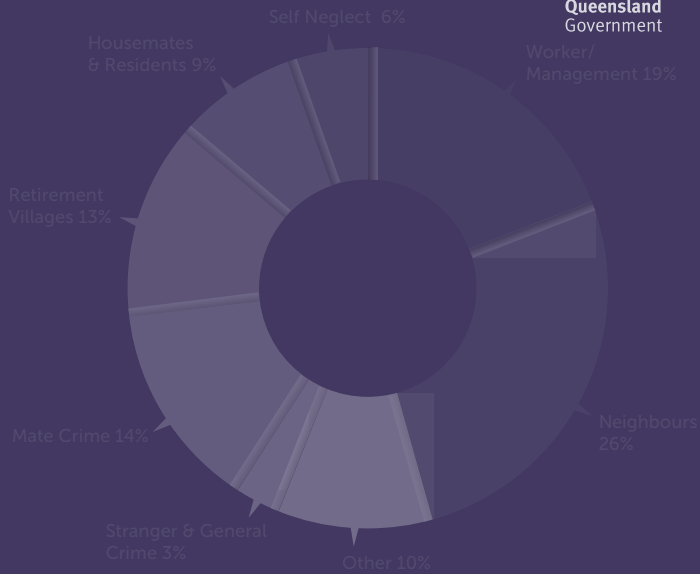


# ELDER ABUSE PREVENTION UNIT YEAR IN REVIEW 2016-17

UnitingCare Community

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## Report prepared by:

UnitingCare Queensland

## Published by:

UnitingCare Queensland  
192 Ann St  
Brisbane 4001

## Citation

Elder Abuse Prevention Unit (EAPU) (2018).  
*Year in review*. Brisbane: UnitingCare Queensland.

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# Executive Summary

The Elder Abuse Helpline is funded by the Queensland Department of Communities, Disability Services and Seniors to provide information, support and referrals to older people who are experiencing abuse or 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 2016/17 Year in Review reports on data collected during the 2016/17 financial year.

During the 2016/17 financial year the Elder Abuse Helpline recorded:

Abuse Notifications	1652
Victims	1742
Alleged Perpetrators	1835
Abuse Cases	2029

## Ecological Model of Elder Abuse

Elder abuse is recognised as a multifaceted problem that occurs as a result of the complex interplay of individual, personal relationships, community and societal factors impacting on both the victim and alleged perpetrator. As such, Schiamberg and Gans' (1999) ecological model is increasingly being used in elder abuse research to examine interrelationships between individual, familial and societal factors. The 2016/2017 Year in Review is structured according to this framework, which represents a new approach for reporting the helpline data.

## Main Statistics

Calls about elder abuse received by the helpline continue to rise, with an increase of seven percent compared with the previous year. In line with past Year in Review findings, the most common type of abuse was financial abuse closely followed by psychological abuse. It was frequently noted in financial abuse cases that the victim had a history of gifting or loaning money to their family members and/or had delegated their financial matters through an Enduring Power of Attorney arrangement.

In most elder abuse cases the victims were women (68%). Women were more at risk of financial, psychological, social and sexual abuse and men were slightly more likely than women to be victims of neglect and physical abuse.

The overwhelming majority of alleged perpetrators in financial and psychological abuse cases were the victims' adult children (79.4% of financial abuse and 74.9% of psychological abuse cases). Victims' sons and daughters were also the most common alleged perpetrators of social abuse, neglect and physical abuse, but spouses/partners also featured strongly in relation to these types of abuse (18.8% of physical abuse).

## Individual Factors

### Victims of Elder Abuse

Within an ecological model of elder abuse, the factors that may increase an individual's vulnerability and thereby their risk of becoming a victim of elder abuse are shown as follows:

- **Age** – The largest group of victims were aged 80-84 years (20%);
- **Culture** – Aboriginal and/or Torres Strait Islander peoples comprised 3.2 percent of victims and 8.8 percent were from a Culturally and Linguistically Diverse background;
- **Income** – The majority of victims (65.3%) relied on Centrelink or Veterans' Affairs payments as their main source of income, and 9.2 percent were self-funded retirees;
- **Disability** – Over half (54%) of the victims reported (or were reported to have) a physical impairment such as frailty, illness or disability; 6.9 percent reported a mental health condition; and 22.3 percent reported a cognitive impairment such as dementia;
- **Need for care** – Over half (57%) of victims required some level of personal care, with 38.2 percent receiving formal care from a service provider and 61.8 percent reliant on care provided by family members and other informal carers;
- **Isolation** – Social isolation is a risk factor for elder abuse, and 21.8 percent of victims were reported as lacking any meaningful support networks or access to services;
- **Trauma history** – Past experience of trauma may increase the risk of elder abuse victimisation. A small proportion of victims (12.9%) disclosed an experience of trauma with domestic violence victimisation the most common trauma recorded.

### Alleged Perpetrators of Elder Abuse

Individual vulnerabilities for alleged 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 alleged perpetrator characteristics need to be interpreted cautiously as callers frequently lack this information. Key findings include:

- **Gender** – Alleged perpetrators were slightly more likely to be men (50.3%) than women (48.4%);
- **Age** – Alleged Perpetrators were mostly between the ages of 40-64 years. However, perpetrators were represented in every age group including under 20 years (2.7%) and over 90 years (1.5%);
- **Income** – One quarter (25.6%) of alleged perpetrators were engaged in paid work. One third (34%) received a Centrelink or Veterans' Affairs payment (13.9% received Carer Payment or Carer Allowance);
- **Health** – With regard to health, 14.7 percent of alleged perpetrators were believed to have a mental health condition and 17.1 percent were experiencing a substance abuse issue;
- **Criminal background** – A notable proportion of alleged perpetrators (11.9%) were believed to have a history of criminal behaviour.



## Relationship between Victim and Alleged Perpetrator

The victim and alleged 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 in relation to the family system include:

- Alleged perpetrators were most likely to be the children of victims (76.3%). Sons (38.6%) and daughters (37.7%) were almost equally represented. Most were the biological children of the older person, but 7.3 percent were daughters- or sons-in-law;
- Spouses/partners accounted for 7.5 percent of alleged perpetrators and grandchildren 5.7 percent;
- Difficult family circumstances or past events that impacted on the quality of family relationships were identified as a factor in the abuse of 13.4 percent of victims. The subsequent marriage of the victim was the most commonly identified single issue;
- In 21.9 percent of cases, the victim was reported as being dependent on the alleged perpetrator, usually for support with daily life, financial management and/or accommodation. A small proportion of alleged perpetrators (6.3%) were dependent on victims, usually for accommodation.

## Broader Webs of Relationships

The 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 calls being 76.9% in 2016/17, represent a protective relationship for the victim. These callers were most often daughters of the victim (24.8%), aged care workers (12.1%), sons of the victim (9.5%) or friends of the victim (8.5%).

## The Impact of External Factors

The ecological model of elder abuse recognises that external factors can potentially impact the victim or perpetrator or their relationship. Common examples include the victim being unable to access formal supports requiring the alleged perpetrator to step in, or the alleged perpetrator losing their employment and needing to move in with the victim. Limited data about these potential trigger factors is available in the helpline dataset and the key findings include:

- For victims, a bout of ill-health was the most commonly reported trigger factor for abuse (10.7% of cases). Periods of ill-health for older people can prompt the need for activation of an Enduring Power of Attorney arrangement or informal relinquishment of decision making, which may increase the risk of elder abuse;
- For alleged perpetrators, the most commonly identified trigger factors include moving in with the victim (4.1%) or separating from a partner (3%).

## Sociocultural Context

A variety of cultural norms, legislation and policies, the economic environment and features of the broader community within which older people live may contribute to a context that increases the risk of elder abuse. The 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 environment. Key findings include:

- A cultural norm of intergenerational wealth transfer is associated with elder abuse, as it can contribute to a perception of entitlement and sense of ownership of parental assets. In 25 percent of financial abuse cases, this was identified as an issue;
- In 248 abuse cases (13.8%) the alleged perpetrator was receiving Carer Payment and/or Carer Allowance, which provides a higher level of payment than the Newstart Allowance. In many reported cases, the alleged perpetrator was providing no care or inadequate care and in some cases was seeking to prevent the older person's entry into aged care to avoid losing this payment.

## Elder Abuse in Social and Consumer Relationships

The helpline receives a small number of calls (239 in 2016/17) that relate to abuse allegedly perpetrated within a relationship where there is a formal care arrangement (e.g. aged care, home help) or a distant relationship (e.g. neighbour, church member). For example, 26 percent of alleged perpetrators in calls were identified as neighbours and 19 percent were identified as staff employed by formal support organisations. The most common types of abuse perpetrated were psychological abuse (35.6%) and financial abuse (33.5%). Victims were more likely to be women (60%) than men (35%).

# Section 1 – Context of the Year in Review

## Elder Abuse Helpline

UnitingCare Queensland has operated the Elder Abuse Helpline since November 1999. The helpline is funded by the Department of Communities, Disability Services and Seniors.

The helpline offers information, support and referrals to any older person 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 callers who are unsure what to do in an abusive situation and although no case management is provided and most callers remain anonymous, a wealth of non-identifiable information can be entered into the database after the completion of a call. This information is analysed and disseminated on an annual basis to inform understanding of the risk factors and issues surrounding elder abuse. The 2017 Year in Review contains a range of descriptive statistics and analyses of helpline data from the 2016/2017 financial year.

The definition of elder abuse used to guide the activities of the EAPU and numerous other Australian and international services is the World Health Organisation definition<sup>1</sup> :

**“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.”**

Elder abuse most commonly occurs in close and intimate relationships, but also occurs in social relationships and consumer relationships.

## Key Terms

### Abuse Records

Refers to the initial contact made with EAPU by a person regarding an abuse situation. Calls sometimes include multiple victims and/or alleged perpetrators, meaning that the number of abuse records may be lower than the number of victims, alleged perpetrators, or abuse cases.

### Victim

A call may relate to more than one victim. Situations where there are multiple victims commonly involve both members of a spouse/partner relationship experiencing abuse. Prior to the current database being implemented in 2010, situations involving multiple victims focused on the primary abused with minimal data collected for secondary victims. Statistics were derived from data relating to the primary abused only. Consequently, the primary abused statistics reported prior to 2010 can only be compared as a proportion with the current Victim statistics.

<sup>1</sup> World Health Organisation (2002).

## Alleged Perpetrators

Calls may involve multiple alleged perpetrators and this is further explained below.

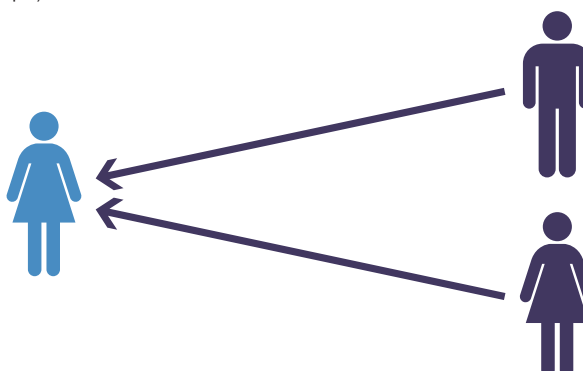
## Relationships

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

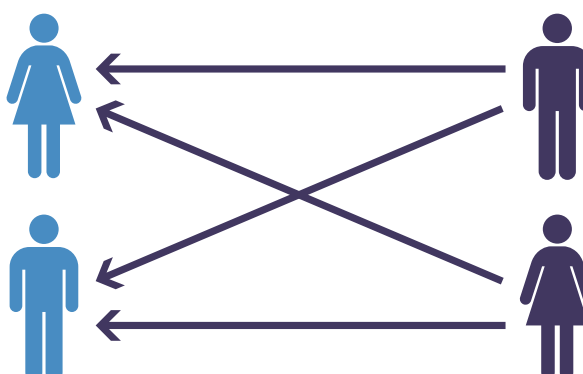
**Scenario 1.** Mother abused by son (data collected on one abuse relationship).



**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 alleged 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 a number of limitations with the data collected by EAPU, including:

- Accuracy - data is collected through the voluntary disclosure of callers and may be subjective, incomplete and/or inaccurate. The primary focus of helpline operators is on the older person and supporting the caller. Data collection occurs as a natural process from the narrative detailed by the caller. Calls are not scripted and therefore collection of some data may lack the consistency provided by structured interviews or surveys.
- Sampling – there is no random sampling and data is based purely on what is reported by callers (self-selection). It is possible that the data is based on a biased sample of abuse calls as particular types of abuse such as physical, sexual or neglect may be more likely to be reported directly to the police or the Office of the Public Guardian (OPG). Cases where the victim does not have capacity may also be taken directly to the OPG or Queensland Civil and Administrative Tribunal (QCAT) and as such may be underrepresented in this data. This is particularly likely in physical and sexual abuse and severe cases of neglect.
- Other issues may relate to sample size, operationalisation of the variables and the consistency of ratings between helpline operators (inter-rater reliability). Caveats have been included where particular concerns exist with the data being presented in this report.
- The data includes a small number of helpline calls ( $N=67$ , 3.7%) where the victim was residing interstate.

Despite these limitations, EAPU helpline data collection remains the only known ongoing source of elder abuse data being collected in Queensland that has a broad range and depth regarding both the victim and alleged perpetrator. 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 some researchers. The EAPU has received funding from the Department of Communities, Disability Service and Seniors to build a new database and it is hoped that this will lead to improvements in the quality and depth of the data collected in the future.

# Section 2 – The Data

This section includes:

- Main statistics;
- Elder abuse calls;
- Victim location;
- Abuse types in elder abuse;
- Victim/perpetrator relationships across different abuse types;
- Abuse type and gender;
- Financial abuse; and
- Methods of financial abuse.

## Main Statistics

Table 1 shows the total number of calls received by the helpline in the 2016/2017 reporting year. As noted in Section 1, notifications may include multiple victims and alleged perpetrators. Analyses relating to elder abuse in the Year in Review will use the relationships/cases data, which ensures that calls where there are multiple victims or alleged perpetrators are fully represented. This is important as one victim being abused by two alleged perpetrators may experience different types of abuse from each alleged perpetrator. The same may also apply to alleged perpetrators; for example, a son may be physically and financially abusive to his father but may also be using manipulation (psychological abuse) as a means of financially abusing his mother.

Table 1.  
Calls Received During  
the 2016/2017  
Financial Year.

Abuse Calls	1652
Total Unique Victims	1742*
Close Relationship Victims	1520*
Social and Consumer Relationship Victims	222*
Total Unique Alleged Perpetrators	1835*,**
Close Relationship Alleged Perpetrators	1615*
Social and Consumer Relationship Alleged Perpetrators	220*,**
Total Abuse Relationships/Cases	2029*
Close Relationships/Cases	1790*
Social and Consumer Relationships/Cases	239*

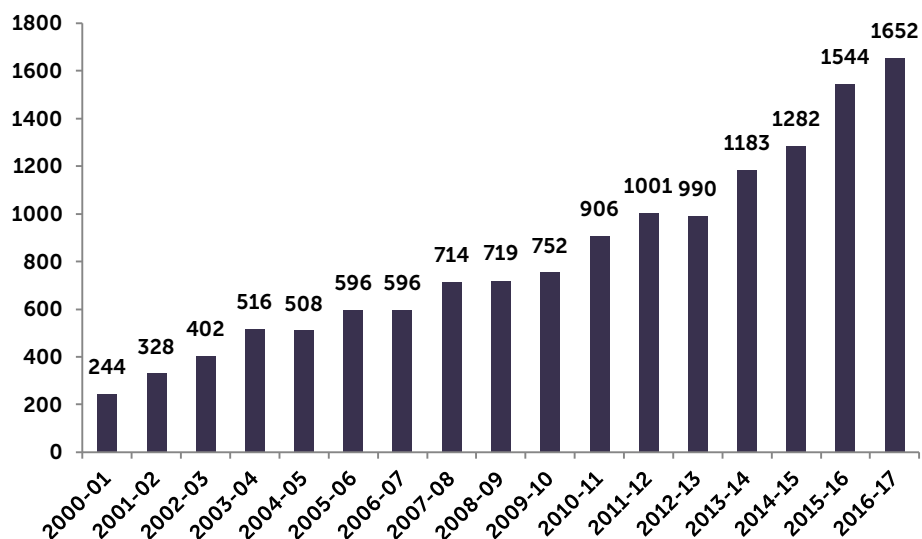
\*Note. Data for 69 abuse calls were not entered into the research database and as such, data on victims/perpetrators/relationships for these calls is not available and therefore not included in this calculation.

\*\* Note. Two Perpetrator records involving self-neglect were removed from the data.

## Elder Abuse Calls

In the 2016/2017 reporting year, there were 1652 elder abuse calls to the Helpline, representing a 7 percent increase on last year. As can be seen in [Figure 1](#), the number of elder abuse calls has steadily increased from the 244 recorded in 2000/2001 to the 1652 recorded in 2016/2017.

Figure 1.  
Total Abuse Calls  
Received by the  
Helpline per  
Reporting Year.



## Victim Location

The EAPU currently collects the postcodes of victims and arranges them into Australian Bureau of Statistics (ABS) Statistical Divisions (SD). These SDs were superseded in 2011 when the Australian Statistical Geography Standard was introduced. The current ABS category of Statistical Area Level 3 is the closest approximation to the following geographical regions. Victim location was classified into SDs to ensure it was comparable to previous data.

Figure 2 shows that of the 1789 victims that can be located into a SD in Queensland (additional 240 victims unknown or interstate location, total  $N=2029$ ), Brisbane/Moreton and Wide Bay Burnett had the greatest number of cases.

Figure 2.  
Geographic Location  
of Victims.

Insert:

### Brisbane/Moreton 1162 Victims

- Brisbane 711 Victims
- West Moreton 97 Victims
- Gold Coast 225 Victims
- Sunshine Coast 129 Victims

### 2029 Total Victims

1789 victims located into SD's  
240 Victims Unknown  
or Interstate:

- 122 Qld (unspecified)
- 67 Interstate
- 51 Unknown

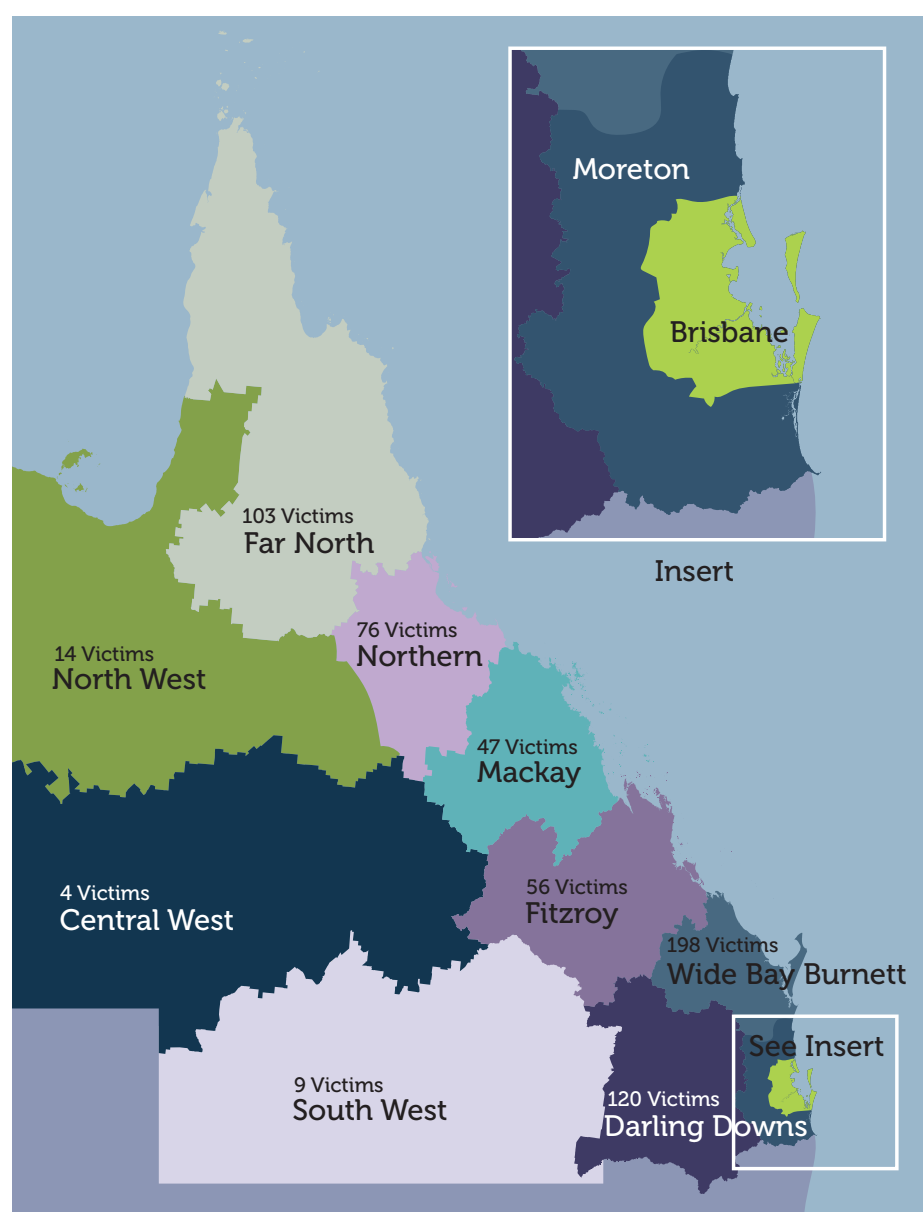




Table 2 compares the percentage of reported victims in each statistical division against the proportion of Queensland's population of people aged 65+ residing in that area<sup>3</sup>. The percentage of victims in many of the geographic areas is reasonably close to what would be expected. However, there are a few areas where the percentage of reported victims is higher or lower. The most notable is North West Queensland, where the proportion of reported victims is more than double the proportion of people aged 65 years and over in the area (calls from this area increased from four in 2015/2016 to 14 in 2016/2017). The Darling Downs and Wide Bay areas also experienced higher proportions of reported victims. In contrast to this, the percentage of reported victims in Fitzroy was lower than expected.

Table 2. Percentage of Reported Victims Versus Population of People Aged 65+ Residing in Each Area.

	Far North Qld	Northern Qld	North West Qld	Mackay	Fitzroy	Central West Qld	Wide Bay Burnett	Brisbane & West Moreton	Darling Downs	South West Qld
Proportion Reported Victims (%)	5.76	4.25	<b>0.78</b>	2.63	<b>3.13</b>	0.22	<b>11.07</b>	64.95	<b>6.71</b>	0.50
Proportion of Population Aged 65+ (%)	5.42	4.32	<b>0.34</b>	2.92	<b>3.99</b>	0.25	<b>9.51</b>	66.60	<b>6.04</b>	0.51

#### 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 postcodes may be present due to the changes in the boundaries of ABS statistical areas. This was particularly problematic in the Brisbane, West Moreton, Gold Coast and Sunshine Coast areas. Consequently, these areas were combined.

#### Future Directions:

- The new EAPU database will be structured according to the Australian Statistical Geography Standard (ASGS). This will enable more accurate positioning of victims within statistical areas.
- Future geographical reporting will have greater flexibility to allow data to be grouped into geographical areas of interest to stakeholders, such as health, police or other government and non-government agency regions.

<sup>3</sup> Population statistics were calculated based on the ABS 2016 Census data being grouped into custom regions using the Regional Profiles tool provided by the Queensland Government Statistician's Office, available at <http://statistics.qgso.qld.gov.au/qld-regional-profiles>

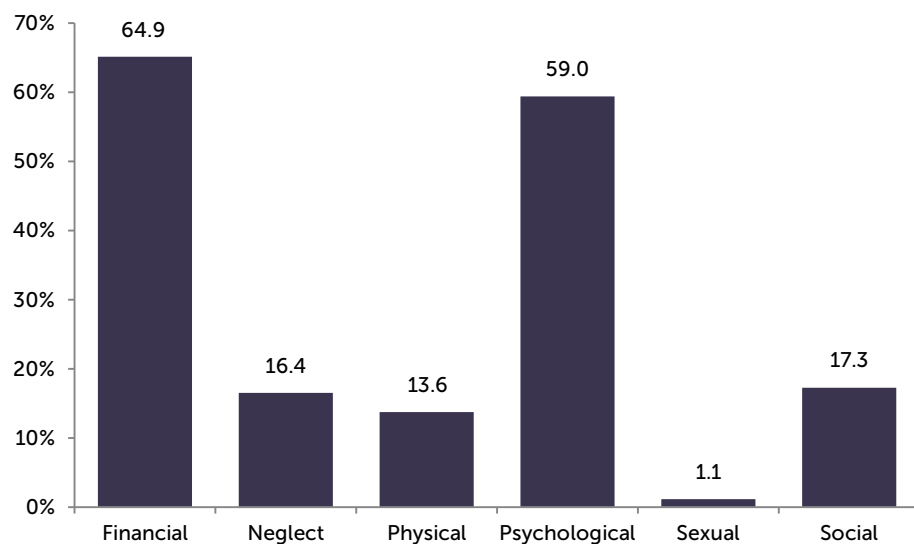
## Abuse Types in Close and Intimate Relationships

The three most commonly reported abuse types in helpline calls for 2016/2017 were financial, psychological and social. Victims will often experience more than one type of abuse concurrently, so [Table 3](#) and [Figure 3](#) show the number and proportion of victims who experienced each type. More than half of the 1790 victims experienced financial and/or psychological abuse, which is consistent with findings both internationally and within Australia<sup>4</sup>.

Table 3.  
Number of Victims  
by Abuse Type

Type of Abuse	Victims
Financial	1161
Neglect	294
Physical	244
Psychological	1056
Sexual	20
Social	309

Figure 3.  
Percentage of  
Victims Experiencing  
Each Type of  
Abuse (N=1790).



<sup>4</sup> Kaspiew, R., Carson, R., & Rhoades, H. (2015).

**Limitations:**

- Some irregularities were found in the categorisation of 51 cases and therefore have been excluded. These 51 cases represent four percent of financial abuse cases and it is unlikely that this small amount of data has significantly affected the overall results.

**Future Directions:**

- In preparation for a new database, EAPU will undertake a review of data collection, storage and reporting to improve the reliability of data collection and reporting.
- It is hoped that a more detailed analysis, including the examination of correlations and covariance between abuse types, can be performed using statistical software in the future.

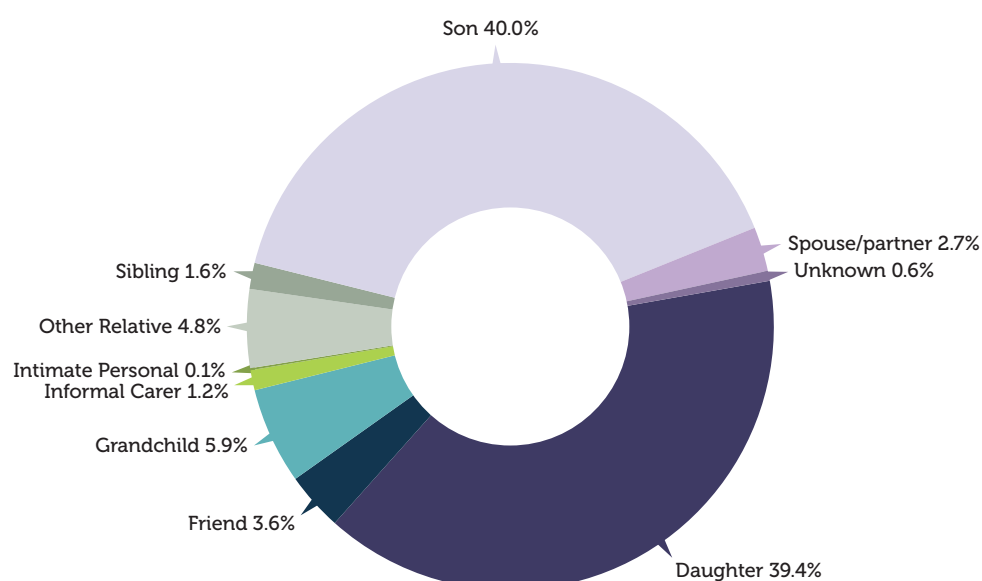
## Victim/Alleged Perpetrator Relationships across Different Abuse Types

Past Year in Review reports have found that the relationship between the alleged perpetrator and victim<sup>5</sup> varies across the different types of abuse. For consistency with previous Year in Review analyses, the data reported in this section only uses the Primary Abuse Type data. The Primary Abuse Type is selected by helpline operators based on the type of abuse that is the most severe or causes the most distress for the victim.

### Financial Abuse

Figure 4 shows the relationships between the alleged perpetrator and victim in financial abuse cases. Financial abuse involves the illegal or improper use of someone else's finances or property. Some examples of financial abuse can include not allowing the older person access to their money or misusing an Enduring Power of Attorney (EPoA). Sons and daughters were almost equally represented as alleged perpetrators in financial abuse cases.

Figure 4. Relationship of Alleged Perpetrator to Victim in Financial Abuse (N=810).



<sup>5</sup> 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.

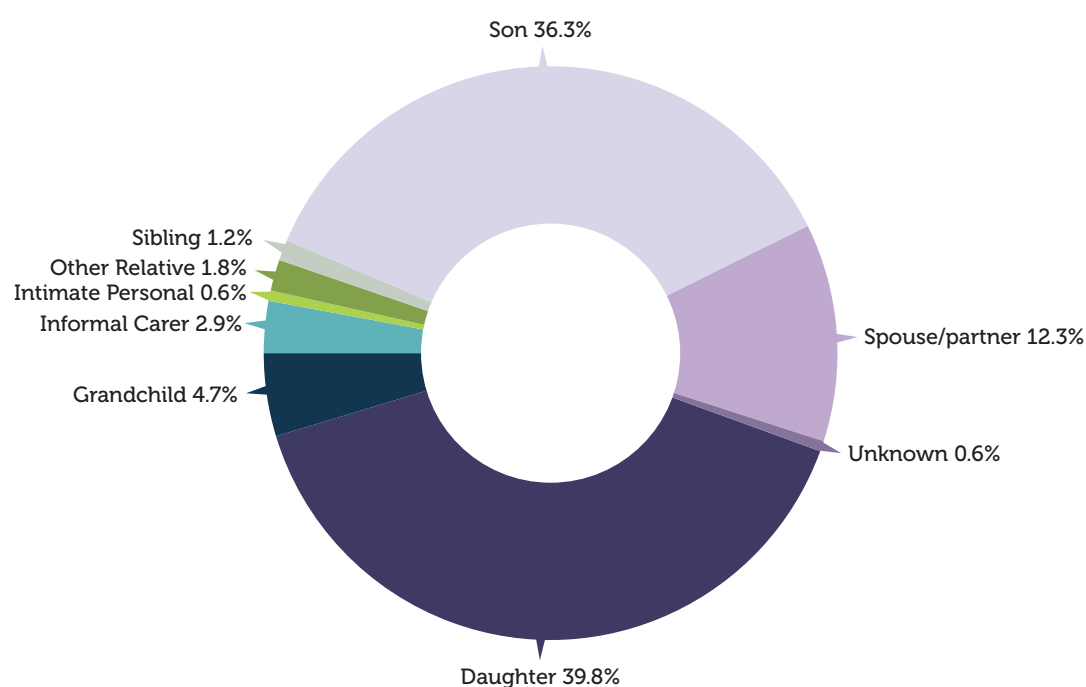
## Neglect

Daughters were the most commonly reported alleged perpetrators in cases where neglect was the primary abuse type (see [Figure 5](#)). Sons and spouse/partners were the other main alleged perpetrators. The definition of neglect used by EAPU is the failure of a carer to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional. Neglect cases reported to the helpline can include situations where the victim:

- Is not being fed, or fed inadequately, e.g. only fed chips or ice-cream or other foods that do not meet their nutritional needs;
- Not receiving an adequate level of personal care. They may not have their personal hygiene needs being met, e.g. not toileted or showered and left in clothes or bed that contains urine and/or faecal matter;
- Not receiving medical care.

Recent 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<sup>6</sup>. This means that females are reportedly providing care at more than 1.5 times that of males. However, the proportion of daughters who were alleged perpetrators in cases where neglect was the primary abuse type is only slightly higher than the proportion of sons. Given the comparison, this suggests that daughters may be less likely than sons to be responsible for neglecting the older person.

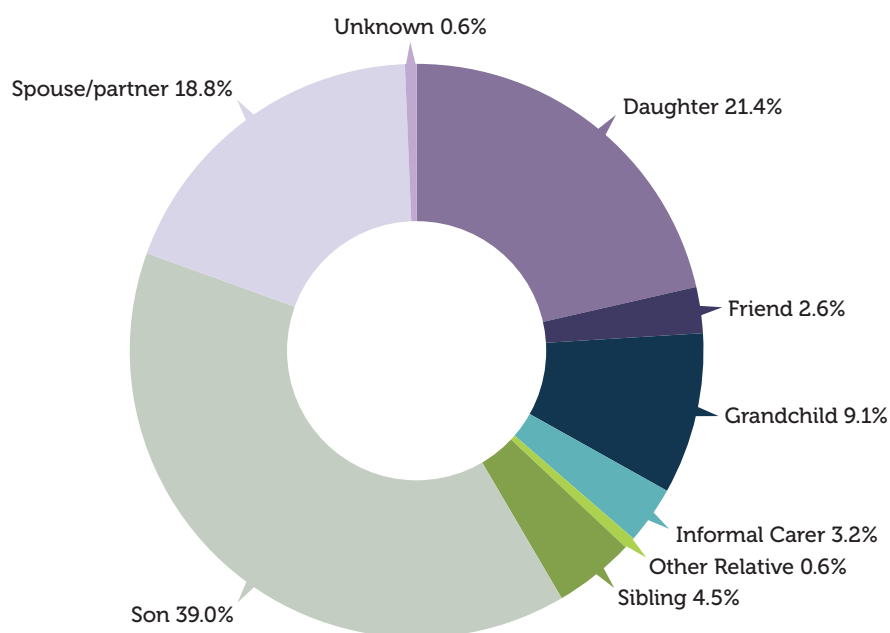
Figure 5.  
Alleged Perpetrator  
Relationship to Victim in  
Neglect Cases (N=171).



## Physical Abuse

EAPU adopts the definition of physical abuse as the infliction of physical pain or injury or physical coercion. Examples include hitting, slapping, pushing or physically restraining. Sons were the most common alleged perpetrators in physical abuse and were represented as alleged perpetrators at close to double the rate of spouse/partners or daughters (see [Figure 6](#)).

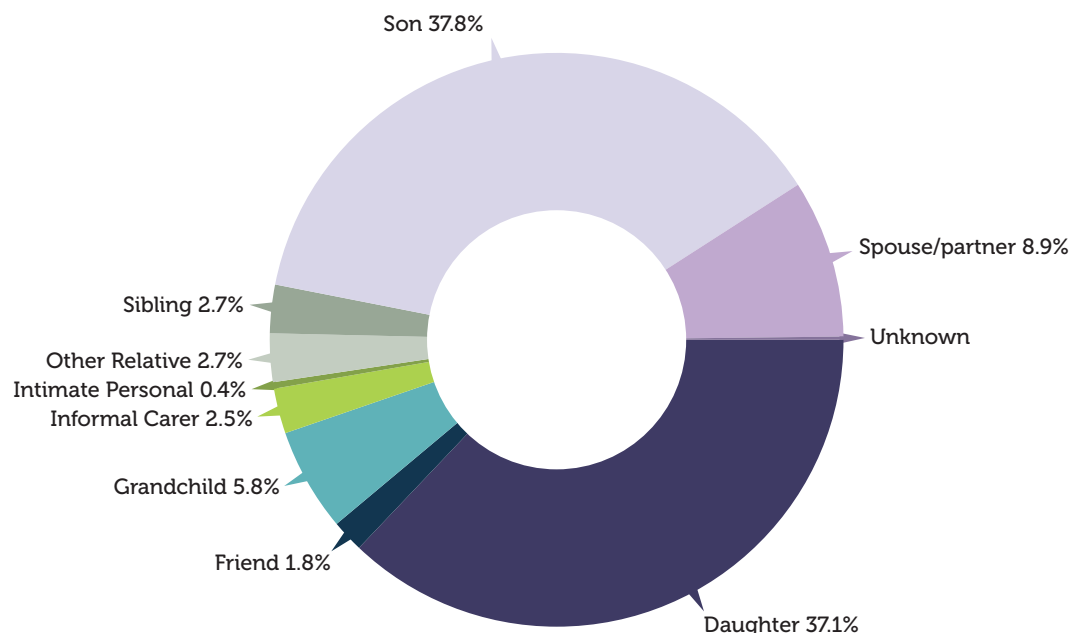
Figure 6.  
Relationships of  
Alleged Perpetrators  
to Victims in Physical  
Abuse (N=154).



## Psychological Abuse

The definition of psychological abuse used 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. As detailed in the models of abuse (see page 24), psychological abuse may take on different forms depending on the situation. Sons and daughters were almost equally represented as alleged perpetrators of psychological abuse (see [Figure 7](#)).

Figure 7.  
Relationship  
between the Alleged  
Perpetrator and Victim  
in Psychological  
Abuse (N=550).



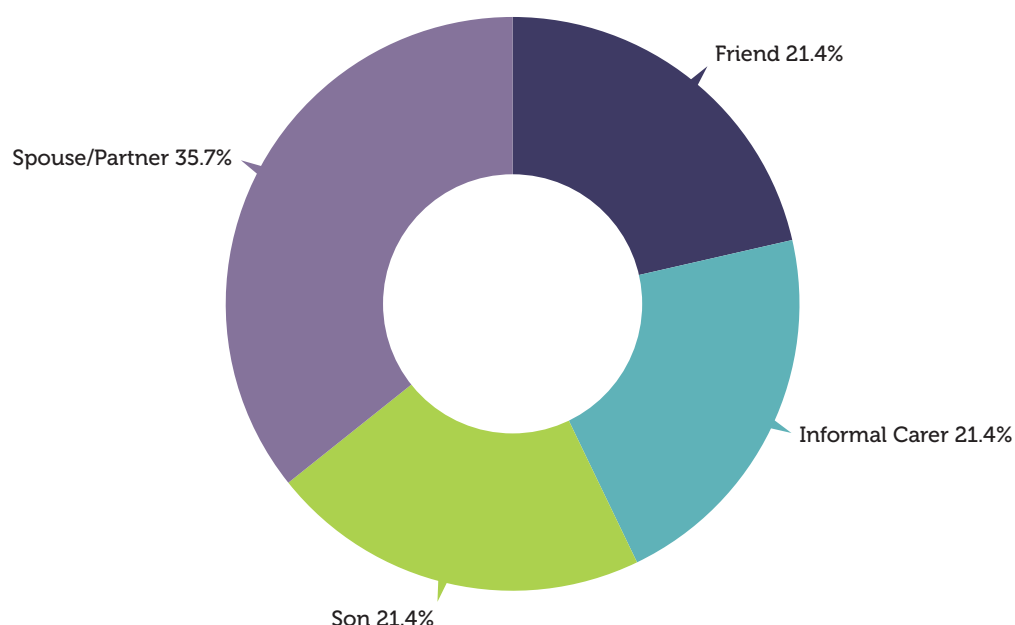
## Sexual Abuse

Sexual abuse includes any kind of unwanted sexual behaviour or activity, done without consent, that makes a person feel uncomfortable, frightened threatened or cause hurt or harm. It may include: Rape, indecent touching, sexual harassment, forcing a victim to watch pornography and/or inappropriate comments. In the 2016/2017 helpline data, all 14 cases where sexual abuse was selected as the primary abuse type involved a female victim and male alleged perpetrator. As can be seen in Figure 8, spouse/partners accounted for over one third of perpetrators in cases where sexual abuse was the primary abuse type.

Informal carers accounted for over 20 percent (three cases) of alleged perpetrators. In each case, the victim was dependent on the alleged perpetrator, with two victims also having impaired capacity. This highlights the vulnerability and power imbalance inherent in these cases.

Sons were also the alleged perpetrators in three cases 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 three distinct cases. A deeper analysis showed that only one of the sons was a biological son; the other two alleged perpetrators were sons-in-law. The final three cases of sexual abuse were allegedly perpetrated by friends of the victims.

Figure 8.  
Alleged Perpetrator  
Relationships to  
Victims in Sexual  
Abuse (N=14).

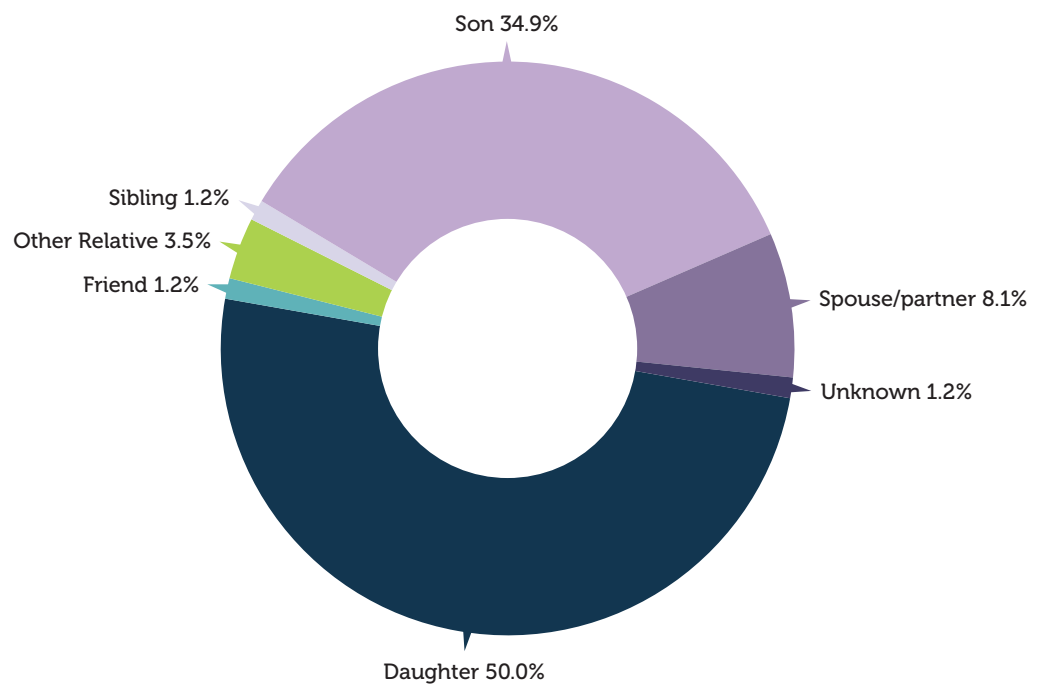


It is important to note that the numbers of reports of sexual abuse is very low. It is understood that such abuse is considered to be infrequently reported.

## 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<sup>7</sup>. Some common examples of social abuse include: The victim's child or children using the EPoA to move 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 alleged perpetrator moves in with the victim and starts keeping visitors away and/or prevents the victim from leaving the house. In some cases, victims may have their phone taken away or phone calls monitored by the alleged perpetrator. Often, the alleged perpetrator is also using psychological abuse methods and telling the victim that no one cares about them and tries to turn them against particular people. In many cases there is a financial motive underlying the social abuse<sup>8</sup>. As Figure 9 shows, half of all alleged perpetrators in social abuse are daughters. One possible explanation is that sons may be more likely to use physical abuse to gain what they want from the victim; whereas, daughters may use less overtly aggressive methods.

Figure 9.  
Relationship between  
Alleged Perpetrators  
and Victims in Social  
Abuse (N=86).



### Limitations:

- Only the primary abuse type data was used in this analysis. This is subjectively chosen by the helpline operator and does not provide the full picture of the relationship between the alleged perpetrator and abuse type as one perpetrator may be committing several types of abuse.
- Care should be taken when drawing conclusions from the sexual abuse data due to the small sample size.

### Future Directions:

- Statistical methods for examining multiple types of abuse and the relationships between the victim and alleged perpetrator will be explored.

<sup>7</sup> Joosten, M., Dow, B., & Blakely, J. (2015).

<sup>8</sup> Cross, C., Purser, K., & Cockburn, T. (2017).

## Abuse Type and Gender

Based on current conceptualisations relating to abuse type and gender<sup>9,10</sup> it was expected that the percentage of victims who experience the types of elder abuse would vary as a function of gender. Figure 10 shows that this was not the case, with only relatively small differences observed between the proportion of male and female victims experiencing each type of abuse. However, as Table 4 shows, there were more than twice as many female victims of elder abuse than male victims.

Figure 10.  
Abuse Type by  
Gender.

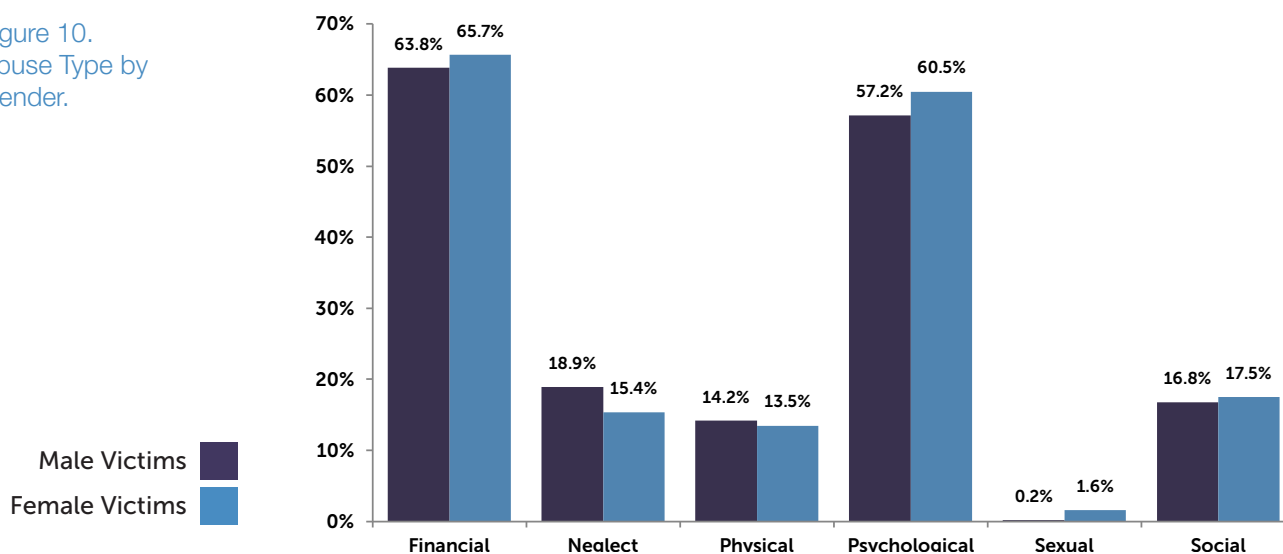


Table 4.  
Number of Male and  
Female Victims by  
Abuse Type.

Abuse Type	Victim Gender	
	Male	Female
Financial	363	797
Neglect	107	187
Physical	81	163
Psychological	324	732
Sexual	1	19
Social	96	213
Total	(N=972)	(N=2111)

### Limitations:

- Data collected by EAPU reflect reported rather than actual abuse and patterns of reporting may be influenced by gender. Men can be more reluctant to seek support and cultural gender biases may also result in the abuse of women being reported more frequently by others than cases involving a male victim. This may also mean that the abuse reported in cases involving male victims may be more likely to be on the severe end of the spectrum.

<sup>9</sup> Australian Law Reform Commission (2017).

<sup>10</sup> Kaspiew et al. (2015).



## Financial Abuse

Financial abuse was the most commonly reported abuse type in 2016/2017 with 1161 or 64.8 percent of all victims having experienced financial abuse. Furthermore, there were 590 cases (50.8%) where financial and psychological abuse were recorded as co-occurring. Psychological abuse often occurs in conjunction with financial abuse and in many instances, psychological abuse is used as a means to facilitate financial abuse<sup>16,17</sup>. Alleged perpetrators may threaten to sever contact, refuse access to grandchildren or commit suicide if the older person is reluctant to give them what they want.

The 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 alleged 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 5](#), the most prominent risk factors were a history of gifting and loaning and delegating financial matters. A history of gifting and loaning is selected in situations where callers report that the victim has a history of supporting the perpetrator financially through gifts, loans, buying food, paying bills or even aspects such as frequently loaning their car. Delegated financial matters include situations where, prior to losing capacity, a victim has asked or consented to the perpetrator managing their financial affairs either informally or with an EPoA.

Risk factors were identified for 47 percent of victims; however, a further 20 percent of financial abuse cases had no apparent risk factors.

Table 5.  
Top 10 Financial Risk  
Factors for Victims of  
Financial Abuse.

	Victims	% of Victims
Financial Risk Factor:		
History of gifting/loaning	276	23.8
Delegated financial matters	236	20.3
Functional Support Required	38	3.3
Dependence on others	35	3.0
Dependence by other	28	2.4
Insufficient income	21	1.8
Debt burden	18	1.6
Unemployment	7	0.6
History of requesting/borrowing	3	0.3
Bankruptcy	1	0.1

<sup>16</sup> Elder Abuse Prevention Unit (2015).

<sup>17</sup> Cross et al. (2017).

Table 6 shows the financial risk factors recorded for alleged perpetrators in cases where financial abuse was identified. Alleged perpetrator financial risk factors were recorded in 47 percent of financial abuse cases. In 7.8 percent of cases no risk factors were identified. History of Requesting and Borrowing and Authorised Access were the most commonly selected risk factors for alleged perpetrators. This category is selected when the perpetrator frequently asks for money, bills to be paid, use of the car and so on. Authorised access includes situations where the victim has given the alleged perpetrator access to their financial accounts through being made a signatory on a bank account, an EPoA or other means such as having a linked credit card issued to them.

Table 6.  
Top 10 Financial Risk  
Factors for Alleged  
Perpetrators of  
Financial Abuse.

	Alleged Perpetrators	%
<b>Financial Risk Factor:</b>		
History of requesting/borrowing	279	24.0
Authorised access	264	22.7
Unemployment	95	8.2
Gambling	40	3.5
Debt burden	38	3.3
Dependence on others	37	3.2
Wilful Unemployment	30	2.6
Dependence by other	17	1.5
Insufficient income	13	1.1
Bankruptcy	9	0.8

#### 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.
- A large number of cases of financial abuse did not have identified risk factors. This suggests that there are other factors which are currently not measured that contribute to the risk of financial abuse.

#### Future Directions:

- Statistical software will be used to assess the significance of financial risk factors in the future. A statistical analysis of the covariance between financial and psychological abuse will also be done.
- Definitions of financial risk factors will be tightened and due to the large amount of cases where no risk factors were identified, a review of existing research will be completed to better understand the risk factors contributing to financial elder abuse.

## Methods of Financial Abuse

Financial abuse was selected for 1161 victims. At least one method of financial abuse was identified in 781 cases. Table 7 shows that the most commonly reported methods of financial abuse were: Non-contribution, EPoA abuse, family expenses and theft. Non-contribution involves the alleged perpetrator living or staying with the victim and not contributing to cover the cost of rent, groceries or other bills. Enduring Power of Attorney abuse includes situations where the EPoA has been used by the alleged perpetrator for their own benefit. 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 alleged perpetrator's mortgage, buy a new car or pay their own bills. Family expenses covers situations such as the alleged perpetrator putting pressure on the victim to pay for school fees, buy a grandchild a car, or pay for holidays. Theft is recorded in situations where the alleged perpetrator has taken money or items from the victim without their knowledge.

Although EPoA abuse was the second most commonly selected method of abuse, the 135 victims represent less than half of the number of alleged perpetrators who held the EPoA for victims of financial abuse ( $N=276$ ).

Table 7.  
Method of  
Financial Abuse.

	Number of Victims	% ( $N=1161$ )
<b>Method of Financial Abuse:</b>		
Non-Contribution	272	23.4
EPoA Abuse	135	11.6
Family Expenses	125	10.8
Theft	125	10.8
Misuse of Cards	117	10.1
Refusal to Repay Loans	116	10.0
Pension Theft	114	9.8
Extortion	74	6.4
Refusal to Return Assets	59	5.1
Will Modification	56	4.8
EPoA Modification	50	4.3
Transfer of Title	47	4.1
Property Damage	41	3.5
Investment in Abusers Property	35	3.0
Excessive Rent	28	2.4
Exposure to liability	23	2.0
Undervalued sale	14	1.2
Nominee abuse	8	0.7
Reverse mortgage	7	0.6
Service contracts	3	0.3
Transfer of business	2	0.2

### Limitations:

- The database does not capture information about the status of an EPoA (if it has been enacted) and the decisions that the alleged perpetrator has the authority to make. Consequently, the total number of alleged perpetrators who hold the 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.

### Future Directions:

- Additions in the new database will improve the accuracy of data collected about EPoA and financial abuse.

## Section 3 – The Victim

Elder abuse is increasingly recognised as a multifaceted problem which occurs as a result of the complex interplay between a 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<sup>18</sup>, National Institute of Justice<sup>19</sup>, World Health Organisation<sup>20</sup> and the National Research Council<sup>21</sup> 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. Anecological model has previously been used in elder abuse research both internationally<sup>22,23</sup>, and within Australia<sup>24</sup> and this model will be used as a framework to structure analyses of the risk factors. For more information about the ecological framework used in this report, see Appendix A.

18 United Nations Department of Economic and Social Affairs, Division for Social Policy and Development Programme on Ageing (2009, May).

19 Jackson, S. L., & Hafemeister, T. L. (2013).

20 World Health Organisation (2015).

21 National Research Council (2003).

22 Schiamberg, L. B., & Gans, D. (1999).

23 Horsford, S. R., Parra-Cardona, J. R., Post, L. A., & Schiamberg, L. (2011).

24 Joosten, M., Vrantidis, F., & Dow, B. (2017).

## Victim Individual Factors

The microsystem relating to victims covers individual factors that may increase vulnerability and/or influence the risk of an older person becoming a victim of elder abuse. It is important to note that these factors are not causal factors but may be associated with an increased risk of becoming a victim. For example, there are higher numbers of females represented among elder abuse victims. However, it is not necessarily being female that increases the risk, but likely to be a combination of factors including gender roles and longer life spans.

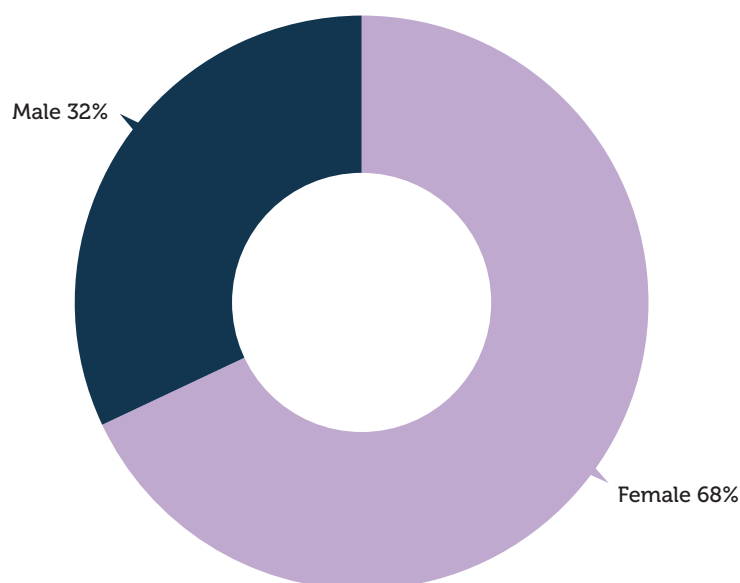
This section includes the following individual factors for the victim:

- Gender
- Age
- Gender by age
- Ethnicity
- Level of English proficiency
- Income/wealth
- Physical health
- Psychological health
- Capacity
- Care needs
- Social isolation
- Trauma history.

## Gender

Similar to previous years, there were twice as many female victims than male victims in 2016/2017 (see [Figure 11](#)). This equated to 1217 female victims, 572 male victims and one case where gender was unknown.

Figure 11.  
Proportion of Male  
and Female Victims  
of Elder Abuse  
(N=1790).



## Age

Of the 1790 cases of elder abuse reported to the helpline during 2016/2017, age group was recorded for 82 percent of victims and unknown for 18 percent. As shown in [Figure 12](#) and [Table 8](#), the most common age group for victims was 80-84 years of age and is consistent with previous Year in Review reports. The 296 victims in this age group represented 20.2 percent of victims (where age was known).

Figure 12.  
Reported Victims by  
Age (N=1472).

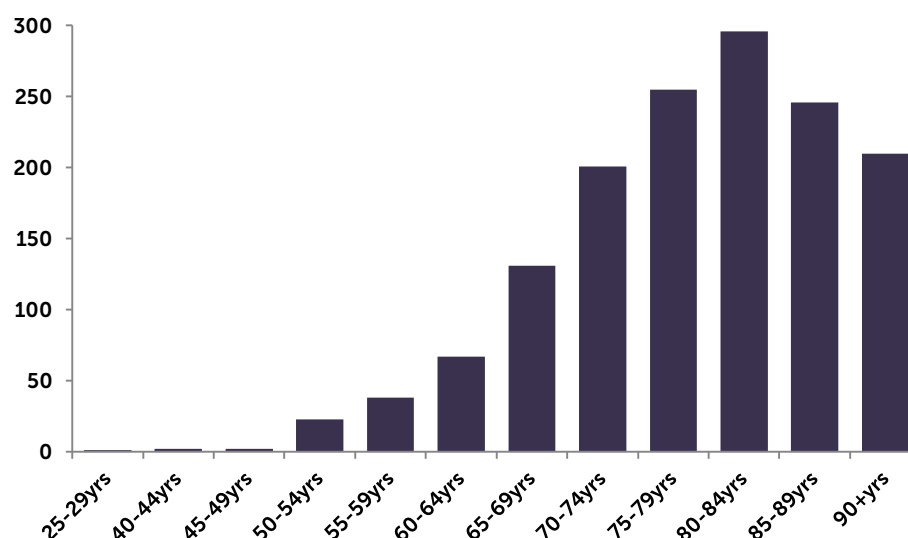


Table 8.  
Elder Abuse Victims  
by Age Group.

Victims	
Age Group:	
50-54yrs	23
55-59yrs	38
60-64yrs	67
65-69yrs	131
70-74yrs	201
75-79yrs	255
80-84yrs	296
85-89yrs	246
90+yrs	210
Unknown	323
<b>Total</b>	<b>1790</b>

## Age by Gender

Elder abuse victim records were analysed by age and gender. [Figure 14](#) shows that the proportion of male and female victims was similar across most age groups; however, a higher proportion of males were represented in the 90+ age group<sup>25</sup>. Females typically live longer and within the general population there is a ratio of just over 2 females to 1 male in the 90+ age group. Therefore, the higher rate of males in this age group is surprising.

<sup>25</sup> Australian Bureau of Statistics (2016a).

Table 9.  
Victim Age by Gender  
(Total N=1467) in  
Cases of Elder Abuse  
Where Age and  
Gender Was known.

	Males	Females
Age:		
50-54yrs	3	20
55-59yrs	8	30
60-64yrs	22	45
65-69yrs	46	85
70-74yrs	67	134
75-79yrs	79	176
80-84yrs	91	205
85-89yrs	77	169
90+yrs	78	132
<b>Total</b>	<b>471</b>	<b>996</b>

Figure 13.  
Victim Age by Gender  
(Total N=1467) in  
Cases of Elder Abuse  
Where Age and  
Gender Was known.

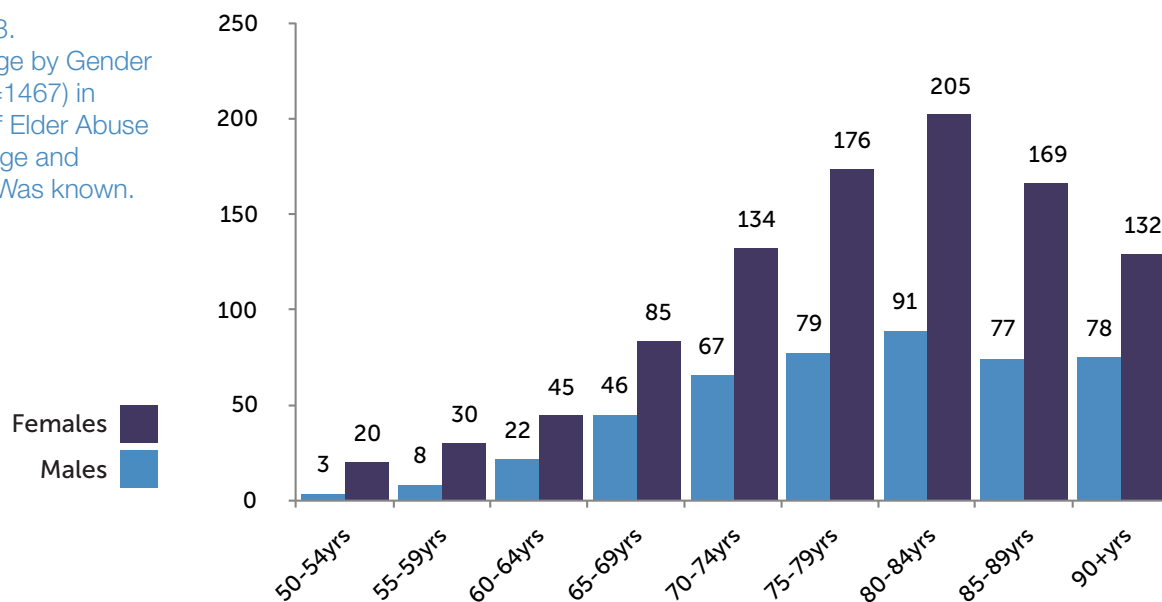
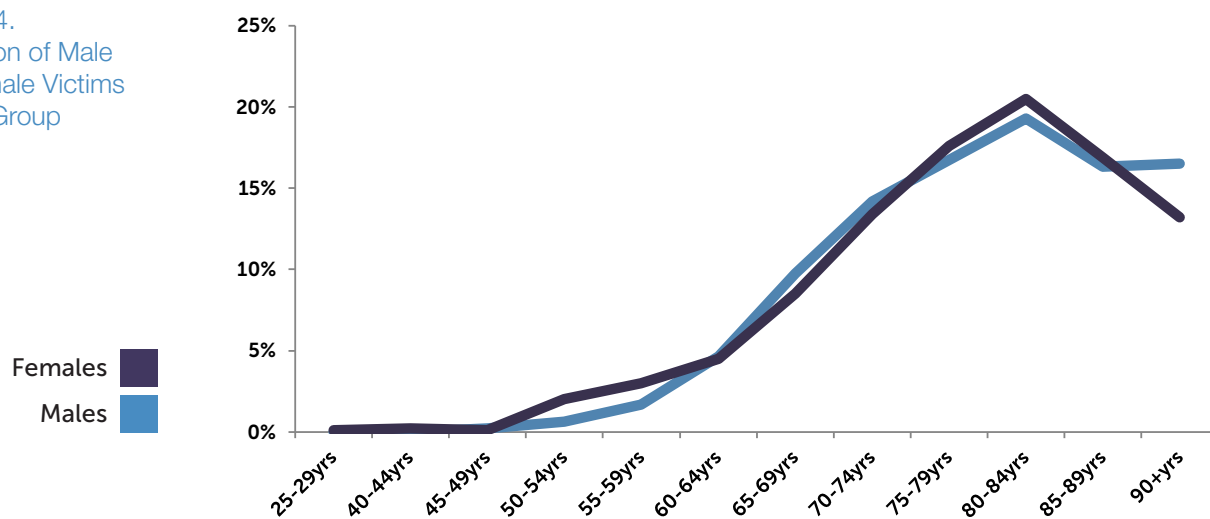


Figure 14.  
Proportion of Male  
and Female Victims  
by Age Group



## Ethnicity

Race, ethnicity and culture have all been posited as factors which are often associated with an increased risk of elder abuse<sup>26,27,28,29</sup>. The risk is further enhanced in situations where these attributes mean that the older person is part of a minority or marginalised ethnic group<sup>30,26</sup>.

## Aboriginal and Torres Strait Islander (ATSI) Peoples

In the 2016/2017 reporting period, 54 victims were recorded as being of Aboriginal descent and three of Torres Strait Islander descent. These 57 Aboriginal and Torres Strait Islander victims represented 3.2 percent of the total number of reported victims. This appears to be an over-representation based on the population statistics from the 2016 Census data<sup>25</sup>, where it was reported that 1.4 percent of the population of Queenslanders aged 60+ were of Aboriginal and/or Torres Strait Islander descent.

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<sup>31,32</sup>. 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, personal relationships, community and societal factors. The societal 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.

Within Aboriginal culture there are a number of protective factors that may mitigate the risk of elder abuse. In traditional Aboriginal culture, Elders, elderly family members and grandparents are highly respected and 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 2005 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<sup>33</sup>. 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<sup>33</sup>.

26 Horsford et al. (2011).

27 Schiarnberg, L. B., & Gans, D. (1999).

28 Australian Law Reform Commission (2017).

29 World Health Organisation (2015).

30 Peri, K., Fanslow, J., Hand, J., & Parsons, J. (2008).

31 Australian Bureau of Statistics (2014).

32 Parliament of Australia (2014).

33 Office of the Public Advocate, Western Australia (2005).



## Culturally and Linguistically Diverse (CALD) Peoples

ABS define a person as being from a CALD background if they are born in a country where English is not the predominant language. During the 2016/2017 reporting period, 158 victims (8.8%) were recorded as coming from a CALD background. This is lower than expected, given that 2016 Census data found that 11.9 percent of Queenslanders who are aged 60 years and over are from a CALD background<sup>34</sup>. Australian research around elder abuse in CALD communities has found that prevalence is in line with, or higher than population estimates<sup>35</sup>. 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 often receives calls 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), Germany (0.6%), and Philippines (0.5%). Census data from 2016 shows that Germany, Italy and the Netherlands were the most commonly reported countries of birth for CALD migrants aged 65 years and over in Queensland<sup>36</sup>.

Due to the higher than expected proportion of victims from an ATSI background and lower proportion of CALD victims in the helpline data, the decision was made to further explore the data relating to ATSI, CALD and Other (Australian/Unknown) victims.

## Level of English Proficiency

Seventy-seven (4.3%) of the total victims were recorded as having low or average English proficiency. This included close to half of the identified CALD victims. Having limited English skills may make it harder to access support and/or services and often leaves the victim reliant on the alleged perpetrator to communicate and act on their behalf<sup>37,38</sup>. This is particularly common in situations where the adult child is the alleged 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.

<sup>34</sup> Australian Bureau of Statistics (2014).

<sup>35</sup> Office of the Public Advocate, Western Australia (2006).

<sup>36</sup> Australian Bureau of Statistics (2016a).

<sup>37</sup> Kaspiew, R., Carson, R., & Rhoades, H. (2016).

<sup>38</sup> Australian Law Reform Commission (2017).

## Income/Wealth

Most victims (65.3%) received some form of Centrelink or Veterans' Affairs payment (see [Table 10](#)). Self-funded retirees accounted for 9.2 percent of victims and the income source of 22.3 percent of victims was unknown.

Table 10.  
Income Sources  
of Victims.

	Victims
Income Source	
Centrelink	1065
Centrelink + Carer	16
No Income	11
Paid Work	37
Paid Work + Carer	1
Self-Employed	13
Self-Funded + Carer	4
Self-Funded Retirement	161
Unknown	400
Veteran Affairs	82

Helpline operators enter home ownership status into the database as a proxy measure of wealth. Of the cases where home ownership status was known (N=1512), 1203 (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<sup>39</sup>. A smaller group of victims (223 people, 14.7%) were renting, boarding (68 people; 4.5%), and 18 (1.2%) were living rent free. The home ownership status of 278 victims was unknown.

## Physical Health

The helpline data showed that 54 percent of victims were reported as having some form of physical impairment, including: frailty (21.8%), illness (17.6%), and disability (14.7%). 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<sup>40, 41</sup>.

39 Queensland Government Statistician's Office (2017a).

40 Kaspiew et al. (2015).

41 Peri et al. (2008).

## Psychological Health

One hundred and nine victims (6.9%) were reported to have some form of mental health issue. As shown in [Table 11](#), the most commonly reported mental health issue was mental illness, which includes bipolar disorder, schizophrenia, and cases where the notifier simply states that the victim has a diagnosed mental illness but failed to provide further details.

Table 11.  
Victim Mental Health.

	Victims	% of Total Victims
<b>Mental Health Issue</b>		
Mental Illness	39	2.2
Depressive Disorder	27	1.5
Anxiety Disorder	17	0.9
Suicidal Ideation	15	0.8
Past Suicide Attempts	11	0.6
Hoarding	8	0.4
Personality Disorder	4	0.2
Emotional Dysregulation	3	0.2
<b>Total</b>	<b>109</b>	

Five hundred and sixteen victims (28.8%) had, or were suspected of having some form of cognitive impairment, with dementia most prevalent. Twenty-one percent of victims were diagnosed with dementia or suspected of having dementia (see [Table 12](#)). Cognitive impairment has been associated with an increased risk of elder abuse<sup>42,43,44</sup>.

Table 12.  
Reported Cognitive  
Impairments for  
Victims.

	Victims	% of Total Victims
<b>Cognitive Impairment</b>		
Dementia	274	15.3
Dementia - Suspected	102	5.7
Memory Impairment	71	4.0
Neurological	29	1.6
Acquired Brain Injury	24	1.3
Intellectual Disability	16	0.9
<b>Total</b>	<b>516</b>	

Ten victims (0.6%) were reported as having a *Lack of Life Skills*, which is selected in situations where the older person has not acquired essential skills such as paying bills, or arranging legal documents or pension forms. In many cases, the older person has had a partner managing these types of tasks, but the partner may be deceased or unable to continue and the victim may not have support or the capacity to develop the skills.

42 Von Heydrich, L., Schiamborg, L. B., & Chee, G. (2012).

43 Australian Law Reform Commission (2017).

44 Kaspiw et al. (2015).

## Capacity

A capacity impairment was noted for 400 victims (22.3%) with the majority ( $N=1213$ , 67.8%), recorded as having capacity. In the database, 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<sup>45,46</sup>.

## Care Needs

One thousand and twenty (57%) victims were recorded as requiring some level of care, 458 (25.6%) required no care and the care needs of 312 (17.4%) was unknown. Of the victims requiring care, 390 (38.2%) were receiving formal care (169 in an aged care facility and 221 receiving home care services). A further 630 (61.8%) requiring care were either dependent on care being provided by family/friends/ informal carers, or were not receiving the care required. A lack of formal care can increase the risk of becoming a victim of elder abuse.

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

- The older person refuses services;
- No available services;
- Long waitlists;
- A lack of understanding of the services that are available;
- The older person requires support to access services;
- The alleged perpetrator refuses to allow formal services to support the victim; and/or
- Providers are unwilling to provide services due to victim or alleged perpetrator behaviour.

A common situation reported to the helpline involves the alleged 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 alleged perpetrator cancels the services or refuses entry to the staff. Having home care services involved can lessen the risk to the older person<sup>47</sup> and refusal of the services may reflect several motivations:

- The alleged perpetrator may believe that accepting services make them ineligible for Carer Payment or Carer Allowance;
- Alleged 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 alleged perpetrator, making it harder to extricate themselves from the abuse situation;
- Many home care services require a co-payment, which alleged perpetrators may regard as a 'waste of money' or spending their inheritance.

Home care and/or nursing services often 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.

45 World Health Organisation (2015).

46 Jackson, S. L., & Hafemeister, T. L. (2013).

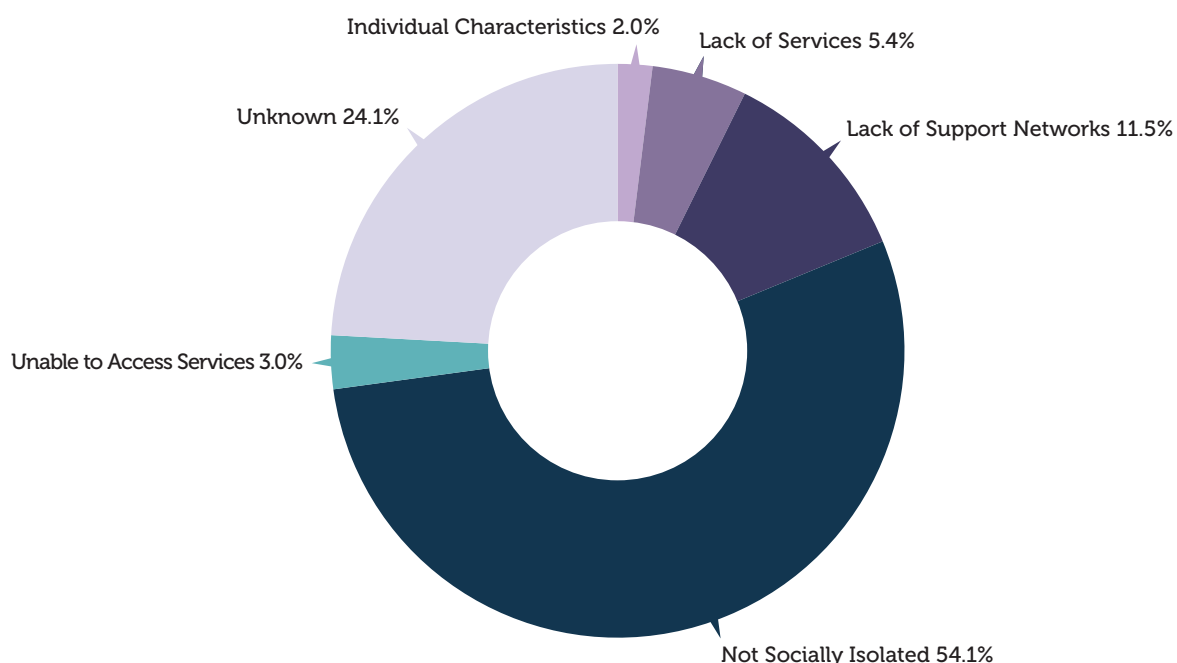
## Social Isolation

Social isolation has long been acknowledged as a risk factor for elder abuse<sup>47,48</sup>. In 2016/2017, a total of 390 (21.8%) victims were reported as being socially isolated across four sub-categories:

1. Lack of support networks;
2. Lack of services;
3. Individual characteristics; or
4. Unable to access services.

Of the victims who were socially isolated, a lack of support networks was recorded as the most common issue (11.5%) (see Figure 15). 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. The next most common reason for social isolation was due to a lack of services (5.4%) in cases where support services were required. An inability to access services was an issue in three percent of social isolation cases and may relate to issues such as being unable to afford services or being assessed as ineligible for support. Individual characteristics was recorded as the cause of social isolation for two percent of victims. Individual characteristics may include a refusal to accept help, behavioural or personality factors that lead to people either staying away from the victim or prevent the victim from interacting with others.

Figure 15.  
Social Isolation of  
Victims (N=1790).



47 National Research Council (2003).

48 Australian Law Reform Commission (2017).

## Trauma History

A history of trauma was recorded for 231 (12.9%) victims. The type of trauma experienced by victims is shown in Table 13. Previous domestic violence victimisation was the most commonly reported trauma for victims. This is consistent with previous research where an association between domestic violence, trauma and elder abuse has been found<sup>49</sup>.

Table 13.  
Trauma History  
of Victims.

	Victims	%
<b>Trauma History</b>		
DV Victimisation	92	5.1
Unspecified Trauma	55	3.1
Child Abuse and/or Neglect	17	0.9
Unexpected Bereavement	15	0.8
Multiple Losses	13	0.7
Service Related Trauma	13	0.7
Suicide Loss	9	0.5
Displacement	7	0.4
Fear of Death Experience	6	0.3
Child Sexual Abuse	2	0.1
Parental Mental Illness/Substance Abuse	1	0.1
Sexual Assault	1	0.1
<b>Total</b>	<b>231</b>	<b>12.9</b>

### 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 caller having this information and a willingness to disclose.
- There is no capacity to record in the database 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 data.
- The database is configured so that only two mental health factors can be recorded in the dropdown menus with the option of entering additional data into a text box. Capacity is usually recorded in one of dropdown menus which limits the scope to record multiple mental health factors. This limits the ability of data to provide a complete picture of a victim's functioning where there are comorbid issues.
- Suicidal ideation was not included in the list of psychological risk factors in the database, but was recorded in the Other text box by some helpline operators. However, it appears that suicidal ideation is rarely recorded despite being reported.
- Social isolation was unknown for almost a quarter of victims.

### Future Directions:

- Suicidal ideation was added to the dropdown list of psychological risk factors in July 2017 and it is hoped a more accurate representation will be available in the next Year in Review.
- It is envisaged that the new database will have the capacity to record all mental health factors reported, along with information about whether the issues were present prior to the abuse. This will provide a more comprehensive picture of functioning and whether it increased vulnerability and risk or was an artefact of the abuse.

## Analyses ATSI and CALD Victims

The following additional analyses comparing Aboriginal and/or Torres Strait Islander (ATSI) victims, Culturally and Linguistically Diverse (CALD) victims and Australian/Unknown (Other) victims should be interpreted with caution due to the small sample sizes in the ATSI and CALD groups. It is also acknowledged that the word “victim” may have particularly negative connotations for Aboriginal and Torres Strait Islander peoples due to the history of colonisation; however, for consistency with the rest of the report, the term “victim” is continued in this section.

The analyses that follow show that there were a number of differences between the different ethnicity groups across the individual, relationship, community and societal systems, along with the types of abuse reported and relationship to callers. Some of these differences may be related to: additional vulnerability in particular groups, cultural differences, a lack of appropriate services and societal factors such as racism, poverty, oppression, housing and difficulties accessing services.

There were instances, particularly in the ATSI group where the data showed higher levels of economic disadvantage for both victims and alleged perpetrators. Factors such as alleged perpetrators having low incomes, high levels of substance abuse and living with the victim are all standalone risk factors and all of these were more prevalent in the ATSI group. There were also some notable instances where cultural factors may also have increased or reduced the risk. Having multiple risk factors present is likely to further increase the risk of abuse.

There are potential benefits to the broader concept of the family system and increased importance of family and elders within Aboriginal culture. Lower levels of social abuse were reported in the ATSI group. There was also a higher proportion of Other Relatives who were callers. It may be that these findings were influenced by cultural factors. Conversely, financial abuse was higher in the ATSI group, which is consistent with the findings from a Western Australian study which identified that the extended kinship system, along with a cultural obligation to share money was being used by the younger generation to take advantage of older people. There were also a higher proportion of alleged perpetrators in the ATSI group that were categorised as Other Relative, which may provide support for there being an increased risk due to extended kinship systems.

The CALD and ATSI groups both reported higher levels of social isolation than the Other group, although there seemed to be different mechanisms underlying the social isolation for the groups. Social isolation in the ATSI group was attributed more to victims being unable to access services or a lack of services. An inability to access services refers to situations where services are available but there are barriers that prevent the older person from accessing them. After talking to helpline operators, it was unclear as to why this was higher in this group. Some possible explanations for the overrepresentation of clients experiencing social isolation due a lack of appropriate services could include a lack of culturally appropriate services in the area or that the geographic location of victims may be more likely to be in a rural or remote area where services are not available.

Victims from CALD backgrounds were most often reported as experiencing isolation due to a lack of support networks, lack of services and individual characteristics. The lack of support networks may be due to their family still living overseas, finding it more difficult to make friends in their community due to language or cultural barriers or a lack of acceptance due to their cultural background. As with the ATSI group, a lack of appropriate services may be due to a lack of culturally appropriate services being available. Individual characteristics include an unwillingness to accept help when it is offered and this may be particularly relevant in situations where victims refuse help as they believe that another family member has a duty to provide the support.

Higher level of neglect were reported in ATSI and CALD cases. There were no cases which involved sexual abuse or abuse by a spouse for the ATSI group, despite population level statistics showing that ATSI peoples experience higher rates of domestic violence and sexual assaults in comparison to other Australians<sup>111, 112</sup>. This may mean that cases of domestic violence or sexual assault are not being reported. High levels of lateralised violence have also been reported in ATSI peoples, with some community members reporting that abuse of older people had become normalised within their communities<sup>113</sup>. This lateralised violence, normalisation of violence, internalised racism and shame may decrease the likelihood of any cases of elder abuse being reported, particularly where cases involve domestic violence and/or sexual abuse.

Victims in the ATSI and CALD groups were reported as having higher levels of trauma than the other groups. Aboriginal and/or Torres Strait Islander peoples have previously experienced, and are still experiencing significant amounts of trauma and disadvantage due to factors such as: dispossession; disempowerment; racism; poverty; unemployment; housing inadequacies; substance abuse; intergenerational violence; a lack of culturally appropriate services and loss of land, culture and language. Consequently, it is not surprising that higher levels of trauma were identified for this group.

Understanding the increased trauma in the CALD group is more difficult as these victims were born overseas in a vast number of different countries. It may be that some victims in this group have come to Australia as refugees and may have experienced war or persecution, or they may have come from countries where there were much higher levels of social violence. However, these are simply suggestions as the data does not provide enough information with regards to this.

As can be seen from this summary, it is not ethnicity or culture itself that is necessarily responsible for increasing the risk of abuse in ATSI or CALD groups, but rather an intersection between the individual, family, cultural and societal factors detailed above. It is also noted that a search for literature relating to elder abuse in ATSI peoples yielded a dearth of information in this area. This makes it difficult to compare the EAPU findings against other sources to better understand the experiences of Aboriginal and/or Torres Strait Islander peoples who experience elder abuse and further suggests that these finding should be interpreted with caution.

<sup>111</sup> Australian Bureau of Statistics (2014).

<sup>112</sup> Parliament of Australia (2014).

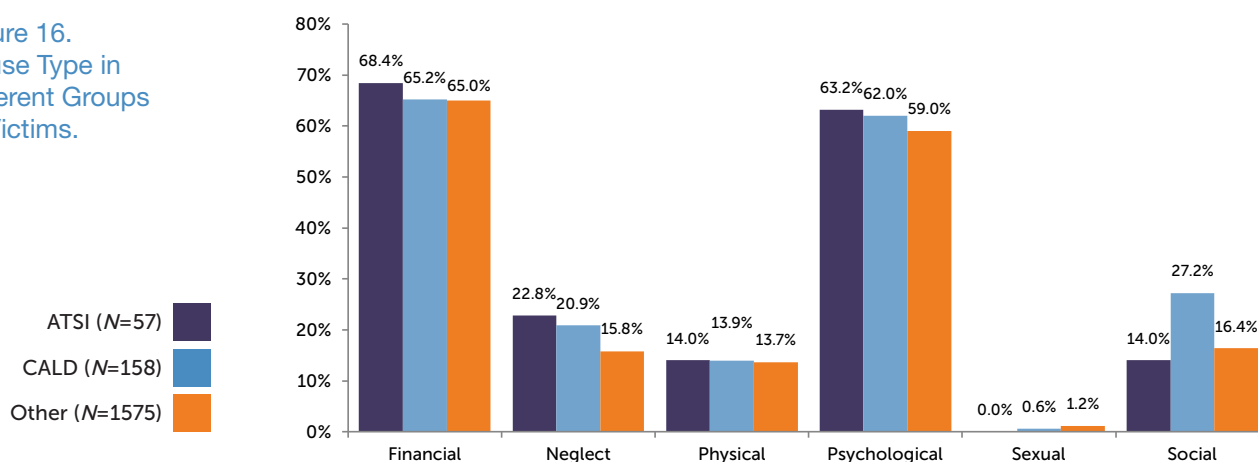
<sup>113</sup> Office of the Public Advocate, Western Australia (2005).



## Abuse Type

Figure 16 shows that there were some differences in the types of abuse reported across different groups. Financial abuse was identified in more ATSI victims. Neglect was reportedly experienced by more ATSI and CALD victims than in the Other victims. Social abuse was also much higher amongst CALD victims and the lowest rates of social abuse were reported for ATSI victims. It was also notable that there were no reports of sexual abuse amongst ATSI victims.

Figure 16.  
Abuse Type in  
Different Groups  
of Victims.



## Callers

The relationship between the victim and the caller differed as a function of the ethnicity of the victim (see Figure 17 and Table 14). The most notable differences were that workers and Other Relatives accounted for much higher proportions of callers in cases where the victim was from an ATSI background. For ATSI victims, the callers were less likely to be self or their children (sons and daughters) than in the CALD or Other group.

Figure 17.  
Callers across  
Different Groups  
of Victims.

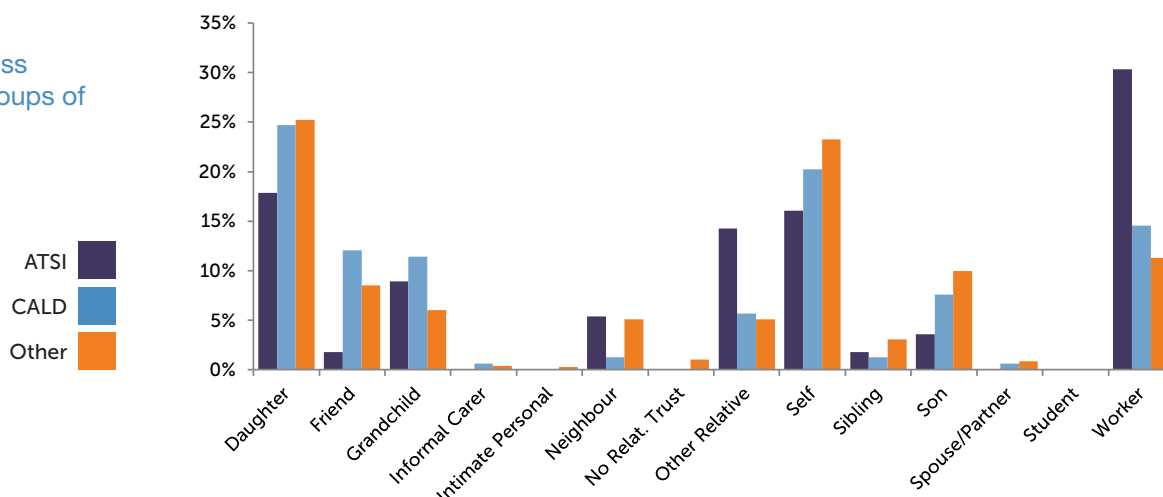


Table 14.  
Callers across  
Different Groups  
of Victims.

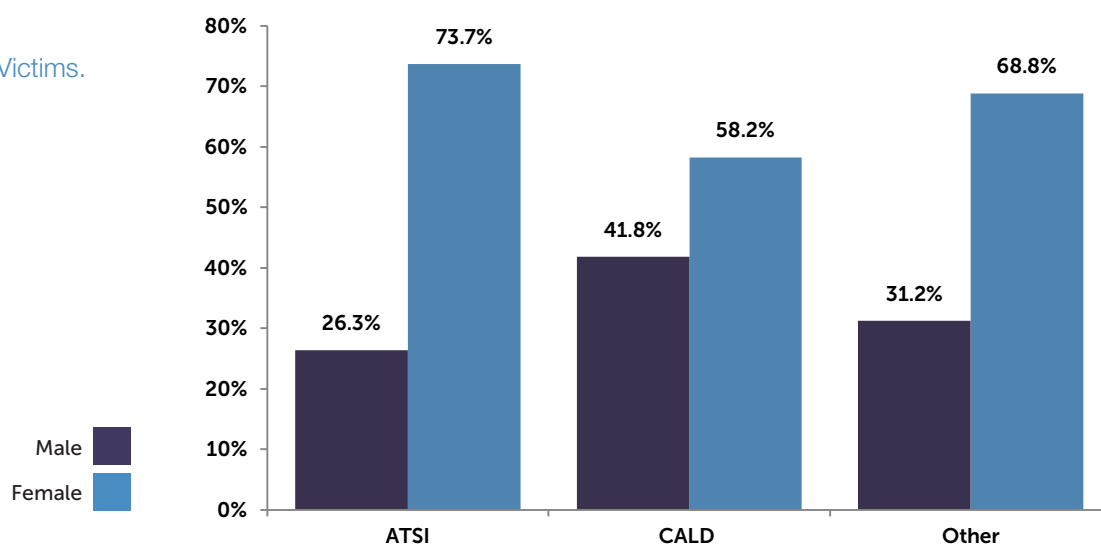
	ATSI (N=57)	CALD (N=158)	Other (N=1575)
Caller			
Daughter	17.9%	24.7%	25.2%
Friend	1.8%	12.0%	8.5%
Grandchild	8.9%	11.4%	6.0%
Informal Carer	0.0%	0.6%	0.4%
Intimate Personal	0.0%	0.0%	0.3%
Neighbour	5.4%	1.3%	5.1%
No Relationship of Trust	0.0%	0.0%	1.0%
Other Relative	<b>14.3%</b>	5.7%	5.1%
Self	16.1%	<b>20.3%</b>	<b>23.2%</b>
Sibling	1.8%	1.3%	3.1%
Son	3.6%	7.6%	10.0%
Spouse/Partner	0.0%	0.6%	0.8%
Student	0.0%	0.0%	0.1%
Worker	<b>30.4%</b>	14.6%	11.3%

## Victim Individual Factors

### Gender

Although overall more reports involved female victims overall, the proportions of male to female victims differed by ethnicity (see [Figure 18](#)). Data relating to ATSI victims featured fewer male and more female victims whereas CALD victims showed the greatest level of gender disparity.

Figure 18.  
Gender of Victims.



## Age

The highest proportion of victims were aged 80-84 across all ATSI, CALD and Other ethnicity groups, however the highest rates for ATSI victims was equal across the 75-79 and 80-84 years age groups (see [Table 19](#) and [Table 15](#)). The percentages of victims aged 85 years and over dropped off sharply in the ATSI group in comparison to the CALD and Other groups, which could reflect the lower average life expectancy in ATSI peoples.

Figure 19.  
Age Groupings  
of Victims.

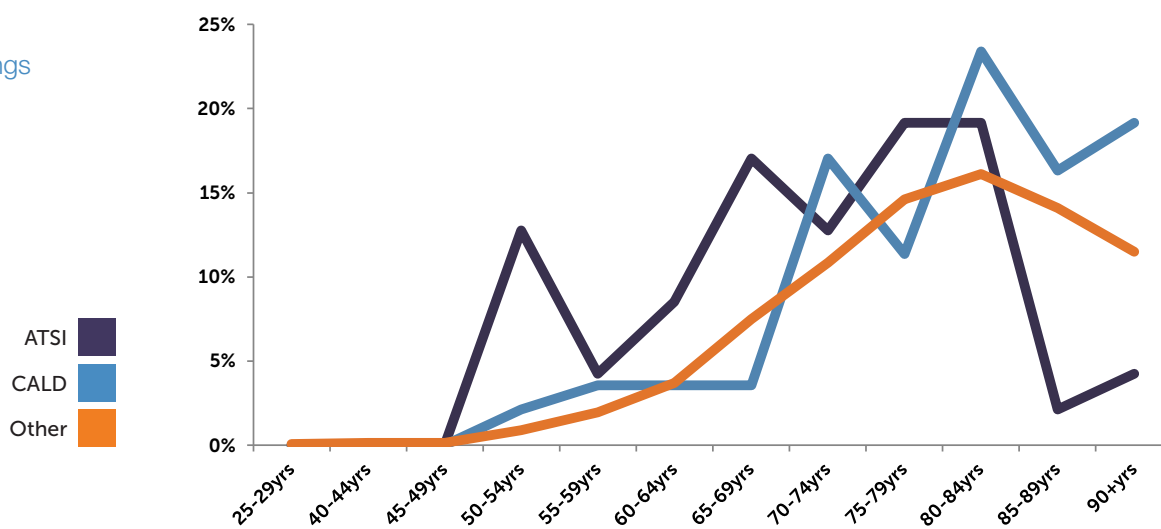


Table 15. Percentage  
of Reported Victims  
across Age Groups.

	ATSI (N=57)	CALD (N=158)	Other (N=1575)
Age of Victim			
25-29yrs	0.0%	0.0%	0.1%
40-44yrs	0.0%	0.0%	0.1%
45-49yrs	0.0%	0.0%	0.1%
50-54yrs	12.8%	2.1%	0.9%
55-59yrs	4.3%	3.6%	2.0%
60-64yrs	8.5%	3.6%	3.7%
65-69yrs	17.0%	3.6%	7.5%
70-74yrs	12.8%	17.0%	10.9%
75-79yrs	<b>19.2%</b>	11.4%	14.6%
80-84yrs	<b>19.2%</b>	<b>23.4%</b>	<b>16.1%</b>
85-89yrs	2.1%	16.3%	14.1%
90+yrs	4.3%	19.2%	11.5%

## Income

The income source of victims is shown in [Figure 20](#) and [Table 16](#). Where income source was identified for ATSI victims, all were receiving Centrelink payments. This was a much higher proportion of victims than in the CALD and Other groups. The CALD group had the highest proportions of self-employed and self-funded retirees. These findings suggest that the ATSI group were the most economically disadvantaged of the ATSI, CALD and Other ethnicity groups.

Figure 20.  
Victims Income  
Source.

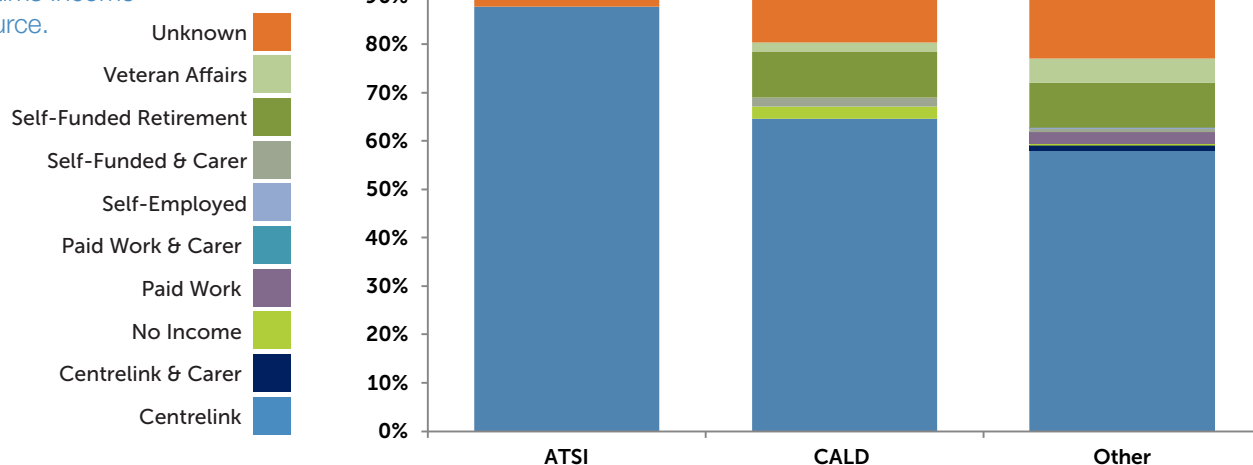


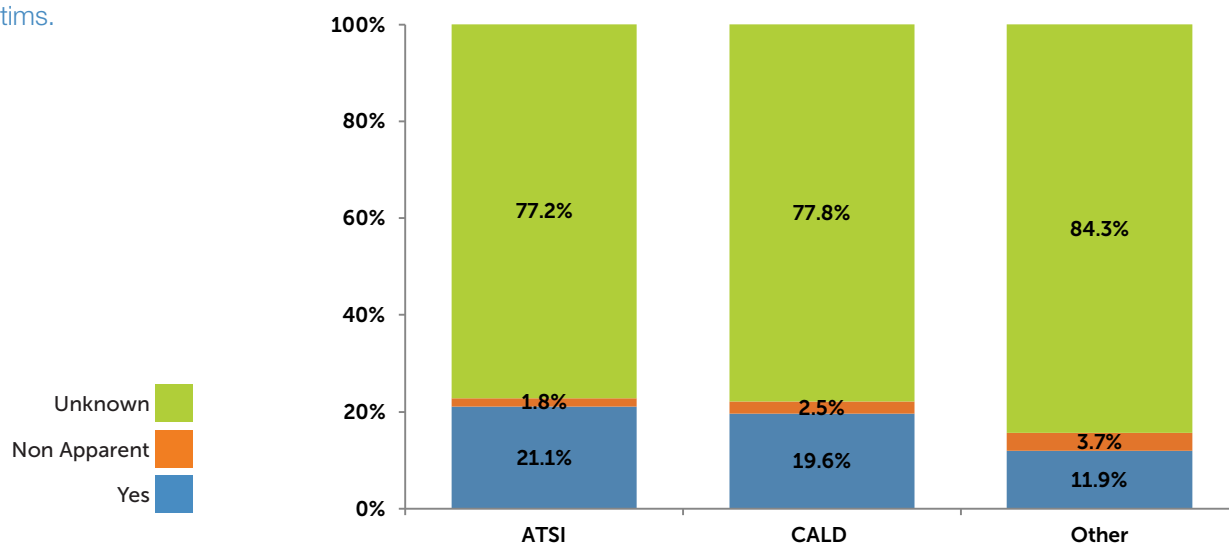
Table 16.  
Income Source  
of Victims.

	ATSI (N=57)	CALD (N=158)	Other (N=1575)
<b>Victim Income</b>			
Centrelink	87.7%	64.6%	58.0%
Centrelink + Carer	0.0%	0.0%	1.0%
No Income	0.0%	2.5%	0.4%
Paid Work	0.0%	0.0%	2.4%
Paid Work + Carer	0.0%	0.0%	0.1%
Self-Employed	0.0%	1.9%	0.6%
Self-Funded + Carer	0.0%	0.0%	0.3%
Self-Funded Retirement	0.0%	9.5%	9.3%
Unknown	12.3%	19.6%	23.0%
Veteran Affairs	0.0%	1.9%	5.0%

## Trauma History

As shown in Figure 21, ATSI and CALD victims reported higher levels of trauma than the Other group.

Figure 21.  
Trauma History  
of Victims.



## Social Isolation

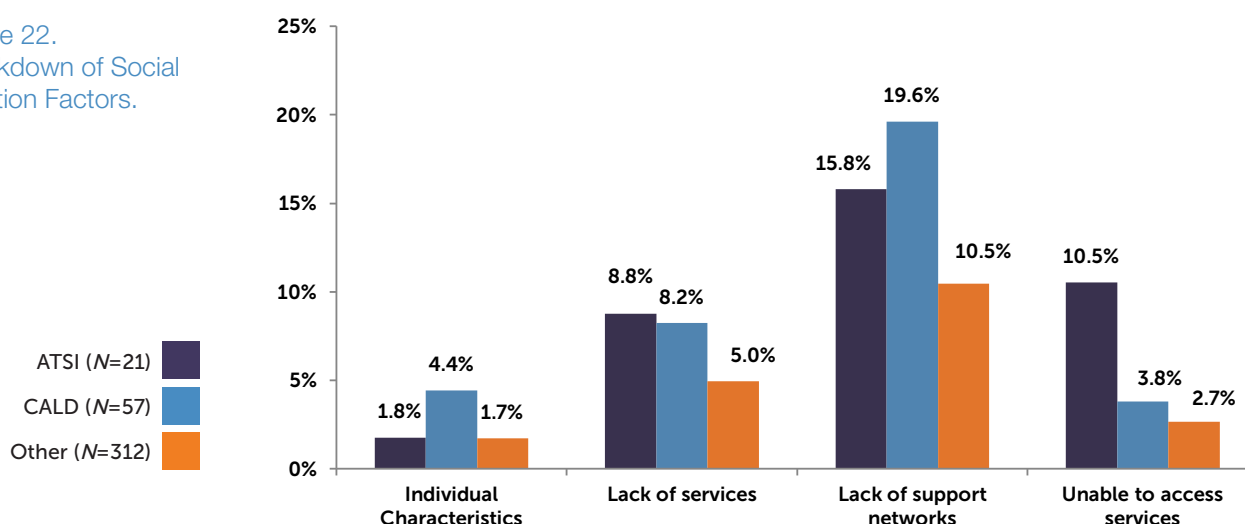
According to helpline data, ATSI and CALD victims experienced social isolation at close to double that of the Other group (see Table 17). Figure 22 shows the percentage of victims who experienced social isolation across the different causal factors which are able to be chosen in the database. Aboriginal and/or Torres Strait Islander victims experienced more social isolation due to being unable to access services or a lack of services than the CALD and Other victims. However, social isolation in ATSI victims was most commonly attributed to occur due to a lack of support.

Victims from CALD backgrounds were most often reported as experiencing isolation due to a lack of support networks, with almost double the proportion of victims than the Other group. The CALD victims' social isolation was also attributable to lack of services and individual characteristics in higher proportions than the Other group. Reports of individual characteristics as the reason for social isolation, was 2.5 times higher in CALD cases.

Table 17.  
Social Isolation.

	ATSI (N=57)	CALD (N=158)	Other (N=1575)
<b>Social Isolation</b>			
Not Socially Isolated	43.9%	46.2%	55.2%
Unknown	19.3%	17.7%	25.0%
Social Isolation	<b>36.8%</b>	<b>36.1%</b>	19.8%

Figure 22.  
Breakdown of Social  
Isolation Factors.



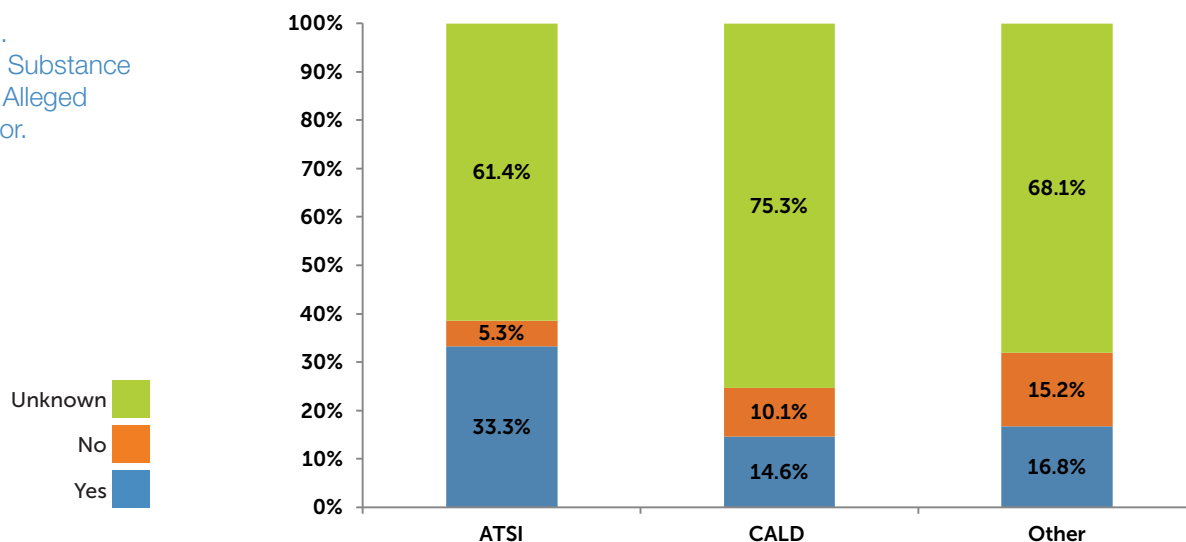
## Alleged Perpetrator Individual Factors

The individual factors for alleged perpetrators covered in this section relates to those that may directly or indirectly be associated with an increased risk of being a perpetrator of elder abuse. However, these factors in themselves are not necessarily direct risk factors or causal factors.

### Substance Abuse

As can be seen in [Figure 23](#), substance abuse was reported much more frequently (approximately double) in the ATSI alleged perpetrators than the CALD and Other groups.

Figure 23.  
Reported Substance  
Abuse of Alleged  
Perpetrator.



### Gender

The gender of alleged perpetrators was evenly split between males and females in the ATSI and CALD groups. There were slightly more female alleged perpetrators in the Other group however; this only equated to two percent more females (see [Table 18](#)).

Table 18.  
Gender of Alleged  
Perpetrators.

	ATSI (N=57)	CALD (N=158)	Other (N=1575)
<b>Alleged Perpetrator Gender</b>			
Female	49.1%	49.4%	48.3%
Male	49.1%	49.4%	50.4%
Other	0.0%	0.0%	0.1%
Unknown	1.8%	1.3%	1.1%

## Age

As Figure 24 and Table 19 show, the age of alleged perpetrators differed depending on ethnicity. The alleged perpetrators in the ATSI group were generally younger than those in the CALD and Other groups. Alleged perpetrators in the CALD group were predominantly aged between 50 and 60 years of age. The spread of age of alleged perpetrators in the Other group was much more balanced, with the highest proportion of alleged perpetrators being between 45 and 49 years of age.

Figure 24.  
Age of Alleged  
Perpetrators.

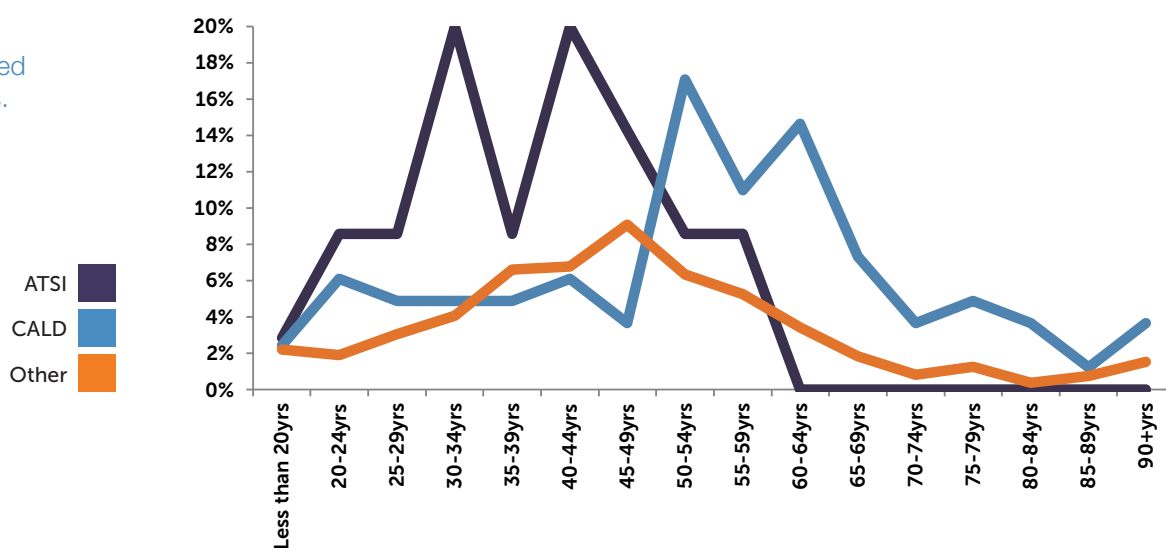


Table 19.  
Alleged Perpetrator  
Age Group.

	ATSI (N=57)	CALD (N=158)	Other (N=1575)
Alleged Perpetrator Age			
Less than 20yrs	2.9%	2.4%	2.2%
20-24yrs	8.6%	6.1%	1.9%
25-29yrs	8.6%	4.9%	3.0%
30-34yrs	20.0%	4.9%	4.1%
35-39yrs	8.6%	4.9%	6.6%
40-44yrs	20.0%	6.1%	6.8%
45-49yrs	14.3%	3.7%	9.1%
50-54yrs	8.6%	17.1%	6.3%
55-59yrs	8.6%	11.0%	5.3%
60-64yrs	0.0%	14.6%	3.4%
65-69yrs	0.0%	7.3%	1.8%
70-74yrs	0.0%	3.7%	0.8%
75-79yrs	0.0%	4.9%	1.3%
80-84yrs	0.0%	3.7%	0.4%
85-89yrs	0.0%	1.2%	0.8%
90+yrs	0.0%	3.7%	1.5%

## Income

As detailed in Figure 25 and Table 20, ATSI alleged perpetrators were more than twice as likely to be receiving Centrelink payments as alleged perpetrators in the CALD or Other group. Carer payment or Carer Allowance was also claimed at much higher rates in alleged perpetrators in the ATSI group. Alleged perpetrators in the CALD group were more likely to be employed.

Figure 25.  
Perpetrator Income.

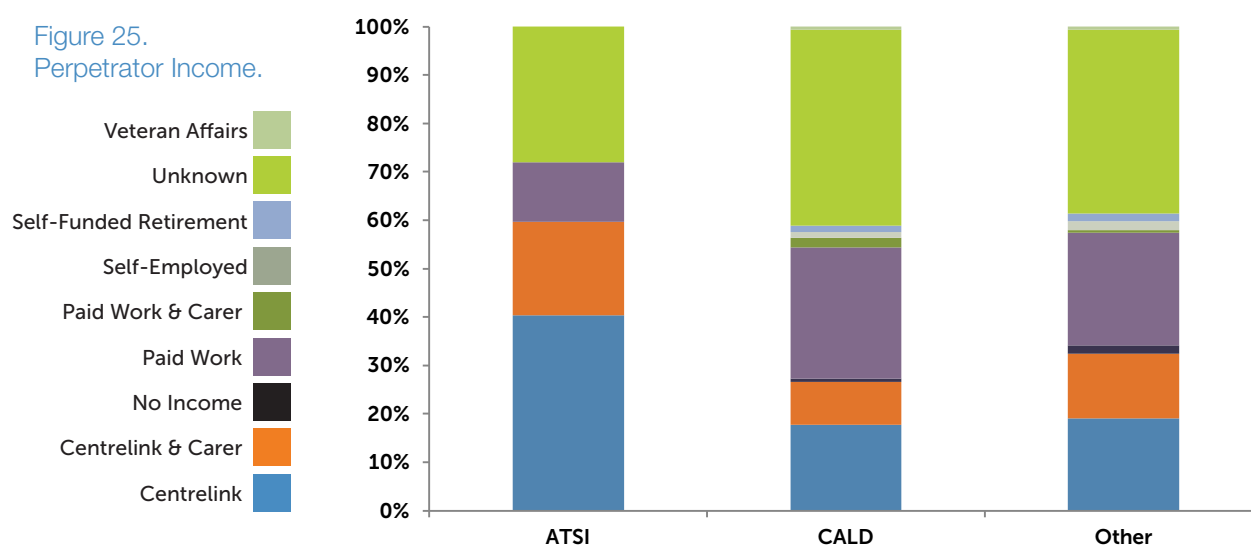


Table 20.  
Income of Alleged  
Perpetrators.

	ATSI (N=57)	CALD (N=158)	Other (N=1575)
<b>Alleged Perpetrator Income</b>			
Centrelink	40.4%	17.7%	19.0%
Centrelink + Carer	19.3%	8.9%	13.4%
No Income	0.0%	0.6%	1.7%
Paid Work	12.3%	27.2%	23.2%
Paid Work + Carer	0.0%	1.9%	0.6%
Self-Employed	0.0%	1.3%	1.8%
Self-Funded Retirement	0.0%	1.3%	1.5%
Unknown	28.1%	40.5%	38.1%
Veteran Affairs	0.0%	0.6%	0.6%



## Relationships – Shared Factors

### Cohabitation

Aboriginal and/or Torres Strait Islander victims were more likely to live with the alleged perpetrator (63.2% of cases) than CALD (47.5%) or Other groups (47.9%).

### Relationship

The relationships of alleged perpetrators to victims varied as a function of ethnicity (see Figure 26 and Table 21). Across all groups, the victim's children were most frequently reported as alleged perpetrators. In the CALD and Other victims, the relationships were split almost equally amongst sons and daughters. However, sons and daughters did account for a lower proportion of alleged perpetrators in the CALD victims group. Sons were the most frequently reported alleged perpetrators for ATSI victims.

Beyond sons and daughters, grandchildren and Other Relatives were the next most common alleged perpetrators in ATSI victims. Notably, spouses and partners were not reported as alleged perpetrators in any ATSI cases. For CALD and Other victims, the next highest proportion of alleged perpetrators were spouses and grandchildren.

Figure 26.  
Alleged  
Perpetrators'  
Relationships  
to Victims.

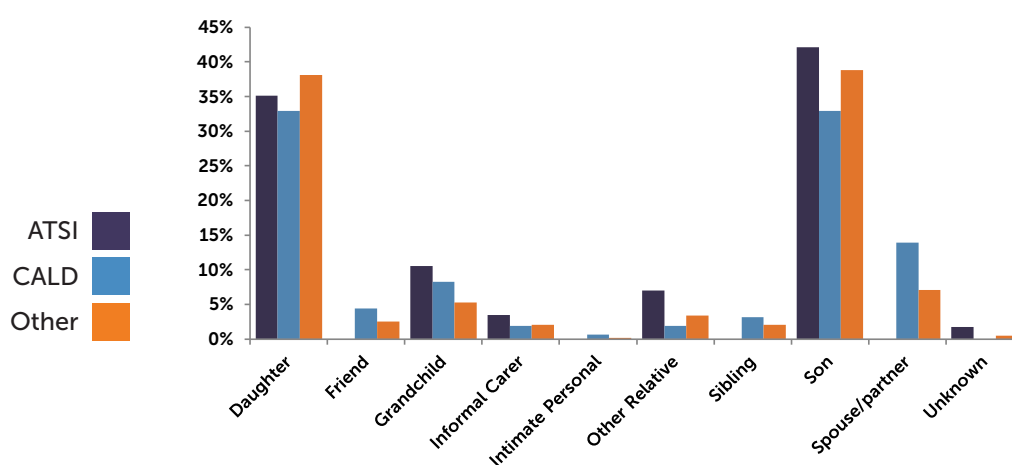


Table 21.  
Alleged  
Perpetrators'  
Relationships  
to Victims.

	ATSI (N=57)	CALD (N=158)	Other (N=1575)
Relationship to Victim			
Daughter	35.1%	32.9%	38.1%
Friend	0.0%	4.4%	2.5%
Grandchild	10.5%	8.2%	5.3%
Informal Carer	3.5%	1.9%	2.0%
Intimate Personal	0.0%	0.6%	0.2%
Other Relative	7.0%	1.9%	3.4%
Sibling	0.0%	3.2%	2.1%
Son	42.1%	32.9%	38.8%
Spouse/partner	0.0%	13.9%	7.1%
Unknown	1.8%	0.00%	0.5%

## Victim and Alleged Perpetrator Trigger Factors

Analysing features of victim and alleged perpetrator trigger factors for abuse was difficult due to the inequality of the sample sizes and the paucity of relevant data concerning alleged perpetrators. However, the data collected around factors that triggered the abuse provide some insight into how individual factors in the lives of victims or alleged perpetrators may have contributed to abuse. For example, the alleged perpetrator's relationship breakdown may have resulted in them having nowhere to live, leading them to move home with the victim or pressuring the victim to loan them money for a house, which they then refuse to pay back.

As can be seen in [Figure 27](#) and [Table 22](#), the most prevalent trigger factors for the ATSI group were: Victim ill-health, the alleged perpetrator moving home, and the victim experiencing bereavement. For the CALD group, victim ill-health, the alleged perpetrator's spousal separation and alleged perpetrator ill-health were the predominant trigger factors. In the Other group, victim ill-health, the alleged perpetrator moving home and alleged perpetrator's spousal separation were the most commonly reported trigger factors. [Table 22](#) shows that in over 50 percent of cases, the trigger factors were unknown for all groups.

Figure 27.  
Abuse Trigger  
Factors.

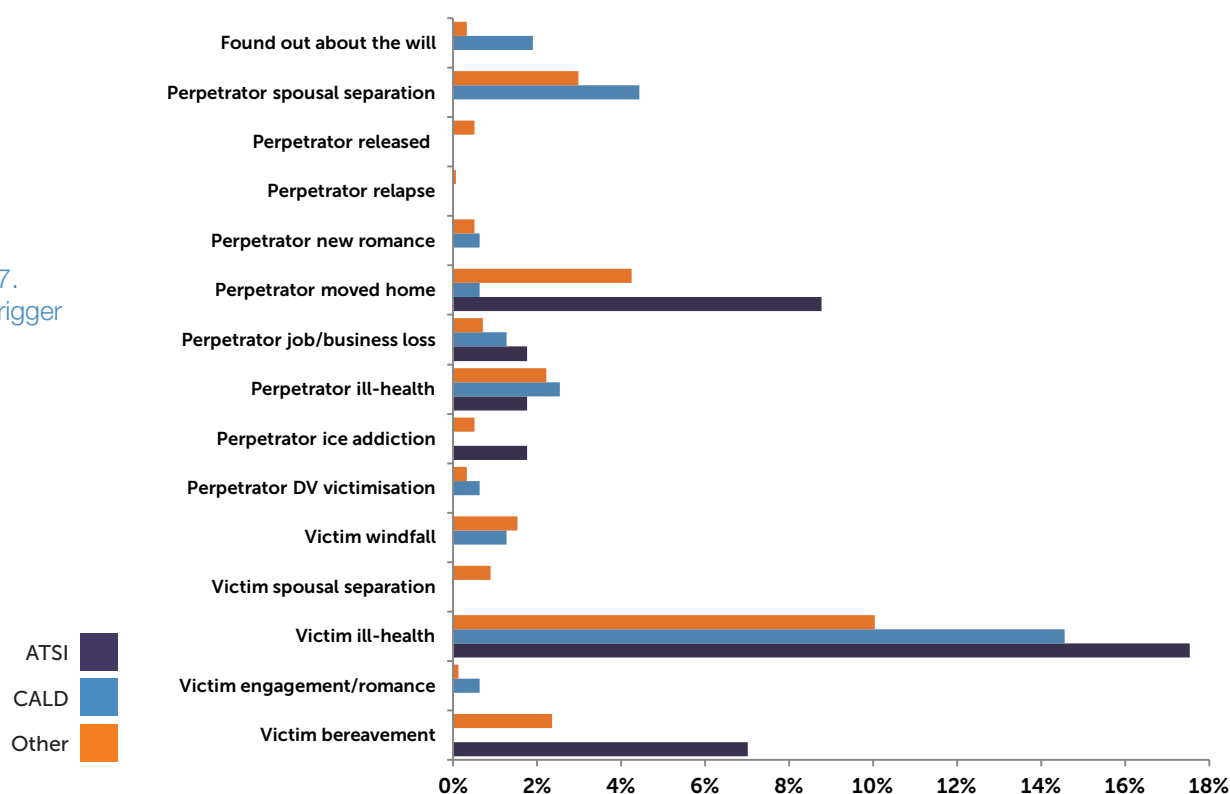


Table 22.  
Trigger Factors.

	ATSI	CALD	Other
Trigger Factor			
Victim Bereavement	7.0%	0.0%	2.3%
Victim Engagement/Romance	0.0%	0.6%	0.1%
Victim Ill-Health	17.5%	14.6%	10.0%
Victim Spousal Separation	0.0%	0.0%	0.9%
Victim Windfall	0.0%	1.3%	1.5%
Victim Arrival on Carers Visa	0.0%	0.0%	0.2%
Perpetrator DV Victimisation	0.0%	0.6%	0.3%
Perpetrator Ice Addiction	1.8%	0.0%	0.5%
Perpetrator Ill-Health	1.8%	2.5%	2.2%
Perpetrator Job/Business Loss	1.8%	1.3%	0.7%
Perpetrator Moved Home	8.8%	0.6%	4.3%
Perpetrator New Romance	0.0%	0.6%	0.5%
Perpetrator Relapse	0.0%	0.0%	0.1%
Perpetrator Released	0.0%	0.0%	0.5%
Perpetrator Spousal Separation	0.0%	4.4%	3.0%
Found out About the Will	0.0%	1.9%	0.3%
Unknown	50.9%	60.8%	61.5%
None Apparent	10.5%	10.8%	11.0%

## Societal Systems

### Perception of Entitlement

Although a perception of entitlement could be considered a perpetrator individual issue, EAPU believes that it reflects broad societal values and expectations, and as such fits within the societal system. It is a commonly held belief within Australia and other Western countries, that parents should help their children wherever possible and that children are entitled to their parents' assets upon their death. In the EAPU data, perception of entitlement relates to alleged perpetrators and/or victims not recognising that the victim's assets solely belong to them. As shown in [Table 23](#) perception of entitlement was noted among a higher proportion of alleged perpetrators in the CALD victim group than for alleged perpetrators in the other two groups.

Table 23.  
Perception of  
Entitlement by  
Grouping.

	ATSI	CALD	Other
Perception of Entitlement	26.3%	29.1%	24.5%

**Limitations:**

- The sample sizes in the ATSI and CALD groups were much smaller than the Other group. This may mean that the data for these groups is less reliable.
- Due to the small number of victims and alleged perpetrators in the ATSI and CALD groups, there was too little data for analysis of some topics. This was particularly problematic when looking at individual factors for perpetrators. Consequently there are large gaps in risk factors for alleged perpetrators.

**Future Directions:**

- It is hoped that a more comprehensive analysis of elder abuse and risk factors between the ATSI, CALD and Other groups can be conducted with a larger dataset (possibly 5 years worth of data) in the future to better understand similarities and differences between these groups. The use of statistical software would also be used to better understand whether observed differences are statistically significant.

## Section 4 – Alleged Perpetrator

The alleged perpetrator individual factors covered in this section relates to individual factors that may directly or indirectly be associated with an increased risk of being a perpetrator of elder abuse. However, these factors in themselves are not necessarily causal factors.

This section includes the following individual factors for the perpetrator:

- Gender
- Age by Gender
- Ethnicity
- Level of English Proficiency
- Income/wealth
- Psychological health
- Substance abuse
- Criminality
- Trauma history
- Social isolation.

### Gender

The gender of alleged perpetrators was slightly higher for males (see [Figure 28](#) and [Table 24](#)).

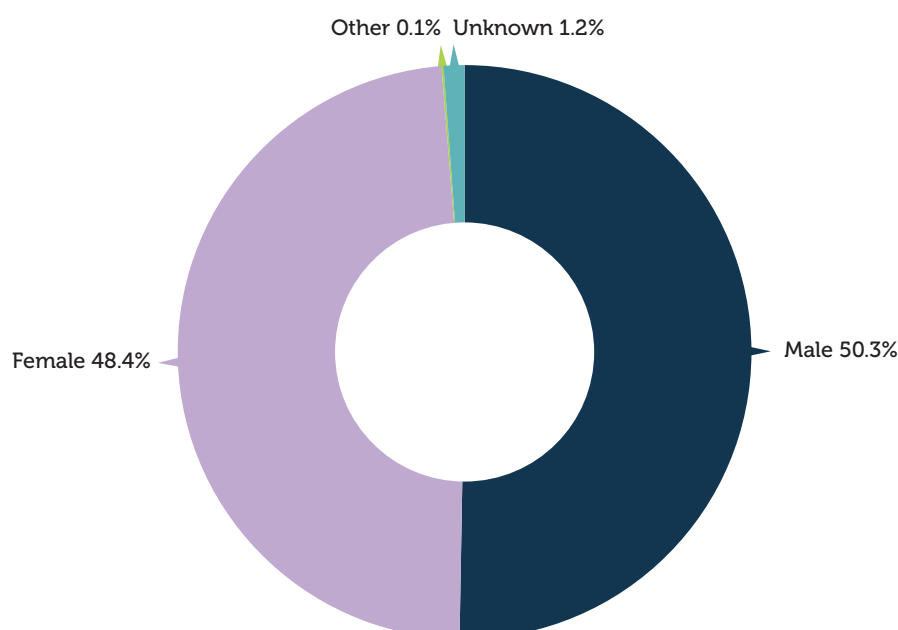


Figure 28.  
Gender of  
Alleged  
Perpetrators  
(N=1790).

Table 24.  
Gender of Alleged  
Perpetrators.

Alleged Perpetrators	
Gender	
Male	900
Female	867
Other	2
Unknown	21
<b>Total</b>	<b>1790</b>

## Age

The most common age group for alleged perpetrators was 50-54 years, accounting for 16.2 percent of alleged perpetrators (where age group was known, see Figure 29). However, as shown in Table 25, there were a large number of cases where the age of the alleged perpetrator was unknown (44.7%).

Figure 29.  
Age of Alleged  
Perpetrators (N=989).

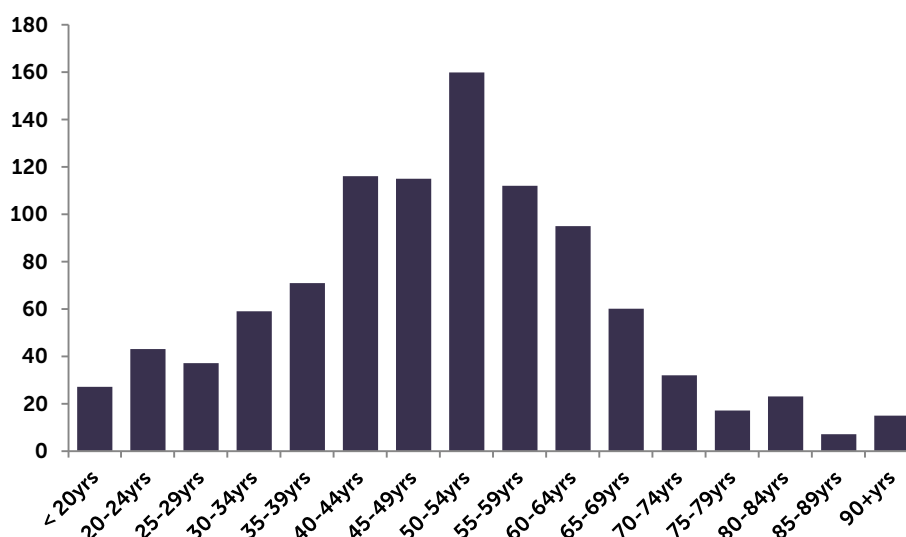


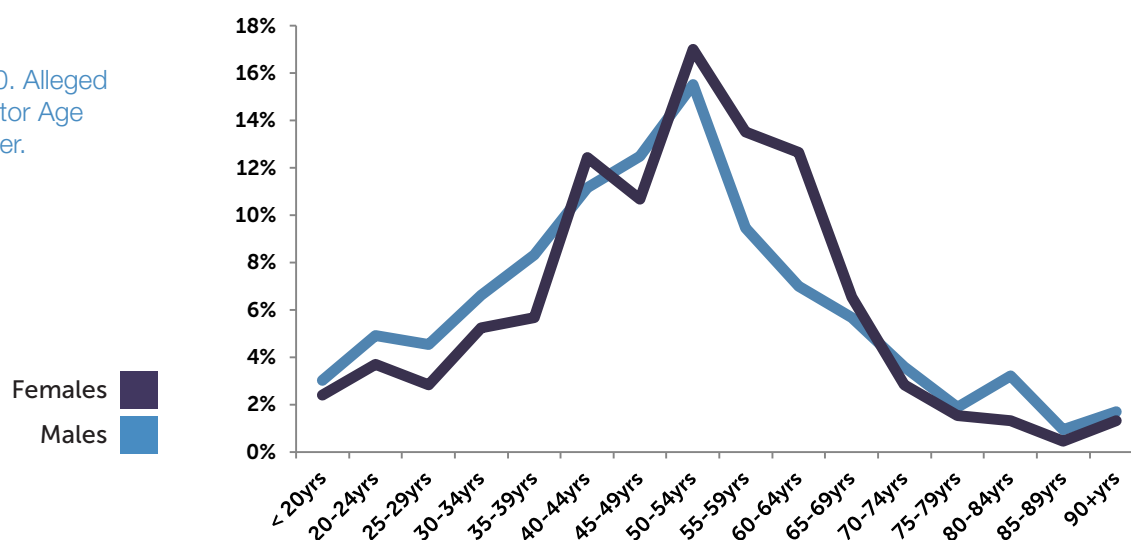
Table 25.  
Age of Alleged  
Perpetrators.

Alleged Perpetrators		%
Age Group		
< 20yrs	27	1.5
20-24yrs	43	2.4
25-29yrs	37	2.1
30-34yrs	59	3.3
35-39yrs	71	4.0
40-44yrs	116	6.5
45-49yrs	115	6.4
50-54yrs	160	8.9
55-59yrs	112	6.3
60-64yrs	95	5.3
65-69yrs	60	3.4
70-74yrs	32	1.8
75-79yrs	17	0.9
80-84yrs	23	1.3
85-89yrs	7	0.4
90+yrs	15	0.8
Unknown	801	44.7
<b>Total</b>	<b>1790</b>	

## Age by Gender

Alleged perpetrator age group varied as a function of gender (see Figure 30). Up to 40-44 years there were a higher percentage of male alleged perpetrators but female alleged perpetrators were overrepresented in the 50-69 years age groups. From 70-74 years the trend reversed, with males once again being more prevalent as perpetrators.

Figure 30. Alleged Perpetrator Age by Gender.



## Ethnicity

Forty-five of the perpetrators were recorded as being of Aboriginal descent and three alleged perpetrators were recorded as being from a Torres Strait Islander background. As shown in Figure 31 and Table 26, these 48 alleged perpetrators from an ATSI background represented 2.7 percent of cases. Eighty-three alleged perpetrators (4.6%) were recorded as being from a CALD background, with the most common country of origin being the Philippines (13 alleged perpetrators).

Figure 31. Ethnicity of Alleged Perpetrators (N=1790).

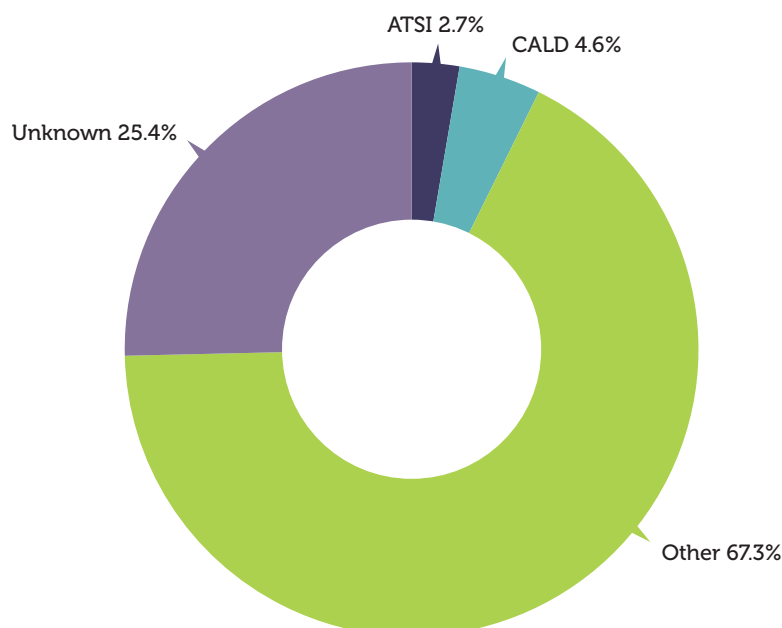


Table 26.  
Ethnicity  
of Alleged  
Perpetrators.

	Alleged Perpetrators	%
Ethnicity		
ATSI	48	2.7
CALD	83	4.6
Other	1205	67.3
Unknown	454	25.4
<b>Total</b>	<b>1790</b>	

#### Limitations:

- The ethnicity of 454 (25.4%) alleged perpetrators was unknown.
- Ethnicity of alleged perpetrators is less frequently reported than for victims.

## Level of English Proficiency

Alleged perpetrators had higher levels of English language skills than victims, with only 12 (0.7%) having their English level rated as low or average (4.3% reported for victims). The percentage of cases where level of English was unknown was similar for alleged perpetrators (48.4%) and victims (47.6%).

## Income/Wealth

It was reported to the helpline that 609 (34%) alleged perpetrators received some form of payment from Centrelink or Veterans' Affairs, with 248 (13.9%) receiving Carer Payment or Carer Allowance. Four hundred and fifty-nine alleged perpetrators (25.6%) were engaged in some form of paid work, 26 (1.5%) were self-funded retirees and 28 (1.6%) were reported as having no income. A more detailed picture of alleged perpetrator income sources is presented in [Table 27](#).

Table 27.  
Income Sources  
of Alleged  
Perpetrators

	Alleged Perpetrators
Income Source	
Centrelink	351
Centrelink + Carer	236
No Income	28
Paid Work	416
Paid Work + Carer	12
Self-Employed	31
Self-Funded Retirement	26
Unknown	680
Veteran Affairs	10
<b>Total</b>	<b>1790</b>



Helpline operators enter home ownership status into the database as a measure of wealth. Of the cases where home ownership status was known ( $N=1087$ ), 482 (44.3%) alleged perpetrators either owned or co-owned<sup>50</sup> at least one house, 162 (14.9%) were renting, 85 (7.8%) were boarding and 358 (32.9%) were living rent free. The percentage of alleged perpetrators who own a home is lower than the 62.2 percent of Queenslanders who either own or are paying off their home<sup>51</sup>. This figure is also much lower than the 79.6 percent of victims who were home owners.

#### Limitations:

- Income source was not recorded for 680 perpetrators and 703 perpetrators did not have their home ownership status collected. Due to the large volume of missing data, the income/wealth of perpetrators should be interpreted with caution.

## Psychological Health

Two hundred and sixty-four alleged perpetrators (14.7%) were reported as having some form of mental health issue. In a further 428 (23.9%) cases there were no issues with psychological functioning recorded. However, there were a large number of cases ( $N=1106$ , 61.8%) where the psychological health of alleged perpetrators was not known. As can be seen in Table 28, the most commonly reported mental health issue was Mental Illness which includes bipolar disorder, schizophrenia, and diagnoses that were not specified. The next most frequent was Emotional Dysregulation which is defined by EAPU as a long-standing inability to manage emotions appropriately; for example, frequent outbursts of anger, vindictive behaviour over minor matters, a lack of insight and an unwillingness to negotiate with others.

Although psychological health was unknown for more alleged perpetrators cases than for victims, it is interesting to note that the percentage of alleged perpetrators with mental health issues was more than double what was reported for victims. This finding is consistent with literature on elder abuse, where the mental health of alleged perpetrators is reported as a risk factor<sup>52, 53, 54</sup>.

Table 28.  
Mental Health  
Disorders  
in Alleged  
Perpetrators.

	Alleged Perpetrators	% Total Alleged Perpetrators
Mental Health Issue		
Mental Illness	129	7.2
Emotional Dysregulation	51	2.8
Depressive Disorder	19	1.1
Past Suicide Attempts	18	1.0
Anxiety Disorder	15	0.8
Hoarding	15	0.8
Autism Spectrum Disorder	9	0.5
Personality Disorder	7	0.4
Attention Disorder	1	0.1
<b>Total</b>	<b>264</b>	

<sup>50</sup> Please 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.

<sup>51</sup> Queensland Government Statistician's Office (2017).

<sup>52</sup> Kaspiw et al. (2016).

<sup>53</sup> Australian Law Reform Commission (2017).

<sup>54</sup> Peri et al. (2008).

Many callers to the helpline talk about their concerns for the mental health of the alleged 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 alleged perpetrator but they are unwilling or unable to access support. Victims often recognise that there is an underlying issue impacting on the alleged perpetrator's behaviour and are reluctant to give up on their child, despite the risk to their own wellbeing. Twenty-five alleged perpetrators (1.4%) were reported as having some form of cognitive impairment, with dementia and suspected dementia being reported for 10 alleged perpetrators (0.6%).

## Capacity

Capacity impairments were noted for 30 alleged perpetrators (1.7%). Capacity Intact was recorded for 1,514 alleged perpetrators (84.6%), which is much higher than was reported for victims (67.8%). A lack of life skills was recorded for 11 alleged perpetrators (0.6%).

### Limitations:

- It is likely that alleged perpetrators' mental health issues are underreported as many callers do not have access to this information.
- The database is currently unable to capture more than two responses to Psychological Health and in most cases capacity is captured as one of these responses. This means that the complexity and comorbidity of mental health issues is not adequately captured and reported.

### Future Directions:

- It is envisaged that the new database will have the capacity to record all mental health factors reported and provide a more comprehensive picture of functioning.
- Homicidal ideation has been reported by helpline operators as being discussed in calls but is not currently able to be captured. This will be added to the database.

## Substance Abuse

Substance abuse was reported as an issue for 306 alleged perpetrators (17.1%). No substance abuse was recorded for 258 alleged perpetrators (14.4%) and this information was unknown for a further 1226 alleged perpetrators (68.5%). As can be seen in [Table 29](#), illicit drug use was reported as the most prevalent substance abuse issue for alleged perpetrators. Substance abuse in alleged perpetrators has repeatedly been recognised as a risk factor for elder abuse <sup>55, 56, 57, 58</sup>.

Table 29.  
Substance Abuse  
in Alleged  
Perpetrators.

	Alleged Perpetrators	%
Substance		
Drugs - Illicit Only	122	6.8
Alcohol - Only	77	4.3
Drug & Alcohol	56	3.1
Drugs - Ice	32	1.8
Drugs - Prescription	11	0.6
Ice and Alcohol	6	0.3
Prescription Drugs and Alcohol	1	0.1
Other	1	0.1
<b>Total</b>	<b>306</b>	

55 Jackson, S. L., & Hafemeister, T. L. (2013).

56 Joosten et al. (2015).

57 Peri et al. (2008).

58 Australian Law Reform Commission (2017).

## Criminality

A criminal history was recorded for 213 alleged perpetrators (11.9%). No criminal history was recorded for 340 alleged perpetrators (19%) and was unknown for 1237 perpetrators (69.1%). As seen in Table 30, the most commonly recorded issue was Known to Police. This is recorded in situations where the alleged 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 alleged perpetrator has been the subject of a Domestic Violence Order (DVO), irrespective of whether they have been convicted of breaching the order. There are a number of other criminal offences captured by helpline operators. 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<sup>59</sup>.

Table 30.  
Criminal History  
of Alleged  
Perpetrators.

	Alleged Perpetrators	%
Offence		
Known to Police	85	4.7
Subject of DVO	60	3.4
Unspecified	18	1.0
Violence	14	0.8
Drug Related	10	0.6
Child Neglect/Violence	9	0.5
Minor Conviction	9	0.5
Fraud	4	0.2
Child Sexual Assault	3	0.2
Sexual Assault	1	0.1
None	340	19.0
Unknown	1237	69.1
<b>Total</b>	<b>1790</b>	

### Limitations:

- The small percentage of cases where criminal history has been recorded means that this data should be interpreted with caution.
- There is no means to record in the database whether the DVO or any of the convictions listed in the criminal history of the alleged perpetrator relate to their actions against the victim/s of elder abuse.

### Future Directions:

- It is hoped that the proposed database will have the capability to record more details about whether the reported offences were against the victim of elder abuse or external parties. Additionally, it is hoped the database will have ability to capture history of violence, irrespective of whether there has been police involvement.

59 Peri et al. (2008).

## Social Isolation

In 2016/2017, 133 alleged perpetrators (7.4%) were recorded as being socially isolated across the same four sub-categories used to describe social isolation for victims:

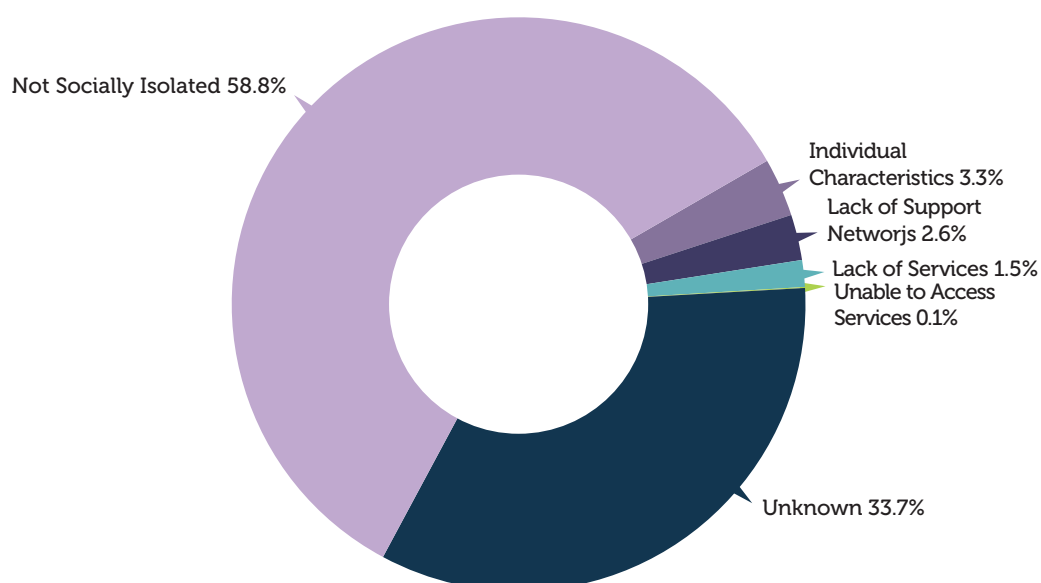
1. Individual characteristics
2. Lack of support networks
3. Lack of services
4. Unable to access services.

In socially isolated alleged perpetrators, individual characteristics were the most commonly reported issue (see Table 31 and Figure 32). 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 alleged perpetrator's role as a carer (if applicable) as a lack of support in this area can also increase the risk of elder abuse<sup>60, 61</sup>.

Table 31.  
Social Isolation  
in Alleged  
Perpetrators.

Alleged Perpetrators	
Social Isolation	
Individual Characteristics	59
Lack of Support Networks	46
Lack of Services	27
Unable to Access Services	1
<b>Total</b>	<b>133</b>

Figure 32.  
Social Isolation  
Status in Alleged  
Perpetrators  
(N=1790).



<sup>60</sup> Kaspiew et al. (2015).

<sup>61</sup> Chen, R., & Dong, X. (2017).

## Trauma History

One hundred and thirty-five alleged perpetrators (7.5%) were recorded as having a history of trauma. No apparent trauma was recorded for 57 alleged perpetrators (3.2%) and the trauma history of the remaining 1598 (89.3%) was unknown. As can be seen in Table 32, child abuse/neglect, unspecified trauma and parental mental illness/substance abuse were the most commonly reported traumas. Child abuse/neglect includes a history of physical, psychological abuse and/or neglect as a child. A history of traumatic events, particularly in childhood has been identified as a risk factor for the perpetration of elder abuse<sup>62,63</sup>.

Table 32.  
Trauma History of  
Alleged Perpetrators.

	Alleged Perpetrators	%
Trauma		
Child Abuse/Neglect	36	2.0
Unspecified Trauma	31	1.7
Parental Mental Illness/Substance Abuse	17	0.9
DV Victimisation	12	0.7
Unexpected Bereavement	12	0.7
Child Sexual Abuse	6	0.3
Service Related Trauma <sup>64</sup>	5	0.3
Suicide Loss	5	0.3
Multiple Losses	4	0.2
Sexual Assault	4	0.2
Fear of Death Experience	3	0.2
None apparent	57	3.2
Unknown	1598	89.3
<b>Total</b>	<b>1790</b>	

### Limitations:

- Trauma history was unknown for the majority of alleged perpetrators.
- The database is only capable of recording one selection for trauma history, which means that a complete trauma history is not recorded.

### Future Directions:

- It is envisaged that the new database will have the capability to record multiple traumatic experiences for both victims and perpetrators.
- An analysis of whether particular types of trauma have stronger associations with specific types of abuse may be possible in the future with a larger dataset and statistical software.

62 Kaspiew et al. (2015).

63 Peri et al. (2008).

64 Service related trauma refers to any form of trauma experienced while the perpetrator was undertaking military or police service.

# Section 5 – Relationships

In this section the report looks at the relationship and interactions between the alleged perpetrator and victim. This section will cover:

- Type of relationship between the perpetrator and the victim
- Dependence
- Living arrangements
- Family history
- The caring role.

## Relationships between Victims and Alleged Perpetrators

When entering relationship data into the database, helpline operators 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 alleged perpetrator and victim was unknown for 9 cases and these cases were excluded from all analyses in this section.

## Relationship to Victim

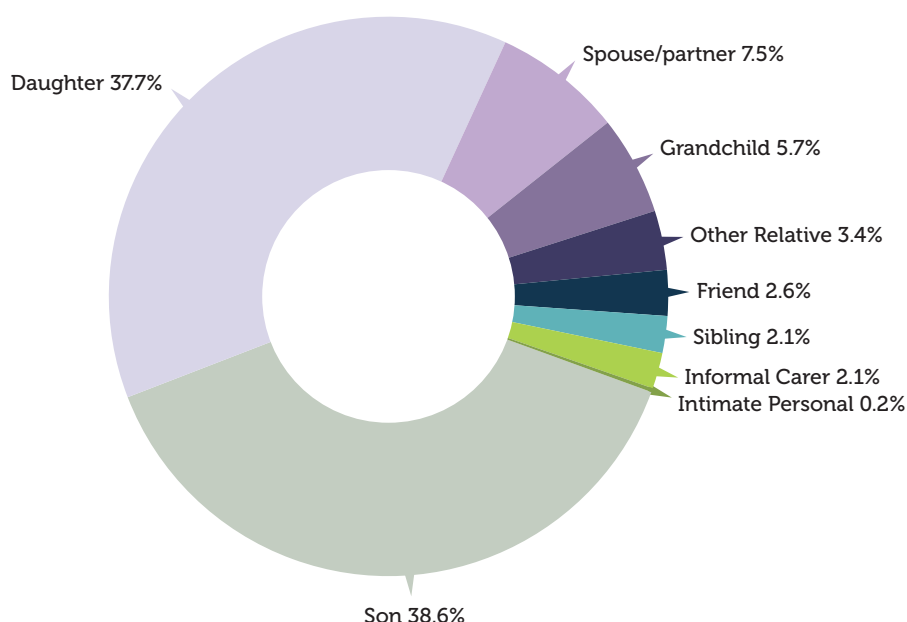
As shown in Table 24 and Figure 22, alleged perpetrators were most likely to be sons and daughters<sup>65</sup> of victims. These parent-child relationships accounted for 76.3 percent of all cases of elder abuse reported. When this proportion is combined with other family relationships (grandchild, other relative and sibling) and intimate partner relationships it is clear that familial relationships account for the majority of reported elder abuse cases (95.3%). These familial relationships are examined in more detail below.

<sup>65</sup> *Note This data includes non-biological relationships such as sons and daughters in-law, stepchildren and adoptive children.*

Table 33.  
Relationship  
between Alleged  
Perpetrator  
and Victim.

	Count
Relationship	
Son	687
Daughter	672
Spouse/partner	133
Grandchild	102
Other Relative	61
Friend	47
Sibling	38
Informal Carer	37
Intimate Personal	4
<b>Total</b>	<b>1781</b>

Figure 33.  
Relationship between  
Alleged Perpetrator  
and Victim (N=1781).



## Relationship Type

Relationships data presented in [Figure 33](#) and [Table 33](#) has been further broken down where possible into specific relationship types in [Table 34](#) (note that the categories of Other Relative, Friend and Informal Carer, a total of 145 records, cannot be further delineated). Where breakdown has been possible, this provides further insight in to the nature of these relationships. For example, some of the spouse/partner alleged perpetrators were actually ex spouses/partners (10.5% of spouse/partner cases).

As shown in [Table 34](#) and [Figure 34](#), biological sons were slightly more likely to be reported as alleged perpetrators than biological daughters and more daughters-in-law were recorded as alleged perpetrators than sons-in-law. Also note there was little to no difference between stepdaughters and stepsons, estranged daughters and sons, and adoptive daughters and sons.

Other notable differences in the table related to the gender of grandchildren and sibling alleged perpetrators. As shown in [Figure 35](#), grandsons were recorded as alleged perpetrators at more than 1.5 times the rate of granddaughters. There was also disparity in the rates of sibling alleged perpetrators, with sisters recorded as alleged perpetrators at more than twice the rate of brothers and sisters-in-law at six times the rate of brothers-in-law (see [Figure 36](#)).



Table 34.  
Alleged Perpetrator  
Relationships to  
Victims by Type.

Daughters (N=672)	
Daughter	549
Daughter-in-Law	79
Stepdaughter	29
Estranged Daughter	8
Adoptive Daughter	7
Sons (N=687)	
Son	600
Son-in-Law	51
Stepson	23
Adoptive Son	7
Estranged Son	6
Grandchildren (N=102)	
Grandson	62
Granddaughter	38
Step Grandson	2
Intimate Relationships (N=137)	
Spouse/partner	119
Ex-partner	14
Intimate Personal	4
Sibling (N=38)	
Brother	9
Brother-in-law	1
Sister	21
Sister-in-Law	6
Unknown Sibling	1
<b>Total</b>	<b>1636</b>

Figure 34.  
Son and Daughter  
Alleged Perpetrators  
by Relationship Type  
(N=1359).

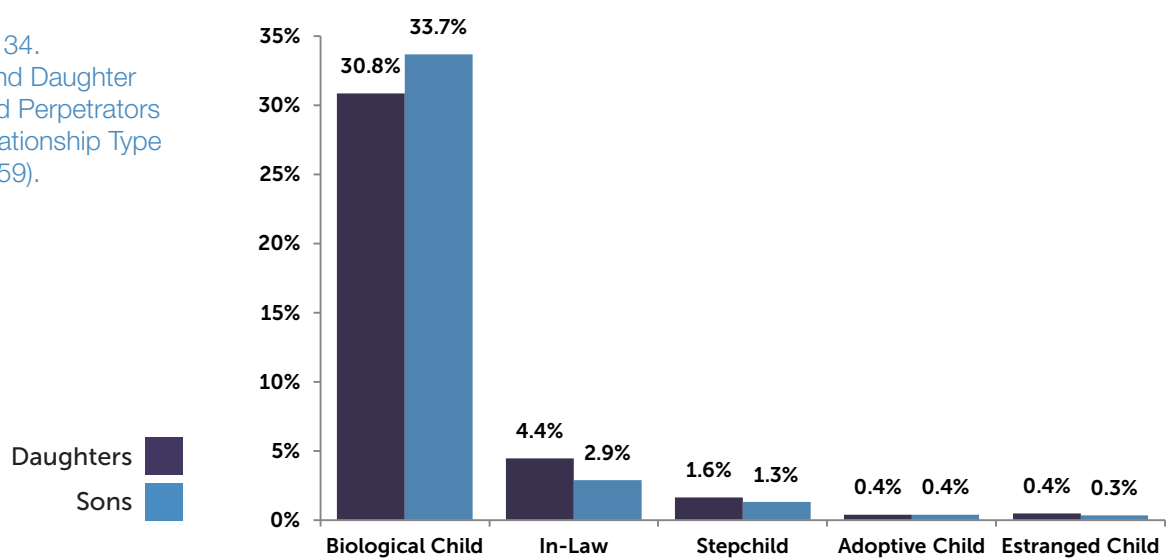


Figure 35.  
Number of  
Grandchildren Alleged  
Perpetrators by  
Relationship Type  
(N=102).

Granddaughter  
Grandson

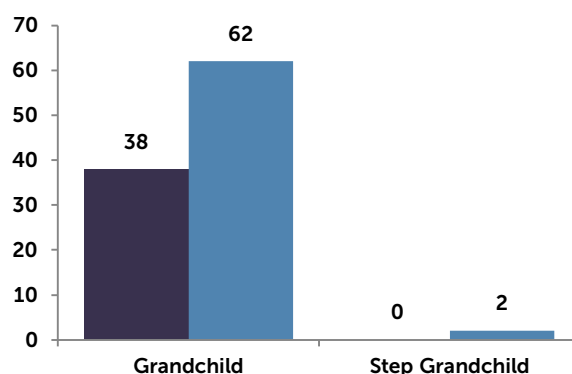
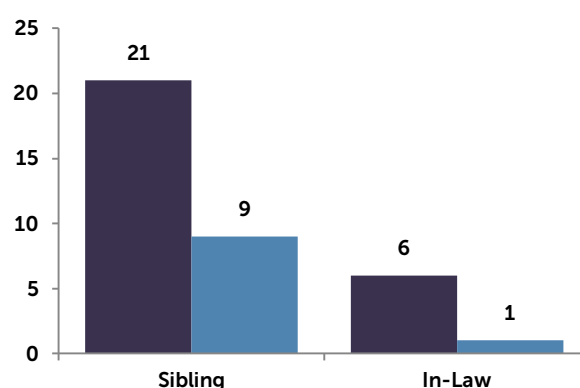


Figure 36.  
Sibling Alleged  
Perpetrators by  
Relationship  
Type (N=37).

Sister  
Brother



## Cohabitation

Living with the alleged perpetrator is a well established risk factor for elder abuse<sup>66,67,68</sup>. Consistent with this, almost half of the cases reported to the helpline in 2016/2017 involved situations where the alleged perpetrator lived with the victim (N=865, 48.3%).

## Family History

Many historical family factors such as a history of family violence, grandchildren being raised by their grandparents and blended families could potentially be factors in elder abuse situations<sup>67</sup>. Victims and alleged perpetrators may also share a family history that influences their relationship. 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 and community systems risk<sup>69</sup>. The database contains some data around family factors that could potentially provide insight in abuse situations.

Family factors were identified for 239 victims (13.4% of victims). As can be seen in [Table 35](#), subsequent marriage of the victim was the most commonly recorded family factor.

Family factors were also recorded for 203 alleged perpetrators (11.4%) and the most commonly reported factor was Failed to Launch (see [Table 36](#)). Failure 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 alleged perpetrator has made few

66 Australian Law Reform Commission (2017).

67 Kaspiew et al. (2015).

68 World Health Organisation (2015).

69 Von Heydrich et al. (2012).

serious attempts to lead an independent life and has remained living with their parents for the majority of their adult life.

Table 35.  
Victim Family Factors

	Victims	%
<b>Family Factors</b>		
Subsequent Marriage	77	4.3
Denied Access to Grandchildren	36	2.0
Cultural Pressure	33	1.8
Blended Family	31	1.7
Raising Grandchildren	29	1.6
International Marriage	25	1.4
Childlessness	7	0.4
Child Safety Involved	1	0.1
<b>Total</b>	<b>203</b>	<b>11.4</b>

Table 36.  
Perpetrator  
Family Factors.

	Alleged Perpetrators	% of all Alleged Perpetrators
<b>Family Factors</b>		
Failed to Launch	64	3.6
Child Safety Involved	35	2.0
Cultural Pressure <sup>70</sup>	24	1.3
Subsequent Marriage	23	1.3
Blended Family	20	1.1
Raised by Grandparents	17	0.9
International Marriage	12	0.7
Childlessness	7	0.4
Denied Access to Grandchildren	1	0.1
<b>Total</b>	<b>203</b>	<b>11.4</b>

## Trauma History

Another form of data that may provide insight into the relationships between victims and alleged perpetrators relates to trauma history. Research has found that a history of domestic and family violence is particularly associated with an increased risk of elder abuse<sup>71,72,73</sup>. In 2016/2017, 92 victims (5.1%) were recorded as having a history of domestic violence. Domestic violence victimisation may have also affected the alleged 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, there are reports of a form of transference, where 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.

<sup>70</sup> The EAPU defines cultural pressure as situations where the cultural context of the person exerts significant pressure on the individual's decision making in a way that relates to, or impacts on the relationship with the victim/perpetrator.

<sup>71</sup> Horsford et al. (2011).

<sup>72</sup> Schiamburg, L. B., & Gans, D. (1999).

<sup>73</sup> Chen, R., & Dong, X. (2017).

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

Aspects of the trauma history recorded for the alleged perpetrator that may have affected the family functioning and relationships in a multidirectional manner may be:

- Child abuse and/or neglect – The adult child who experienced abuse and/or neglect as a child may be carrying resentment towards their parent and this may be a factor underlying the current abuse. Thirty-six alleged perpetrators (2%) were recorded as having experienced child abuse and neglect, with six more (0.4%) having experienced sexual abuse as a child.
- Domestic violence victimisation – 12 alleged perpetrators (0.7%) were recorded as having a history of domestic violence victimisation; however, it is unclear whether this was as a child or adult.
- Parental mental illness/substance abuse – 17 alleged perpetrators (1%) were recorded as having been raised in a family where one or more primary carers were suffering from untreated mental illness or substance abuse problems.

The criminal history of the victim may also provide insight into the historical relationship factors that have influenced the relationship between the alleged perpetrator and the victim. Some relevant criminal history factors may be:

- Child neglect or violence – Eight victims (0.4%) had been convicted of these types of offences.
- Subject of a domestic violence order – 14 victims (0.8%) were reported to have been the respondent on a domestic violence order.

This focus on family history and its influence on family dynamics in the context of ageing parents fits with a life course perspective of elder abuse<sup>74</sup>. This perspective has been posited as a means of understanding the context within which the individual risk factors for the alleged perpetrator and victim intersect and influence each other<sup>74, 75</sup>.

#### Limitations:

- Time limitations prevented a detailed analysis of the impact of shared family history. However, as children accounted for over 75 percent of alleged perpetrators and a further 20 percent were other family members, it is reasonable to assume that there is some shared family history that may contribute to the risk.
- Trauma history and family factors are often not known by callers, particularly when it comes to information about alleged perpetrators. 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.

#### Future Directions:

- A statistical software package will be used to analyse shared family history in relation to risk factors and type of abuse.
- Proposed database changes will include a measure of the pre-existing relationships between perpetrators and victims.

<sup>74</sup> Schiamberg, L. B., & Gans, D. (1999).

<sup>75</sup> Chen, R., & Dong, X. (2017).

## Dependence

Dependence is often reported as a risk factor for elder abuse<sup>76,77,78</sup>. Helpline operators record information about dependence between the victim and alleged perpetrator and the directionality of that dependence. Data is recorded if there is a practical dependence between the victim and alleged 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. In addition, accommodation dependency for a victim and dependence as a result of parole conditions for a perpetrator are included. 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 2016/2017, there were 392 cases (21.9% of total cases) where the victim was reported as being dependent on the alleged perpetrator. In 67 of these cases, the victim was dependent on the alleged perpetrator for accommodation. Common situations reported involve the victim paying for the alleged perpetrator's mortgage or using their savings to purchase a granny flat which has been built on the alleged perpetrator's property. In these cases if the relationship between the victim and alleged perpetrator deteriorated, the victim often became dependent on the alleged 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 112 cases (6.3%). Of these, 9 cases (0.5%) involved the alleged 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 alleged perpetrator for transport. If the alleged 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, further increasing the risk of abuse. Victims may be more reluctant to report abuse if they are dependent on the alleged perpetrator.

## 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. This role can interact with individual factors to increase the risk of elder abuse<sup>79,80,81</sup>.

In 2016/2017, 324 (18.1%) alleged perpetrators were recorded as providing informal care, although not all of this related to victims (the informal care may have related to a child with a disability or another adult). The amount of care being provided differed, with 105 (5.9%) alleged perpetrators providing full-time care, 53 (3%) providing part-time care and 166 (9.3%) providing care where the amount was unknown. In 206 cases (11.5%), the alleged perpetrators were reported to be experiencing some level of carer stress in caring for the victim. A further 32 alleged perpetrators (1.8%) were reported to be experiencing stress in their caring role; however, this was related to caring for someone other than the victim.

76 Roberto, K. A., & Teaster, P. B. (2017).

77 Schiamborg, L. B., & Gans, D. (1999).

78 Horsford, et al. (2011).

79 Schiamborg, L. B., & Gans, D. (1999).

80 Von Heydreich et al. (2012).

81 World Health Organisation (2015).

## Section 6 – Community

Refers to the point where microsystems intersect and includes relationships between the victim and perpetrator, other family, friends, community members and/or potential support networks. Elderline is currently unable to 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 2016/2017, 1376 notifiers who were external to the victim were recorded. The relationship for a further nine notifiers was unknown and 405 victims self reported. As shown in [Table 37](#), a large number of notifications came from family, friends, neighbours and support workers. The existence of these notifiers may be protective factor for the victim.

Table 37.  
Notifier's  
Relationship to  
Victims.

	Callers	%
Relationships		
Daughter	444	24.8
Worker	217	12.1
Son	170	9.5
Friend	153	8.5
Grandchild	117	6.5
Other Relative	97	5.4
Neighbour	85	4.7
Sibling	51	2.8
No Relationship of Trust	16	0.9
Spouse/Partner	14	0.8
Informal Carer	7	0.4
Intimate Personal	4	0.2
Student	1	0.1
<b>Total</b>	<b>1376</b>	<b>76.9</b>

## Relationships

Interactions between people and systems at the community level for the victim can have an impact in the life of the alleged perpetrator and vice versa, even if the victims or alleged perpetrators cannot directly influence that interaction or person. These interactions form the community system.

There are a number of factors that occur for the victim that may impact on the alleged 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. 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 home or putting pressure on their parents to provide financial support.

Currently, the database does not collect data that clearly aligns with community factors. However, one area of data that may provide some insight can be found in the trigger factors (factors that are believed to have led to the abuse). It is also noted that some of the trigger factors presented in [Table 38](#) may constitute shared microsystem factors.

Victim ill-health was the most commonly reported victim-related trigger factor for elder abuse (10.7% of total cases). The most commonly reported perpetrator-related trigger factor was the alleged perpetrator moving home, followed by perpetrator spousal separation (see [Table 38](#)). The perpetrator moving home may occur for a number of reasons such as the perpetrator being evicted from of a rental property or losing their job and being unable to meet their financial obligations (mortgage, rent, personal loans etc.). Other factors such as spousal separation, victim bereavement or victim ill-health may also result in the alleged perpetrator moving home to live with the victim, however where this is known, the trigger factor may be listed as perpetrator spousal separation, victim bereavement or victim ill-health with no recognition of the role that the perpetrator moving home played in the onset of the abuse. For example, 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 goes on to allegedly perpetrate elder abuse.

Table 38.  
Trigger Factors for  
Elder Abuse.

	Count	%
Trigger Factor		
Victim Ill-Health	191	10.7
Victim Bereavement	41	2.3
Victim Windfall	26	1.5
Victim Spousal Separation	14	0.8
Victim Engagement/Romance	3	0.2
Victim Arrival on Carer's Visa	3	0.2
Alleged Perpetrator Moved Home	73	4.1
Alleged Perpetrator Spousal Separation	54	3.0
Alleged Perpetrator Ill-Health	40	2.2
Alleged Perpetrator Job/Business Loss	14	0.8
Alleged Perpetrator Ice Addiction	9	0.5
Alleged Perpetrator New Romance	9	0.5
Alleged Perpetrator Released from Prison	8	0.4
Alleged Perpetrator Found Out About the Will	8	0.4
Alleged Perpetrator DV Victimisation	6	0.3
Alleged Perpetrator Relapse	1	0.1
<b>Total</b>	<b>500</b>	<b>27.9</b>

**Limitations:**

- The current database only allows helpline operators to choose one trigger factor from a set list. Sometimes there is more than one trigger factor and in some situations there is an identifiable trigger factor that is not in the list. This results in helpline operators having to choose a trigger factor that is closest to the situation, record the trigger as unknown, or select no identified trigger factor.

**Future Directions:**

- It is envisaged that the new database will give helpline operators the opportunity to select more than one trigger factor (if appropriate), record whether one trigger factor led to a secondary known risk factor occurring, record trigger factors that are not in the list in a free form box. This would enable a more comprehensive understanding of what the trigger factors are and whether a secondary risk factor moderates (increases or decreases) the risk.



# Section 7 – Society

The societal system relates to the ideologies and sociocultural context in which older people live. EAPU does not directly collect data on societal factors so this section primarily draws on existing literature. There are a plethora of societal factors that can create a climate where elder abuse is more likely and even accepted. Existing EAPU data that may be relevant to the societal factors has been noted. Some factors may include:

- Cultural norms
- Legislation and policies
- Economic factors
- Community.

## Cultural Norms

### Ageism

The Australian Human Rights Commission found that ageism was widespread in Australia<sup>82</sup>, which is of concern given that ageism has consistently been reported as a risk factor for elder abuse<sup>83,84,85,86</sup>. Older people are often portrayed as being sick, weak, a burden, worthless, incapable of making their own decisions, dangerous drivers, victims and less worthy<sup>82</sup>. The media plays a substantial role in the perpetuation of these stereotyped views of older people<sup>82</sup>. 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 other adult drivers. Ageism in the media can also be subtle, with older people being underrepresented in advertisements, leading to reports of feeling invisible<sup>82</sup>.

Ageism can increase vulnerability, exacerbate abuse, decrease the likelihood of reporting and inhibit effective responses to elder abuse<sup>82,83,86</sup>. Stereotyped perceptions expressed by others may also become internalised by older people and can actually become 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 of little consequence because of their age, even though the older person is considered to have capacity. There can be a perception that the older person is incapable of making their own decisions or that should not have the same rights afforded to other adults.

## Sexism and Gender Roles

Social constructions of gender and the roles and norms associated with gender can impact on both victims and perpetrators<sup>85</sup>. There has been a gradual shift away from traditional patriarchal paradigms in which financial matters were always handled by males.

<sup>82</sup> Australian Human Rights Commission (2013).

<sup>83</sup> Australian Law Reform Commission (2017).

<sup>84</sup> Kaspiew et al. (2015).

<sup>85</sup> Peri et al. (2008).

<sup>86</sup> World Health Organisation (2015).

However, the EAPU still receives reports of cases where the female victim has always had her husband managing their finances and upon his death she feels incapable of taking over. A family member may then take over responsibility for the financial management, thereby increasing the risk of financial abuse<sup>84</sup>.

Sexism and gender roles can also affect potential for abuse. In many Western countries, the role of caregiver is generally viewed as the responsibility of females. 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<sup>87</sup>. Women may be pressured into taking on the carer role for aging relatives. This can lead to resentment and may increase the risk of carer stress and/or elder abuse<sup>86</sup>. Another situation where gender roles may impact on potential perpetrators relates to resentment in situations where only male children will inherit from their parents.

## 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 within Aboriginal and Torres Strait Islander peoples in Australia. This has impacted on the psychological, social and cultural health of these populations. Experiences of racism can lead to mistrust of service providers/reporting bodies and an increased sense of shame and lessen the likelihood of the victim reporting abuse<sup>88</sup>. 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 the abuse being reported.

## 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 go against this obligation can lead to shame and stigma for both the older person and the child/children<sup>85,86</sup>. Feeling obligated to provide care can lead to resentment, conflict, increase the likelihood of carer burnout and risk of elder abuse. Differences in cross-generational expectations relating to care of the older person can also increase conflict within families<sup>85, 89</sup>.

## Normalisation of Violence

Living within a community where normalisation of violence has occurred increases the risk of elder abuse occurring and decreases the likelihood of the abuse being reported<sup>85,90,91,92</sup>.

## Intergenerational Wealth Transfer

In Australia, there is an expectation that children will inherit their parent/s assets upon their death<sup>93</sup>. This assumption is not only based on cultural customs but is 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.

84 Kaspiew et al. (2015).

85 Peri et al. (2008).

88 Office of the Public Advocate, Western Australia (2005).

89 Kaspiew et al. (2015).

90 Sharma, B. (2012).

91 Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016).

92 Schiamberg, L. B., & Gans, D. (1999).

93 Australian Law Reform Commission (2017).

The cultural norm of intergenerational wealth transfer can lead to a sense of co-ownership of parental assets. There can also be additional complexities for farming families as there may be some situations where there is some existing level of co-ownership or sharing of assets<sup>94</sup>. 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 therefore see 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<sup>95</sup>. 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 2016/2017, a perception of entitlement was identified in 447 (25%) cases reported to the Helpline. The increased risk of financial abuse in situations where there is a sense of entitlement is likely to be compounded by inheritance impatience. Increased longevity may also be increasing inheritance impatience as adult children are forced to wait 8-10 years longer (on average) to inherit parental assets than 30 years ago.

## Policies and Legislation

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

## Welfare Payments

In some situations, perpetrators of financial abuse manipulate their victims into handing over their money by telling the older person that their assets are too high and that they will lose the pension. This is particularly common if the older person sells their home. The older person is told that if they give the adult child money or buy them a home they will keep their pension. There have been several cases reported to the Helpline 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 January 2018, the maximum payment on Newstart Allowance (single, no children) is \$538.80 per fortnight<sup>95</sup>. The maximum payment for carers receiving Carer Payment is \$894.40 per fortnight, 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 they receive almost double (approximately \$528.85 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 rather than a Health Care Card.

In many of these cases, the perpetrator also moves in with the victim and does not contribute to the rent or expenses under the guise of being the carer, despite not actually providing any care. The perpetrator often refuses to allow home care services to provide care as they do not want it to be discovered that they are not providing care. In some situations, the recipient of Carer Payment may be struggling to provide adequate care but refuses assistance from services due to concerns about losing Carer Payment.

<sup>94</sup> Tilse, C., Rosenman, L., Peut, J., Ryan, J., Wilson, J., & Setterlund, D. (2006).

<sup>95</sup> 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 January 2018. This information is general information only and may not reflect individual circumstances.

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.

EAPU recorded 248 cases where the alleged perpetrator was receiving Carer Payment and/or Carer Allowance. Alleged perpetrators were providing some level of care in 143 (57.7%) cases. However, in a further 58 (23.4%) cases, it was recorded that the alleged perpetrator was providing no care (this was unknown for 47, 19% of cases). These findings support the assertion that some people are claiming Carer Payment/Carer Allowance in situations where they are not providing any care, however this is likely to be underestimated as there were 680 cases where alleged perpetrator income was not recorded.

## 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 alleged 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. In February 2018 it was reported that 101,508 people were waiting to receive appropriate home-care packages<sup>96</sup>. In the 2016/2017 data, a lack of services and inability to access services were reported for 150 victims (8.4%); however, this is likely to be underestimated due to this being unknown in almost a quarter of victims and the inability of the database to record situations where the level of services being received is inadequate.

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 stand alone risk factors for elder abuse and an inability to access services can increase the likelihood of each 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: Global Financial Crisis (GFC), low interest rates, unemployment, house prices, increased longevity and low superannuation balances.

### Global Financial Crisis

The GFC and subsequent lower interest rates have impacted on the superannuation, savings and retirement income of older people<sup>97</sup>. This is compounded by increases in longevity, with many older people now concerned about whether their superannuation and savings will last<sup>97</sup>. In Queensland, it is estimated that 66.8% of older people receive the Age Pension<sup>98</sup>, with women representing the greatest proportion of recipients<sup>97</sup>. Women typically have less superannuation and a longer life expectancy than their male counterparts.

<sup>96</sup> Hermant, N. (2018, February 3).

<sup>97</sup> Australian Law Reform Commission (2017).

<sup>98</sup> Queensland Government Statistician's Office (2017b).

## Housing Affordability

Economic factors can also affect potential 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 becoming 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)<sup>99</sup> to \$520,000 (2017)<sup>100</sup>. Wage increases have been much more moderate, with average weekly wages in Queensland tripling from \$369.70 (1987)<sup>101</sup> to \$1125.70 (2017)<sup>102</sup>. 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 victims (44.3% owned at least one home) was below the Queensland rate of ownership (62.2%).

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, having provided \$65.3 billion in loans to help children buy houses<sup>103</sup>. Forty-seven (4.1%) financial abuse cases reported to the helpline involved the victim transferring their home title of their home over to the alleged 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. In 2016/2017, 35 financial abuse cases (3%) involved the victim investing money in the alleged perpetrators property. Almost a third of alleged perpetrators (32.9%) were also living rent free.

## Unemployment

Higher unemployment rates post-GFC are also likely to affect the risk of elder abuse. The data collected by EAPU recorded 14 cases (0.8% of total cases) where the alleged perpetrator's job/business loss was a trigger for the abuse. However, this is likely to be under-represented as trigger factors were only recorded in 27.9 percent of cases.

99 Abelson, P., & Chung, D. (2004).

100 Australian Bureau of Statistics (2017c).

101 Australian Bureau of Statistics (1987).

102 Australian Bureau of Statistics (2017a).

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

## Geography

Queensland is the second largest state in Australia, with over half of the population living outside of Brisbane's greater metropolitan area. The 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<sup>104, 105, 106</sup>.

Living in a small community is not always negative and can actually be a protective factor 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<sup>107, 108</sup>. 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<sup>107, 108</sup>. The interrelatedness of community members may also reduce the likelihood of victims and workers from reporting abuse. There are often dual relationships and the perpetrator may be friends with the local police officer, psychologist or doctor. A lack of services may also leave workers without referral options.

### Limitations:

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

### Future Directions:

- The new database will have the capability to record information about some societal factors, however, the database remains primarily a way of recording information provided by callers rather than a research response.
- It may be possible in the future to compare elder abuse in rural locations against urban locations to determine whether differences exist.

<sup>104</sup> Australian Law Reform Commission (2017).

<sup>105</sup> Office of the Public Advocate, Western Australia (2005).

<sup>106</sup> Peri et al. (2008).

<sup>107</sup> Horsford et al. (2011).

<sup>108</sup> Tilse et al. (2006).

## Section 8 – Abuse in Consumer and Societal Relationships

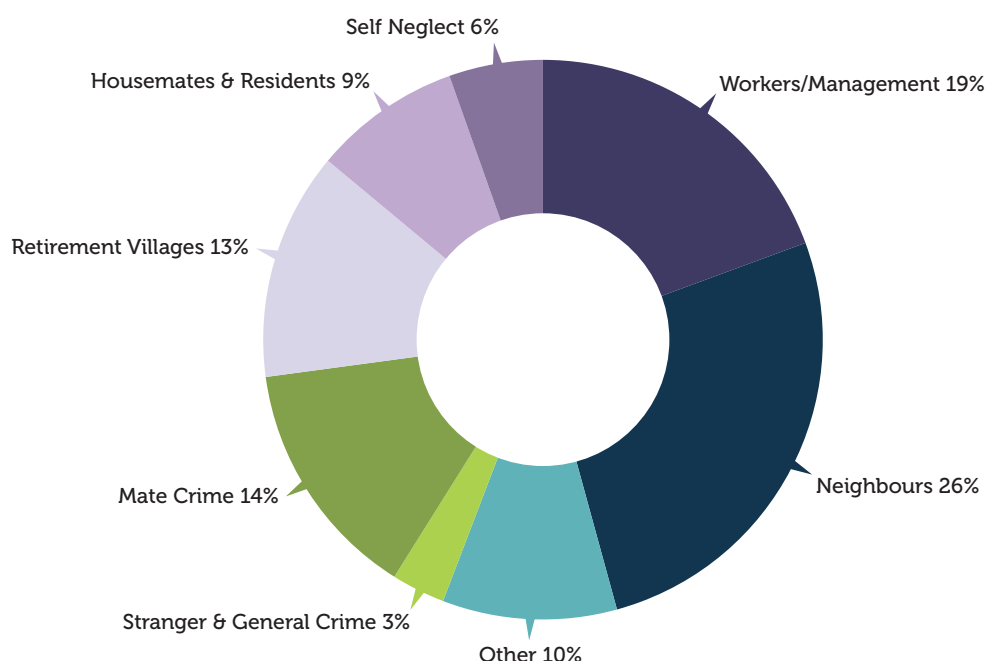
The UCQ Elder Abuse Helpline is the first port of call for many people unsure of what to do in a situation of elder abuse. The majority of calls received by EAPU are from or about older people being abused by family and friends. However, the EAPU also receives calls that relate to abuse within consumer or social relationships. Examples of social relationships include interactions with neighbours, acquaintances and strangers. Additionally, interactions between a service provider and an older person are primarily underpinned by a contractual arrangement and are therefore a consumer relationship. All callers to the helpline are supported to understand available options and victims are empowered to make decisions as to what actions they will take (if any).

This section reports briefly on the 239 records that involved abuse perpetrated within the context of a consumer or social relationship. These cases are analysed separately to the 1790 records that align with abuse in close and intimate relationships as the patterns of abuse, relationships and possible interventions will differ.

### Relationship Type

The main perpetrators in a consumer or social relationship call are neighbours, workers (one specific worker or multiple) or a whole aged care provider or facility (see [Figure 37](#)). Mate Crime is the next highest at 14 percent and is currently defined by the EAPU as occurring “Where the alleged perpetrator is seen to have deliberately and intentionally cultivated a relationship with the victim for the purpose of financial gain.” However, all categories in the relationship groupings are currently being reviewed to improve data capture in this area.

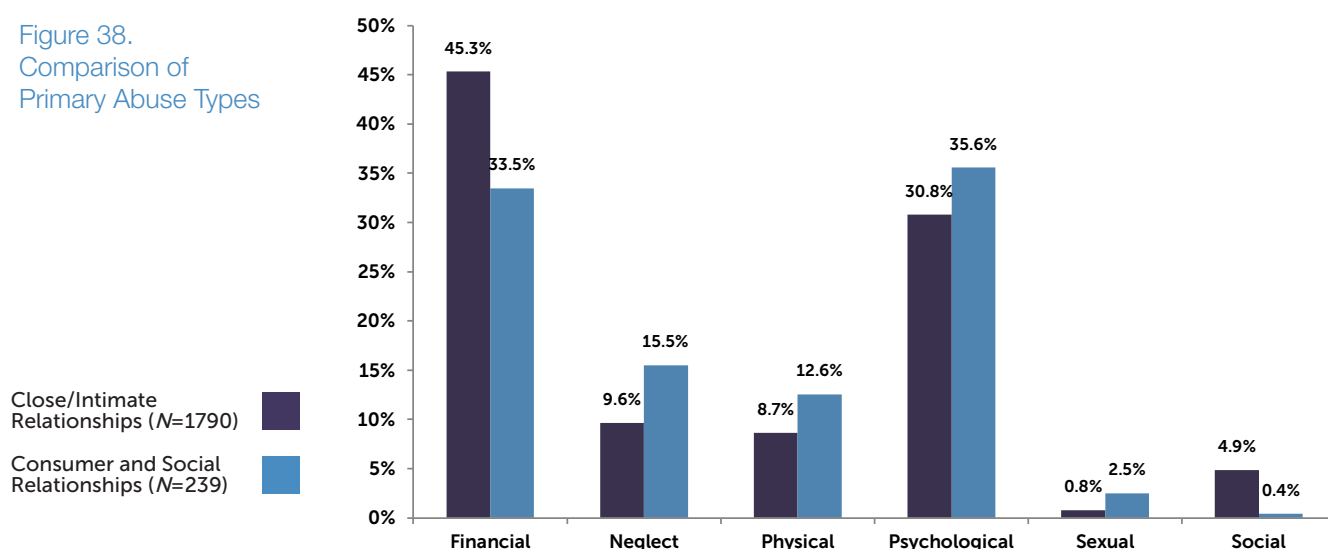
Figure 37.  
Relationship types  
in records (N=129,  
records where a  
relationship was  
recorded).



## Abuse Type

The main type of abuse recorded in consumer and social relationships cases is psychological abuse, which is higher than the proportion of cases in close/intimate relationships where psychological is recorded as the Primary Abuse Type (see [Figure 38](#)). Neglect, physical and sexual abuse are also higher. This may be due to the large number of helpline calls involving aged care workers. The percentage of victims where financial abuse is the primary abuse type is lower in these cases. Unfortunately due to the small numbers of these cases, drilling down into the abuse type data is not feasible.

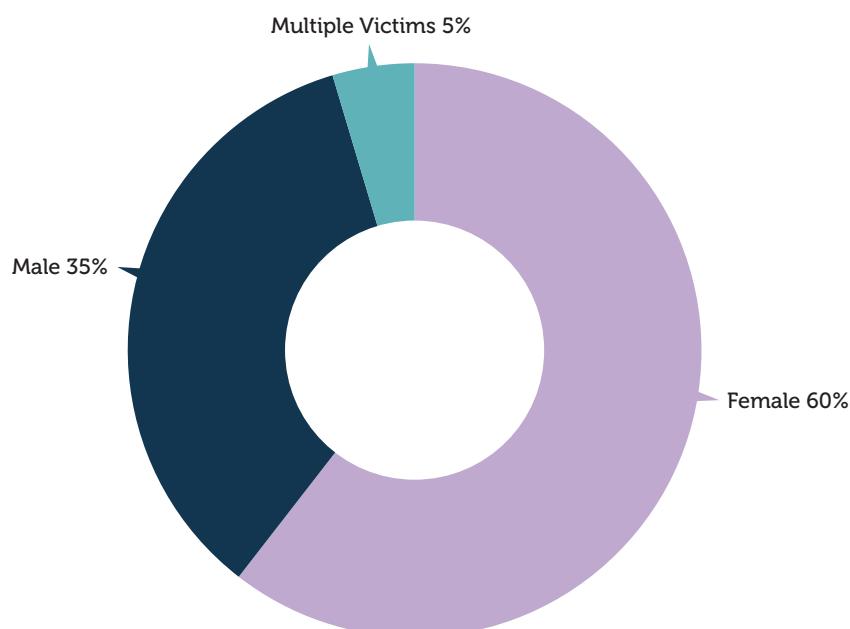
Figure 38.  
Comparison of  
Primary Abuse Types



## Gender

An analysis of the gender of victims reveals a similar pattern to abuse in close/intimate relationships situations (see [Figure 39](#)). With 68 percent of victims being female and 32 percent male. Multiple victims relate to calls where, for example, it is reported that a staff member at a particular facility is verbally abusive to the residents and handles them roughly.

Figure 39.  
Gender of Victim  
(N=238, 1 Unknown)





**Limitations:**

- The comparison of all types of elder abuse types 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. Elder abuse where there is a in close/intimate relationship are typically more complex and more likely to involve multiple abuse types and 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.

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# Appendix

## The Ecological Model

Bronfenbrenner's<sup>109</sup> ecological model positions the individual within four levels of environmental systems individual, relationship, community and societal that interact to influence individual human development and life experience. Each system is conceptualised as dynamically influencing each other, often bidirectionally.

The ecological framework used to structure the Year in Review draws on the work of Schiamberg and Gans<sup>110</sup> and focuses on both the victim and perpetrator (a bi-focal approach) rather than solely on the victim. This model posits that the risk factors for elder abuse are best understood as 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. There are also shared risk factors such as whether the victim and perpetrator live together.
2. **Relationships** – this refers to the relationships or connections between the system (victim or perpetrator) and any other family or support systems (both formal and informal). Family patterns of behaviour, such as a history of domestic and family violence.
3. **Community** – relates to the connection between environments that have a direct influence on the individual but is not something that they can influence (e.g. the perpetrator may be having issues at work or financial difficulties leading to them taking it out on the victim or pressuring the victim for money).
4. **Societal** – 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) lead to an increase in housing prices with the result that buying a house is out of reach for the son of an older person. The son decides that the only option for home ownership 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 but the son is reluctant to waste what he regards as his inheritance on formal support. He provides minimal care for his mother but eventually she is no longer able to leave the house and becomes socially isolated (relationships). The result of these interacting systems is an increased risk of elder abuse for the mother.

One benefit of considering the interplay between systems is that an intervention at one or more levels can result in changes in other areas. Consequently, applying the ecological model to elder abuse can help to broaden the focus of intervention beyond the older person. A graphic representation of the framework used to frame the Year in Review is presented in [Figure A1](#).

<sup>109</sup> Bronfenbrenner, U. (1979).

<sup>110</sup> Schiamberg, L. & Gans, D. (1999).

Figure A1.  
An Ecological Framework Identifying  
the Risks and Protective Factors  
of Elder Abuse.

