multiple responses on these items and will also capture the trauma and history in the context of the relationship. The new data will be available in the next Year in Review.

100   Schiamberg, L. B., & Gans, D. (1999).
101   Chen, R., & Dong, X. (2017).

The Caring Role and Carer Stress

The ageing process and any resulting physical and/or cognitive decline can result in a loss of independence for the older person. For an adult child or other family member, taking on the role of carer can be a stressful experience. Experiencing stress while caring for an older person can interact with individual factors to increase the risk of elder abuse[102,103,104].

In 2017/18, 335 (15.2%) perpetrators were recorded as providing informal care to victims (see Table 38). Of the cases where perpetrators were providing care, it was reported that 288 (86.0%) were experiencing some level of stress in caring for the victim. Less than one-fifth (n=64, 19.1%) of victims who were receiving informal care were also reported to be receiving formal care from home care services. Carer stress has previously been identified as a risk factor for elder abuse[105,106].

Table 38.
Amount of Care Provided by Perpetrators.

Amount of Care	Frequency	Proportion
Unknown	210	9.5%
Full-Time	81	3.7%
Part-Time	44	2.0%
Total	**335**	**15.2%**

As Table 39 shows, daughters were most commonly reported caregivers, followed by sons and partners. However, it is interesting to note that within the daughter category, 17 were actually daughters-in-law, whereas no sons-in-law were identified as carers.

Table 39.
Caregiver Relationship to Victim.

Relationship	Frequency	Proportion
Daughter	127	37.9%
Son	93	27.8%
Spouse/Partner	58	17.3%
Informal Carer	22	6.6%
Friend	11	3.3%
Grandchild	9	2.7%
Sibling	8	2.4%
Other Relative	7	2.1%
Total	**335**	**100.0%**

102   Schiamberg, L. B., & Gans, D. (1999).
103   Von Heydrich et al. (2012).
104   World Health Organisation (2015).
105   Roberto, K. A., & Teaster, P. B. (2017).
106   National Research Council (2003)

Dependence

Dependence is often reported as a risk factor for elder abuse[107,108,109]. Helpline operators record information about dependence between the victim and perpetrator and the directionality of that dependence. Data is recorded when there is a practical dependence between the victim and perpetrator. This is defined as occurring if the dependent person is unable to perform the basic tasks of daily living, maintain social networks or manage their finances without the assistance of the other person. According to the EAPU definition, a person is not considered dependent if sufficient assistance has been offered by other persons or organisations but this support has been refused.

In 2017/18, there were 457 cases (20.8%) where the victim was reported as being dependent on the perpetrator. In 46 of these cases, the victim was dependent on the perpetrator for accommodation. Some common situations reported to the Helpline involve the victim paying for the perpetrator's mortgage or using their savings to purchase a granny flat which has been built on the perpetrator's property. In these cases, if the relationship between the victim and perpetrator deteriorated, the victim often became dependent on the perpetrator for accommodation as they were unable to recoup their money to buy or rent elsewhere.

Alleged perpetrators were also recorded as being dependent on victims in 83 cases (3.8%). Of these, 2 cases (0.1%) involved the perpetrator being dependent on the victim due to parole conditions requiring that they reside with the victim.

Being dependent on another person, irrespective of the reasons, can be disempowering and increase the risk of social isolation. A common situation reported to the Helpline involves the victim being dependent on the perpetrator for transport. If the perpetrator is reluctant to take the victim out to social activities, visit family, and/or attend medical appointments, the victim is likely to become socially isolated which further increases the risk of abuse. Victims may also be more reluctant or even unable to report the abuse if they are dependent on the perpetrator.

Limitations:

- The current definition of dependence is quite ambiguous and may mean that dependence is being recorded inconsistently between Helpline operators.

The Way Forward:

- The new database has broken down the notion of dependence into specific forms such as functional, emotional, decision-making and transport.

Trigger Factors

Elderline has the capability for Helpline operators to capture whether there is an event in either the victim or perpetrator's life that appeared to trigger the abuse. Trigger factors are not necessarily causal factors and are likely to be only one factor amongst many that influenced the development of the abuse.

There are a number of factors that occur for the victim that may impact on the perpetrator indirectly, such as the victim being socially isolated and unable to access formal support, leading to the potential perpetrator taking on the caring role and becoming a perpetrator of elder abuse.

107   Roberto, K. A., & Teaster, P. B. (2017).
108   Schiamberg, L. B., & Gans, D. (1999).
109   Horsford, et al. (2011).

Some factors which may occur for the perpetrator (such as losing their job or going through a divorce) may indirectly affect the victim by starting a chain of events that lead to the perpetrator moving back to their parents' home or putting pressure on their parents to provide financial support.

There were 346 (15.7%) cases where a victim-related trigger factor was recorded. As shown in Table 40 and Figure 28, the most frequently recorded factor was victim ill-health, followed by victim bereavement.

Perpetrator-related trigger factors were identified in 248 (11.3%) cases. The most commonly recorded trigger factor was the perpetrator moving home, followed by perpetrator ill-health (see Table 40 and Figure 29).

The perpetrator may move home for a number of reasons such as being kicked out of a rental property or losing their job and being unable to meet their financial obligations (such as mortgage, rent, personal loans). Other events including spousal separation, victim bereavement or victim ill-health may also result in the perpetrator moving home to live with the victim. However, limitations in the dataset do not enable multiple trigger factors to be recorded and analysed.

Table 40.
Trigger Factors for
Elder Abuse.

Trigger Factor	Frequency
Victim Ill-Health	233
Victim Bereavement	89
Victim Spousal Separation	13
Victim Windfall	7
Victim Engagement/Romance	4
Total	346
Perpetrator Moved Home	115
Perpetrator Ill-Health	59
Perpetrator Spousal Separation	33
Perpetrator New Romance	13
Perpetrator Ice Addiction	9
Perpetrator Job/Business Loss	8
Perpetrator DV Victimisation	5
Found Out About the Will	4
Perpetrator Relapse	1
Perpetrator Released	1
Total	248

Figure 28.
Victim-Related Trigger Factors (*n*=346).

Victim Engagement/Romance 1.2%
Victim Bereavement 25.7%
Victim Windfall 2.0%
Victim Spousal Separation 3.8%
Victim Ill-Health 67.3%
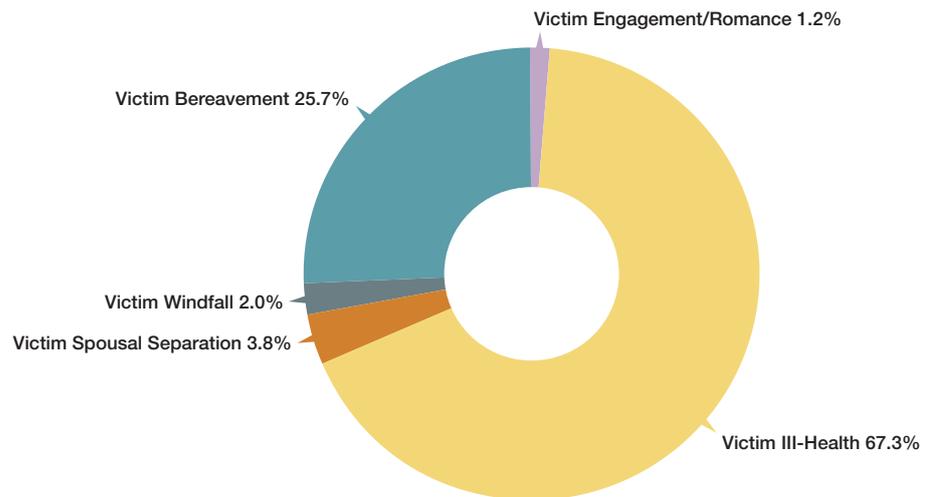
Figure 29.
Perpetrator-Related Trigger Factors (*n*=248).

Perpetrator Ill-Health 23.9%
Perpetrator Ice Addiction 3.6%
Found Out About the Will 1.6%
Perpetrator Job/Business Loss 3.2%
Perpetrator Spousal Separation 13.4%
Perpetrator Released 0.4%
Perpetrator New Romance 5.3%
Perpetrator DV Victimisation 2.0%
Perpetrator Moved Home 46.6%
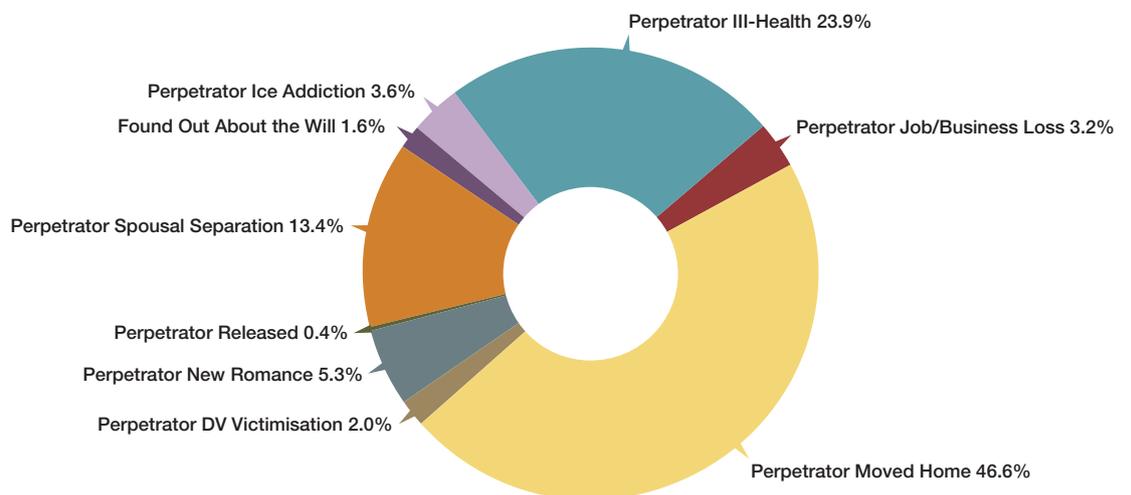
Limitations:

- Only one trigger factor can be recorded for each case (either for the victim or perpetrator). This means that Helpline workers are forced to choose a single factor to record; an approach that may be inconsistent between workers. It also means that complexity is not captured in situations where there is more than one trigger factor. For example, if the perpetrator experienced a relationship breakdown due to being a victim of domestic violence and as a result of this, moved in with the victim and became abusive, Helpline operators would have to choose one factor to record.

The Way Forward:

- The new database enables Helpline operators to capture data on multiple trigger factors. This data will be available in the next Year in Review report.

Section 3.5
Community

The community refers to the point where victim and perpetrator relationships intersect with other family, friends, community members, potential support networks and/or factors related to the community in which they live. This section includes:

- Other family and community members;

- Geography.

Family and Community Members

Elderline currently cannot collect data around other people in the victim's life who may provide support. However, in situations where the victim was not the notifier, there was someone in the victim's life who was trying to protect or support them.

In the 2017/18 reporting period, only 531 (24.1%) victims self-reported their abuse to the Helpline. The remaining 1,660 (75.5%) notifiers were concerned third parties (the identity of 8 notifiers was unknown) (see Table 41 and Figure 30). Almost half of all notifiers (n=1,077, 49.0%) were family members of the victim. It is interesting to note that the number of sons who are notifiers (n=220) is less than half the number of daughters (n=531).

The existence of these family and community members who are willing to contact EAPU with concerns about a victim may be a protective factor for a victim.

Table 41.
Notifier's Relationship to Victim (N=2,199).

Notifier	Frequency	Proportion of Cases
Daughter	531	24.1%
Self	531	24.1%
Worker	290	13.2%
Son	220	10.0%
Friend	188	8.5%
Other Relative	140	6.4%
Grandchild	100	4.5%
Neighbour	77	3.5%
Sibling	55	2.5%
Other Community Member	28	1.3%
Spouse/Partner	27	1.2%
Unknown	8	0.4%
Intimate Personal	4	0.2%

Figure 30.
Notifier's Relationship
to Victim (*N*=2,199).
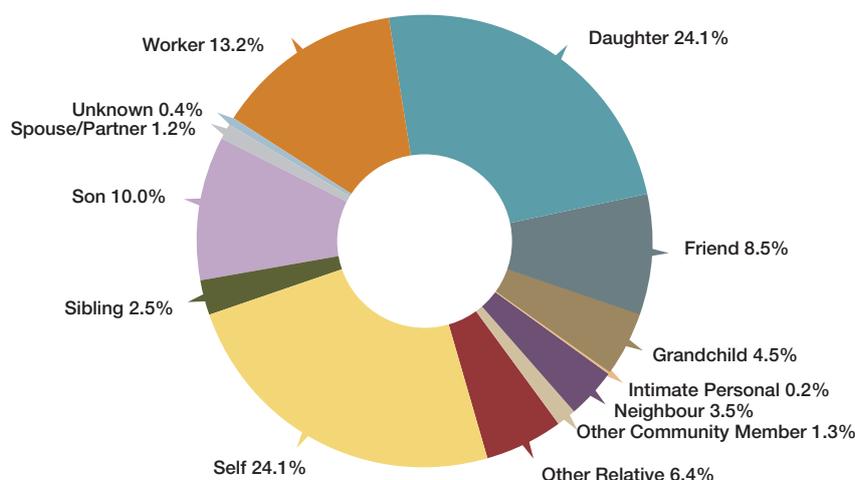
Geography

Queensland is the second largest state in Australia, with over half of the population living outside of Brisbane's greater metropolitan area. Geographical distance and population spread can create issues relating to service access in rural and remote areas. A lack of aged care, respite, legal, domestic violence, support, transport, medical and culturally appropriate services can leave older people socially isolated and more vulnerable to abuse[110,111,112].

Living in a small community is not always negative and can be protective, as people are more likely to know the neighbours and other community members. There is often a strong sense of community and members may be more likely to check on their neighbours and realise abuse is occurring[113,114]. However, there can be additional challenges in reporting abuse in small communities.

The sense of community and everyone knowing each other can stop older people speaking out due to shame and the importance placed on protecting the family name[112,113]. The interrelatedness of community members may also reduce the likelihood that victims and workers will report abuse. There are often dual relationships and the perpetrator may be friends with the only local police officer, psychologist or doctor in the community. A lack of services may also leave workers without referral options.

The EAPU confidential Helpline can be beneficial to support people in small communities to identify what options are available to them where there are dual relationships and concerns about protecting the family name. However, knowledge of the Helpline is likely to be lower in rural and remote communities as community education and training sessions are provided less frequently than in areas such as Brisbane and Cairns where EAPU offices are located.

110   Australian Law Reform Commission (2017).
111   Office of the Public Advocate, Western Australia (2005).
112   Peri et al. (2008).
113   Horsford et al. (2011).
114   Tilse, C., Rosenman, L., Peut, J., Ryan, J., Wilson, J., & Setterlund, D. (2006).

Victim Location

Figure 31 displays the number of victims in each region (where the location of the victim was known, *n*=2,015)[115]. Regions shown are SA4 regions as detailed in the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard 2011[116]. As the database records postcodes of victims, postcodes were aligned to SA4 regions.

Examining whether the reported prevalence of elder abuse victimisation aligns with the geographical location of people aged 50 years and over may help to identify communities in greater need of elder abuse supports. To explore this, the proportion of total victims reported to the Helpline (where location was known) residing in each region was calculated and compared with the proportion of Queensland's population of people aged 50 years and over residing in the area (reported in ABS 2016 Census data).

Figure 31.
Geographic Location of Victims of Elder Abuse.
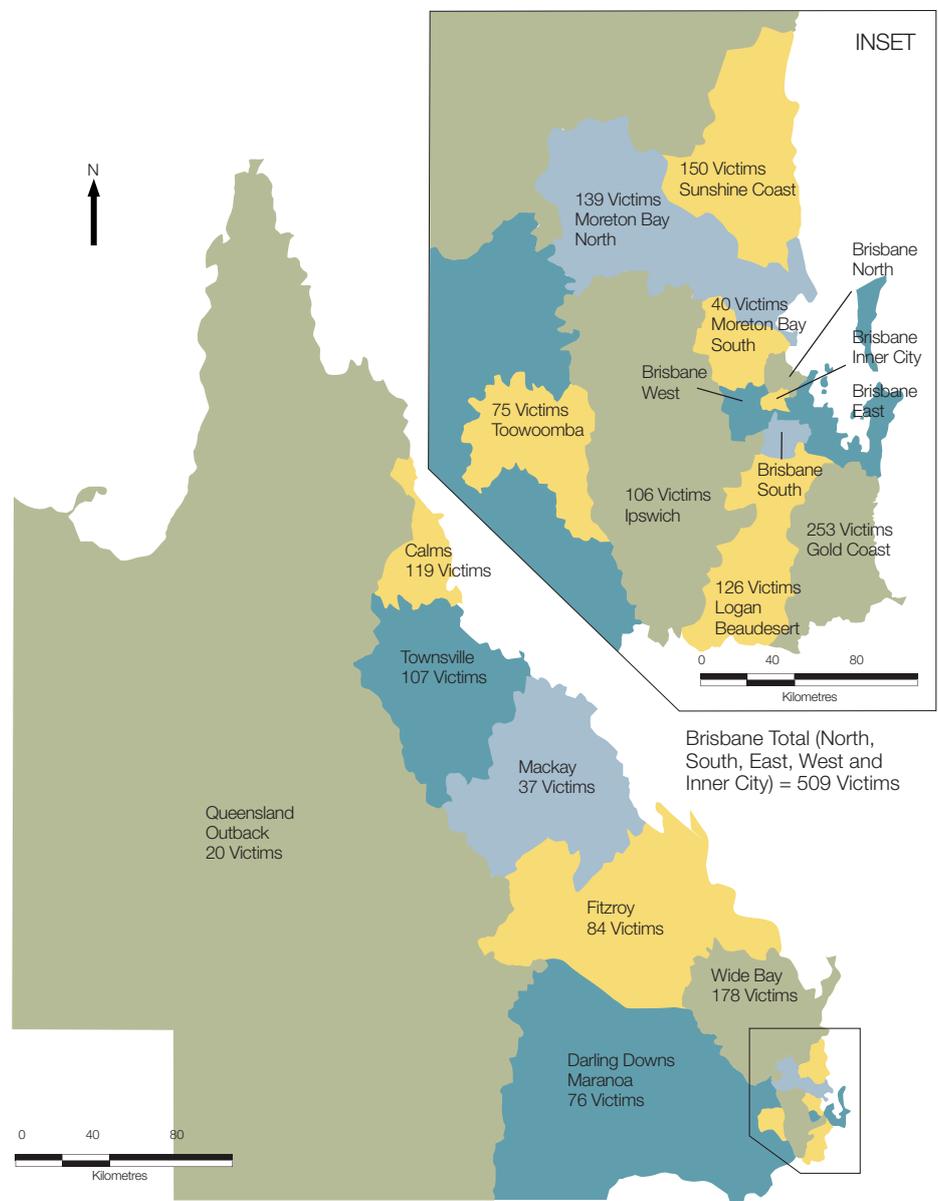
115 Note. Brisbane – North, South, East, West and Inner City were combined due to large numbers of cases where postcodes spanned several areas. Additionally, Helpline workers record the postcode as 4000 where the victim is reported as living in Brisbane without a suburb being specified, resulting in an over-representation of cases in the Brisbane Inner City region (181 postcodes were recorded as 4000).

116 Some errors in the categorisation of victims into regions may be present due to the use of postcodes rather than suburbs. To lessen the impact, an examination of regions where postcodes spanned multiple regions was done and the region the postcode was allocated to was based on which region contained more than 50% of the population. Where population counts were close to 50% an inspection of victim counts was done to ensure allocations would not excessively influence region counts.

Each region has a different proportion of the population living in the area and the size of the difference between the proportion of victims and population is compared to the size of the population. For example, a difference of 1.0 percent may not be meaningful if the population of over 50's in the area is 24.0 percent; however, if the population is only 3.0 percent, a difference of 1.0 percent represents one third higher than expected. To compensate for this, a standardised difference statistic was created that expresses the difference as a proportion of the population statistic and enables comparison between regions. A negative standardised difference means that the proportion of reported victims in the area is less than expected.

For example, 119 victims were recorded as living in Cairns region, equating to 5.9 percent of victims reported to the Helpline (where location was known; n=2,015). In contrast, Cairns is home to 5.4 percent of Queensland's population of people aged 50 years and over. The proportion of victims reported for Cairns was 0.5 percent higher compared to the population statistics.

The difference of 0.5 percent equates to a standardised difference of 9.3 percent. This means that the proportion of victims reported for the region was 9.3 percent higher than what was expected. As Table 42, Figure 31 and Figure 32 show, there were a number of regions where the proportion of reported victims was above or below expectations.

Table 42.
Proportion of
Victims Compared
to the Proportion of
People Aged 50+
in Each Region.

SA4 Region	Population[117]	Proportion of Victims	Difference	Standardised Difference[118]
Brisbane	22.8%	25.3%	2.5%	10.8%
Cairns	5.4%	5.9%	0.5%	9.3%
Darling Downs - Maranoa	3.1%	3.8%	0.7%	21.6%
Fitzroy	4.5%	4.2%	-0.3%	-7.3%
Gold Coast	12.5%	12.6%	0.1%	0.5%
Ipswich	7.4%	5.3%	-2.1%	-28.9%
Logan - Beaudesert	5.9%	6.3%	0.4%	5.9%
Mackay	3.4%	1.8%	-1.6%	-45.9%
Moreton Bay - North	5.7%	6.9%	1.2%	21.1%
Moreton Bay - South	3.5%	1.8%	-1.7%	-48.9%
Queensland - Outback	1.5%	1.0%	-0.5%	-34.0%
Sunshine Coast	9.1%	7.4%	-1.7%	-18.2%
Toowoomba	3.3%	3.7%	0.4%	12.7%
Townsville	4.6%	5.3%	0.7%	15.4%
Wide Bay	8.4%	8.8%	0.4%	5.1%

117   Australian Bureau of Statistics (2016a).
118   Note. The Difference statistic was standardised to take into account the differing sizes of the Population statistics in each region. This was calculated as Difference ÷ Population x100 (to obtain a percentage). A Standardised Difference of 20% means that the proportion of reported victims in that area is 20% above what is expected given the proportion of people aged 50+ living in that area. A Standardised Difference that is a negative value means that the proportion of reported victims in the area is less than expected.

Figure 32.
Visual Representation
of the Difference
between Expected and
Actual Proportion of
Victims in Each Region.

	20 – 29.9%
	10 – 19.9%
	5 – 9.9%
	4.9 – -4.9%
	-5 – -9.9%
	-10 – -19.9%
	-20 – -29.9%
	-30 – -39.9%
	-40 – -49.9%
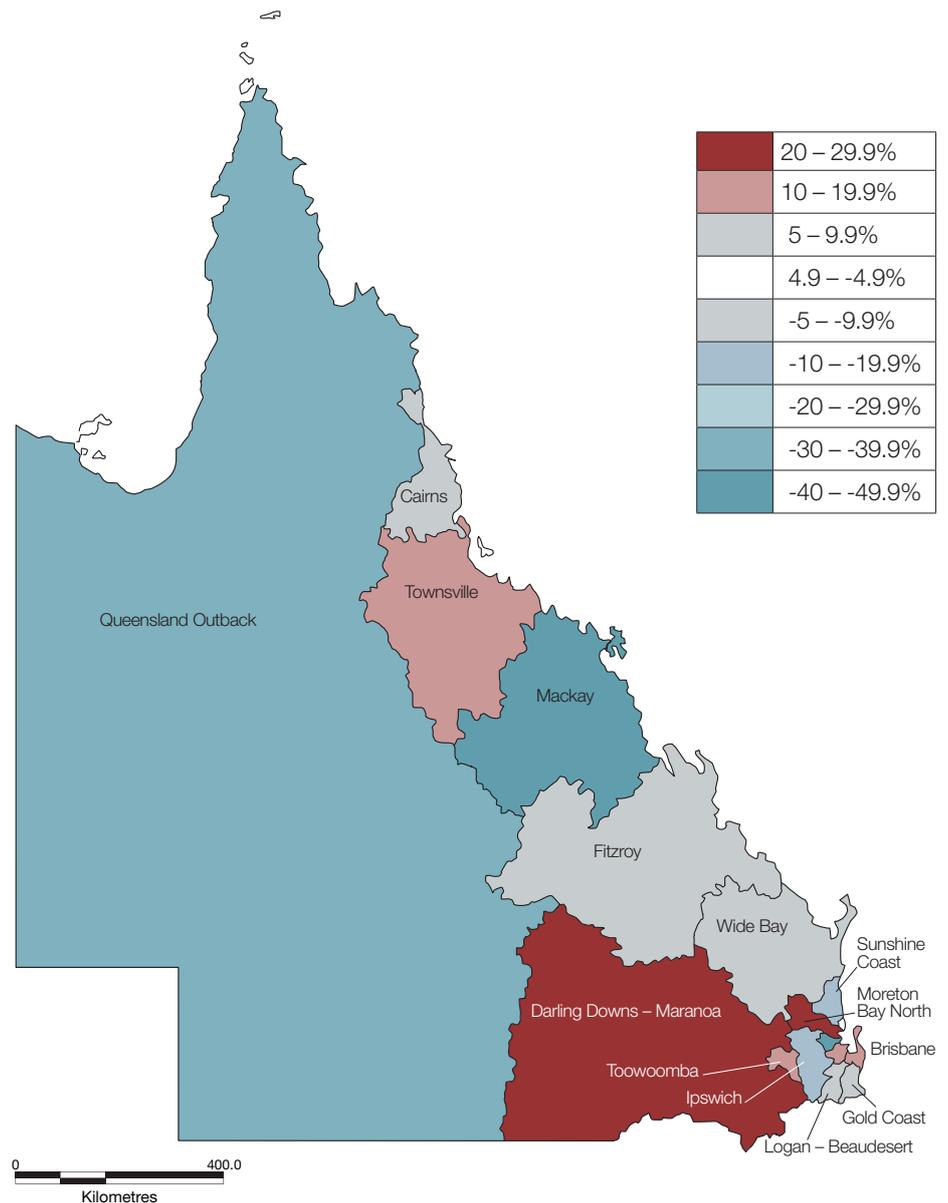
A higher or lower than expected proportion of victims in a region is not necessarily indicative of the prevalence of elder abuse in that region. It may be that there is greater or lesser awareness of elder abuse and the EAPU Helpline in that region or that other community level factors are contributing to the risk of abuse and/or the likelihood of abuse being reported. However, it was notable that some of the regions where there were particularly low proportions of victims were areas which have been impacted by EAPU's decision to prioritise the Helpline over the provision of community education while call demand was very high. This is particularly noticeable in locations north of Brisbane, Mackay and in the far west of the state where little to no face-to-face community education was undertaken in 2017/18. The EAPU received increased funding from the Queensland Government during the 2017/18 financial year and is in the process of organising community education for targeted rural and remote areas.

Limitations:

- No conclusions can be drawn about the geographical prevalence of elder abuse as other factors such as greater or lesser awareness of elder abuse and the EAPU Helpline could account for differences in the number of notifications in different locations.

- Some errors in the categorisation of victims into regions may be present due to the database only recording postcodes rather than suburbs.

Section 3.6 Society

The societal level of analysis relates to the ideologies and sociocultural context in which the victim and alleged perpetrator live.

There is a plethora of societal factors that can contribute to a climate where elder abuse is more likely to occur. EAPU does not directly collect data on societal factors so this section primarily draws on existing literature. However, some existing EAPU data may function as an indicator of societal factors and this has been noted where relevant. Factors discussed in this section include:

• Cultural norms;

• Legislation and policies;

• Economic factors;

• Community.

Cultural Norms

Ageism

The Australian Human Rights Commission found that ageism was widespread in Australia[119], which is of concern given that ageism has consistently been reported as a risk factor for elder abuse[120,121,122,123]. Within Australian communities, older people are often portrayed as sick, weak, a burden, worthless, incapable of making their own decisions, dangerous drivers, victims and less worthy of funding or access to resources/supports[119]. The media plays a substantial role in the perpetuation of these stereotyped views of older people[119]. A crime is more likely to be reported in the media if the victim is older; conversely, car accidents involving older drivers often receive more media attention than accidents involving younger drivers. Ageism in the media can be subtle, with older people underrepresented in advertisements, leading to reports of feeling invisible[119].

In a broad sense, ageism works to increase vulnerability, exacerbate abuse, decrease the likelihood of reporting and inhibit effective responses to elder abuse[119,120,123]. Stereotyped perceptions expressed by others may be internalised by older people, becoming a self-fulfilling prophecy. Helpline operators work from an older person centred framework and ask callers what the older person wants. In some cases, the caller is taken aback and expresses views that the older person's wishes should be ignored or minimised due to their age, even in cases where the older person is considered to have capacity. There can be a perception that the older person is incapable of making decisions in their own best interests.

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119   *Australian Human Rights Commission (2013).*
120   *Australian Law Reform Commission (2017).*
121   *Kaspiew et al. (2015).*
122   *Peri et al. (2008).*
123   *World Health Organisation (2015).*

One example of ageism that sometimes occurs in Helpline calls is an adult child insisting that their mother move out of her home and into a retirement village or move in with them. The mother may have recently experienced the loss of her partner and the adult child believes that she should move to live closer to them. Upon closer examination, it transpires that their mother wants to continue living in her home close to her friends and social networks. She has been taking care of herself and was caring for her partner until he passed away. There are no concerns about safety, and when pressed, the adult child states an opinion that "at her age she should not be rattling around the house by herself; she should be spending more time with her grandchildren."

Another common example involves the caller saying that the older person "doesn't know what is best for them" and should be forced to do something against their will, despite having capacity to make their own decisions. When the Helpline operator talks about the older person having the right to make their own decisions, the caller states an opinion that "there should be something like the Department of Child Safety for older people so that they don't have a choice".

Sexism and Gender Roles

Social constructions of gender and the roles and norms associated with gender can impact on both victims and perpetrators[124]. There has been a gradual shift away from traditional patriarchal paradigms in which financial matters were always handled by males. However, the EAPU still receives reports of cases where the female victim, whose husband had always managed their finances, struggles to cope with financial matters upon his death. A family member may then step in and take over responsibility for the financial management, thereby increasing the risk of financial abuse[132].

Sexism and gender roles can also affect perpetrators. In many Western countries, the role of caregiver is generally viewed as the responsibility of females[125]. Consistent with this, 2016 ABS data showed that 4.7 percent of females reported being out of the workforce due to caring for an ill/disabled/elderly family member, compared to only 2.9 percent of males[126].

In cases of abuse reported to the Helpline where it was recorded that the alleged perpetrator was providing care for the victim, 175 (53.8%) perpetrators were female and 154 (46.2%) were male. Women may be pressured into taking on the carer role for ageing relatives. This can lead to resentment and may increase the risk of carer stress and/or elder abuse[127].

Racism

Experiences of racism are likely to increase the vulnerability of an older person. Historical experiences of segregation, exclusion and oppression have led to intergenerational trauma for Aboriginal and Torres Strait Islander peoples in Australia. This history and trauma has impacted on the health, psychological, socioeconomic and cultural health of this population, leading to poorer outcomes[128,129]. Racism and intergenerational trauma can also impact on perpetrators and further increase the risk of abuse[130].

Experiences of racism among older people can result in a mistrust of service providers/reporting bodies and an increased sense of shame; overall leading to a reduced likelihood victims will report abuse[131]. Racism can also become internalised and reduce the victim's self-efficacy, leading to increased vulnerability and risk of abuse, further reducing the likelihood of reporting.

124 Peri et al. (2008).
125 Sharma, N., Chakrabarti, S., & Grover, S. (2016).
126 Australian Bureau of Statistics (2017b).
127 World Health Organisation (2015).
128 Australian Institute of Health and Welfare (2015).
129 Australian Institute of Health and Welfare (2018b).
130 Horsford et al. (2011).
131 Office of the Public Advocate, Western Australia (2005).

Care Obligations and Expectations

Obligations and expectations around who will provide care for the older person can create tension within families. In some cultures and communities, it is seen as the 'duty' of a particular child (e.g. oldest daughter) or children to provide care for their elderly parents. To avoid this obligation can lead to shame and stigma for both the older person and the child/children[124,127]. Feeling obligated to provide care can lead to resentment and conflict, increasing the likelihood of carer burnout and risk of elder abuse. Differences in cross-generational expectations relating to the care of an older person can also increase conflict within families[132,133].

Normalisation of Violence

Living within a community where violence has be normalised increases the risk that elder abuse will be perpetrated and decreases the likelihood of it being reported[134,135,136,137].

Intergenerational Wealth Transfer

In Australia, there is an expectation that children will inherit their parent/s assets upon their death[138]. An Australian study found that 93 percent of respondents believed that it was important to make provisions for children/step children when dividing assets[139]. Expectations related to asset division are not only based on cultural customs but are also enshrined in legislation such as the Succession Act 1981 (Qld) and Uniform Civil Procedure Rules 1999 (Qld). In situations where a parent dies intestate, the wealth would be distributed according to intestacy rules, whereby children are entitled to a residuary portion of the estate. Children are also seen as "eligible persons" when it comes to contesting a will. The cultural norm of intergenerational wealth transfer can lead to a sense of entitlement and perceived co-ownership of parental assets[140].

There can also be additional complexities for farming families as there may be an existing level of co-ownership or sharing of assets and a reluctance to divide the farm[139,140,141]. It may be that one (or several) of the children has a house on the farmland owned by their parents and are actively working the farm. They may perceive the farm and any assets as already belonging to them.

In situations where there is a perception of entitlement and children view parental assets as being their right, the parents and children are likely to have competing interests[132]. The parents may want to spend their money on holidays or aged care and face pressure from children who want to preserve their inheritance. Calls to the Helpline often contain phrases consistent with this premise such as: "Aged care is a waste of money; I will move in and care for you." This perception of entitlement is particularly problematic when the child holds an EPoA for their parent/s.

In 2017/18, a perception of entitlement was identified in 678 (30.8%) cases reported to the Helpline. In almost a third of these cases (n=202, 29.8%), the perpetrator was identified as holding an EPoA for the victim. The increased risk of financial abuse in situations where there is a sense of entitlement is likely to be compounded by inheritance impatience. The term 'inheritance impatience' is related to a perception of entitlement and denotes situations where "family members deliberately or recklessly prematurely acquire their ageing relatives' assets that they believe will, or should, be theirs one day"[142]. Increased longevity of older people may be increasing this impatience, as adult children are forced to wait 10-12 years longer (on average) to inherit parental assets than 50 years ago[143].

132 Kaspiew et al. (2015).
133 Peri et al. (2008).
134 Office of the Public Advocate, Western Australia (2005).
135 Sharma, B. (2012).
136 Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016).
137 Schiamberg, L. B., & Gans, D. (1999).
138 Australian Law Reform Commission (2017).
139 Tilse, C., Wilson, J., White, B. P., Rosenman, L., & Feeney, R. (2015).
140 Setterlund, D., Tilse, C., Wilson, J., McCawley, A-L., & Rosenman, L. (2007).
141 Tilse et al. (2006).
142 Miskovski (2014).
143 Australian Institute of Health and Welfare (2018c).

Legislation and Policies

There is some anecdotal evidence that changes to governmental policies can have unintended consequences and impact on the risk of elder abuse.

Welfare Payments

Anecdotal evidence from notifications to the Helpline suggest that in some situations of financial abuse, perpetrators manipulate their victims into handing over money by telling them that their assets are too high and they risk losing their pension. This is particularly common if the older person sells their home. There have been a several cases reported where changes to the assets test were used by perpetrators to coerce victims into gifting large sums of money.

Differences in payment amounts and requirements between Newstart Allowance and Carer Payment may also impact on the risk of elder abuse. Calls to the Helpline indicate that there are a number of perpetrators who receive Carer Payment and/or Carer Allowance, despite not actually providing any care to the older person.

As at September 10, 2018 the maximum payment on Newstart Allowance (single, no children) is $554.60 per fortnight (including Energy Supplement)[144]. The maximum payment for carers receiving Carer Payment is $907.60 per fortnight (including Energy Supplement and Pension Supplement), plus a yearly Carer Supplement of $600. People who receive Carer Payment also receive Carer Allowance, which is a further $127.10 per fortnight, with another yearly Carer Supplement of $600. This means that by claiming Carer Payment a person receives almost double (approximately $526.25 extra per fortnight) the rate of those receiving Newstart. There are also other benefits to receiving Carer Payment, such as not being required to look for work and being eligible for a Pensioner Concession Card, which provides more discounts and rebates than a Health Care Card.

Two hundred and forty-eight perpetrators were reported to be receiving Carer Payment and/or Carer Allowance. Of these, 140 perpetrators (61.4%) were recorded as providing some level of care to victims, 68 (29.8%) were not providing any care and it was unknown whether a further 20 (8.8%) perpetrators were providing any care. In many of these cases, the perpetrator had moved in with the victim and did not contribute to the rent or expenses under the guise of being the carer, despite not actually providing any care. Of the 68 cases where it was recorded that the perpetrator was not providing care, there were 28 cases where the perpetrator was recorded as living with the victim and not paying rent.

Claiming Carer Payment and/or Carer Allowance without providing care is likely to constitute welfare fraud and in some cases, perpetrators refuse to allow home care services to provide care to avoid detection. In 2017/18 it was recorded that only a small proportion of the victims (*n*=8, 11.8%) were receiving home care services in the 68 cases where care was not being provided. There may also be situations where, the recipient of Carer Payment may be struggling to provide adequate care but refuses assistance from services due to concerns about losing their Carer Payment. Perpetrators may also refuse to allow the older person to move to an aged care facility so as not to lose the extra money or their free accommodation.

Although it has been identified that there are some cases where alleged perpetrators are claiming Carer Payment and/or Carer Allowance and are not providing care, it is important to note that this is not representative of all carers. The vast majority of carers do not perpetrate elder abuse. Furthermore, not all carers identified as perpetrators in the Helpline data are deliberately abusing or neglecting their victims. Lack of knowledge and/or carer stress may be contributing factors in many situations.

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144   All data relating to Centrelink payments was obtained from the Department of Human Services website (https://www.humanservices.gov.au/) and is current as at September 10, 2018. This information is general information only and may not reflect individual circumstances.

Aged Care

A further policy change which may have had an impact on the risk of elder abuse was the aged care reforms that commenced in 2012. As part of these reforms, means testing was introduced, along with changes to the payment arrangements for aged care. Helpline operators often receive calls about situations where perpetrators cancel home care services and/or attempt to prevent their parents moving into an aged care facility because they do not want their parents to spend 'their inheritance' on aged care.

A shortfall in aged care services may also be contributing to the risk of elder abuse. As at March 31, 2018, 108,456 people were waiting to receive appropriate home-care packages in Australia[145]. In the 2017/18 Helpline data, a lack of services and/or an inability to access services were reported for 233 victims (10.6%); however, this is likely to be underestimated due to this being unknown in almost half of victims (*n*=938, 42.7%). An inability to access services increases the likelihood of victims being dependant on family members to provide the care they need. This can increase the risk of carer stress but also provide an opportunity for family members who do not have the older person's best interests at heart to move in under the guise of caring for the older person. Dependence, cohabitation and social isolation are all standalone risk factors for elder abuse and an inability to access services can increase the likelihood of each of these factors occurring. Furthermore, where these factors coexist, it is likely that this will further increase the risk of elder abuse.

Economic Factors

There are a number of economic factors that may increase the likelihood of elder abuse occurring. Some of these may include: Low interest rates, unemployment, house prices, increased longevity and low superannuation balances.

Lower interest rates have impacted on the superannuation, savings and retirement income of older people[147]. This is compounded by increases in longevity, with many older people now concerned about whether their superannuation and savings will last[146].

In Queensland, it is estimated that 66.6% of older people receive the Age Pension[147], with women representing the greatest proportion of recipients in Australia[148]. Women typically have lower superannuation balances[148] and a longer life expectancy than their male counterparts.

Economic factors can also affect perpetrators. Housing affordability is one factor that has been identified as having the potential to increase the risk of elder abuse. Home ownership is touted as the Australian dream; however, this is increasingly unobtainable for younger generations. The past 30 years (1987-2017) have seen median house prices in Brisbane increase eight-fold, from $63,000 (1987)[149] to $520,000 (2017)[150]. Wage increases have been much more moderate over the same period, with average weekly wages in Queensland tripling from $369.70 (1987)[151] to $1125.70 (2017)[152]. The widening gap between average incomes and house prices, coupled with rising rental costs has made it more difficult to save for a deposit and manage mortgage repayments. Consistent with this, home ownership in perpetrators (42.7% owned at least one home) was below the Queensland rate of ownership (62.2%)[147].

145   Department of Health (2018).
146   Australian Law Reform Commission (2017).
147   Queensland Government Statistician's Office (2017b).
148   Australian Bureau of Statistics (2017b).
149   Abelson, P., & Chung, D. (2004).
150   Australian Bureau of Statistics (2017c).
151   Australian Bureau of Statistics (1987).
152   Australian Bureau of Statistics (2017a).

Home ownership slipping out of reach of younger generations can lead to older people being pressured by their adult children to allow them to move in and live rent free, loan money, contribute towards a deposit, act as guarantors, assist with mortgage repayments, buy them a home, or even sign their own home over to the child.

In 2017, it was reported that the 'Bank of Mum and Dad' was the fifth largest home loan lender, providing $65.3 billion in loans to help children buy houses[153]. In 2017/18, 45 (2.1%) financial abuse cases reported to the Helpline involved the victim transferring the Title of their home over to the perpetrator.

Another common situation reported to the Helpline involves the older person being convinced by the adult child to sell their own home and contribute the proceeds from the sale towards buying a home for the adult child and either moving into the home or a granny flat on the property. In many cases, the older person is not listed on the Title Deed or their full contribution is not recorded, leaving the older person vulnerable if the relationship sours. Forty-eight financial abuse cases (2.2%) involved the victim investing money in the perpetrator's property. More than one-third (33.9%) of perpetrators (where ownership was known) were also living rent free.

Higher unemployment rates are also likely to affect the risk of perpetrators committing elder abuse. Unemployment or wilful unemployment was recorded as a financial abuse risk factor in 3.2 percent of cases.

Limitations:

- EAPU collects very little data for the majority of identified society factors.

The Way Forward:

- The new database has the capability to record information around some societal factors and this data will be provided in the next Year in Review report.

153 Emmerton, K. (2017, September 5).

Section 4
Abuse in Consumer and Social Relationships

Although the Helpline's focus is on abuse in intimate/close relationships, calls are also received about abuse in social and consumer relationships. Examples of social relationships include interactions with neighbours, acquaintances and strangers, whereas consumer relationships are primarily underpinned by a contractual arrangement, such as the exchanges that occur between a service provider and an older person.

This section briefly reports on the 239 records that involved abuse perpetrated within the context of social and consumer relationships. These cases are analysed separately to the 2,199 cases of abuse in close/intimate relationship that align with the elder abuse definition as the patterns of abuse, relationships and possible interventions will differ.

The following analyses will be reported:

- Abuse situation;

- Abuse types;

- Victim gender;

- Perpetrator gender.

Abuse Situation

The main abuse issues reported in consumer and social relationships related to aged care services and neighbourhood disputes (see Figure 33). Aged care services accounted for 39.5 percent (*n*=68) of the abuse situations that were reported. Social issues represented 34.3 percent (*n*=59), other issues comprised 14.5 percent (*n*=25) and consumer issues 11.6 percent (*n*=20) of the situations reported. The abuse situation categories are further delineated in Table 43. Of the 239 cases or abuse in consumer and social relationships, the abuse situation was not recorded for 67 cases.

Abuse related to aged care services can include complaints about an aged care facility or home care service provider, resident-to-resident violence and/or a complaint about an individual worker in a community or residential setting. Elderline is currently unable to differentiate which setting the aged care workers were working in when the issue arose.

Figure 33.
Abuse Situations in
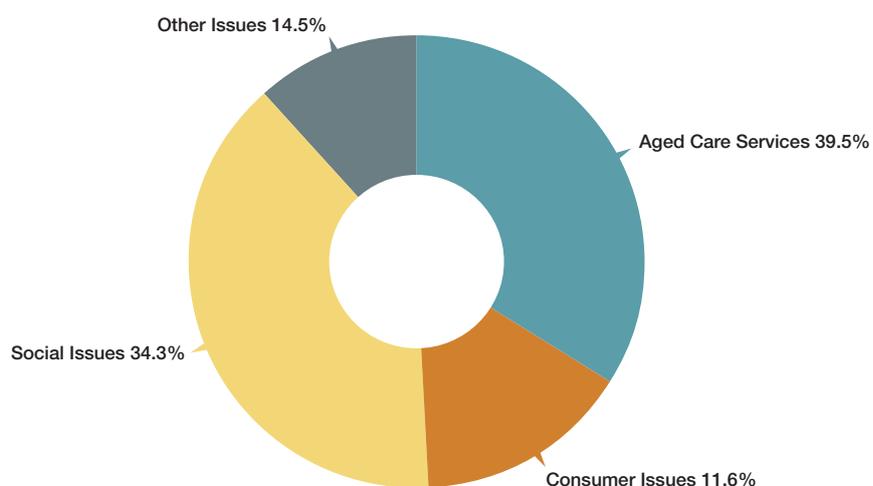Consumer and Social
Relationship Cases
(*n*=172).

Other Issues 14.5%

Aged Care Services 39.5%

Consumer Issues 11.6%

Social Issues 34.3%

Table 43.
Abuse Situations in
Consumer and Social
Relationship Cases.

Issue	Frequency	Proportion
Home Care Provider	8	4.7%
Aged Care Facility	20	11.6%
Worker	35	20.3%
Resident-to-Resident Abuse	5	2.9%
Total Aged Care Services	68	39.5%
Scam	4	2.3%
Consumer Dispute	4	2.3%
Retirement Village	12	7.0%
Total Consumer Issues	20	11.6%
Housemate Abuse	10	5.8%
Neighbour	46	26.7%
Stranger	3	1.7%
Total Social Issues	59	34.3%
Other	16	9.3%
Guardianship and Administration Services	3	1.7%
Self-Neglect	6	3.5%
Total Other	25	14.5%
	172	100.0%

Abuse Types

As Figure 34 shows, psychological abuse (40.2%) was the most frequently reported abuse type in cases of abuse in consumer and social relationships. This finding is dissimilar to abuse in close/intimate relationships, where financial abuse was the most common form of abuse (see Figure 35). It is also notable that neglect, physical and sexual abuse rates are higher in consumer and social relationships. This may reflect the large proportion of calls in this category that relate to abuse in aged care services (39.5%).

Figure 34.
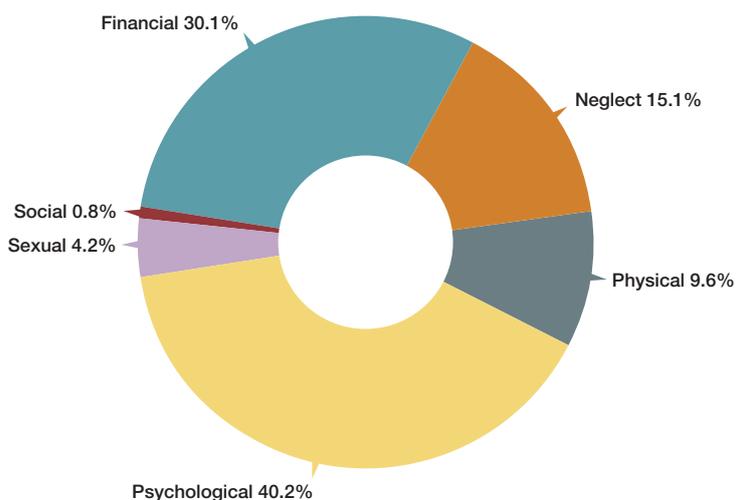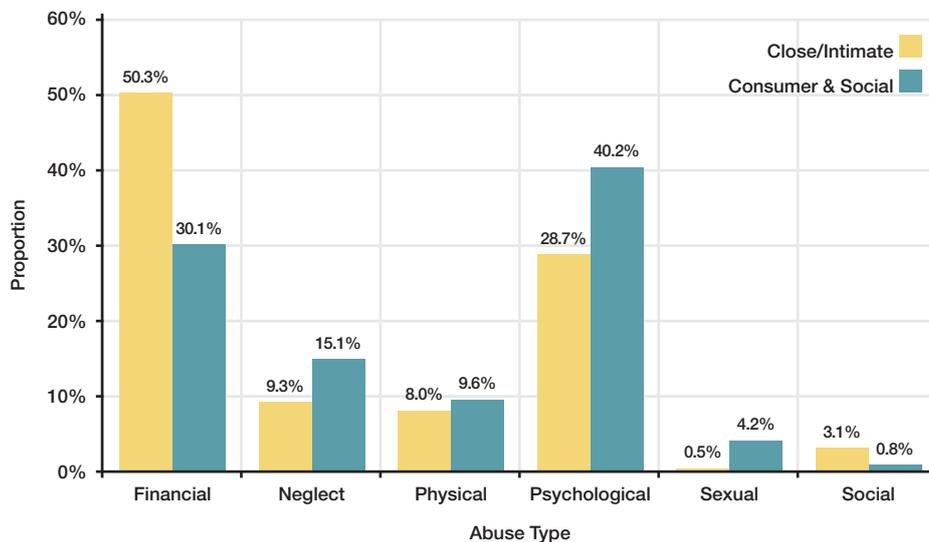Primary Abuse Types in Consumer and Social Relationships (*N*=239).

Financial 30.1%
Neglect 15.1%
Physical 9.6%
Social 0.8%
Sexual 4.2%
Psychological 40.2%

Figure 35.
Comparison of Primary Abuse Type in Close/Intimate Relationships (*N*=2,199) and Consumer and Social Relationships (*N*=239).

Close/Intimate
Consumer & Social

| Abuse Type	Close/Intimate	Consumer & Social
Financial	50.3%	30.1%
Neglect	9.3%	15.1%
Physical	8.0%	9.6%
Psychological	28.7%	40.2%
Sexual	0.5%	4.2%
Social	3.1%	0.8%

Cases of consumer and social relationships abuse were separated into three main categories: aged care services, social relationships and other consumer issues, to enable abuse patterns to be compared.

As Figure 36 shows, financial abuse was highest in other consumer issues cases (60.0%), which reflects the presence of scams and situations such as an older person being pressured by a salesperson to buy something that they do not want or need, resulting in the person being unhappy about the purchase.

Psychological abuse was highest in social relationships (70.7%), which reflects that almost all of these cases relate to neighbourhood disputes, which may result in the victim experiencing verbal abuse and denigration.

Neglect, physical and sexual abuse rates were highest in aged care cases, which is in line with expectations given that neglect, physical or sexual abuse are unlikely to occur in other forms of consumer relationships. However, based on other findings about abuse types in aged care[154], it was expected that the rate of psychological abuse would be higher.

Figure 36.
Abuse Type in Aged Care (*n*=65), Social (*n*=58) and Consumer Abuse (*n*=20)[155].
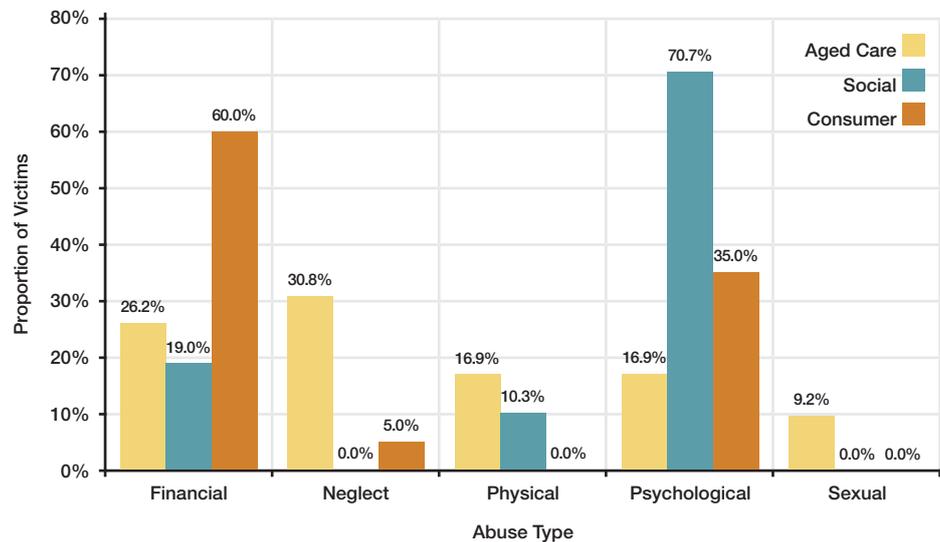
The differences between abuse related to aged care services and abuse in other consumer relationships is of interest as abuse in aged care services is prima facie a consumer issue due to the contractual nature of the relationship. There has been considerable debate as to whether abuse at the hands of aged care services and their workers constitutes a "trust relationship" under the definition of elder abuse and as such, should be examined using the same lens as elder abuse that occurs in close/intimate relationships. A comparison of the patterns of abuse between abuse related to aged care services and abuse in close/intimate relationships showed striking differences and suggests that these are two separate constructs (see Figure 37 and Table 44) with different causes and motivations. However, these results do need to be interpreted with caution due to the small sample size in the aged care services group.

154 *Daly, J. M. (2017).*
155 *Note. Social abuse was not recorded as a primary abuse type in any of the three groups and was excluded from the chart.*

Figure 37.
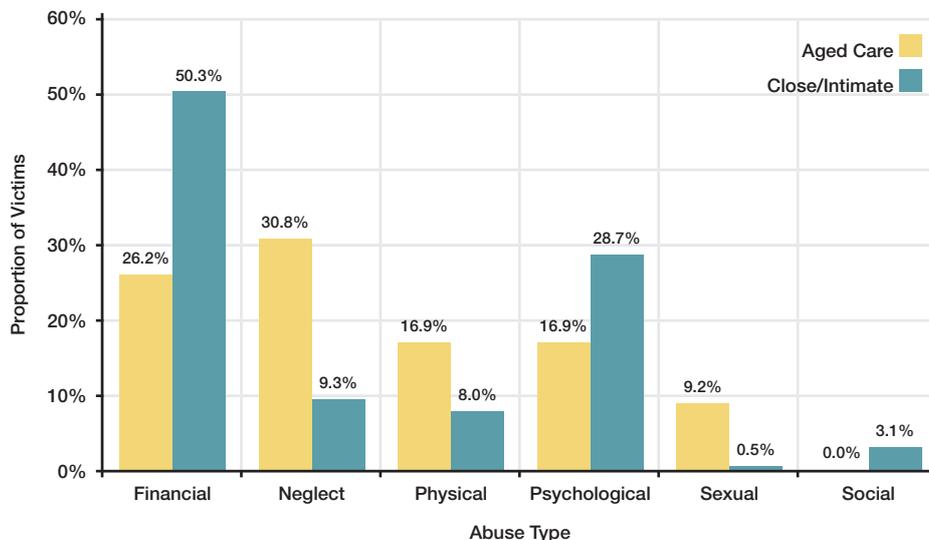Primary Abuse Types for Aged Care Services (*N*=65) and Close/Intimate Relationships (*N*=2,199).

Table 44.
Primary Abuse Types in Aged Care Services (*N*=65) and Close/Intimate Relationships (*N*=2,199).

Abuse Type	Aged Care	Close/Intimate
Financial	17	1,107
Neglect	20	205
Physical	11	177
Psychological	11	631
Sexual	6	10
Social	0	69
Total	65	2,199

Victim Gender

An analysis of the gender of victims of abuse in consumer and social relationships reveals a similar pattern to abuse in close/intimate relationships, with a much higher proportion of female victims than male victims (see Figure 38). Multiple victims relate to calls where, for example, it is reported that a specific staff member at a particular facility is verbally abusive to several residents and handles them roughly.

Figure 38.
Gender of Victims in Social and Consumer Relationships (*N*=239).

Female 59.4%

Multiple Victims 3.3%

Male 37.2%
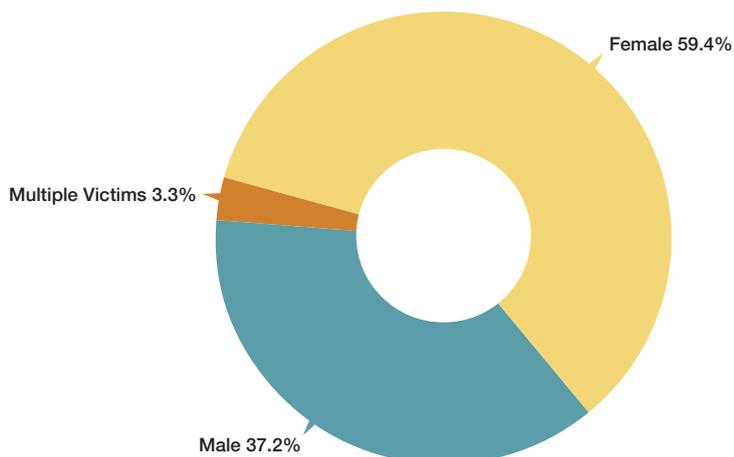
Perpetrator Gender

The proportion of male and female perpetrators is similar for consumer and social relationships, with only slightly more males than females recorded (see Figure 39). However, there were a large number of cases where there were multiple perpetrators. Multiple perpetrators relates to cases where a victim/victims may be experiencing abuse at the hands of multiple staff members.

Figure 39.
Gender of Perpetrators in Consumer and Social Relationships (*N*=228).

Other 0.4%
Female 28.5%
Multiple Perpetrators 39.5%
Male 31.6%
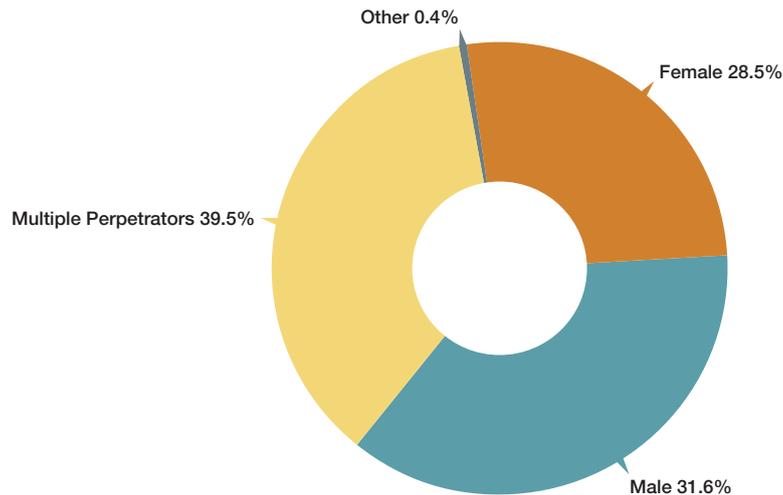
Limitations:

- The comparison of abuse in close/intimate relationships and abuse in consumer and social relationships is likely to be influenced by having to use *Primary Abuse Type* for comparison. Elderline is currently unable to record data on *Secondary Abuse Types* in abuse in consumer and social relationships, necessitating the use of *Primary Abuse Type* data for both populations. Elder abuse within a close/intimate relationship is typically more complex and more likely to involve multiple abuse types. This may affect which abuse types are recorded as *Primary Abuse Type* and lead to some of the types of abuse being underrepresented in comparisons.

- Analyses where the abuse in consumer and social relationships data was separated should be interpreted with caution due to the smaller sample sizes.

The Way Forward:

- The new database has the capacity to record multiple types of abuse for abuse in consumer and social relationships.

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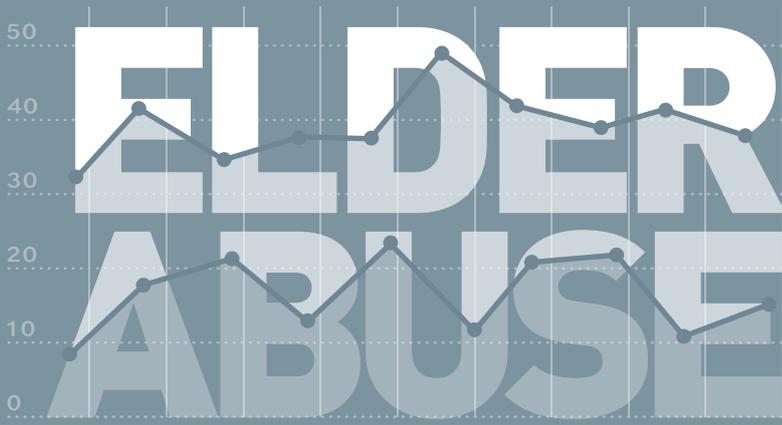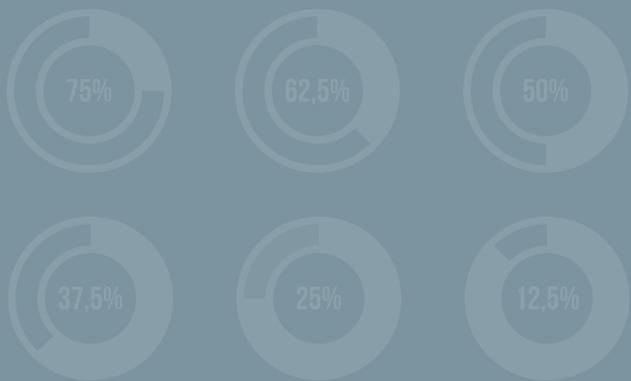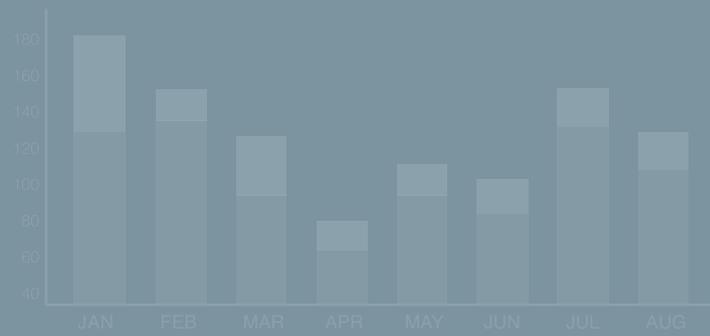
Appendix A.

Reference Group Members

EAPU Reference Group Members

- Aged and Disability Australia Qld
- Australian Pensioners' & Superannuants' League
- COTA Qld
- Elder Abuse Prevention and Support Service (Relationships Australia Qld)
- Gold Coast Seniors Network
- Office of the Public Advocate
- Office of the Public Guardian
- Older People Speak Out (OPSO)
- Private Consultant Aged Care
- Public Trustee of Qld
- Qld Civil and Administrative Tribunal
- Qld Dept of Communities, Child Safety & Disability Services (Office for Seniors, Carers and Volunteering)
- Qld Health
- Qld Law Society - Elder Law Committee
- Qld Police Service: - Elder Abuse Project
- National Consumers Advisory Committee
- National Seniors
- Seniors Legal & Support Service Brisbane (Caxton Legal Centre Inc)
- Senior Project Officer Aboriginal & Torres Strait Islander Communities- UC
- UnitingCare (Child and Family Services)
- University of Qld, School of Social Work & Human Services

In addition the EAPU maintains relationships with a variety of organisations covering Cultural and Gender Diversity, Victim Support, Domestic Violence as well as many interstate contacts including academics.

Appendices

Appendix B.

Anyone Can Make the Call Poster Presentation

Presented at the Australian Association of Gerontology National Conference,
Alice Springs, 2015.

ELDER ABUSE

PREVENTION UNIT

YEAR IN REVIEW

UnitingCare

2017–18

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