# Elder Abuse Prevention Unit

Year in Review 2018-19

# Elder Abuse
# Prevention Unit
## Year in Review 2018-19

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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 and those who witness or suspect that an older person is experiencing abuse or neglect. Information collected during calls to the Helpline is entered into a database and analysed on an annual basis. The *2019 Year in Review* reports on data collected during the 2018–19 financial year.

## Main Statistics

The total number of calls to the Helpline during the 2018-19 financial years were 3,118. Overall there were 112 (3.7%) more calls in 2018-19 than in 2017-18. Of the total calls, there were 1,780 abuse notifications and 1,338 enquiry calls. While the number of abuse notifications were 8.5% lower than reported in 2017-18 this is unlikely to reflect an actual decrease in the incidence of elder abuse. A range of factors may be attributed to this change in notifications including but not limited to, changes in data collection processes within the Helpline, the increased availability of seniors legal and support services, and increased complexity of individual cases requiring an increase in time spent on each notification.

**1,780**
**Total Abuse Notifications**

**372**
Notifications
Abuse in Consumer &
Social Relationships

**401**
Abuse Cases

**1,408**
Notifications
Abuse in Close or
Intimate Relationships

**1,727**
Abuse Cases

# Abuse in Close or Intimate Relationships

## Individual Factors:  Victims

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

- The largest group of victims were aged 80-84 years (23.7%).
- Females were over-represented as victims (69.4%) and increased female longevity was not found to account for the disparity.
- A large proportion of victims were widowed (39.4%) and this was more than three times the rate of people aged 50 and over who are widowed in Queensland (11.2%).
- Almost one-third of victims (32.8%) had a capacity impairment.
- Half (50.4%) of victims were reported to have care needs, with almost half requiring support on three or more domains. Only 35.5 per cent were receiving formal support.
- Communication issues were recorded for 9.8 per cent of victims.
- Formal decision making arrangements were recorded in 35.0 per cent of cases. In almost three-quarters (73.9%) of these cases, one or more decision makers were alleged to be perpetrating elder abuse against victims. Decision makers had taken action to protect victims in only 13.1 per cent of these cases.

## Individual Factors:  Alleged Perpetrators

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

- The largest group of perpetrators were aged 50-54 years (18.3%).
- Perpetrators were slightly more likely to be female (51.6%) than male (48.1%).
- With regard to health, 12.3 per cent of perpetrators were reported to have mental illness and 10.7 per cent to have substance misuse issues.  In 4.4 per cent of cases, co-occurring mental illness and substance misuse was reported.

- Problematic behaviour appeared to be a long-standing issue for some perpetrators who had a history of controlling behaviour (37.9%), conflictual relationships (24.5%) and aggression (22.7%).
- A sizable proportion of perpetrators (13.4%) were reported to have a history of criminal behaviour, with 74 listed as respondents on domestic violence orders.

## Relationships Between Victims and Perpetrators

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

- Almost all cases of abuse occurred within family relationships (95.7%).
- The most common perpetrators were sons and daughters (including in-laws), representing 72.3 per cent of cases.
- Poor family relationships were reported in 18.0 per cent of cases.
- Almost one-third of cases (32.4%) involved victims and perpetrators living together.
- In 338 (19.6%) cases, perpetrators were reported to be providing care to victims. In almost half (44.4%) of these cases, the caregiving was reported to be financially motivated and 40.8 per cent were struggling to meet the victim's care needs.
- In 21.6 per cent of cases, victims were dependent on perpetrators.

## Community

The community that an older person lives in can impact on their vulnerability to abuse in both positive and negative ways.  Key findings include:

- Victims were recorded as experiencing social connectedness in less than one-quarter (21.7%) of cases. Social connectedness is defined as experiencing feelings of belongingness and closeness, based on social appraisals and the value placed on the relationship by the person.[1]
- The largest number of victims came from the Brisbane region (23.5%), although this was expected due to the large numbers of people aged 50 plus living in the area.
- Geographic locations where the proportions of victims were higher than expected given population data included Moreton Bay – North, Cairns and Townsville.

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1    Van Bel, Smolders, Ijsselsteijn, & De Kort (2009).

## Society

Cultural norms about ageing, legislation and policies and the economic environment, may all contribute to a context that increases the risk of elder abuse. Key findings include:

- Ageism was recorded in 19.1 per cent of cases.

- Gender stereotypes were reported to have influenced decisions or behaviour of victims (primarily female) in 8.7 per cent of cases.

- Sexism and gender roles were recorded to have influenced the behaviour of perpetrators (primarily males) in 5.7 per cent of cases.

- A cultural norm of intergenerational wealth transfer was identified as an issue in 19.1 per cent of cases.

## Abuse Data

- The most common types of abuse were psychological (69.9%) and financial (67.7%).

- In close to half (43.0%) of cases, abuse was occurring daily.

- In most cases (64.8%), abuse had been present for less than two years.

## Impact of Abuse

Abuse had most commonly impacted on victims psychologically and in relation to their health and financial situation.

## Barriers to Change

The most common barriers to change for victims were fear of further abuse, concerns about the impact on perpetrators if police became involved and fear of losing the relationship with the perpetrator.

## Abuse in Consumer and Social Relationships

The proportion of calls relating to abuse in consumer and social relationships almost doubled from 10.9 per cent in 2017-18 to 20.9 per cent in 2018–19. This increase may be attributable to the Royal Commission into Aged Care Quality and Safety (Royal Commission), coupled with the broadening of EAPU data collection in this area. Despite this increase, abuse involving aged care services only accounted for 5.3 per cent of all cases of abuse reported to the Helpline.

Of the 401 cases of abuse in consumer and social relationships, 28.2 per cent related to abuse involving aged care services, 21.9 per cent were abuse in other consumer relationships and 49.9 per cent involved abuse in social relationships.

Key findings:

- Victims were predominantly female.

- In cases of abuse in aged care services, perpetrators were more likely to be female; whereas, in social relationships, over half of perpetrators were male.

- Abuse in aged care services most commonly involved neglect and physical abuse. In contrast, social relationships commonly involved social and sexual abuse and financial abuse was most common in consumer relationships.

- The most commonly reported issues were

  o aged care services – safety;

  o other consumer relationships – accommodation providers; and

  o social relationships – neighbourhood bullying.

## Future Directions

There are a number of areas identified in this report that warrant further consideration. Females, widows and people with cognitive impairment are over-represented as victims of elder abuse and this is an area that could benefit with further research. Another area of concern involves the high number of cases where formal decision makers were identified as perpetrators. Further research could examine whether perpetration was deliberate or due to a lack of understanding of the responsibilities associated with being a decision maker under an Enduring Power of Attorney.

# Section 1.
# Introduction to the Report

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

The activities undertaken by the EAPU are guided by the World Health Organization's (WHO) definition of elder abuse as:

"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." [2]

Despite this definition being used extensively, there is contention about what types of relationships have an expectation of trust and the age at which a person is considered to be an "older person".  Based on the findings of the EAPU Research Subgroup,[3]  EAPU defines relationships where there is an expectation of trust as those where the perpetrator is a family member, informal carer, or close friend who is "acting as family".  In contrast, relationships with aged care services and workers are professional relationships managed by a consumer contract and as such, the worker is in a 'position of trust' rather than a "relationship of trust".[4]   Relationships with neighbours, housemates and strangers are also classified as relationships where there is not the same expectation of trust unless for example, the neighbour or housemate is also a close friend who "acts as family".

The EAPU collects anonymous data about all call types; however, only cases involving a victim who is 50 years or older are analysed.  Differences between abuse that occurs where there is an expectation of trust and abuse that occurs within other types of relationships have been found[5]  so these cases are analysed separately in this report.  Cases where there is an expectation of trust are analysed and presented in Section 3.  Cases of abuse that occur within position of trust arrangements or general social and community relationships are presented in Section 4.

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2    World Health Organization (2002).
3    EAPU (2015).
4    Dixon et al. (2010).
5    EAPU (2018).

# Section 1.1. **Elder Abuse Helpline**

The EAPU Helpline is a confidential service that offers specialised advice including information, support and referrals to older people who are experiencing abuse and anyone who witnesses or suspects the abuse of an older person. This section presents the types of calls received by the Helpline and how Helpline calls are managed.

## Types of Calls

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

| ● Enquiries | ● Abuse in close or intimate relationships | ● Abuse in consumer and social relationships |
|---|---|---|
| Some examples of calls that are recorded as enquiries include requests for general information, bookings for information or training sessions and follow-up calls for abuse calls. | These calls include situations where an older person is being abused by a family member, informal carer or a close friend. | Examples include complaints about aged care services, neighbourhood disputes or the older person becoming a victim of a scam. |

# Case Study [6]

Elsie is a woman aged 82 years who lives with her daughter (Lana) aged 50 years and son-in-law (Jason). Elsie's husband died a few years ago and although Elsie was reasonably independent, Lana was worried about Elsie living alone. Lana and Jason convinced Elsie that she needed to think about the future when she would eventually need someone to care for her. They suggested that she sell her house and move in with them, and they would take care of her as she aged. Elsie paid for a "granny flat" to be built on Lana and Jason's property and gave them $500,000 to pay off their mortgage. Elsie's friend suggested she talk to a solicitor but Elsie trusted Lana and Jason and didn't want to seem mistrustful.

"

**EAPU takes a client-focused approach considering the client's needs, rather than that of other individuals, organisations or authorities who may be involved in a client's circumstances.**

In the beginning, everything went well. Elsie enjoyed being closer to Lana and spending more time with her grandchildren and great-grandchildren. Then Elsie had a fall, fractured her hip and spent a month in hospital. When she returned home, she found it difficult to get around and relied on Lana and Jason to take her to the shops and medical appointments. Elsie also required support with household chores. Lana was working part-time but quit her job so that she could be home if Elsie needed help. Elsie was grateful for the help, but over time noticed that Lana was becoming short-tempered and had started making comments about her being "useless" and that her "grandchildren do a better job of cleaning up after themselves". Elsie contacted My Aged Care to try to arrange home care. When Lana found out, she became really angry and yelled at Elsie, saying that it was a waste of money. Lana refused to let the Aged Care Assessment Team onto the premises. Elsie felt trapped but couldn't move as all the money from selling her house had gone into building the granny flat and paying out Lana and Jason's mortgage. One night, Lana shoved Elsie so hard that she fell over and had to be taken to hospital in an ambulance.

The nurse gave Elsie a brochure and Elsie contacted the EAPU. The worker from the EAPU spoke to Elsie about her situation and determined that support from the Seniors Legal and Support Service (SLASS) might benefit Elsie. The Helpline worker spoke to Elsie about the SLASS and explained that the service has solicitors and social workers who work together. The worker gave Elsie information about the SLASS's services, and also their phone number because Elsie was happy to contact them herself.

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6   Note. This case study is not a real case but rather a composite of a large number of cases and is used to illustrate the types of elder abuse cases reported to the Helpline.

# How the Helpline Manages Calls

The Helpline is often the first port of call for many notifiers who are unsure what to do in an abusive situation. No case management is provided and most callers remain anonymous. The stigma and shame associated with experiences of elder abuse mean that making a call to the EAPU can be difficult due to the caller's emotional state. Even in situations where the victim is not the person who phones the EAPU, the caller can be quite distressed about the elder abuse. Making a call can also be risky if the victim lives with the perpetrator and/or the perpetrator monitors or controls their actions. The option of anonymity helps callers to feel safe to disclose the abuse and seek support without fear of judgement or being forced to take action against their will.

## Helpline Practice Framework

Under the Helpline practice framework, Helpline calls follow a standardised process to ensure that safety and rights are considered. The caller is supported to understand available options and victims are empowered to make decisions as to what actions they will take (if any). The circumstances surrounding elder abuse are often complex and the EAPU approaches each call with an acknowledgment of this.

The EAPU adheres to the United Nations Principles for Older Persons,[7] acknowledging the fundamental human rights, dignity and worth of older people and the equal rights of men and women. Consistent with this, the foremost guiding principle of EAPUs work is that the older person has the right to make their own choices and decisions about their life and circumstances. In situations where an older person has impaired capacity, EAPU adheres to the General Principles of the Guardianship and Administration Act 2000 (Qld) which states that a person with impaired decision-making capacity has the same human rights as people who do not experience capacity impairment. EAPU believes that the older person should be given the option to provide input into decisions that affect them and access support for the decision-making process. These approaches to EAPU practice are viewed as the embodiment of UnitingCare's organisational values, which include compassion, respect, justice, working together and leading through learning.

The EAPU considers the older person an expert in their own life. It understands that the person's perception of their problems and the shape of solutions may differ from those of others in their lives. The EAPU adopts an empowerment approach to working with clients, which the elder abuse sector considers best practice for service delivery.[8] Empowerment and self-determination enable people to take control of their lives, using knowledge and information, their own skills and resources, social relationships, and decision making to create and implement their own solutions.[9]

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

The EAPU strives to provide a culturally safe service that acknowledges, values, and respects the capabilities and distinctive cultural histories, needs, and safety of Aboriginal and Torres Strait Islander (ATSI) peoples and other culturally and linguistically diverse (CALD) peoples. The EAPU is similarly inclusive of clients in the lesbian, gay, bisexual, transsexual, intersex and queer (LGBTIQ) communities.

## Stages of Helpline Calls

Helpline calls generally flow across five stages:

- Connect and build rapport
- Explore and assess
- Systems education
- Facilitated problem solving
- Referral and termination

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

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7    United Nations (1991).
8    Nerenberg (2008).
9    Kenny (2006).

# Section 1.2.
# About the Data

**This section discusses**

- reasons for data collection and dissemination;
- how data are collected;
- data handling;
- key terms; and
- limitations.

## Reasons for Data Collection and Dissemination

There is a paucity of knowledge about elder abuse in Australia. [10, 11, 12] Elder abuse is largely a hidden problem; victims are often reluctant to report the abuse or take action due to feelings of shame or guilt, fear of retaliation, concern that the abuser may get into trouble, a lack of capacity, or reliance on the perpetrator for care. An ageing population and increased longevity highlights the need to develop a better understanding of elder abuse.

Non-experimental research such as that undertaken by the EAPU can help increase awareness and understanding of the risk factors for and consequences of elder abuse. The option of anonymity means that the EAPU can capture a wider range of data than many other services. Stakeholders use data collected by the EAPU to

- compare with their own statistics (e.g. guardianship and legal services);
- guide future academic research, because EAPU data can highlight emerging issues and areas that may warrant further investigation;
- inform policy;
- highlight risk factors and potential vulnerability in order to provide targeted interventions; and
- inform community education initiatives and add to the knowledge base.

## Data Collection

The focus of Helpline calls is to provide support to the caller rather than to collect data about their situation. Consequently, callers are not asked questions to elicit information about the victim or perpetrator solely to improve data collection. Nevertheless, callers often disclose a wealth of information about victims, perpetrators, and the relationship between them during a Helpline call.

Call staff enter this non-identifiable information into PEARL (Prevention of Elder Abuse Record List), the EAPU's new, purpose-built database. The information forms the basis of the *Year in Review*. The 2019 *Year in Review* contains a range of descriptive statistics and analyses of Helpline data collected during the 2018–19 financial year.

## Data Handling

Before data were analysed, basic data cleaning was undertaken:

- One case was removed because the victim was aged under 50 years.
- One case was removed because the relationship between the victim and perpetrator was not regarded as a close or intimate relationship.
- Where multiple responses were recorded for a single variable (e.g. several types of abuse can be selected simultaneously), the data was dummy-coded into binary variables (*Yes* or *No*).

Data were cleaned and analysed using Stata statistical software.

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10    Australian Institute of Health and Welfare (2018a).
11    Kaspiew, Carson, & Rhoades, (2016).
12    Lacey (2014).

# Key Terms

**Victim**

The victim is the person who has experienced abuse. [13]

**Perpetrator**

The perpetrator is the person who has acted or failed to act in a way that has caused harm to the older person. Note that the term *perpetrator* refers to an "alleged perpetrator" because the EAPU does not investigate or verify the details provided in the call.

**Abuse Notification/ Abuse Call**

These terms refer to the initial contact made with the EAPU by a person about an abuse situation. Notifications sometimes include multiple victims, perpetrators, or both. Thus the number of notifications may be lower than the number of victims, perpetrators, or abuse cases.

**Abuse in Close or Intimate Relationships**

This descriptor refers to abuse when the perpetrator is a family member, ex-family member, or close friend who is viewed as "acting as family".

**Abuse in Consumer and Social Relationships**

This descriptor refers to situations in which the perpetrator is not a family member or close friend of the victim. This form of abuse includes scams; consumer issues; neighbourhood disputes; issues related to aged care facilities and workers, or homecare services; complaints about government bodies; and any other situations in which the caller identifies the situation as abuse of an older person.

**Cases**

The database can collect information about complex abuse relationships. Each abuse relationship within an abuse notification is recorded as a separate case; hence, one notification may involve several cases of abuse. The following scenarios demonstrate how one call can encompass multiple abuse relationships.

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

**Scenario 2.** Mother abused by son and daughter-in-law (two abuse relationships).

**Scenario 3.** Mother and father abused by both the son and daughter-in-law (data collected on four abuse relationships).
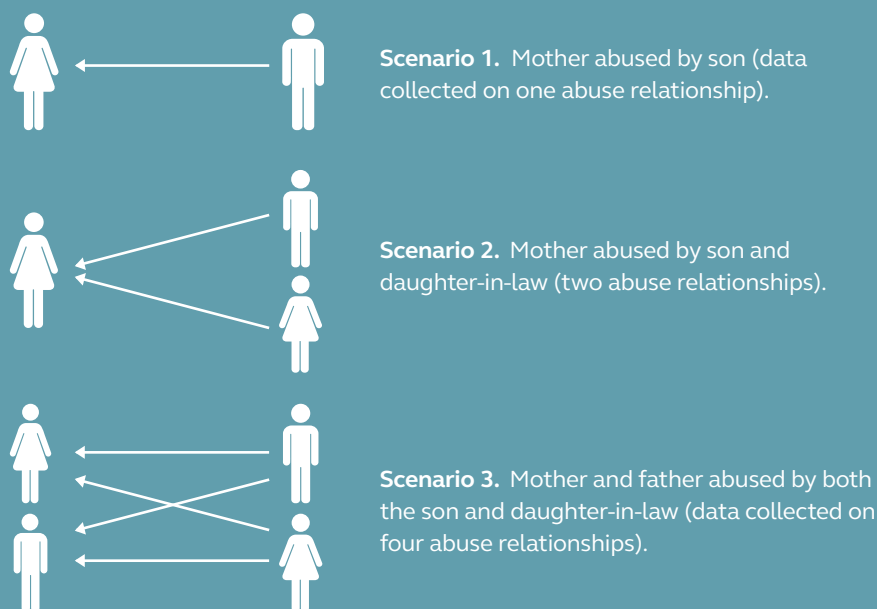
The abuse and vulnerability factors may vary across cases, even for the same victim or perpetrator. For example, in Scenario 3, the son may be financially abusing his father but may be perpetrating physical and financial abuse against his mother. EAPU data collection and analysis focuses on better understanding these relationships and concurrent vulnerabilities.

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13    Although negative connotations may be associated with the label *victim,* another commonly used term, *survivor*, is not always appropriate because some victims do not survive the abuse. For simplicity, victim is used throughout the report.

# Limitations of
# EAPU Data

Several limitations are associated with the data collected by the EAPU:

- Calls received do not necessarily reflect elder abuse prevalence, patterns, and characteristics in the community.

- Accuracy: Data are collected through voluntary disclosure by notifiers and may be subjective, incomplete, or inaccurate. Calls are not scripted; therefore, Helpline operators may not collect data for every variable. In particular, because the new database contains many new variables, operators may not consistently capture data until they become familiar with the new variables. Thus, the current dataset likely underrepresents the actual situation and may lack the consistency provided by structured interviews or surveys.

- Sampling: Information collected depends on what notifiers report and may not represent the population. Particular forms of abuse and abuse involving victims who lack capacity may be reported directly to other services. Further, most notifications are not made by victims, who may perceive their situation differently.

- Other issues relate to operationalisation of the variables and the consistency of ratings among Helpline operators. The report includes caveats where particular concerns exist with data.

# Section 2.
# Total Call Data

## This section describes

- notifications;
- how notifiers discovered the EAPU;
- what prompted the call;
- referrals; and
- abuse in close or intimate relationships vs consumer and social relationships.

## Notifications

The total number of calls to the Helpline during the 2018-19 financial years were 3,118.  Overall there were 112 (3.7%) more calls in 2018-19 than in 2017-18.  Of the total calls, there were 1,780 abuse notifications and 1,338 enquiry calls.  The abuse notifications comprised 1,408 related to abuse in close or intimate relationships and 372 related to abuse in consumer and social relationships (Figure 1).  While the number of abuse notifications were 8.5% lower than reported in 2017-18 (Figure 2) this is unlikely to reflect an actual decrease in the incidence of elder abuse.  A range of factors may be attributed to this change in notifications including but not limited to, changes in data collection processes within the Helpline, the increased availability of seniors legal and support services, and increased complexity of individual cases requiring an increase in time spent on each notification.

Calls about abuse in consumer and social relationships represented a higher proportion of the total notifications (20.9%) than the proportion last year (10.9%). The Royal Commission into Aged Care Quality and Safety (hereafter referred to as the *Royal Commission*) and a broadening of the types of calls captured in the database likely contributed to this increase.

The Australian Government announced the Royal Commission on 16 September 2018. A *Four Corners* investigation[14]  aired on 17 September 2018 exposed abuse and neglect in aged care facilities. The Royal Commission (ongoing[15]) and associated media coverage likely increased public awareness of the abuse of older people in aged care facilities. Consistent with this exposure, the number of abuse cases involving aged care services reported to the Helpline in 2018–19 increased substantially (see Section 4).

In 2018-19 the Prevention of Elder Abuse Record List (PEARL), funded by the Queensland Government, was implemented. Prior to this data was collected in the ElderLine data collection system. PEARL is a purpose built database and has enabled easier data capture for abuse in relationships in which an expectation of trust exists. Concurrently, the scope of non-trust abuse cases recorded has broadened. This change has increased the number of notifications around issues such as neighbourhood disputes and consumer problems with accommodation (see Section 4). It has also facilitated a greater level of accuracy in data collection as well as ability of the unit to cross reference data within the system that was previously unavailable. Some variances in data between 2017-18 to 2018-19 reported data are likely to be as a result of this system change.

**1,780**
**Total Abuse Notifications**

**372**
Notifications
Abuse in Consumer &
Social Relationships

**401**
Abuse Cases

**1,408**
Notifications
Abuse in Close or
Intimate Relationships

**1,727**
Abuse Cases
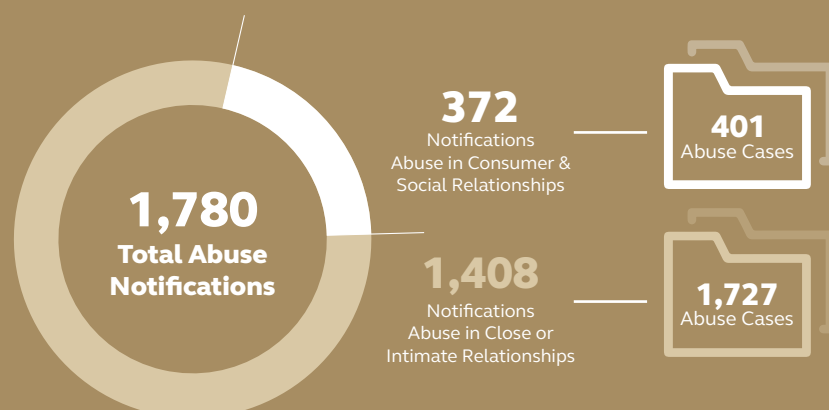
*Figure 1*

Notifications received in the 2018-19 financial year.

14    Four Corners (2018).
15    Note. The *Royal Commission* was established on 8 October 2018 and is due to hand down its final report by 30 April 2020.
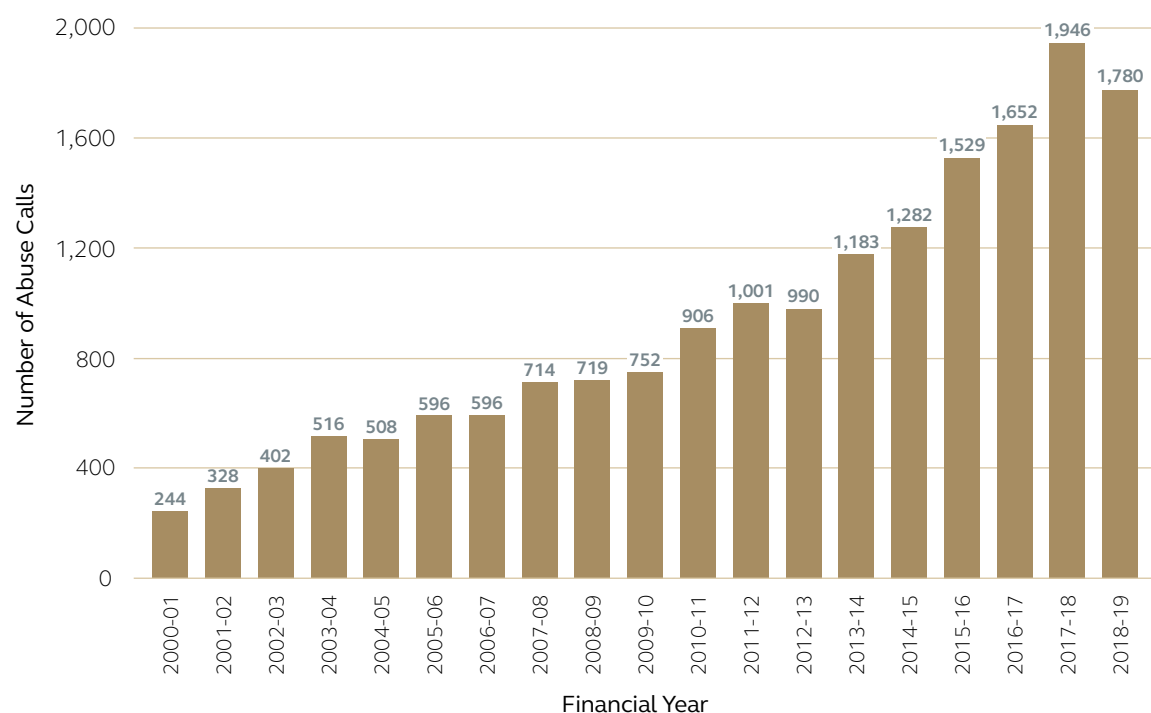
**Figure 2**

Total abuse notifications by financial year.

# How Notifiers Discovered the EAPU

The internet was the most common referral source, with 506 callers recorded as contacting the EAPU after finding information on the internet (Table 1). The most common internet sources were Google, the EAPU website, and Queensland Government websites.

**Table 1**

Referral Source (All Types of Calls)

| Referral Source | Frequency[16] |
| --- | --- |
| Internet | 506 |
| Previous Caller | 425 |
| Professional Knowledge | 357 |
| Government Agency | 197 |
| Community Agency - Other | 111 |
| Information Service | 80 |
| Promotional Material | 73 |
| Friends | 64 |
| Health Worker | 60 |
| Media | 49 |
| Aged Care Service | 43 |
| Legal | 41 |
| Family | 36 |
| DFV Service | 10 |
| Bank | 1 |
| Phone Book | 1 |

16  Note. A call may be represented more than once in this table. For example, a nurse may have suggested that a victim call EAPU and handed them an EAPU brochure. In this situation, Health Worker and Promotional Material would both be selected.

# What Prompted the Call?

The new PEARL database allows users to record what prompted the caller to phone the EAPU.[17]
The most commonly reported prompt was concerns about escalating abuse (Figure 3).
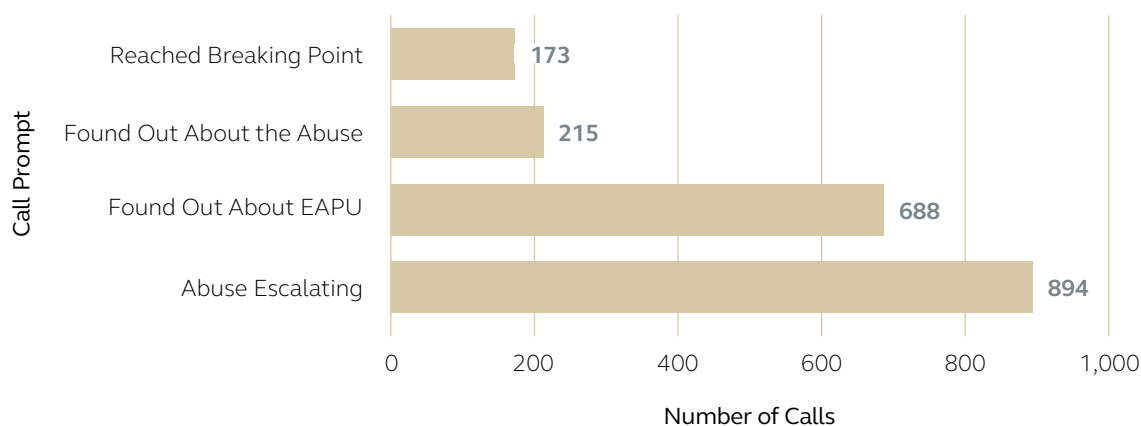
**Figure 3**

What prompted callers to contact EAPU.

# Referrals

The most common referrals in 2018–19 were to legal services, which represented 21 per cent of all referrals (Figure 4). However, 655 of the referrals to legal services were referrals to the Seniors Legal and Support Services (SLASS), which provides legal and social work support. See Appendix A for a more detailed list of referrals.
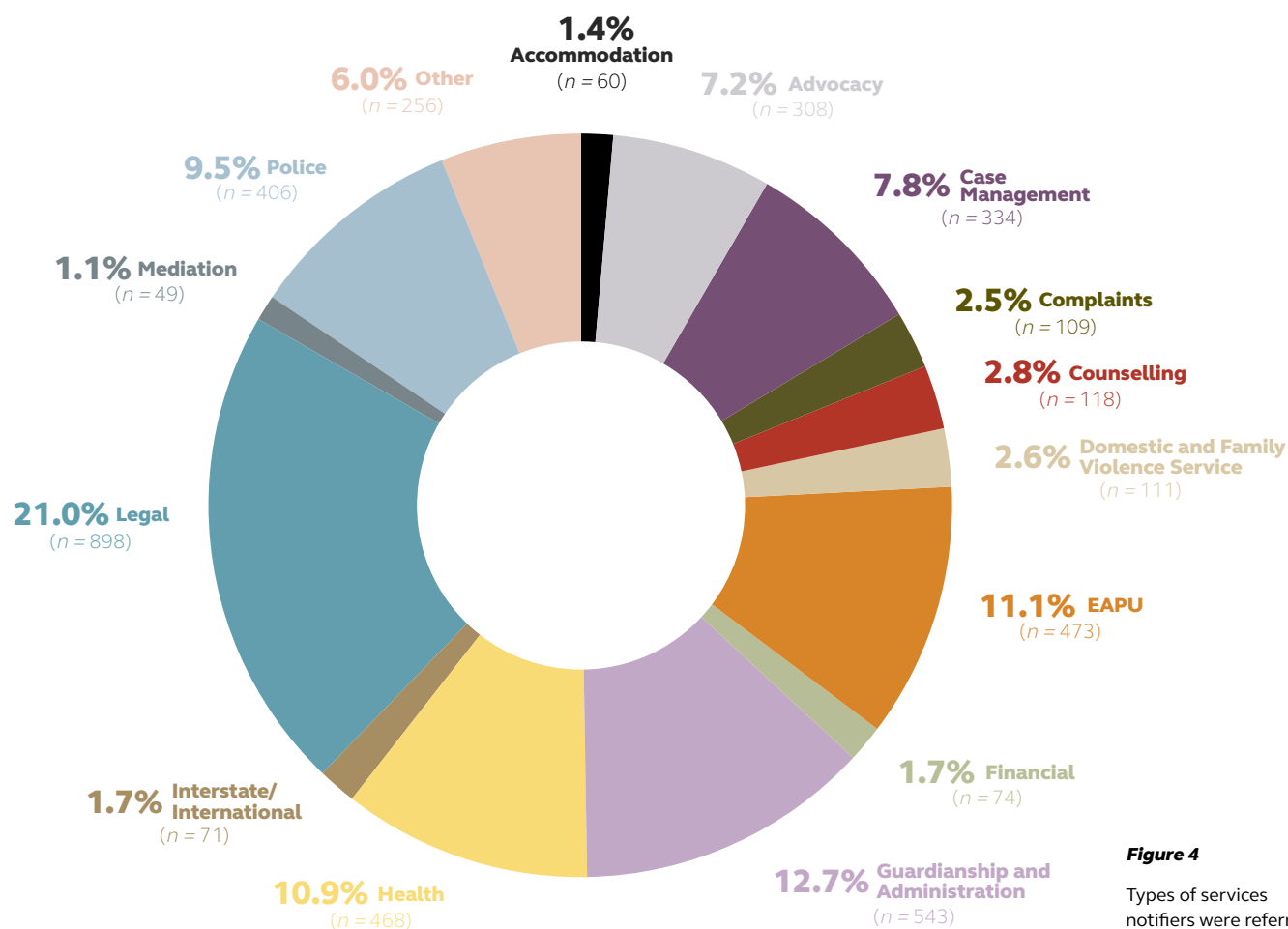
**Figure 4**

Types of services notifiers were referred to.

17   Note. More than one option may be selected. For example, a victim may call because they believe the abuse is escalating and they have reached breaking point.

# Abuse in Close or Intimate Relationships vs Consumer and Social Relationships

The patterns of abuse in abuse in close or intimate relationships and abuse in consumer and social relationships show both similarities and differences (Figure 5). For example, financial abuse and social abuse occurred more frequently in close or intimate relationships while sexual abuse was more common in consumer and social relationships.[18] High rates of physical abuse were reported in cases of consumer and social relationships abuse.
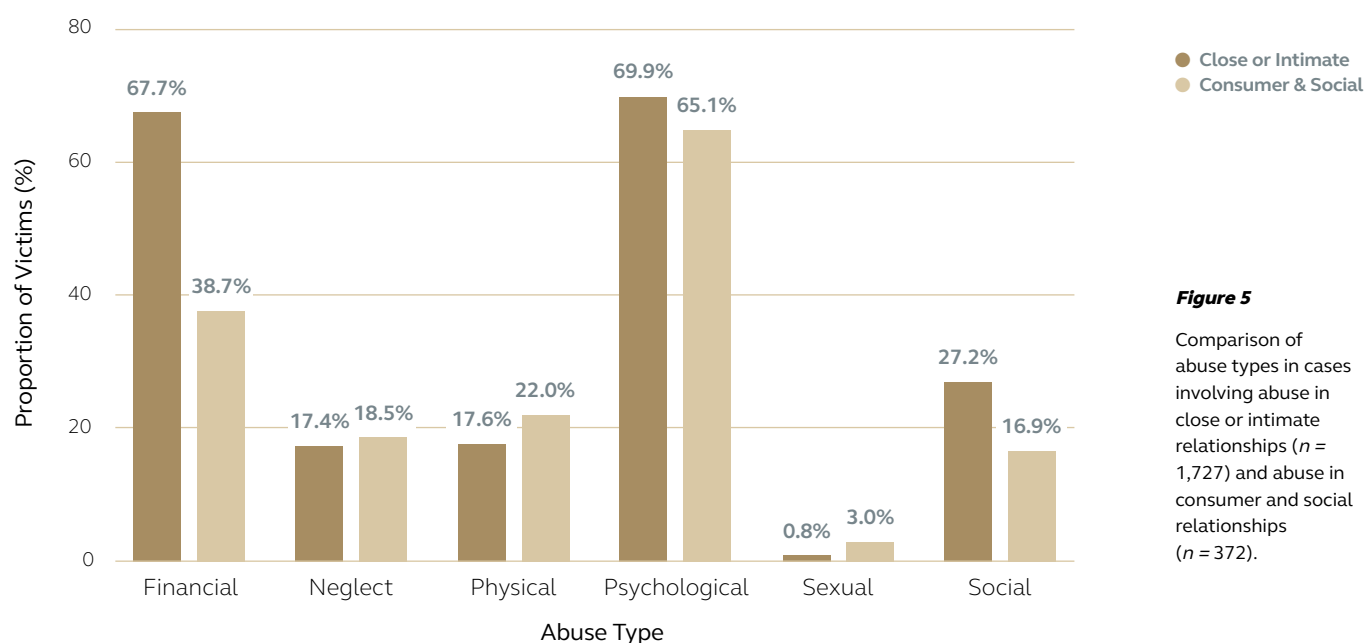
**Figure 5**

Comparison of abuse types in cases involving abuse in close or intimate relationships ($n$ = 1,727) and abuse in consumer and social relationships ($n$ = 372).

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18   Note. The number of sexual abuse cases was low for both groups: close or intimate abuse ($n$ = 14); consumer and social abuse ($n$ = 11).

# Section 3.
# Abuse in Close or Intimate Relationships

## The Ecological Model

Bronfenbrenner's ecological model[19] positions the individual within four levels of environmental systems that interact to influence individual human development and life experience. The systems are conceptualised as dynamically influencing each other, often in bidirectional ways. Schiamberg and Gans[20] used a bifocal approach to extend the ecological model through simultaneously focusing on both victim and perpetrator. The *Year in Review* uses a bifocal ecological framework to situate the risk factors for elder abuse within four interconnected systems.

**Individual:** relates to the immediate settings in which the individual (victim or perpetrator) lives and includes any individual factors that create vulnerabilities.

**Relationship:** relates to the relationship between the victim and perpetrator and includes shared risk factors; for example, whether the victim and perpetrator live together, or any relevant intergenerational experiences such as a family history of domestic violence or child abuse.

**Community:** refers to the relationships or connections of the victim or perpetrator with other people in the community, and any other family or support systems (both formal and informal). It also includes other community factors such as living in a small community and the potential for dual relationships and subcultures.

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

19   Bronfenbrenner (1979).
20   Schiamberg & Gans (1999).

These systems interact and changes at one level can influence other levels. For example, changes to housing policy (societal) may lead to an increase in housing prices, resulting in home ownership being out of reach for the son of an older person. The son decides that the only option is for his 80-year-old mother to sell her house, move in with him, and pay for a share of his house. His mother's health subsequently deteriorates (individual) and she requires care; however, the son is reluctant to "waste" what he regards as his inheritance on formal support. The son provides minimal care; eventually his mother is unable to leave the house and becomes socially isolated (individual), thereby becoming more dependent on her son (relationship). The interaction between these individual, relationship, and societal factors increases the risk of elder abuse for the older person. Figure 6 graphically represents the framework used in the *Year in Review.*

### INDIVIDUAL

**VICTIM**
Age, gender, ethnicity, wealth, health, capacity, isolation, care needs

**PERPETRATOR**
Age, gender, substance abuse, criminality, health, trauma, income

### RELATIONSHIP

Dependence
Family History
Caring Role

### COMMUNITY

Friends
Family
Workers
Informal Carers
Neighbours
Other Community Members

### SOCIETY

Ageism
Sexism & Gender Roles
Racism
Normalisation of Violence
Policies
Legislation

Housing Affordability
Cultural Obligations/ Expectations
Economic Conditions

**Figure 6**

A bifocal ecological framework identifying potential risks and protective factors for elder abuse.

# Section 3.1.
# Victim Individual Factors

Individual factors or life circumstances may both increase an older person's vulnerability and influence their risk of experiencing elder abuse. Although these individual factors are not causal factors, they may be associated with an increased risk of experiencing victimisation. For example, elder abuse victims are more often females; however, being female per se does not increase the risk. Rather, a complex combination of factors such as gender roles and women's longer life span raises the risk.

This section examines the role of the following individual factors:

- age;
- gender;
- ethnicity;
- relationship status;
- accommodation;
- financial situation;
- health;
- psychological health;

- capacity;
- care needs;
- communication issues;
- decision-making arrangements;
- trauma history;
- social isolation; and
- other individual victim characteristics.

## Age

Victim age group was recorded in 86.8 per cent ($n = 1,500$) of cases but not for 13.2 per cent ($n = 228$). The most common age group was 80–84 years, with the 356 victims in this group accounting for almost a quarter of victims of known age (Figure 7).
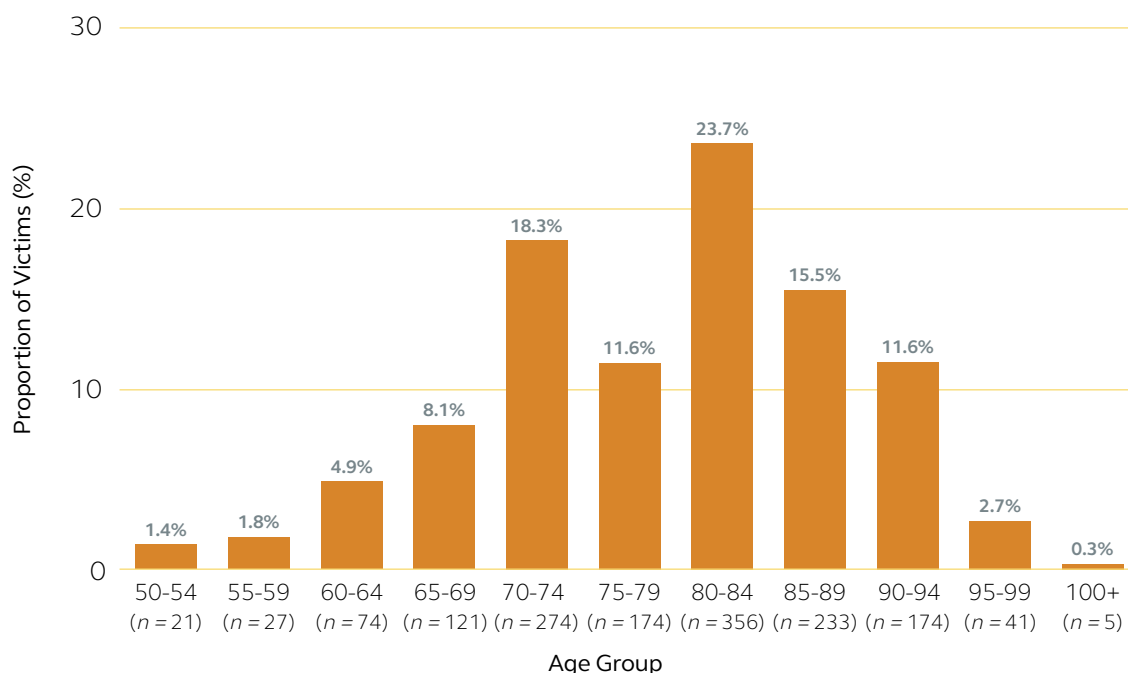


**Figure 7**

Age of victims ($n = 1,500$).

# Gender

Similar to numbers in previous years, in 2018–19 there were more than twice as many female victims (*n* = 1,190) as male victims (*n* = 525) (Figure 8). Gender was unknown for 12 victims. The over-representation of female victims in our data is consistent with findings from other studies. [21, 22]

**30.6%** Male
(*n* = 525)

**69.4%** Female
(*n* = 1,190)
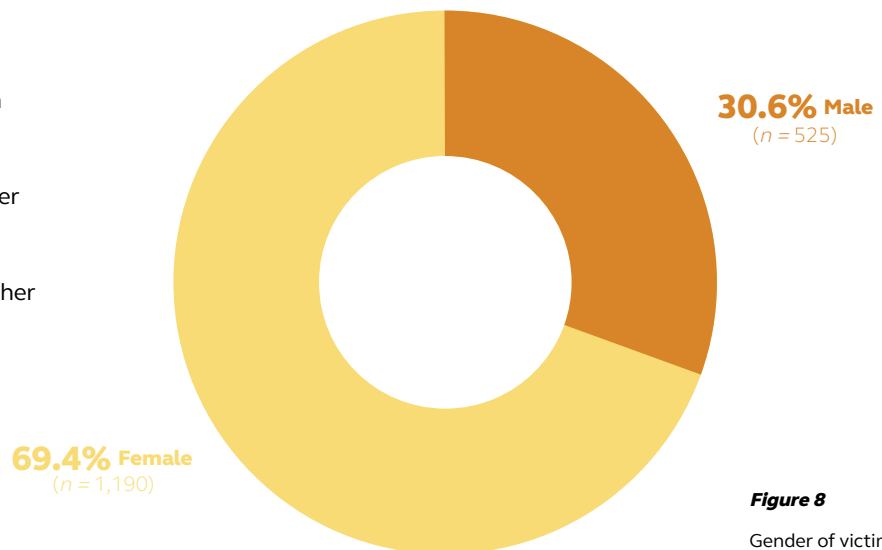
*Figure 8*

Gender of victims
(*n* = 1,715).

# The Relationship of Age and Gender

Female victims outnumbered male victims in all age groups (Figure 9). Data shows female victims are over-represented in elder abuse, which is often attributed to females living longer than males. [23,24,25]
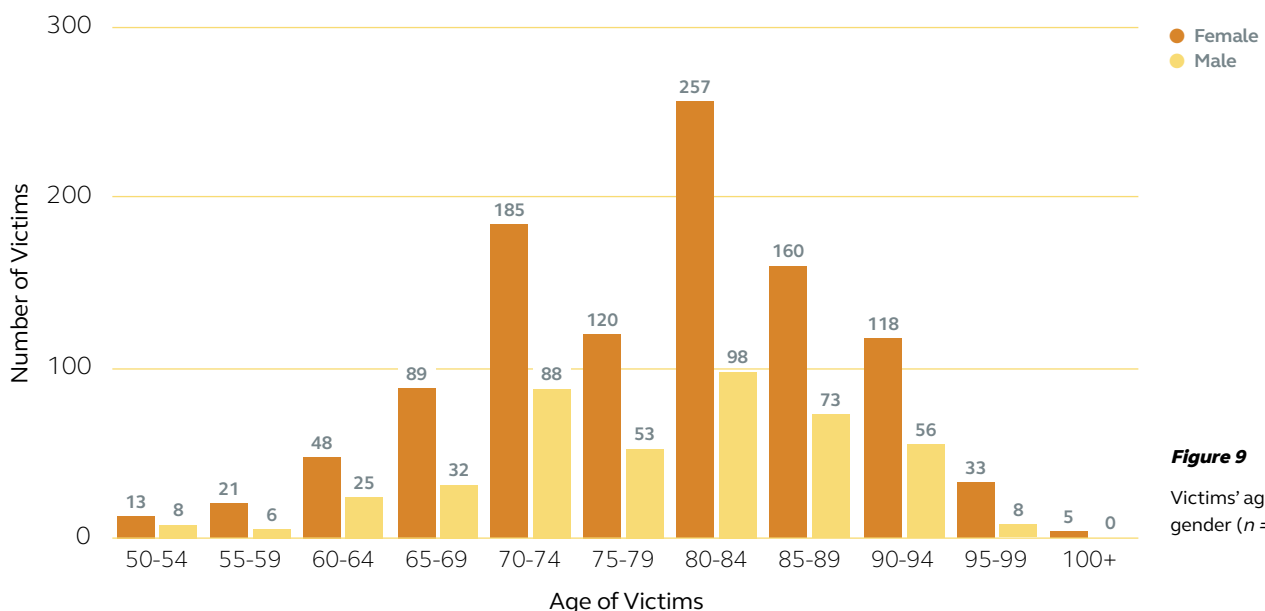


*Figure 9*

Victims' age and gender (*n* = 1,496).

21    Queensland Government Statistician's Office (2016).
22    Kaspiew et al. (2016).
23    Victorian Council of Social Service (2017).
24    National Research Council (2003).
25    Weeks et al. (2018).

Figure 10 compares the proportions of female and male victims in each age group. The thicker lines represent the proportions of females and males of each age group residing in Queensland.[26]  Females are over-represented as victims in all age groups when compared against the population data. The proportion of female victims (67.8%) in the 90–94 age group is only slightly higher than the rate in the population data (65.5%). Hence, the longer life expectancy of females does not adequately explain their over-representation as victims in Helpline data.[27] However, the over-representation of female victims is consistent with the findings of population-based studies [28,29].
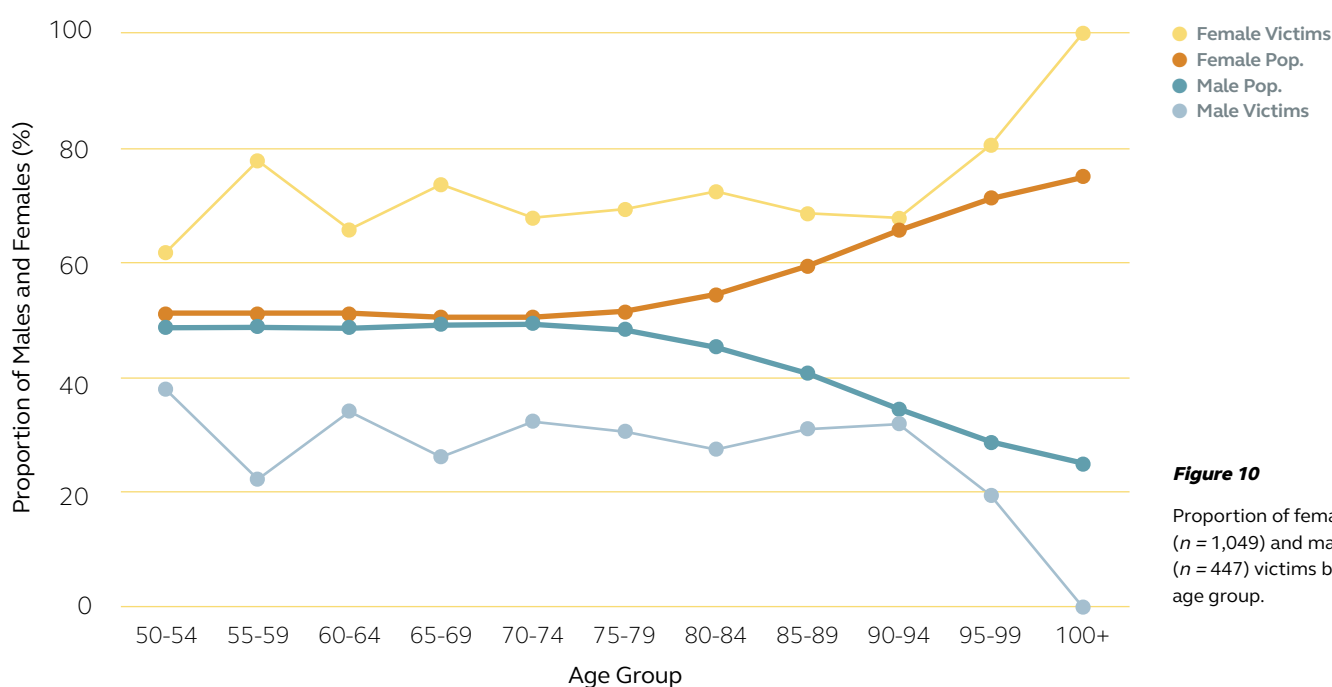


*Figure 10*

Proportion of female (*n* = 1,049) and male (*n* = 447) victims by age group.

# Ethnicity

Research suggests that race, ethnicity, and culture intersect with elder abuse in multiple and complex ways. [30,31,32,33] In particular, specific vulnerabilities and stressors associated with belonging to a minority or a marginalised ethnic group may increase the risk of elder abuse. In contrast, belonging to a minority or marginalised ethnic group may help protect against elder abuse [34,35].

## Aboriginal Peoples and Torres Strait Islander Peoples

In the 2018–19 reporting period, 73 victims (4.3%) were recorded as being of Aboriginal and/or Torres Strait Islander descent (57 Aboriginal, 7 Aboriginal and Torres Strait Islander, 6 Torres Strait Islander, 3 identified as Aboriginal *or* Torres Strait Islander). This number is higher than expected from the population statistics of the 2016 Census data[36]  (i.e. 1.9% of Queenslanders aged ≥ 50 years of Aboriginal and/or Torres Strait Islander descent). The proportion of Aboriginal and/or Torres Strait Islander victims recorded in the Helpline data in 2018–19 is higher than that in previous years (3.2% in 2016–17, 3.4% in 2017–18).

26    Australian Bureau of Statistics (2016).
27    Note. This finding does not allow conclusions to be drawn about whether females are more likely to experience elder abuse than males. Other factors may contribute to the higher proportions of female victims. For example, a higher likelihood of females to self-report abuse, or perceptions of females as more vulnerable influencing the likelihood of others reporting abuse against them to the Helpline.
28    Dong, Simon, Rajan, & Evans (2011).
29    Santos, Nunes, Kislaya, Gil, & Ribeiro (2019).
30    Horsford, Parra-Cardona, Post, & Schiamberg (2011).
31    Schiamberg & Gans (1999).
32    Australian Law Reform Commission (2017).
33    World Health Organization (2015).
34    Peri, Fanslow, Hand, & Parsons (2008).
35    Horsford et al. (2011).
36    Australian Bureau of Statistics (2016).

Reliable information on the prevalence and risk of elder abuse for Indigenous Australians is not available; however, Indigenous Australians experience higher rates of family violence, assault, sexual assault, and murder than their non-Indigenous counterparts. [37,38,39] Given their over-representation as victims in personal violence statistics, Aboriginal and Torres Strait Islander peoples likely have an increased risk of elder abuse. Recognise, however, that being of Aboriginal or Torres Strait Islander descent is not a risk per se; rather, a complex interplay of individual, relational, community, and societal factors is at work. The society level is particularly important in this context because of the effect of colonisation, governmental policy, and societal attitudes on Aboriginal and Torres Strait Islander peoples.

Within Aboriginal culture several protective factors may mitigate the risk of elder abuse. In traditional Aboriginal culture, Elders, elderly family members, and grandparents are highly respected and even revered. In addition, the collectivist kinship system and broad concept of family enmeshed in Australian Aboriginal culture may result in a larger family to help support and care for an older person. Nevertheless, a Western Australian investigation into elder abuse in Aboriginal communities found that 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.[40] The study identified financial abuse as particularly common, with younger generations appearing to take advantage of a cultural obligation to share money with relatives. In many cases, the broader definition of family exacerbated this problem.

## Culturally and Linguistically Diverse (CALD) Communities

The EAPU uses the Australian Bureau of Statistics definition of culturally and linguistically diverse (CALD) communities. In this definition, a person born in a country in which English is not the predominant language comes from a CALD background. During the 2018–19 reporting period, 106 victims (6.1%) had a CALD background, which is lower than expected from the 2016 Census data (i.e. 13.4% of Queenslanders aged ≥ 50 years from a CALD background[41]). Australian research around elder abuse in CALD communities has found that prevalence is similar to or higher than population estimates.[42] Underreporting of elder abuse within CALD communities may be due to factors such as lack of awareness, shame, guilt, cultural norms around privacy and "family business", and language barriers. The Helpline receives notifications from third parties who state that the victim will not disclose or talk to anyone about the abuse, even through a translator, because they believe it will bring shame on their family and community. Victims may also experience pressure from other community members who try to prevent them from disclosing the abuse.

The highest numbers of reported victims with a CALD background in the Helpline data were born in Italy ($n = 20$, 1.2% of total victims), China ($n = 6$, 0.3%), and India ($n = 6$, 0.3%). Census data from 2016 show that Germany, the Netherlands, and the Philippines were the most commonly reported countries of birth for people with CALD backgrounds aged 50 years and over in Queensland.[43] The differences between the population statistics and the Helpline data on country of birth may reflect different levels of awareness of elder abuse within CALD communities and service providers. The EAPU has long-term links with Co.As.It Community Services, which actively works to raise awareness of elder abuse in the Italian community and may explain the prominence of people from Italian backgrounds in the Helpline data.

37    Australian Bureau of Statistics (2014).
38    Parliament of Australia (2014).
39    Australia's National Research Organisation for Women's Safety (2016a).
40    Office of the Public Advocate, Western Australia (2005).
41    Australian Bureau of Statistics (2016).
42    Office of the Public Advocate, Western Australia (2006).
43    Australian Bureau of Statistics (2016).

# Relationship Status

The relationship status of the victim was recorded in 1,321 cases. Of these cases, the most common relationship status for victims was widowed ($n = 520$, 39.4%), followed by partner relationships ($n = 450$, 34.1%). The proportion of victims who were widowed is more than three times that expected given that the proportion of people aged 50 years and older in Queensland who are widowed is 11.2 per cent.[44] Further, the total proportion of victims who were not in partner relationships was 65.9 per cent, which is also much higher than the 39.8 per cent found in the Census data. The over-representation of victims who are widowed or not in a couple relationship suggests that this status is a likely a risk factor for elder abuse and is consistent with other research. [45,46]

# Accommodation

Of the cases for which residence type was known, most victims of abuse in close or intimate relationships lived in a house or unit ($n = 1,307$, 82.0%) (Table 2). The residence type was unknown for 133 cases.

**Table 2**

Victim Residence Type
(Where Known)

| Residence Type | Frequency | Per Cent |
|---|---|---|
| House/Unit | 1,307 | 82.0% |
| Aged Care Facility | 197 | 12.4% |
| Retirement Village | 38 | 2.4% |
| Granny Flat | 32 | 2.0% |
| Other | 15 | 0.9% |
| Caravan | 5 | 0.3% |
| **Total** | **1,594** | **100.0%** |

# Financial Situation

## Home Ownership

Before the elder abuse occurred, 974 (78.0%) victims were reported to own or co-own a home (where ownership was known).[47] In 149 cases, victims owned a property where they were not residing; sometimes they owned multiple properties. In other cases, however, they had moved in with adult children or entered aged care but still owned their previous dwelling.

The PEARL database allows Helpline workers to record cases in which home ownership has changed because of elder abuse. In 67 recorded cases, victims no longer owned a home because of abuse.

## Income

The income source for victims was known in 1,074 (62.2%) cases, with Centrelink the most common source (Figure 11). In the general population of Australians, 66 per cent of people aged 65 years and over receive the Age Pension.[48] In the Helpline data, 85.9 per cent ($n = 870$) of victims in this age group were recorded as receiving a pension. The disproportionate number of victims receiving Centrelink pensions suggests that low income may be a risk factor for elder abuse, which is consistent with the findings of other research. [49,50]

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44    Australian Bureau of Statistics (2017a).
45    Byles et al. (2010).
46    Burnes et al. (2015).
47    Note. Ownership or co-ownership does not mean that the victim or perpetrator completely owns the property because there may be a mortgage or debts against the property.
48    Australian Institute of Health and Welfare (2018b).
49    Burnes et al. (2015).
50    Naughton et al. (2012).

No Income (*n* = 8)   **0.7%**

Paid Work (*n* = 28)   **2.6%**

Centrelink + Other Income (*n* = 38)   **3.5%**

Self-Funded Retirement (*n* = 97)   **9.0%**

Centrelink (*n* = 903)   **84.1%**

Income Source

Proportion of Victims (%)
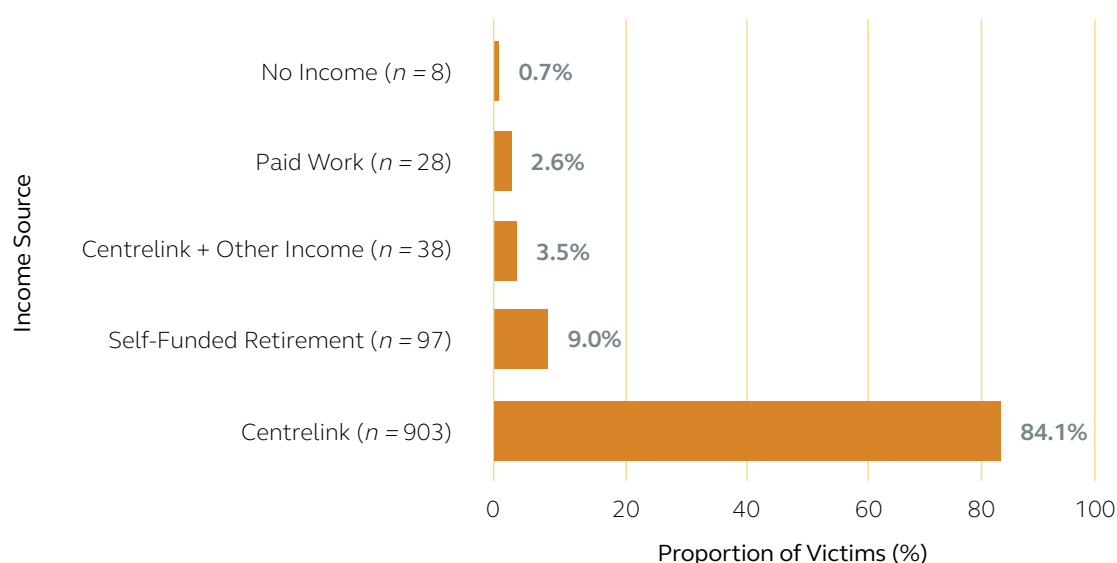
**Figure 11**

Income source for victims (*n* = 1,074).

# Health

Health issues were identified for 691 (40.0%) victims. Chronic illnesses (e.g. diabetes or heart conditions) were most common (Table 3).

**Table 3**

Health Issues Experienced by Victims

| Health Issue | Frequency | Per Cent |
|---|---|---|
| Illness - Chronic | 332 | 19.2% |
| Frailty | 196 | 11.3% |
| Illness - Acute | 75 | 4.3% |
| Chronic Pain | 66 | 3.8% |
| Neurological | 63 | 3.6% |
| Arthritis | 54 | 3.1% |
| Illness - Terminal | 51 | 3.0% |
| Other | 27 | 1.6% |
| Substance Misuse | 15 | 0.9% |

# Psychological Health

## Mental Illness

In 91 cases (5.3%), victims were identified as having long-term mental health conditions that were present before the abuse began.[51]

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51   Note. Section 3.8 discusses victims diagnosed with a mental health issue believed to be related to the abuse.

# Cognitive Impairment

Cognitive impairment of victims was recorded in 502 (29.1%) cases. Dementia was the most commonly reported form of cognitive impairment, affecting 349 (20.2%) victims. In 2011, it was estimated that 9 per cent of Australian people aged 65 years and over had dementia.[52]  In contrast, Helpline data showed that more than double this proportion (21.4%, *n* = 343 victims of similar age, where age was known) had dementia. Possibly the numbers reported to the Helpline are influenced by self-report, but this is unlikely to account for the disparity. Further, the Helpline data probably underrepresent the actual frequencies because notifiers may not possess this information. More likely, living with dementia increases vulnerability and, therefore, the risk of abuse, particularly as previous research has found cognitive impairment is associated with an increased risk of elder abuse. [53,54,55]

# Capacity

Impaired capacity was reported for 566 victims. A further 168 were suspected to have impairment and 8 were recorded as having temporary impairment (Table 4).[56]  Research consistently finds impaired capacity is a risk factor for elder abuse. [57,58]

**Table 4**

Victim Capacity

| Capacity | Frequency | Per Cent |
|---|---|---|
| Impairment (assessed) | 566 | 32.8% |
| Impairment (suspected) | 168 | 9.7% |
| Impairment (temporary) | 8 | 0.5% |
| No Impairment | 905 | 52.4% |
| Unknown | 79 | 4.6% |
| **Total** | **1,727** | **100.0%** |

# Care Needs

The PEARL database allows workers to record victims' care needs. Victims were reported to require support in 870 cases (50.4%) (Table 5). Of these, most needed help in more than one care domain and almost half (where known; *n* = 321, 48.4%) required support in three or more domains (Figure 12).

**Table 5**

Care Domains in Which Victims Required Support (*n* = 1,727)

| Care Needs | Frequency | Per Cent |
|---|---|---|
| Domestic | 526 | 30.5% |
| Transport | 415 | 24.0% |
| Meals | 392 | 22.7% |
| Personal Care | 367 | 21.3% |
| Mobility | 357 | 20.7% |
| Communication | 172 | 10.0% |
| Unknown | 207 | 12.0% |

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52    Australian Institute of Health and Welfare (2012).
53    Von Heydrich, Schiamberg, & Chee (2012).
54    Australian Law Reform Commission (2017).
55    Kaspiew et al. (2015).
56    Note. Different people may assess and interpret capacity differently. For example, because of differing frameworks, medical professionals and solicitors may disagree about whether an older person has capacity. The data recorded in PEARL is largely self-reported data, which likely influences what is recorded and thus findings should be interpreted with caution.
57    World Health Organization (2015).
58    Jackson & Hafemeister (2013).
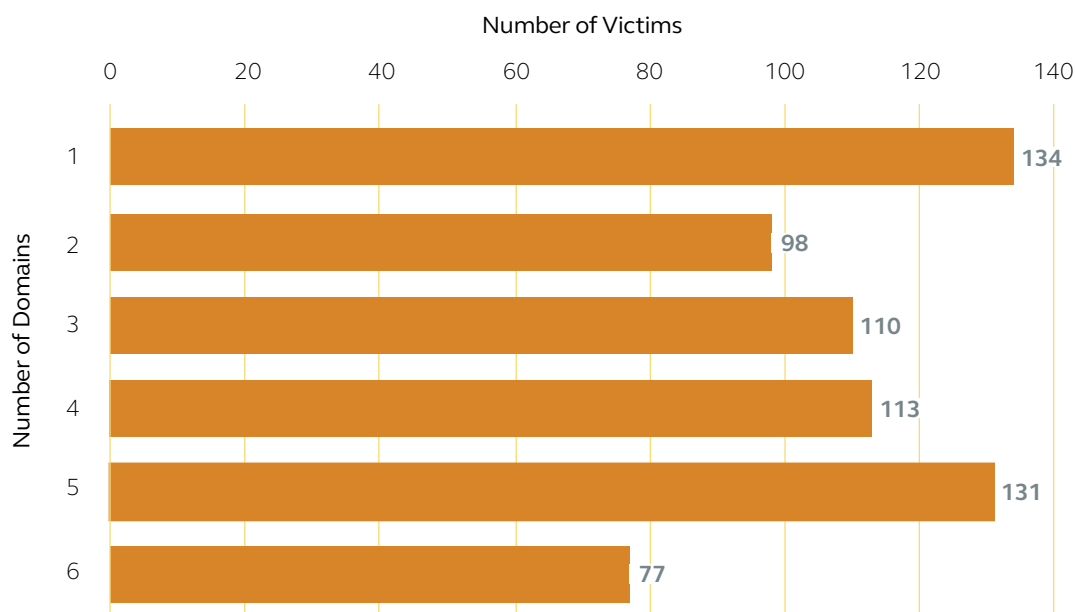
Number of Victims



**Figure 12**

Number of care domains in which victims required support (*n* = 663).

Of the 870 victims identified with care needs, only 35.5 per cent (*n* = 309) were recorded as receiving formal care. In 197 cases, the formal support was provided by residential aged care providers and a further 112 victims were receiving community aged care services. The remaining 561 victims requiring care either depended on family, friends, or informal carers, or were not receiving the care required. A lack of formal care may increase the risk of becoming a victim of elder abuse.[59,60]

Many reasons can contribute to a lack of formal care provision:

- The older person refuses the services.
- Services are lacking.
- Long waitlists exist.
- People lack understanding of the available services.
- The older person requires support to access services.
- The perpetrator refuses to allow formal services to support the victim.
- Providers are unwilling to provide services due to victim or perpetrator behaviour.

A common situation reported to the Helpline involves perpetrators refusing to allow services into the home. In many of these cases, victims have been receiving some in-home support but the perpetrator cancels the services or refuses entry to the staff. Receiving home care services can lessen the risk of abuse.[61] Refusal of support may reflect several motivations:

- The perpetrator may believe that accepting services makes them ineligible for a Carer Payment or Carer Allowance.
- Perpetrators often isolate victims to reduce the likelihood of detecting abuse.
- The perpetrator forces the victim to rely more on them, making it harder for the victim to extricate themselves from the abuse situation.
- Many home care services require a co-payment, which perpetrators may regard as a "waste of money" or "spending their inheritance".

Home care and nursing services sometimes 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.

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59    Johannesen & LoGiudice (2013).
60    National Research Council (2003).
61    National Research Council (2003).

# Communication Issues

The new database also allows workers to collect more detailed information about victims' communication issues. Communication issues were identified in 170 (9.8%) cases. However, more detailed information was recorded for only 120 cases. The most common issues were hearing, vision and language (Figure 13).

Communication difficulties can affect a person's ability to make and act on life decisions, access services, self-advocate, and disclose or report abuse.[62]  Research has identified communication difficulties as risk factors for elder abuse[63] and other forms of domestic and family violence. [64]
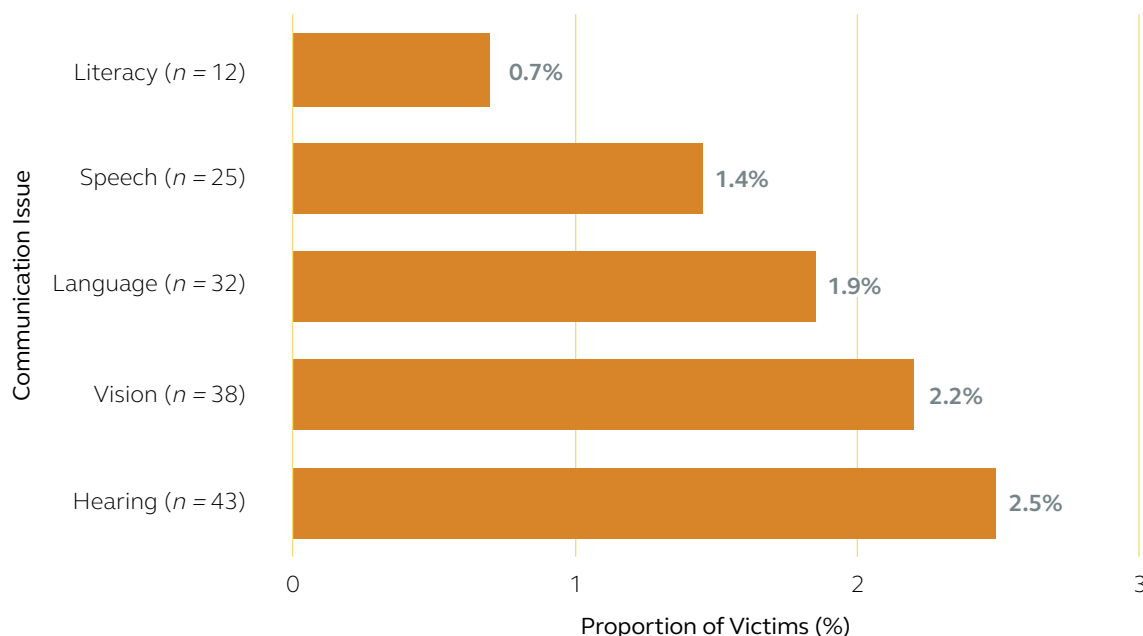


*Figure 13*

Proportion of victims experiencing issues with communication.

# Decision Making Arrangements

Formal decision-making arrangements can both protect and empower an older person; however, there is also a risk of misuse.[65,66] Formal decision-making arrangements were recorded for 604 (35.0%) cases.[67]  In some cases, victims may have capacity but enact an Enduring Power of Attorney (EPoA) for financial matters. In almost two-thirds (64.8%) of cases in which a decision maker was appointed, only one person was appointed (Table 6). In almost three-quarters (*n* = 422, 73.9%) of cases in which a formal decision-making arrangement was in place, one or more decision makers were perpetrators (where known).

In 495 (82.0%) cases, further information was available about the types of decisions made, with 80 (16.2%) cases involving only financial decisions and 414 (83.6%) cases involving both financial and personal and health decisions.

**Table 6**

Decision Makers Appointed

| Total Decision Makers Appointed | 604 |
| --- | --- |
| **One Person** | **378** |
| Perpetrator | 272 |
| Non-Perpetrator | 100 |
| Unknown | 6 |
| **Multiple Appointees** | **205** |
| All Perpetrator/s | 75 |
| All Non-Perpetrators | 49 |
| Both Perpetrator/s and Non-Perpetrator/s | 75 |
| Unknown | 6 |
| **Unknown** | **21** |

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62   Speech Pathology Australia (2016).
63   Roberto & Teaster (2017).
64   Australia's National Research Organisation for Women's Safety (2018).
65   DeLiema & Conrad (2017).
66   Tilse, Wilson, Rosenman, Morrison, & McCawley (2011).
67   Note. This is only recorded if an EPoA has been enacted or if decision makers were appointed by the Queensland Civil and Administrative Tribunal (QCAT).

Under Section 66 of the *Powers of Attorney Act 1998* (Qld), an attorney is required to protect the principal's interests and may be liable for losses if they fail to do so. Information about whether decision makers had taken action to protect victims was recorded in 414 (68.5%) cases in which a decision maker had been appointed. Decision makers were recorded as trying to protect victims in only 79 (13.1%) cases. The most common actions were contacting police, Queensland Civil and Administrative Tribunal (QCAT) or the EAPU (Table 7). Information about why decision makers failed to take action was recorded for 335 (55.5%) cases. The most common reasons given were that decision makers were perpetrators, that they believed victims had capacity to manage the matter, and that they were unaware of the abuse (Table 8).

| Who Decision Maker Has Contacted | Frequency |
|---|---|
| Police | 31 |
| QCAT | 22 |
| EAPU | 20 |
| Office of the Public Guardian | 11 |
| Solicitor | 8 |
| Other | 7 |
| Bank | 5 |
| Doctor | 4 |
| Perpetrator | 2 |

**Table 7**

Protective Actions of Decision Makers

| Why Decision Maker Fails to Take Action | Frequency |
|---|---|
| Decision Maker is Perpetrator | 270 |
| Believe Victim has Capacity for Matter | 52 |
| Unaware of Abuse | 24 |
| Fear - Consequences for Self | 16 |
| Other | 15 |
| Fear - Consequences for Victim | 5 |

**Table 8**

Why Decision Makers Fail to Take Action to Protect Victims

# Trauma History

A history of victim trauma was identified in 9.0 per cent of cases ($n = 156$). Previous domestic violence victimisation was the most commonly reported form of trauma (6.2%, $n = 107$), which is higher than the 4.7 per cent recorded in 2017–18. The new database can record multiple trauma factors, which may account for this difference. Historical child abuse was recorded for 29 cases, with almost half of these victims ($n = 14$, 48.3%) reported as also experiencing domestic violence as an adult.

# Social Isolation

Longstanding research confirms social isolation is a risk factor for elder abuse. [68,69,70] Older adults are at greater risk of becoming socially isolated due to a range of physical, social, and structural factors. Often the partners and friends of older people have died, which can increase the likelihood of experiencing social isolation and, subsequently, loneliness. This not only increases vulnerability and risk of elder abuse but may also affect whether the abuse is reported. [71,72,73] In some situations, perpetrators are the victim's only social connection; in spite of the abuse, they may be reluctant to do anything to jeopardise the relationship.

In 2018–19, 12.6 per cent ($n = 218$) of victims were recorded as socially isolated, much lower than the 32.5 per cent observed in 2017–18. Changes in the way social isolation is recorded in the PEARL database may account, at least in part, for this difference. Previously, lack of services and inability to access services were recorded under social isolation. PEARL captures these structural factors under "community factors".

# Other Individual Factors

The PEARL database can capture information about other individual factors that may increase vulnerability. The most commonly recorded factors were an unsupported belief in others, grief or loss, and extreme independence (Table 9).

| Other Victim Characteristics | Frequency | Per Cent |
|---|---|---|
| Unsupported Belief in Others[74] | 156 | 9.0% |
| Grief/Loss | 91 | 5.3% |
| Extreme Independence[75] | 84 | 4.9% |
| Loneliness | 84 | 4.9% |
| History of Conflictual Relationships | 56 | 3.2% |
| Low Self-Esteem | 53 | 3.1% |
| Behavioural Issues - Dementia | 32 | 1.9% |
| Lack of Independent Living Skills | 29 | 1.7% |
| History of Violence Perpetration | 12 | 0.7% |
| External Locus of Control[76] | 11 | 0.6% |

**Table 9**

Other Individual Victim Characteristics

68    National Research Council (2003).
69    Australian Law Reform Commission (2017).
70    Johannesen & LoGiudice (2013).
71    DeLiema & Conrad (2017).
72    Chen & Dong (2017).
73    Podnieks & Thomas (2017).
74    Note.  Refers to a pattern of maintaing positive beliefs about a person/s despite evidence to the contrary.
75    Note.  Refers to an extreme need to rely on oneself and avoid seeking help from others.
76    Note.  A pattern of attributing negative events to external causes outside of the person's control.  This manifests as blaming other people or circumstances and not taking responsibility for their behaviour.

# Section 3.2.
# Individual Factors for Alleged Perpetrators

This section covers key demographics of alleged perpetrators, as well as several individual factors that are directly or indirectly associated with an increased risk of perpetrating elder abuse. Note these factors are not necessarily causal. The factors discussed are

- age;
- gender;
- ethnicity;
- financial situation;
- health;
- psychological health;
- trauma history;
- criminal history; and
- other individual circumstances.

## Age

The age of perpetrators was unknown in 520 cases, but the most common age of perpetrators reported was 50–54 years (Figure 14).
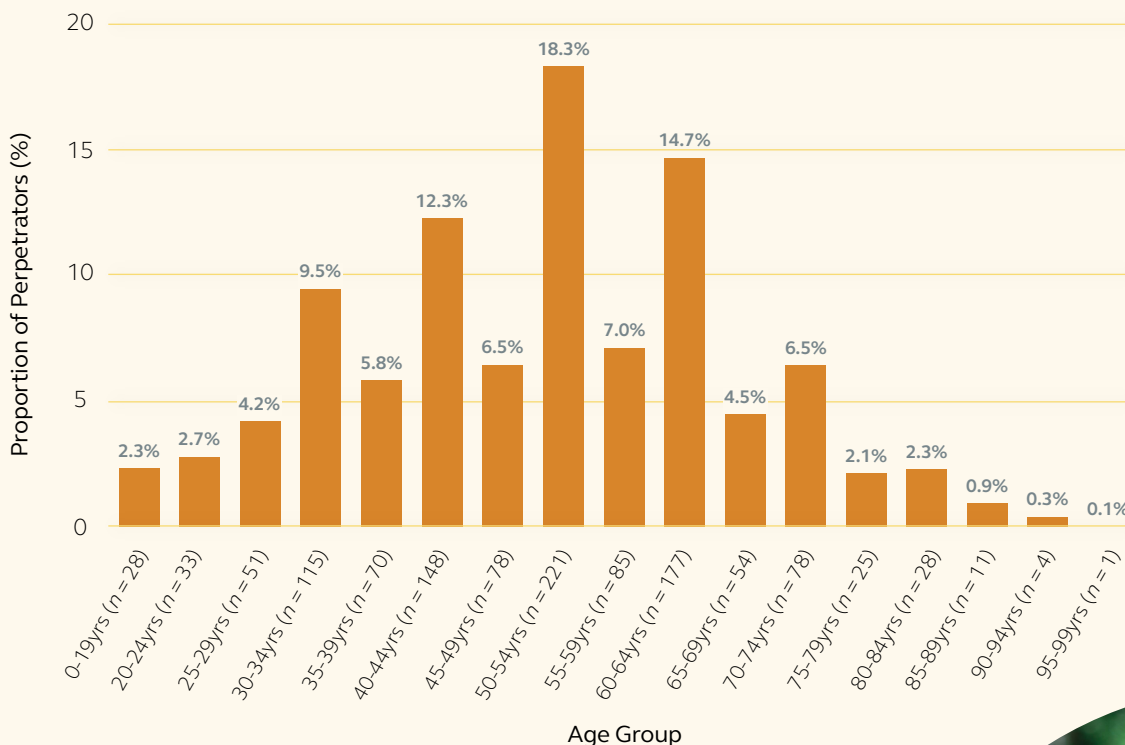


**Figure 14**

Age of perpetrators ($n = 1,207$).

Chart data — Proportion of Perpetrators (%) by Age Group:

- 0-19yrs ($n = 28$): 2.3%
- 20-24yrs ($n = 33$): 2.7%
- 25-29yrs ($n = 51$): 4.2%
- 30-34yrs ($n = 115$): 9.5%
- 35-39yrs ($n = 70$): 5.8%
- 40-44yrs ($n = 148$): 12.3%
- 45-49yrs ($n = 78$): 6.5%
- 50-54yrs ($n = 221$): 18.3%
- 55-59yrs ($n = 85$): 7.0%
- 60-64yrs ($n = 177$): 14.7%
- 65-69yrs ($n = 54$): 4.5%
- 70-74yrs ($n = 78$): 6.5%
- 75-79yrs ($n = 25$): 2.1%
- 80-84yrs ($n = 28$): 2.3%
- 85-89yrs ($n = 11$): 0.9%
- 90-94yrs ($n = 4$): 0.3%
- 95-99yrs ($n = 1$): 0.1%

SECTION 3.2

# Gender

Female perpetrators (*n* = 886) marginally outnumbered male perpetrators (*n* = 826) (Figure 15). In four cases the gender of the perpetrator was recorded as non-binary and in 11 cases the gender of the perpetrator was not recorded.

**0.2%** Non-Binary
(*n* = 4)

**48.1%** Male
(*n* = 826)

**51.6%** Female
(*n* = 886)
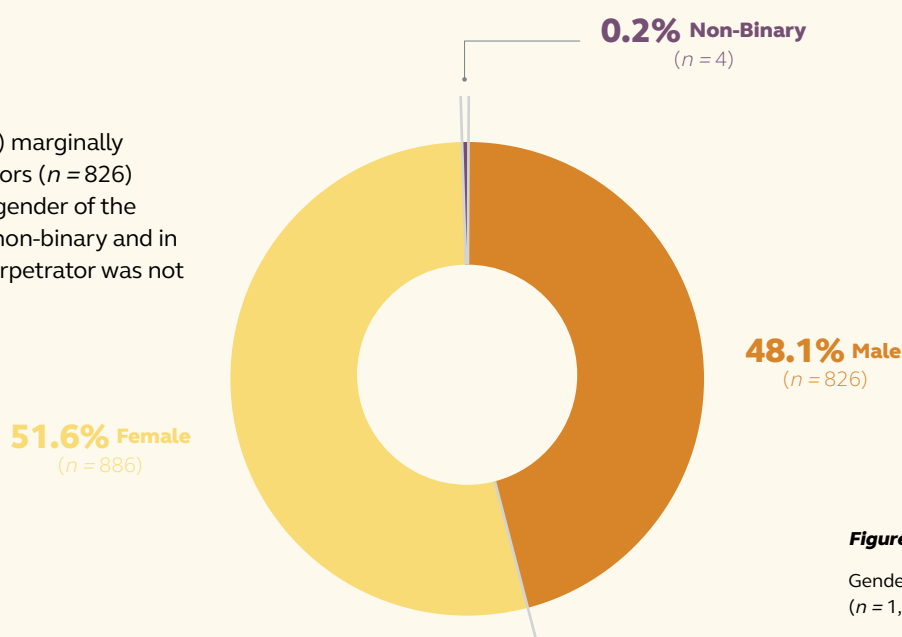
*Figure 15*

Gender of perpetrators
(*n* = 1,716).

# Ethnicity

Sixty (3.5%) perpetrators were identified as of Aboriginal and/or Torres Strait Islander descent and 39 (2.3%) were from a CALD background. The Philippines was the most common country of origin among CALD perpetrators (*n* = 6, 15.4%).

# Financial Situation

## Home Ownership

The home ownership status of perpetrators was recorded in 982 (56.9%) cases. In 42.6 per cent (*n* = 418) of these cases, perpetrators owned or co-owned a house or unit. [77] In 24 cases, perpetrators owned more than one property. The proportion of perpetrators who owned a home was lower than the 62.2 per cent of Queenslanders who either own or are paying off their home.[78] This figure is also much lower than the 78.0 per cent of victims who were home owners.

## Income

Perpetrator income source was recorded in 941 (54.5%) cases. More than half of perpetrators were receiving some form of payment from Centrelink (*n* = 483, 51.3%). Of these, 172 were receiving a Carer Payment, Carer Allowance, or both (Figure 16).

Family Income (*n* = 8) — 0.9%
Paid Work + Centrelink (*n* = 18) — 1.9%
Self-Funded Retirement (*n* = 25) — 2.7%
No Income (*n* = 28) — 3.0%
Paid Work (*n* = 397) — 42.2%
Centrelink (*n* = 465) — 49.4%

Income Source

Proportion of Perpetrators (%)

*Figure 16*

Income source for perpetrators (*n* = 941).

---

77    Note. Ownership or co-ownership does not mean that the perpetrator owns the property
      outright – there may be a mortgage or debts against the property.
78    Queensland Government Statistician's Office (2019).

# Health Issues

Health issues were recorded for perpetrators in 26 (1.5%) cases. This included cancer, heart problems, chronic pain and other similar issues.

# Psychological Health

### Mental Illness

In 213 (12.3%) cases, perpetrators were reported to have, or were suspected to have, some form of mental illness. Literature on elder abuse regularly reports that mental health issues in perpetrators is a risk factor for elder abuse. [79,80,81] The frequency of mental health issues reported in the Helpline data is much lower than the national figure, which estimates that 20 per cent of the population will experience symptoms of a mental health disorder within any 12-month period.[82] However, the Helpline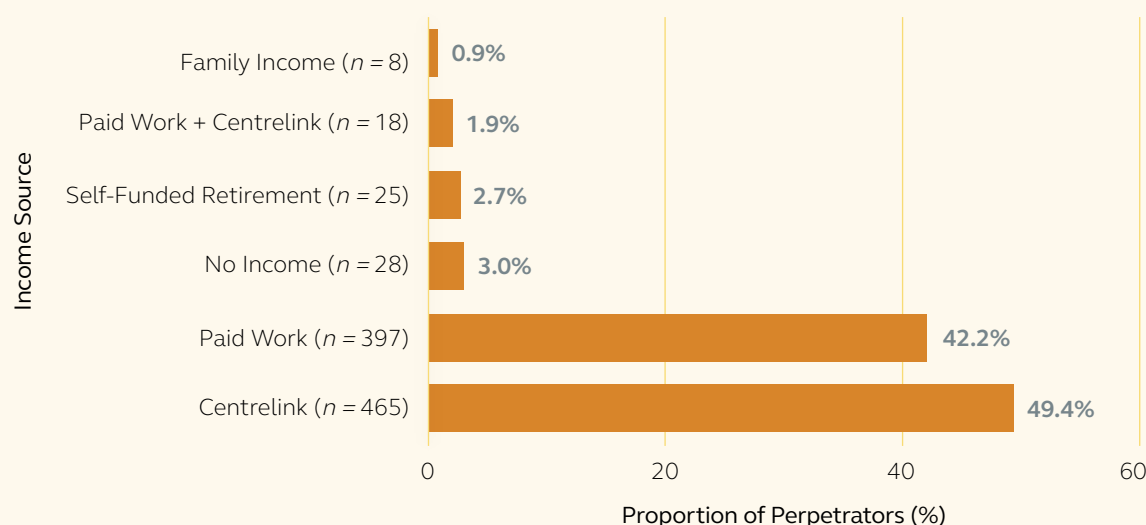 data must be interpreted cautiously as mental illness is probably underreported because notifiers often lack this information.

### Substance Misuse

Perpetrators' substance misuse was recorded in 184 (10.7%) cases. Research consistently recognises such misuse in perpetrators as a risk factor for elder abuse.[83,84,85,86] Substance misuse and mental illness frequently co-occur,[87] as reported for 76 (4.4%) perpetrators.

### Gambling

Gambling was reported as an issue for 60 (3.5%) perpetrators.

# Cognitive Impairment

Nine perpetrators (0.5%) reportedly had some form of cognitive impairment, with dementia recorded for five perpetrators.

# Trauma History

A history of trauma was identified for 179 (10.4%) perpetrators. The most common type of trauma was domestic and family violence (DFV), with 55 perpetrators identified as previous victims of DFV. In addition, 90 perpetrators were identified as witnessing DFV in their family of origin. In 48

cases, perpetrators reportedly had experienced child abuse or neglect, and 7 had experienced other forms of trauma.[88] Research has identified a history of traumatic events, particularly in childhood, as a risk factor for perpetrating elder abuse. [89,90]

# Criminal History

A criminal history was recorded for perpetrators in 231 (13.4%) cases. The most commonly recorded issue was "known to police", which is recorded when perpetrators have been arrested or questioned but never convicted of an offence (Table 10).

"DVO respondent" is recorded when perpetrators have been a respondent on a Domestic Violence Order (DVO), irrespective of whether they have been convicted of breaching the order. Of the 74 such cases, in 19 cases the DVO related to the perpetrator's spouse or partner,[91] 36 related to abuse of an older person reported to the Helpline as a victim of elder abuse, and 22 related to another family member. In three cases, the perpetrator was listed as respondent on more than one DVO. In 17 cases in which the perpetrator was recorded as the respondent, they had also been jailed for offences. However, whether these perpetrators were jailed for breaching the DVO or for unrelated offences remains unknown.

**Table 10**

Criminal History of Perpetrators

| Criminal History | Frequency | Per Cent |
|---|---|---|
| Known to Police | 97 | 5.6% |
| Domestic Violence Order Respondent | 74 | 4.3% |
| Jailed for Offences | 58 | 3.4% |
| Other Offences | 8 | 0.5% |

79    Kaspiew, Carson, & Rhoades (2016).
80    Australian Law Reform Commission (2017).
81    Peri et al. (2008).
82    Australian Bureau of Statistics (2007).
83    Jackson & Hafemeister (2013).
84    Joosten, Dow, & Blakely (2015).
85    Peri et al. (2008).
86    Australian Law Reform Commission (2017).
87    Commonwealth of Australia (2008).
88    Note. Perpetrators may have experienced more than one form of trauma and thus are recorded in more than one trauma category.
89    Kaspiew et al. (2015).
90    Peri et al. (2008).
91    Note. Spouse/partner is only recorded in cases where the aggrieved is not recorded as a victim of elder abuse.

# Other Individual Factors

Additional individual factors were recorded in 1,007 (58.4%) cases. In more than one-third of these cases, perpetrators had a history of controlling behaviour. Callers frequently reported histories of conflictual relationships and aggression for perpetrators (Figure 17).
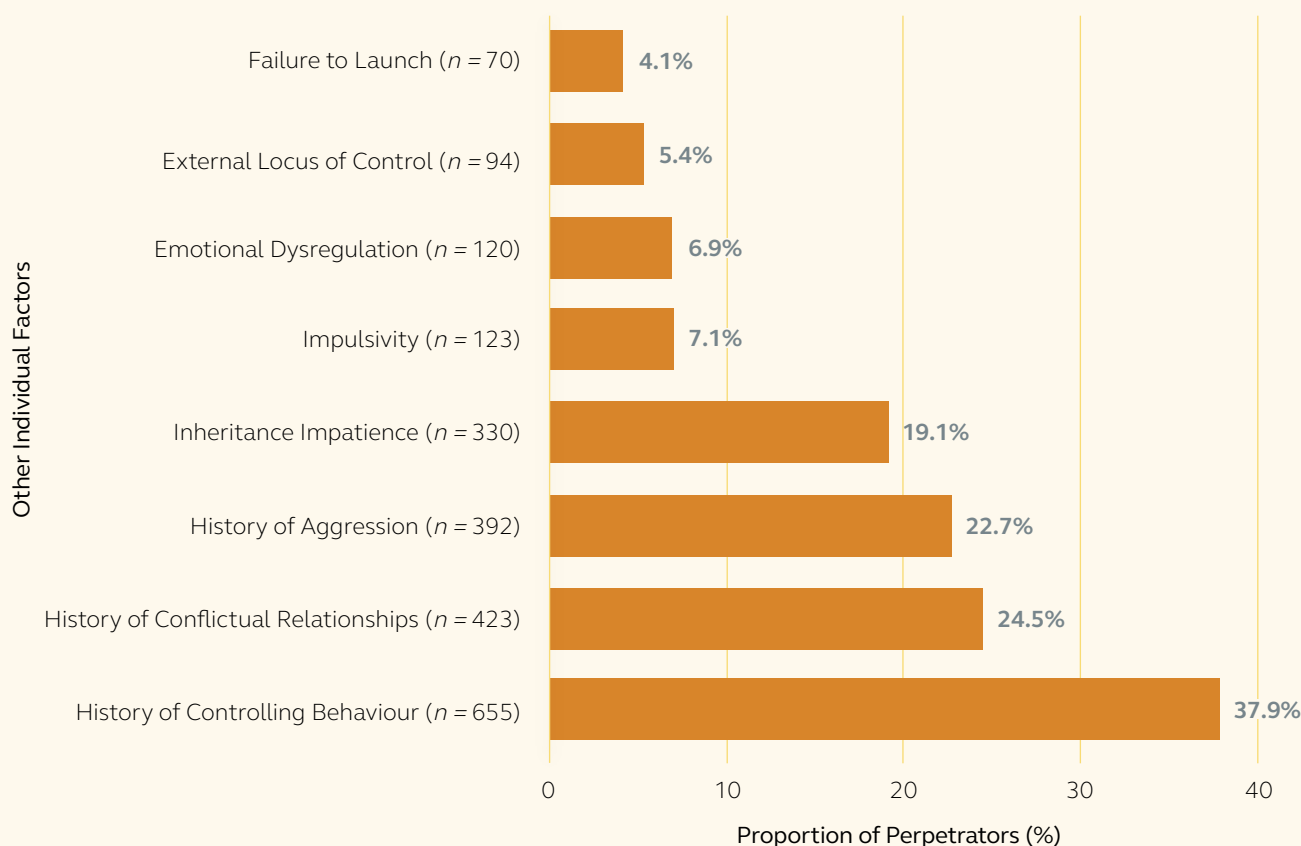


**Figure 17**

Other individual factors for perpetrators ($n = 1,007$).

# Section 3.3.
# Relationships Between Alleged Perpetrator and Victim

This section of the report examines relationships between victims and perpetrators and any shared history or current factors that may influence their interactions. The section covers

- relationship;
- family context;
- living arrangements;
- the caring role;

- dependence;
- financial relationships; and
- trigger factors.

## Relationship

Sons and daughters were reported as perpetrators in 72.0 per cent of cases (Figure 18, Table 11).[92]  Spouses or partners were the next most common perpetrators. Overall, daughters represented 37.5 per cent of perpetrators and sons 34.5 per cent. However, for biological children only, daughters and sons were similarly represented (31.3% and 31.4%, respectively) (Table 11).

The proportions of relationship types are similar to those in 2017–18; the only notable difference is the increased proportion of grandchildren in 2018–19 (5.3% and 8.6%, respectively). The PEARL database captures more specific information about relationships, including identification of niece and nephew perpetrators. Long-term conflict between victims and perpetrators was identified in 286 (16.6%) cases.



**34.5% Sons** ($n = 595$)

**10.7% Spouse/Partners** ($n = 184$)

**2.3% Siblings** ($n = 39$)

**2.3% Other Family** ($n = 39$)

**1.3% Informal Carers** ($n = 23$)

**8.6% Grandchildren** ($n = 148$)

**3.0% Friends** ($n = 51$)
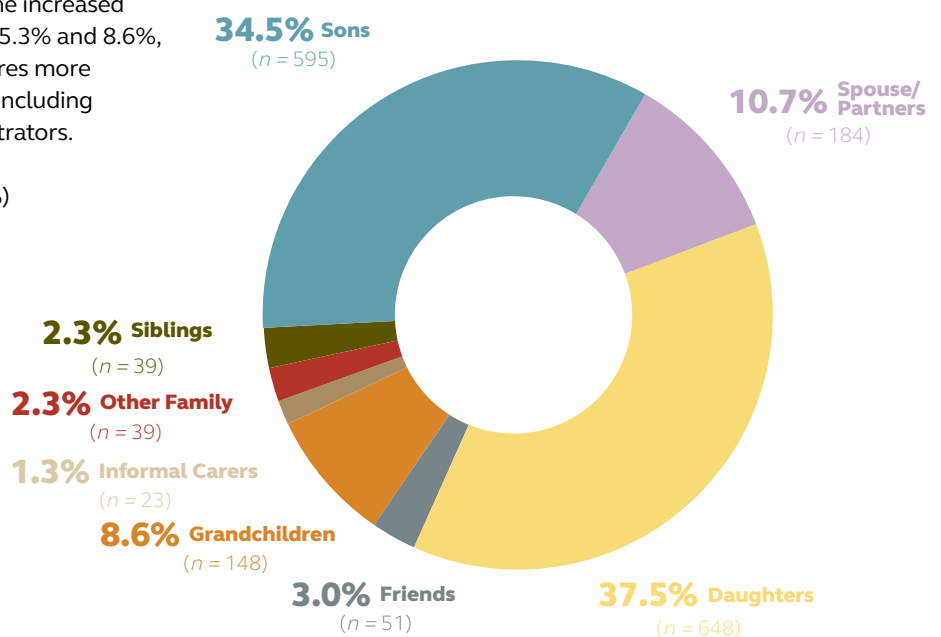
**37.5% Daughters** ($n = 648$)

*Figure 18*

Relationship between perpetrator and victim ($n = 1,727$).

---

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

| Relationship | Frequency |
|---|---|
| **Daughters (n = 648)** | |
| Daughter | 540 |
| Daughter-In-Law | 75 |
| Adoptive Daughter | 15 |
| Stepdaughter | 15 |
| Ex Daughter-In-Law | 3 |
| **Sons (n = 595)** | |
| Son | 542 |
| Son-In-Law | 33 |
| Stepson | 16 |
| Adoptive Son | 4 |
| **Grandchildren (n = 148)** | |
| Granddaughter | 74 |
| Grandson | 66 |
| Grandson-In-Law | 8 |
| **Spouse/Partners (n = 184)** | |
| Spouse/Partner | 163 |
| Ex-Spouse/Partner | 21 |
| **Siblings (n = 39)** | |
| Sister | 25 |
| Brother | 8 |
| Sister-In-Law | 4 |
| Brother-In-Law | 2 |
| **Other Family Members (n = 39)** | |
| Niece | 17 |
| Nephew | 14 |
| Other Family | 8 |
| **Non-Familial Relationships (n = 74)** | |
| Friend | 51 |
| Informal Carer | 23 |
| **Total** | **1,727** |

**Table 11**

Types of Perpetrator Relationships With Victims.

# Family Context

The PEARL database can capture information about shared family context for victims and perpetrators, recorded for 503 (29.1%) cases. The most commonly reported factors were poor family relationships, sibling rivalry, and shared experiences of domestic and family violence (Table 12).

As discussed in Section 3.2, perpetrators were listed as respondents for DVOs for 37 victims. PEARL collects further information about the status of DVOs in the relationship section. In 2018–19, 22 victims had current Protection Orders against perpetrators, 3 had Temporary Protection Orders, 10 of the Protection Orders had expired, and the status of 1 was unknown. A further 12 victims had applied for Protection Orders and were awaiting a court hearing.

**Table 12**

Shared Family Context Factors

| Family Context | Frequency | Per Cent |
|---|---|---|
| Poor Family Relationships[93] | 310 | 18.0% |
| Sibling Rivalry | 104 | 6.0% |
| Domestic and Family Violence[94] | 91 | 5.3% |
| Blended Family | 63 | 3.6% |
| Death of Victim's Spouse | 42 | 2.4% |
| Mutual Aggression | 32 | 1.9% |

# Living Arrangements

Living with perpetrators is an established risk factor for elder abuse.[95,96,97] In 2018–19, data was recorded about victims' living arrangements in 1,491 (86.3%) cases and unknown for 236 (13.7%) cases. Victims were most frequently living with perpetrators; however, more than one-third lived alone and more than one-quarter lived with other people who were not perpetrators (Figure 19). More than one-third of victims were reportedly living with perpetrators, but this figure probably underrepresents the population because cohabitation reduces the likelihood of engaging with support services.[98]
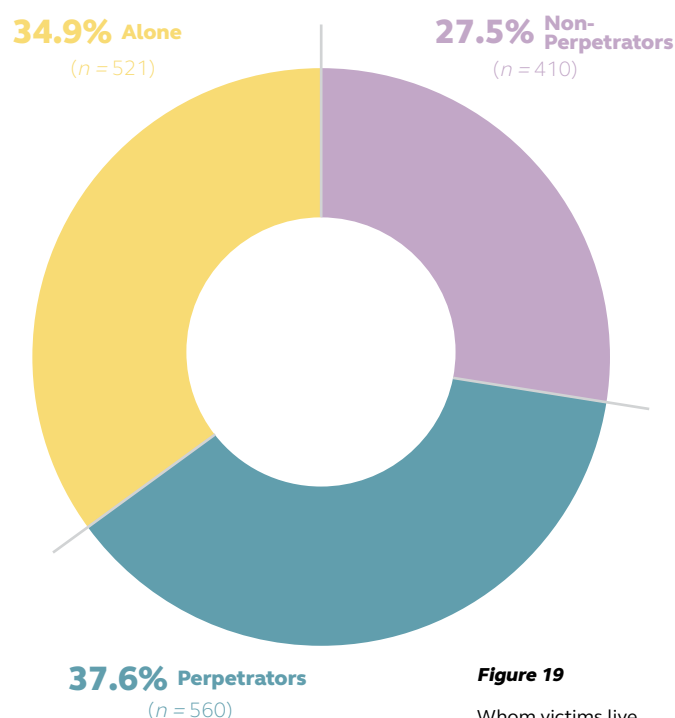


**34.9%** Alone ($n = 521$)

**27.5%** Non-Perpetrators ($n = 410$)

**37.6%** Perpetrators ($n = 560$)

*Figure 19*

Whom victims live with ($n = 1,491$).

In 335 (59.8%) of the cases in which perpetrators lived with their victims, the perpetrators were biological sons ($n = 187$, 33.4%) or biological daughters ($n = 148$, 26.4%). Of note, 42.1 per cent ($n = 59$) of grandchildren who perpetrated elder abuse lived with victims. The proportion of grandsons was particularly high, with almost half ($n = 32$, 48.5%) of grandson perpetrators residing with victims.

The PEARL database can also record data about household changes related to the abuse. In 2018–19, household changes occurred in 347 (20.1%) cases. In 285 (82.1%) cases, victims changed from living alone or with their spouse or partner to living with others. In more than two-thirds of these cases ($n = 198$, 69.5%) victims and perpetrators began cohabitation.[99]  In a further 59 (20.7%) cases, victims moved into aged care facilities and lived with other residents.

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93    Note.  This is selected in cases where it is identified that there is conflict and poor relationships among multiple family members which is long-standing and not as a consequence of the elder abuse.

94    Note.  This is selected when there was DFV in the family of origin and this experience was shared by the victim and perpetrator.  E.g. the victim may have also been a victim of DFV at the hands of their spouse and the perpetrator witnessed this or was also victimised.

95    Australian Law Reform Commission (2017).

96    Kaspiew et al. (2015).

97    World Health Organization (2015).

98    Burnes, Breckman, Henderson, Lachs, &  Pillemer (2019).

99    Note. It is likely that this figure is an underrepresentation.

SECTION 3.3

# The Caring Role

The ageing process and associated physical or cognitive decline can result in a loss of independence for an older person. For an adult child or other family member, taking on the role of carer can lead to difficulties in managing the stress, physical strain, competing demands, and financial hardship associated with the role.[100,101] Carers can feel overloaded and suffer reduced capacity to cope, which may affect the relationship between the caregiver and care recipient. [102,103]  Although carer stress is not a primary cause of elder abuse, it can interact with individual victim, perpetrator, and relationship factors to increase the risk of elder abuse. [104,105,106 107]

In 2018–19, 338 (19.6%) perpetrators were recorded as providing informal care to victims. The new database collects information about any issues identified in situations in which perpetrators are providing care to victims. At least one issue was identified in 282 (83.4%) such cases. The most common issues were that the provision of care was financially motivated and that perpetrators were struggling to meet victims' care needs (Figure 20).
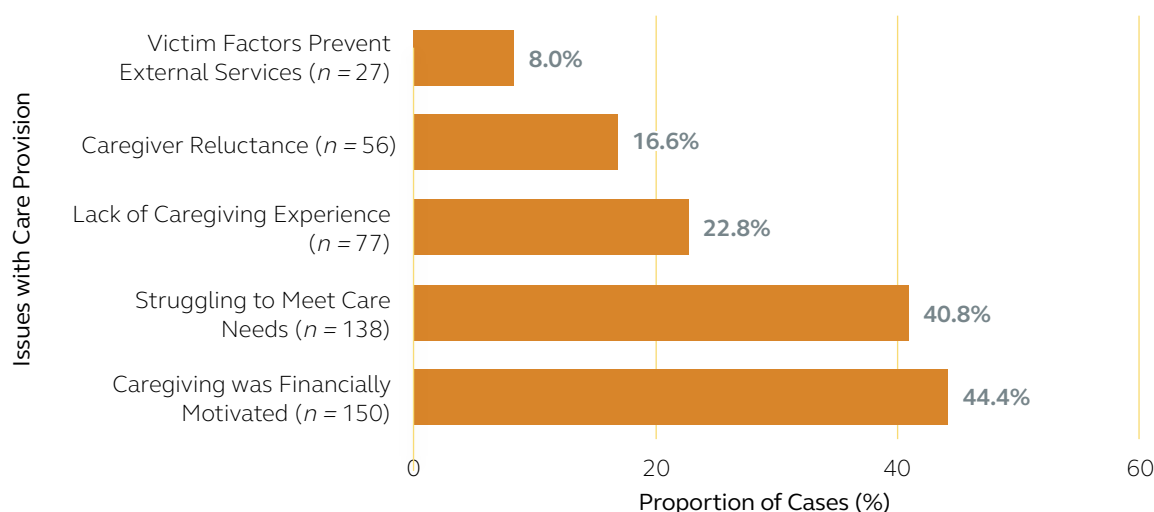


*Figure 20*

Issues in cases where perpetrators provide care (*n* = 338).

# Dependence

Research shows dependence is a risk factor for elder abuse.[108,109,110] Helpline operators record information about dependence between victims and perpetrators.

## Victim Dependent on Perpetrator

Victims were recorded as dependent on perpetrators in at least one domain in 373 (21.6%) cases. Victims most often depended on perpetrators for care (Figure 21).
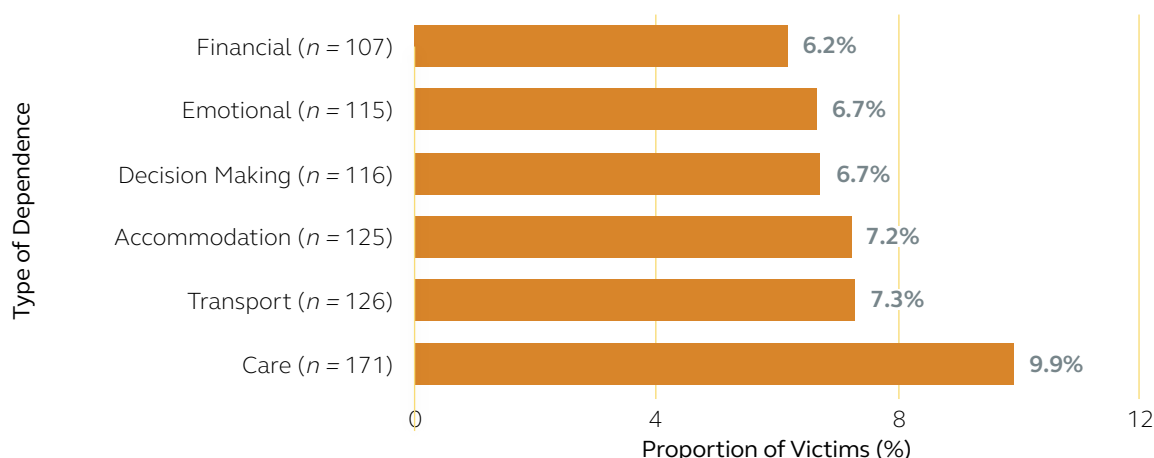


*Figure 21*

Proportion of victims dependent on perpetrators in various domains.

100   Brandl & Raymond (2012).
101   MacArthur Foundation (2012).
102   Son et al. (2007).
103   Chen & Dong (2017).
104   Schiamberg & Gans (1999).
105   Von Heydrich et al. (2012).
106   World Health Organization (2015).
107   Kohn & Verhoek-Oftendahl (2011).
108   Roberto & Teaster (2017).
109   Schiamberg & Gans (1999).
110   Horsford et al. (2011).

## Perpetrator Dependent on Victim

Perpetrators were recorded as dependent on victims in at least one domain in 323 (18.7%) cases. Perpetrators most often depended on victims in the accommodation and financial domains (Figure 22).



*Figure 22*

Proportion of perpetrators dependent on victims in various domains.

### Emotional Co-Dependence

Emotional co-dependence between victims and perpetrators was recorded in 21 (1.2%) cases.

# Financial Relationship

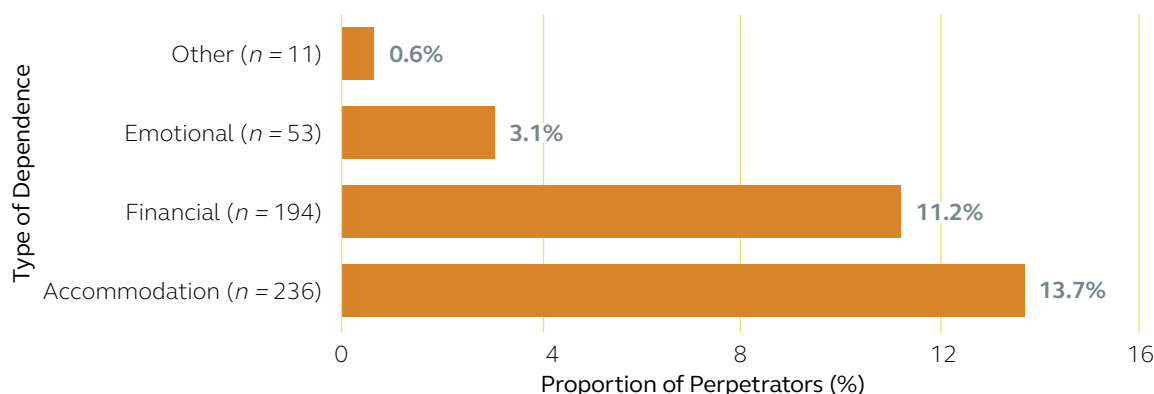In 315 (18.2%) cases, financial relationships existed between victims and perpetrators. The most common relationships included a history of perpetrators borrowing from victims ($n = 206, 11.9\%$), perpetrators having authorised access to victims' financial assets ($n = 110, 6.4\%$), and co-ownership of property by victims and perpetrators ($n = 62, 3.6\%$).

# Precipitating Factors

PEARL allows Helpline operators to capture data on events in victims' or perpetrators lives' that appear to trigger abuse. These precipitating factors are not necessarily causal and may represent only one factor among many that influenced the development of the abusive behaviours.

Precipitating factors were recorded in 477 (27.6%) cases. The most common factors were victim ill-health and perpetrators and victims beginning cohabitation (Table 13). Overall, the proportion of cases recorded with precipitating factors was only slightly higher than that reported in 2017–18. The notable exceptions were precipitating factors related to cohabitation. Previously, if perpetrators moved home or victims moved in with perpetrators, both scenarios were captured under *Perpetrator Moved Home* (in 2017–18, 115 cases, 5.2%). In 2018–19, perpetrators moving in with victims or victims moving in with perpetrators were recorded in 9.1 per cent ($n = 158$) of cases. This increase probably reflects, at least in part, the ability of the new database to record multiple precipitating factors.

Perpetrators and victims may cohabit for a number of reasons. For example, perpetrators were evicted from rental properties or lost their jobs and were unable to meet financial obligations (e.g. mortgage, rent, personal loans). Other events such as spousal separation, victim bereavement, or victim ill-health may also result in perpetrators and victims living together. A common situation reported to the Helpline involves the partner of the older person dying; while the older person tries to deal with their grief, their adult child offers to move in to keep them company or provide care. The adult child then goes on to perpetrate elder abuse.

**Table 13**

Precipitating Factors for Victims and Perpetrators ($n = 484$)

| Precipitating Factors | Frequency | Per Cent |
|---|---|---|
| **Perpetrator** | | |
| Perp Moved In With Victim | 94 | 5.4% |
| Perp Ill-Health | 29 | 1.7% |
| Perp Spousal Separation | 20 | 1.2% |
| **Victim** | | |
| Victim Ill-Health | 188 | 10.9% |
| Victim Bereavement | 75 | 4.3% |
| Victim Moved In With Perpetrator | 64 | 3.7% |
| **Other** | | |
| Other | 54 | 3.1% |

# Section 3.4.
# Community Factors

Community factors relate to the intersection of victim and perpetrator relationships with other family, friends, community members, potential support networks, or features of the community such as geographical location. This section discusses factors related to family and community and geography.

## Family and Community

### Notifiers

In situations in which the person who contacted the Helpline is not the victim, the notifiers may be other family or community members who are trying to support or protect the victim. In 2018–19, three-quarters of notifiers (75.0%) were concerned third parties and just under half ($n = 810$, 46.9%) were family members (Table 14). However, the largest group of notifiers was the victims themselves, whereas in 2017–18, victims and daughters were equally represented as the most common notifiers.

| Notifiers | Frequency | Per Cent |
|---|---|---|
| Self | 429 | 24.8% |
| Daughter | 401 | 23.2% |
| Worker | 230 | 13.3% |
| Friend | 185 | 10.7% |
| Son | 161 | 9.3% |
| Grandchild | 94 | 5.4% |
| Other Family | 73 | 4.2% |
| Neighbour | 60 | 3.5% |
| Sibling | 53 | 3.1% |
| Spouse/Partner | 16 | 0.9% |
| Ex-Partner | 12 | 0.7% |
| Other Community Member | 6 | 0.3% |
| Informal Carer | 4 | 0.2% |
| Unknown | 3 | 0.2% |
| **Total** | **1,727** | **100.0%** |

**Table 14**

Notifier's Relationship to Victim

Workers were the third most common group of notifiers (Table 14). Helpline operators can now record workers' industries (recorded in 121 cases). Where industry was specified, health, community services, and aged care workers were the most frequent notifiers (Table 15). Of the 15 cases classified as *Other Worker*, the most common notifiers were housing providers (both government and nongovernment).

## SECTION 3.4

| Type of Worker | Frequency |
|---|---|
| Worker - Unspecified | 109 |
| Health Worker | 58 |
| Community Services Worker | 25 |
| Aged Care Worker | 19 |
| Other Worker | 15 |
| Legal Worker | 3 |
| Bank Worker | 1 |
| **Total** | **230** |

**Table 15**

Industries in Which Notifiers Work

### Social Connectedness

The PEARL database captures data about protective factors for victims, including social connectedness. Victims were recorded as experiencing social connectedness in 374 (21.7%) cases.[111] Social connectedness is defined as experiencing feelings of belongingness and closeness, based on social appraisals and the value placed on the relationship by the person.[112]  As a concept, social connectedness extends beyond who interacts with victims and examines the quality of the relationships and their importance to victims.

The most common types of social connections recorded were family, friends, and service providers (Table 16). Helpline workers only select the *Service providers* option when the victim feels socially connected to them. For example, the victim regularly sees their GP and values this relationship. Strong social relationships can help support and empower victims to speak out if they are being abused. [113]

| Social Connections | Frequency | Per Cent |
|---|---|---|
| Family | 241 | 14.0% |
| Friends | 158 | 9.1% |
| Service Providers | 76 | 4.4% |
| Neighbours | 40 | 2.3% |

**Table 16**

Social Connections Experienced by Victims (*n* = 374)

### Support Services

Another potential source of community support is support services the victim may be accessing. Victims were recorded as receiving support from service providers in 414 (24.0%) cases. The support services included aged care services (aged care facility, *n* = 197; community care, *n* = 112), medical services (*n* = 130), and psychological or counselling services (*n* = 28).

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111   Note. Social connectedness is probably underreported because notifiers may not have this information.
112   Van Bel et al. (2009).
113   Podnieks & Thomas (2017).

# Geography

Queensland is the second largest state in Australia and over half of the population lives outside Brisbane's greater metropolitan area. Geographical distance and population spread can create issues for 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. [114,115,116] Further, rates of domestic and family violence are often higher in rural, regional, and remote areas.[117] Nevertheless, living in a small community can be protective too; people are more likely to know their neighbours and other community members. Often a strong sense of community exists and members are more likely to check on their neighbours and thus realise abuse is occurring. [118,119] However, additional challenges may arise in reporting abuse and accessing support in small communities:

- The sense of community and of everyone knowing each other can stop older people speaking out from shame and the importance placed on protecting the family name. [120,121]

- The interrelatedness of community members may also reduce the likelihood of victims and workers reporting abuse. Often dual relationships exist, for example, the perpetrator may a friend of the only police officer, psychologist, or doctor in the community.

- A lack of services may also leave workers without referral options.

The PEARL database can record whether living in a small community is creating issues for victims regarding the abuse they are experiencing, which was identified in 59 (3.4%) cases. [122]

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

114   Australian Law Reform Commission (2017).
115   Office of the Public Advocate, Western Australia (2005).
116   Peri et al. (2008).
117   Campo & Tayton (2015).
118   Horsford et al. (2011).
119   Tilse et al. (2006).
120   Peri et al. (2008).
121   Horsford et al. (2011).
122   Note. This figure probably underrepresents the true situation because small community is a new field and Helpline operators have probably not captured this factor for all cases.

# Victim Location

Victim location was known in 91.0 per cent (*n* = 1,572) of cases. Figure 23 displays the number of victims in each region.[123]

**124** Sunshine Coast

**108** Moreton Bay North

**44** Moreton Bay South

**370 Victims** Brisbane Total (North, South, East, West & Inner City)

**52** Toowoomba

**95** Ipswich

**220** Gold Coast

**75** Logan - Beaudesert

**102** Cairns

**84** Townsville

**49** Mackay - Isaac - Whitsunday

**10** Queensland Outback

**59** Central Queensland

**138** Wide Bay
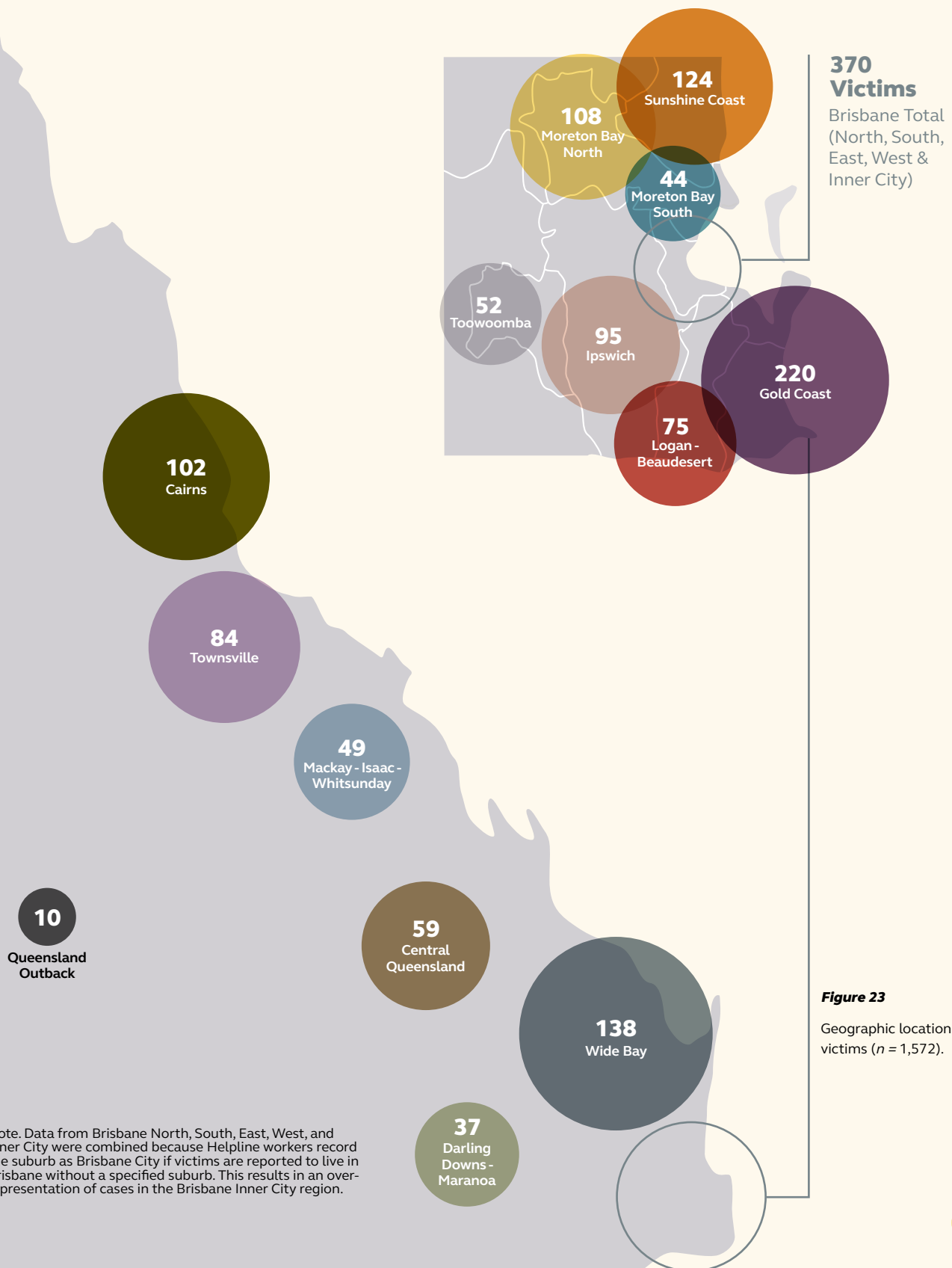
**37** Darling Downs - Maranoa

*Figure 23*

Geographic location of victims (*n* = 1,572).

123   Note. Data from Brisbane North, South, East, West, and Inner City were combined because Helpline workers record the suburb as Brisbane City if victims are reported to live in Brisbane without a specified suburb. This results in an over-representation of cases in the Brisbane Inner City region.

Comparing the geographical distribution of elder abuse victims against population data may help identify communities in greater need of support. To explore this possibility, the proportion of victims reported to the Helpline (where location was known) by region was calculated and compared against the proportion of Queensland's population of people aged 50 years and over in these regions (as reported in ABS 2016 Census data).

To compensate for the variations in distribution of the Queensland population across regions, a standardised difference statistic was calculated to enable accurate comparison between regions.[124] In a number of regions, the proportion of reported victims was above or below expectations (Table 17, Figure 24). [125]

**Table 17**

Proportion of Victims Compared to the Proportion of People Aged 50+ Years in the Regions

| SA4 Region | Population | Proportion of Victims | Difference | Standardised Difference |
|---|---|---|---|---|
| Brisbane | 22.8% | 23.5% | 0.7% | 3.1% |
| Cairns | 5.4% | 6.5% | 1.1% | 20.4% |
| Central Queensland | 4.5% | 3.8% | -0.7% | -15.6% |
| Darling Downs - Maranoa | 3.1% | 2.4% | -0.7% | -22.6% |
| Gold Coast | 12.5% | 14.0% | 1.5% | 12.0% |
| Ipswich | 7.4% | 6.0% | -1.4% | -18.9% |
| Logan - Beaudesert | 5.9% | 4.8% | -1.1% | -18.6% |
| Mackay | 3.4% | 3.1% | -0.3% | -8.8% |
| Moreton Bay - North | 5.7% | 6.9% | 1.2% | 21.1% |
| Moreton Bay - South | 3.5% | 2.8% | -0.7% | -20.0% |
| Queensland - Outback | 1.5% | 1.0% | -0.5% | -33.3% |
| Sunshine Coast | 9.1% | 7.9% | -1.2% | -13.2% |
| Toowoomba | 3.3% | 3.3% | 0.0% | 0.0% |
| Townsville | 4.6% | 5.3% | 0.7% | 15.2% |
| Wide Bay | 8.4% | 8.8% | 0.4% | 4.8% |

124   Note. A negative standardised difference statistic shows the proportion of victims in the area was lower than expected based on population data; a positive value signifies more victims than expected. For example, the Cairns region is home to 5.4 per cent of Queensland's 50+ population, so 5.4 per cent of reported victims should live in this region. This would equate to 85 victims; however, 102 victims (6.5% of victims where location was known; $n$ = 1,572) lived in the region. Consequently, the proportion of victims reported for Cairns was 1.1 per cent higher than expected. This difference equates to a standardised difference of 20.4 per cent, showing that there were 20.4 per cent (or 17) more victims in this region than expected.
125   Note. The allocation of victims to regions is more accurate this year because PEARL records suburb names and postcodes. The Elderline database only recorded postcodes and some postcodes spanned multiple regions. Thus concordance rates were used to make decisions around allocation to regions in 2017–18.

SECTION 3.4
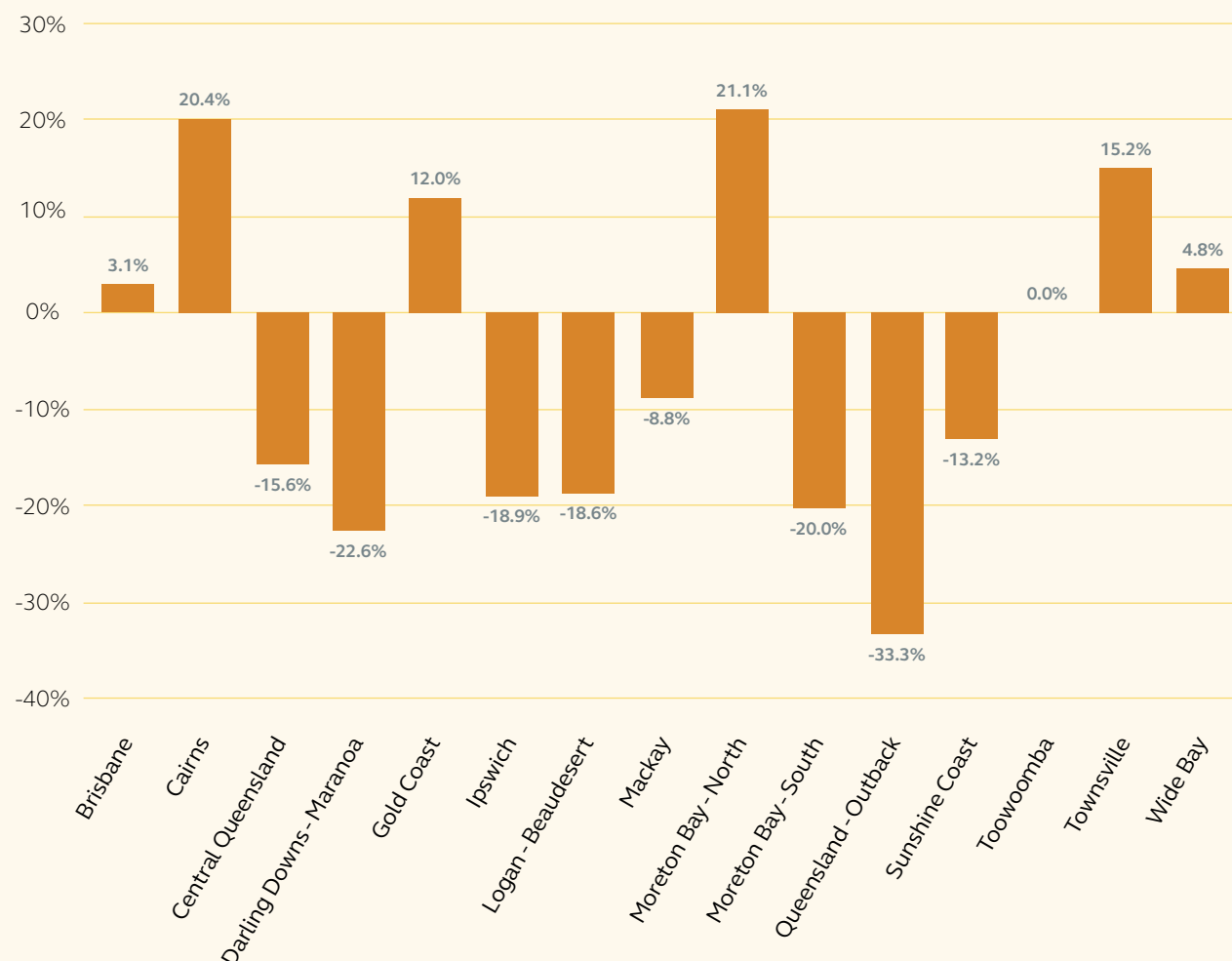


*Figure 24*

Proportion of cases above or below that expected by region.

However, higher- or lower-than-expected proportions of victims do not necessarily indicate the actual prevalence of elder abuse in the region. Possibly, greater or lesser awareness of elder abuse and the EAPU Helpline exists in the region, or other community-level factors contribute to the risk of abuse and the likelihood that abuse is reported. Further research could examine these interrelationships.

# Section 3.5.
# Societal Factors

The societal level of analysis concerns the ideologies held by victims and perpetrators and the sociocultural context within which they live. Many societal factors contribute to a climate in which elder abuse more likely occurs. The new database collects data about some of these factors.[126] This section examines four areas:

- cultural and social norms;
- legislation and policies;
- economic factors; and
- community.

## Culture and Social Norms

Social norms are rules of behaviour based on internalised schemas to which community members are expected to conform.[127,128] Schemas are cognitive frameworks that comprise thoughts, beliefs, and attitudes that enable people to fill in missing details to make sense of situations, places, and people.[129] Cultural context influences the development of schemas and so schemas often differ between cultures. Stereotypes, a type of schema, are oversimplified generalisations about the attributes of a class of people.[130] Stereotypes evoke category-based expectations about a person and influence behaviour that may be prejudicial or discriminatory. Prejudice and discrimination can affect not only individual and societal attitudes towards particular groups of people, but also policy and legislation. Negative schemas around age, gender, and race are associated with an increased risk of elder abuse.

### Ageism

Ageism refers to stereotyping and discriminating against individuals or groups based on their age. Ageism takes many forms, including prejudicial attitudes, discriminatory practices, and institutional policies and practices that perpetuate stereotypical beliefs.[131,132] These attitudes and beliefs can become self-fulfilling if they are internalised by older people.

The Australian Human Rights Commission found that ageism is widespread in Australia[133], which is concerning because research consistently shows ageism is a risk factor for elder abuse.[134,135,136,137] Within Australian communities, older people are often portrayed as sick, weak, a burden, worthless, incapable of making their own decisions, dangerous drivers, victims, and less worthy of funding or access to resources and supports.[138] The media plays a substantial role in perpetuating these stereotyped views of older people. A crime is more likely to be reported in the media if the victim is older, and car accidents involving older drivers often receive more media attention than those involving younger drivers. Ageism in the media can be subtle; for example, underrepresentation of older people in advertisements leads to reports of feeling invisible.[139]

126  Note. The data collected about societal factors may underrepresent these factors because these are new fields in the PEARL database. Rates will probably rise as staff become more confident in identifying these factors.
127  World Health Organization (2009).
128  National Academies of Sciences, Engineering, and Medicine (2018).
129  Vaughan & Hogg (2005).
130  McCauley, Stitt, & Segal (1980).

131  World Health Organization (n.d.).
132  Australian Human Rights Commission (2010).
133  Australian Human Rights Commission (2013).
134  Australian Law Reform Commission (2017).
135  Kaspiew et al. (2015).
136  Peri et al. (2008).
137  World Health Organization (2015).
138  Australian Human Rights Commission (2013).
139  Australian Human Rights Commission (2013).

In a broad sense, ageism increases vulnerability, exacerbates abuse, decreases the likelihood of reporting, and inhibits effective responses to elder abuse. [140,141,142] Older people may internalise the stereotypical perceptions expressed by others to become self-fulfilling schemas. The PEARL database enables Helpline operators to record when ageism is identified in a call, which occurred in 329 (19.1%) cases. Helpline operators select *ageism* if callers make comments that suggest all older people are the same, older people are incapable, or older people should or should not do something simply because of their age.

An example of ageism that presents in Helpline calls is an adult child insisting that their mother move out of her home to live in a retirement village or with them. The mother may have recently lost her partner and the adult child believes that she should not live alone "at her age". Further questioning reveals that the mother wants to continue living in her home close to her friends and social networks, and is actually quite capable of living alone. Another common example involves the caller saying that "Dad shouldn't be driving at his age", but exploration uncovers no medical reason for the older man to stop driving. His doctor has even signed documents so he can continue driving. In this situation, the caller's stereotyped beliefs about older people and driving leads them to pressure their father to hand in his licence.

## Sexism and Gender Roles

Gender roles relate to expectations about what males and females should do (e.g. in the household, community, and workplace) in a given society. [143] Gender stereotypes underlie these roles. Social constructions of gender and the roles and norms associated with gender affect both victims and perpetrators. [144] Society has gradually shifted away from traditional patriarchal paradigms in which financial matters were always handled by males. Despite this shift, the EAPU still receives reports about older females who struggle to cope with managing finances after their husband's death because they lack experience in such matters. In these cases, family members may take responsibility for the financial management, thereby increasing the risk of financial abuse. [145]

The new database enables workers to record if gender stereotypes towards victims have influenced their decisions or behaviour. This was identified in 151 (8.7%) cases, with most victims female (*n* = 127, 84.7%). Sexism and gender roles also affect perpetrators. Gender stereotypes reportedly influenced perpetrators' behaviour in 98 (5.7%) cases; three-quarters of these perpetrators were male (*n* = 75, 76.5%).

Caregiving is another area in which gender roles may be relevant. In many Western countries, people generally view the role of caregiver as the responsibility of females. [146] Consistent with this view, ABS data shows that 4.7 per cent of females reported withdrawal from the workforce due to caring for an ill, disabled, or elderly family member. Only 2.9 per cent of males made similar reports. [147] For Helpline calls about cases of abuse that reported the alleged perpetrator was providing care for the victim, 177 (53.0%) perpetrators were female and 157 (47.0%) were male. If women are pressured into caring for ageing relatives, they can feel resentful, which may increase the risk of carer stress and elder abuse. [148]

## Racism

Experiences of racism likely increase the vulnerability of an older person. Historical experiences of segregation, exclusion, and oppression have led to intergenerational trauma for Aboriginal and Torres Strait Islander peoples in Australia. This has affected the physical, psychological, socioeconomic, and cultural health of this population, leading to poorer outcomes. [149,150] Experiences of racism among older people can also cause them to mistrust service providers and reporting bodies, and increase their sense of shame. Together, these factors may reduce the likelihood that victims will report abuse. [151] Racism can also become internalised and reduce a victim's self-efficacy, leading to increased vulnerability and risk of abuse, and further reduce the likelihood of reporting. Racism and intergenerational trauma can also affect perpetrators and further increase the risk of abuse. [152]

140   Australian Human Rights Commission (2013).
141   Australian Law Reform Commission (2017).
142   World Health Organization (2015).
143   World Health Organization (2011).
144   Peri et al. (2008).
145   Kaspiew et al. (2015).
146   Sharma, Chakrabarti, & Grover (2016).
147   Australian Bureau of Statistics (2017b).
148   World Health Organization (2015).
149   Australian Institute of Health and Welfare (2015).
150   Australian Institute of Health and Welfare (2018c).
151   Office of the Public Advocate, Western Australia (2005).
152   Horsford et al. (2011).

## Care Obligations and Expectations

Obligations and expectations around who will provide care for an older person can create tension within families. Some cultures and communities see this role as the "duty" of a particular child (e.g. the oldest daughter) or children to provide care for their elderly parents. To not fulfil this obligation can lead to shame and stigma for both the older person and the child or children. [153,154] Feeling obligated to provide care can lead to resentment and conflict, increasing the likelihood of carer burnout and the risk of elder abuse. Differences in cross-generational expectations about the care of an older person can also increase conflict within families.[155, 156]  As discussed in Section 3.3, caregiver reluctance was noted for 56 victims.

# Legislation and Policies

## Intergenerational Wealth Transfer

In Australia, children expect to inherit the assets of their parent/s upon the death of the parent/s.[157] An Australian study found that 93 per cent of respondents believed they should make provisions for children or stepchildren when dividing assets.[158] In addition, expectations about asset division are not only based on cultural customs but are enshrined in legislation such as the *Succession Act 1981* (Qld) and the *Uniform Civil Procedure Rules 1999* (Qld). When a parent dies intestate, the wealth is distributed according to intestacy rules: children are entitled to a residuary portion of the estate. Children are also seen as "eligible persons" when it comes to contesting a will. The cultural norm of intergenerational wealth transfer can lead to a sense of entitlement and perceived co-ownership of parental assets.[159]

Farming families may experience additional complexities from an existing level of co-ownership or sharing of assets and a reluctance to divide the farm.[160,161,162] Perhaps one (or several) of the children have a house on the farmland owned by their parents and are actively working the farm. They may perceive that the farm and any assets already belong to them.

Competing interests among parents and children are more likely when a perception of entitlement exists and children view the transfer of parental assets as their right.[163] The parents may want to spend their money on holidays or aged care but face pressure from children who want to preserve their inheritance. Calls to the Helpline often reflect this premise: "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 Enduring Power of Attorney (EPoA) for their parent/s.

In 2018–19, a perception of entitlement was identified in 330 (19.1%) cases reported to the Helpline.[164] Inheritance impatience likely compounds the increased risk of financial abuse in situations in which a sense of entitlement exists. The term *inheritance impatience* denotes situations in which "family members deliberately or recklessly prematurely acquire their ageing relatives' assets that they believe will, or should, be theirs one day". [165] The increased longevity of older people may be increasing this impatience; adult children are forced to wait 10–12 years longer (on average) to inherit parental assets than they did 50 years ago.[166]

153  Peri et al. (2008).
154  World Health Organization (2015).
155  Kaspiew et al. (2015).
156  Peri et al. (2008).
157  Australian Law Reform Commission (2017).
158  Tilse, Wilson, White, Rosenman, & Feeney (2015).
159  Setterlund, Tilse, Wilson, McCawley, & Rosenman (2007).
160  Tilse, Wilson, White, Rosenman, & Feeney (2015).
161  Setterlund, Tilse, Wilson, McCawley, & Rosenman (2007).

162  Tilse et al. (2006).
163  Kaspiew et al. (2015).
164  Note. This figure is lower than the 30.8% recorded last year. Because the new database records this aspect in a different section, it is likely underrepresented in this report.
165  Miskovski (2014).
166  Australian Institute of Health and Welfare (2018d).

## Presumption of Advancement

The presumption of advancement means that money or property transferred in particular relationships (e.g. a parent-to-child relationship) is presumed a gift.[167,168] This presumption arises irrespective of the child's age and independence. The presumption of advancement reverses evidentiary responsibility and requires the parent to prove (balance of probabilities) that the transfer was not a gift. This can create problems for victims of elder abuse who may have loaned money or transferred assets to their adult children; it is difficult to prove a transfer was not meant as a gift in the absence of a formal agreement. Further, cost often prohibits taking legal action to recover these assets.[169]

A common situation reported to the Helpline in which the presumption of advancement is relevant involves "family agreements" between the older person and a family member or other trusted person.[170] Usually the older person has transferred the title of their house or the proceeds from the sale of their house to the trusted person, who promises to provide care, housing, or both in exchange for the transfer.[171] In many cases, the older person does not seek legal advice before entering into family agreements. In 2018–19, family agreements were recorded in 109 (9.3%) cases of financial abuse.[172] Only eight (7.3%) were recorded as formal agreements (with legal documentation). A further 89 (81.7%) were informal agreements and the type of agreement was unknown for the remaining 12 (11.0%). In many cases, the older person is not listed on the Title Deed, or their full contribution to the property is not recorded. If no formal family agreement exists, the older person becomes vulnerable if the relationship sours. In addition, victims often fail to realise that implications for their Centrelink payments are likely due to rules around gifting. By the time many victims contact the Helpline, the relationship with their child has deteriorated, they may have been told to leave the property, and are at risk of homelessness. In this situation, the options available for the older person to recover their money are limited, particularly as their financial resources have already been depleted.

## Welfare Payments

Differences in payment amounts and requirements between Newstart Allowance and Carer Payment may increase the risk of elder abuse. Calls to the Helpline indicate that some perpetrators receive a Carer Payment, Carer Allowance, or both, although they provide no care to the older person.

As at 2 August 2019, the maximum payment on Newstart Allowance (single, no children) is $564.50 per fortnight (including Energy Supplement).[173] The maximum payment for carers receiving Carer Payment is $926.20 per fortnight (including Energy Supplement and Pension Supplement), plus a yearly Carer Supplement of $600. People who receive Carer Payment also receive Carer Allowance, which is a further $129.80 per fortnight, with another yearly Carer Supplement of $600. Hence, by claiming Carer Payment a person receives almost double (approximately $546.45 extra per fortnight) the rate of those receiving Newstart. Other benefits of receiving Carer Payment include no requirement to look for work and eligibility for a Pensioner Concession Card, which provides more discounts and rebates than a Health Care Card.

In 2018–19, 172 perpetrators were recorded as receiving Carer Payment and/or Carer Allowance. Of these, 114 (66.3%) perpetrators were recorded as providing some level of care and 58 (33.7%) were reported as not providing any care to victims. Claiming Carer Payment and/or Carer Allowance without providing care probably constitutes welfare fraud. Therefore, some perpetrators actively refuse to allow home care services to provide care in order to avoid detection. Only four (6.9%) victims were receiving home care services in the 58 cases mentioned above. Further, in nine (15.5%) cases the perpetrator reportedly refused to allow others to provide 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 their payment. Of the 114 cases in which perpetrators were receiving Carer Payment/Allowance and providing care, 20 (17.5%) reflected this scenario. Perpetrators may also refuse to allow the older person to move to an aged care facility in order not to lose the extra money or their free accommodation.

Although in some cases alleged perpetrators are claiming Carer Payment and/or Carer Allowance and not providing care, this does not represent all carers. Nearly all carers do not perpetrate elder abuse. Further, not all carers identified as perpetrators in the Helpline data are deliberately abusing or neglecting their victims. Lack of knowledge and carer stress may be contributing factors in many situations.

167   Blundell, Clare, Moir, Clare, & Webb (2017).
168   Gillbard (2018).
169   Gillbard (2018).
170   Australian Law Reform Commission (2017).
171   Somes & Webb (2016).
172   Note. This figure probably underestimates the number of family agreements. Again, it is a new data field and some staff were unaware it related to family agreements.
173   All data relating to Centrelink payments was obtained from the Department of Human Services website (https://www.humanservices.gov.au/) and is current at 2 August 2019. This is general information only and may not reflect individual circumstances.

SECTION 3.5

## Aged Care

A further policy change that may have affected the risk of elder abuse is the aged care reforms that began in 2012. As part of these reforms, the government introduced means testing, along with changes to the payment arrangements for aged care. Helpline operators often receive calls about situations in which perpetrators cancel home care services or attempt to prevent their parents from 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 increase the risk of elder abuse. As at 31 December 2018, 127,748 people were waiting to receive appropriate home care packages in Australia.[174] An inability to access services increases the likelihood of victims needing to depend on family members to care for them. Although this lack of access increases the risk of carer stress, it also allows family members without the older person's best interests at heart to move in under the guise of caring for the older person. Dependence, cohabitation, and social isolation are all standalone risk factors for elder abuse; an inability to access services can increase the likelihood of these factors occurring. In addition, when these factors coexist, the risk of elder abuse further increases.

# Economic Factors

A number of economic factors can increase the likelihood of elder abuse, including low interest rates, unemployment, house prices, increased longevity, and low superannuation balances. Low interest rates have affected the superannuation, savings, and retirement income of older people.[175] Increased longevity has compounded this effect, with many older people now concerned whether their superannuation and savings will last over their lifetime. In the Australian population, 66 per cent of people aged 65 years and over receive the Age Pension.[176] Women form the largest proportion of recipients.[177] They typically have lower superannuation balances[178] and a longer life expectancy than their male counterparts.

Economic factors can also affect perpetrators. Housing affordability can potentially increase the risk of elder abuse. Home ownership is touted as the Australian dream; however, this goal is increasingly unobtainable for younger generations. Over a 30-year period (1989–2019), median house prices in Brisbane increased by 450 per cent, from $96,000 (1989)[179] to $530,000 (2019).[180] In comparison, wages have increased by only 235 per cent over the same period in Queensland: the average weekly wage increased from $469.40 to $1,575.60.[181] The widening gap between average incomes and house prices, coupled with rising rental costs, makes it more difficult to save for a home deposit and manage mortgage repayments. Consequently, home ownership rates have declined, particularly for people aged under 65 years.[182] Consistent with this decline, home ownership in perpetrators (42.6% owned at least one home) was below the Queensland rate of ownership (62.2%).[183]

Home ownership slipping out of reach of younger generations can cause adult children to pressure older people in many ways. They may try to force the older person to allow them to move in and live rent free, to loan them money, contribute towards a house deposit, act as loan guarantors, assist with mortgage repayments, buy them a home, or even sign over their own home to the child. In 2017, the "Bank of Mum and Dad" was the fifth largest home loan lender, providing $65.3 billion in loans to help children buy houses.[184] In 2018–19, 90 (7.7%) financial abuse cases involved titles on assets that were transferred to perpetrators.

174  Department of Health (2019).
175  Australian Law Reform Commission (2017).
176  Australian Institute of Health and Welfare (2018b).
177  Australian Bureau of Statistics (2017b).
178  Australian Bureau of Statistics (2017b).
179  Abelson & Chung (2004).
180  Australian Bureau of Statistics (2019).
181  Queensland Government Statistician's Office (n.d).
182  Geck & Mackay (2018).
183  Queensland Government Statistician's Office (2019).
184  Emmerton (2017).

# Section 3.6. Abuse Data

The three most commonly reported abuse types in Helpline calls for 2018–19 were psychological, financial, and social abuse. More than two-thirds of victims experienced psychological or financial abuse (Figure 25). In 791 cases, psychological and financial abuse co-occurred (49.9% of total cases of psychological and financial abuse).



**Figure 25**

Proportion of victims by abuse type.
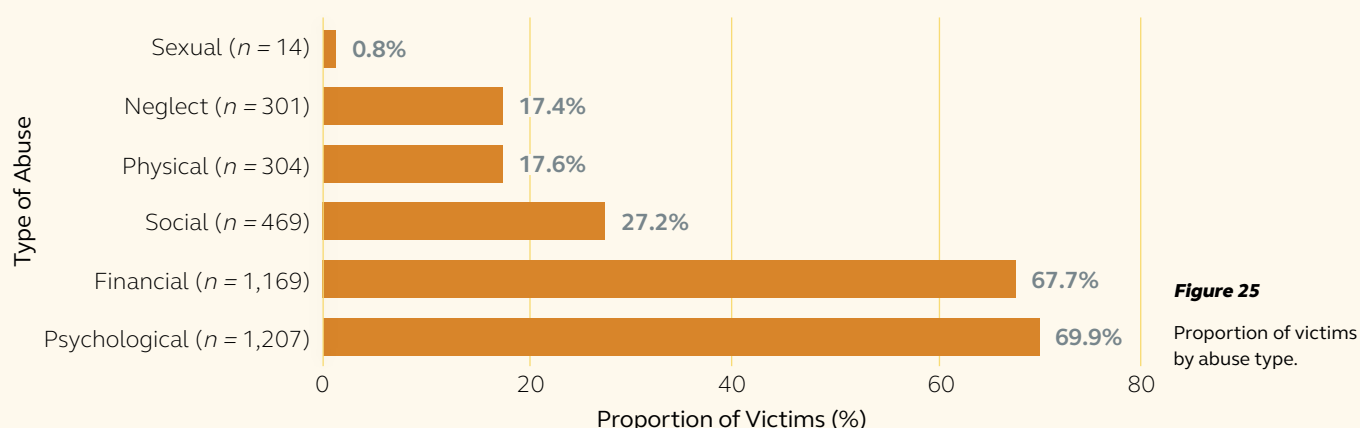
The rate of psychological abuse was slightly higher than that of financial abuse. In 2017–18, financial abuse was recorded more often than psychological abuse. In 2018–19, the rates of psychological and social abuse increased markedly, with moderate increases in the rates of physical abuse and neglect (Figure 26). The change from the Elderline database to the PEARL database likely accounts for these differences.

The PEARL database captures additional information about the behaviours associated with each abuse type. For example, with PEARL, staff can select social abuse and abuse behaviours such as restricting phone access or limiting contact with family and friends. The Elderline database allowed staff to select only social abuse. Elderline captured abuse behaviours only for financial abuse. This change allows Helpline staff to capture additional information to increase understanding and awareness of the abuse behaviours described by callers.



**Figure 26**

Types of abuse experienced by victims in 2017–18 and 2018–19.
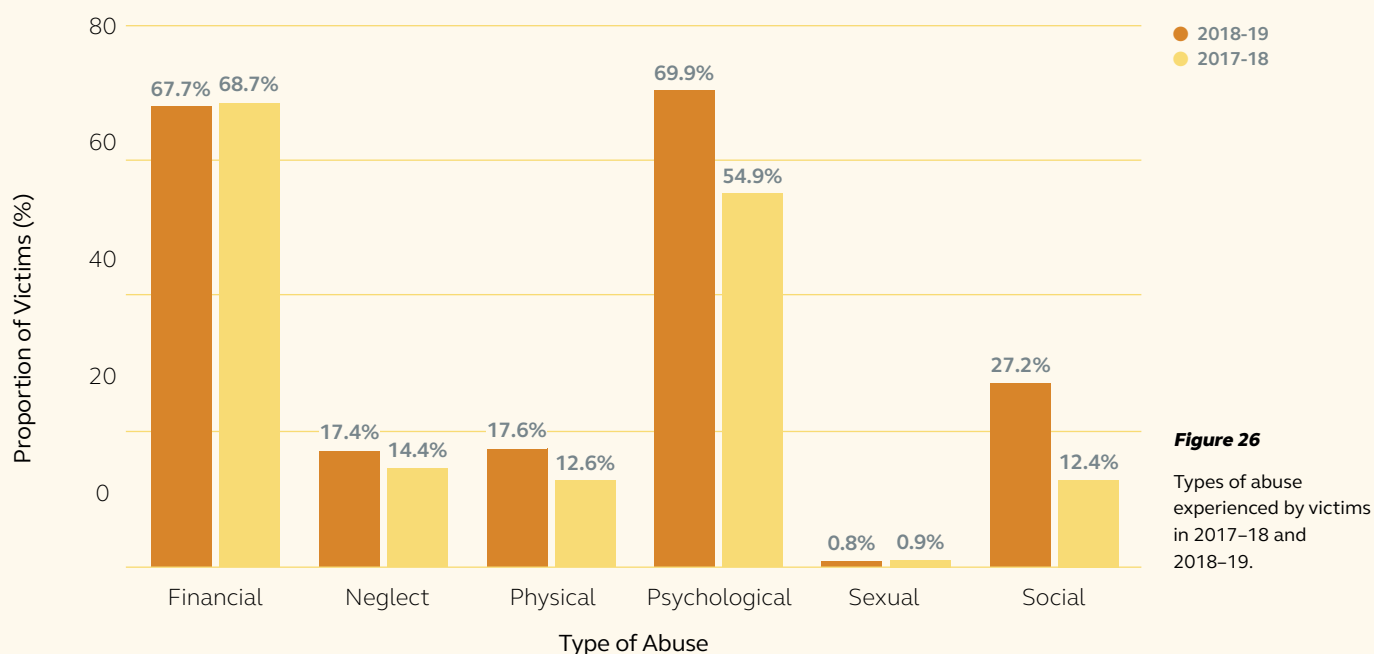
# Financial Abuse

The EAPU defines financial abuse as "The illegal or improper use and/or mismanagement of a person's money, property or resources." Examples of financial abuse reported to the Helpline are not allowing the older person access to their money, pressuring the victim to sign over their house or car to the perpetrator, using the victim's credit card without permission, and misusing an EPoA.

The PEARL database captures data about both the methods used in financial abuse and the forms of abuse.

## Methods Used to Perpetrate Financial Abuse

The most common methods of perpetrating financial abuse were undue influence, misuse of an EPoA, and misuse of debit and credit cards (Figure 27).
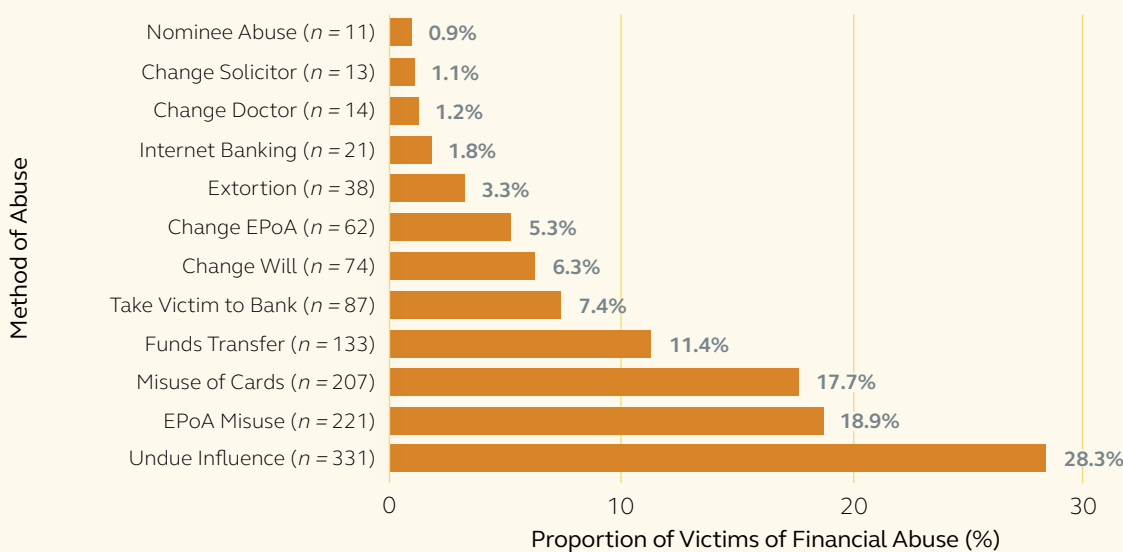


*Figure 27*

Methods of perpetrating financial abuse (*n* = 1,169).

## Forms of Financial Abuse

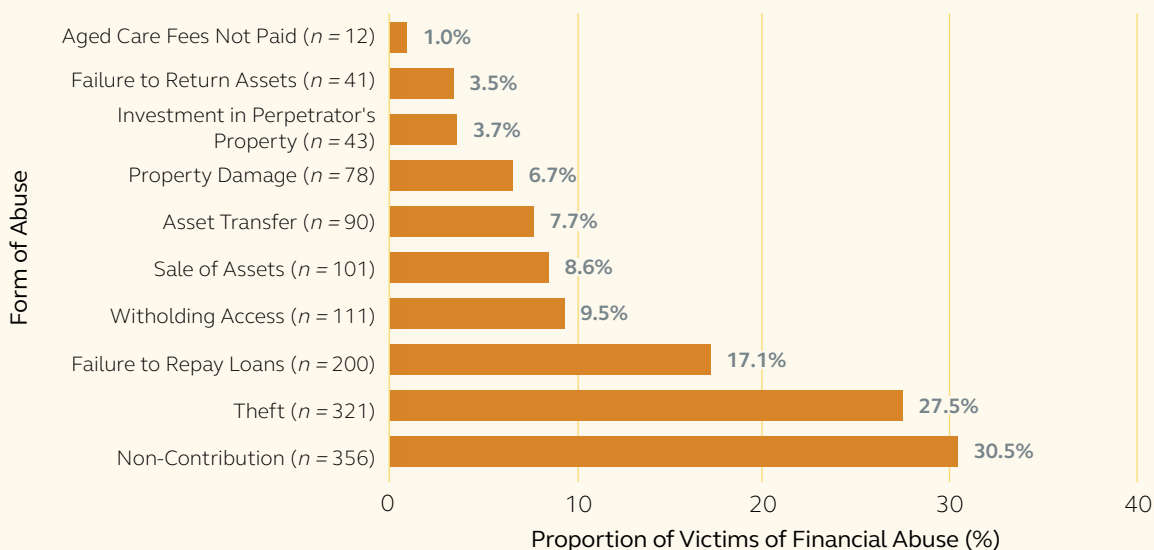The most common forms of financial abuse were non-contribution, theft, and failure to repay loans (Figure 28).



*Figure 28*

Forms of financial abuse (*n* = 1,169).

# Neglect

The EAPU defines neglect as "The refusal or failure of a carer or responsible person to ensure that the person receives life's necessities." Neglect is intentional or unintentional and not only includes physiological necessities such as adequate nutrition and accommodation but also safety. Neglect also includes situations in which an EPoA cancels home care services if the cancellation results in the older person not getting the care they require.

Refusal to provide care and not taking care of the victim's hygiene or nutritional needs were the most commonly reported forms of neglect (Figure 29). As noted above, a refusal to allow others to provide care was selected as a form of neglect only in cases in which the perpetrator was not adequately meeting these needs and was unwilling to allow others to provide care.
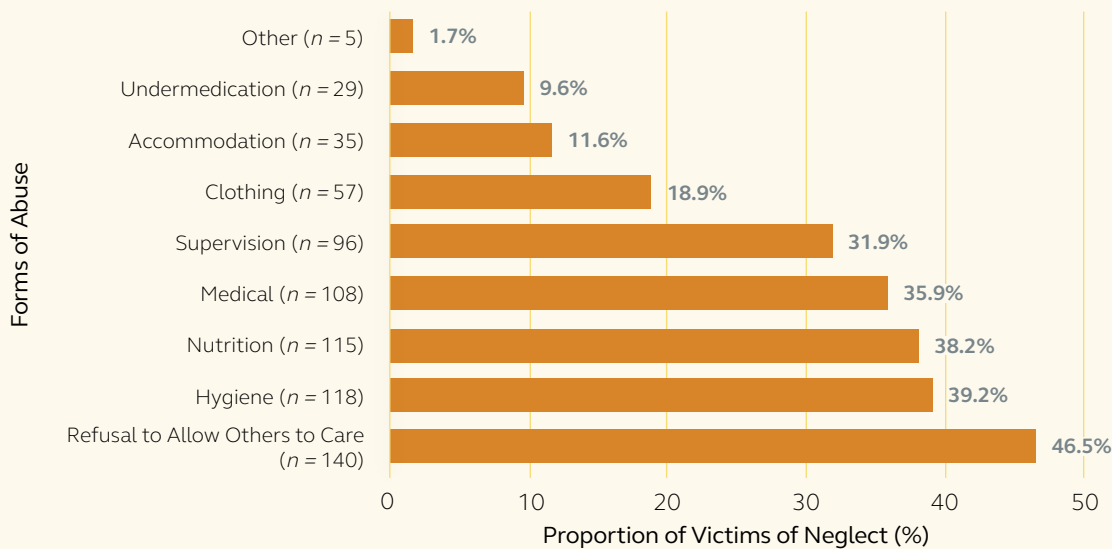


**Figure 29**

Forms of neglect (*n* = 301).

# Physical Abuse

The EAPU defines physical abuse as "The infliction of physical pain or injury, physical coercion or deprivation of liberty." Examples are hitting, slapping, pushing, rough handling, or using restraint (physical or chemical). The forms of physical abuse most commonly reported were pushing, rough handling, and striking (Figure 30).
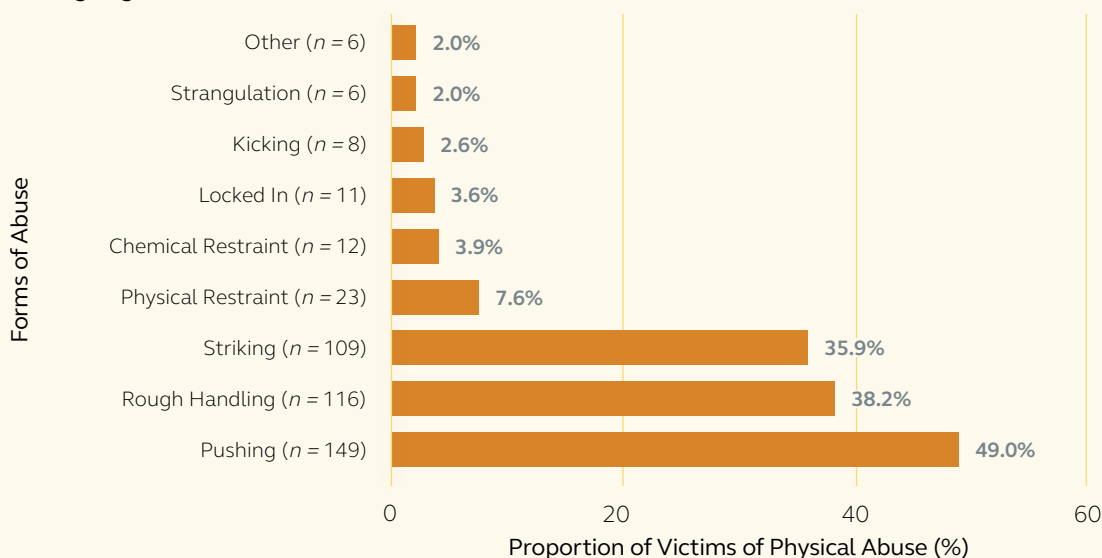


**Figure 30**

Forms of physical abuse (*n* = 304).

# Psychological Abuse

The EAPU defines psychological abuse as "The infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness." Examples of psychological abuse reported to the Helpline are the perpetrator belittling the victim by saying things such as "You can't do anything right!" or "If you don't give me some more money, I will put you in a home", or threatening to stop the victim seeing their grandchildren. The most common forms of psychological abuse were pressuring, shouting at, and degrading victims (Figure 31).
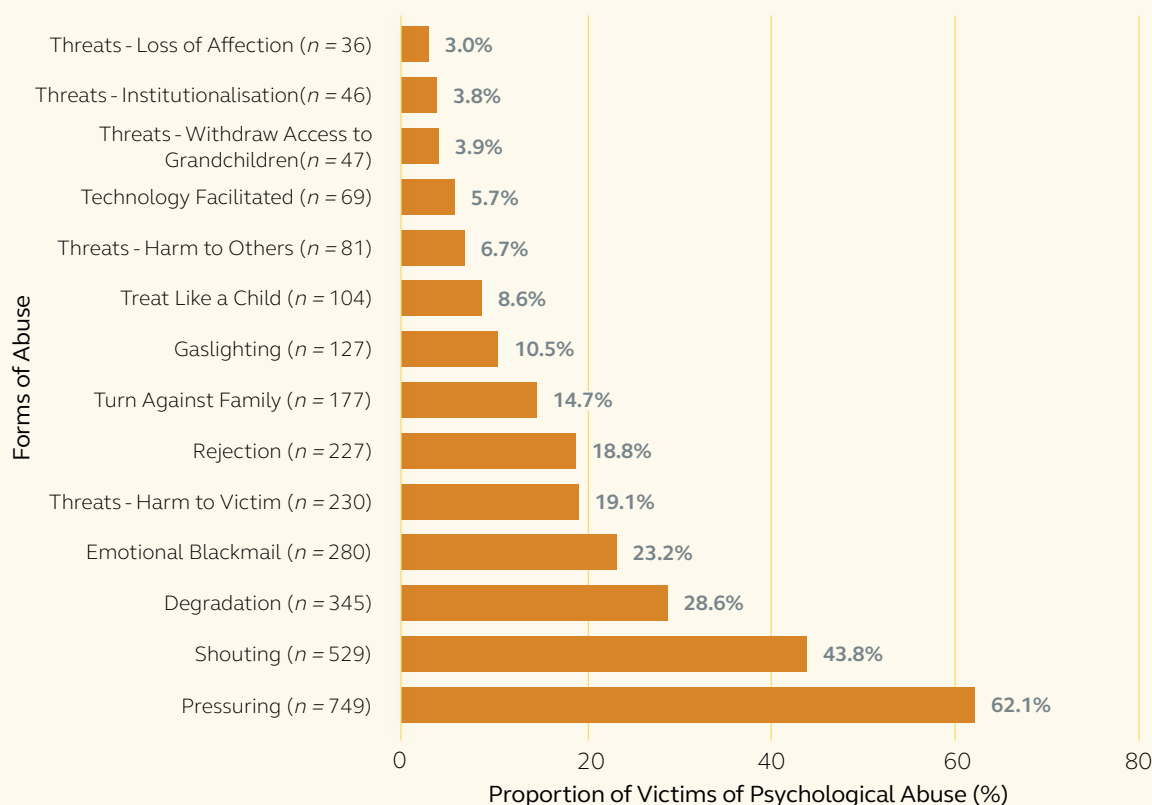


*Figure 31*

Forms of psychological abuse ($n = 1,207$).

# Sexual Abuse

Sexual abuse is any unwanted sexual behaviour, language, or activity that makes an older person feel uncomfortable, frightened, or threatened. [185,186]  This form of abuse includes situations in which a person is coerced into unwanted sexual activity or is unable to give consent due to intoxication, being unconscious or asleep, or not having the cognitive capacity to consent.[187]

Forms of sexual abuse were captured for fewer than half of the sexual abuse cases ($n = 6, 42.9\%$). The forms that were recorded were other ($n = 3, 21.4\%$), indecent assault ($n = 2, 14.3\%$), and attempted rape ($n = 1, 7.1\%$). Changes to the forms of sexual abuse captured in PEARL were made for the 2019–20 financial year, which should improve data capture in this area.

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185   Mann, Horsley, Barrett, & Tinney (2014).
186   Gold Coast Centre Against Sexual Violence Inc. (n.d.).
187   Krug, Dahlberg, Mercy, Zwi, & Lozano (2002).

# Social Abuse

The EAPU defines social abuse as "The intentional prevention of an older person from having social contact with family or friends or accessing social activities of choice." Common examples of social abuse reported to the Helpline are the victim's child or children move the victim away from their friends, other family members, or even partners, and refuse to allow any contact; the perpetrator places the older person in an aged care facility and tells staff not to allow certain people to visit; and the perpetrator moves in with the victim and keeps visitors away, or prevents the victim from leaving the house. In some social abuse cases, perpetrators take away the victim's phone or monitor their phone calls. The PEARL database allows Helpline operators to collect data on the methods used to perpetrate social abuse, along with the forms of social abuse.

## Methods Used to Perpetrate Social Abuse

In 76 (16.2%) cases of social abuse, EPoA misuse was recorded as the method of perpetrating the abuse.

## Forms of Social Abuse

Limiting contact with family and friends, restricting phone access, and limiting participation in activities were the most commonly reported forms of social abuse (Figure 32).
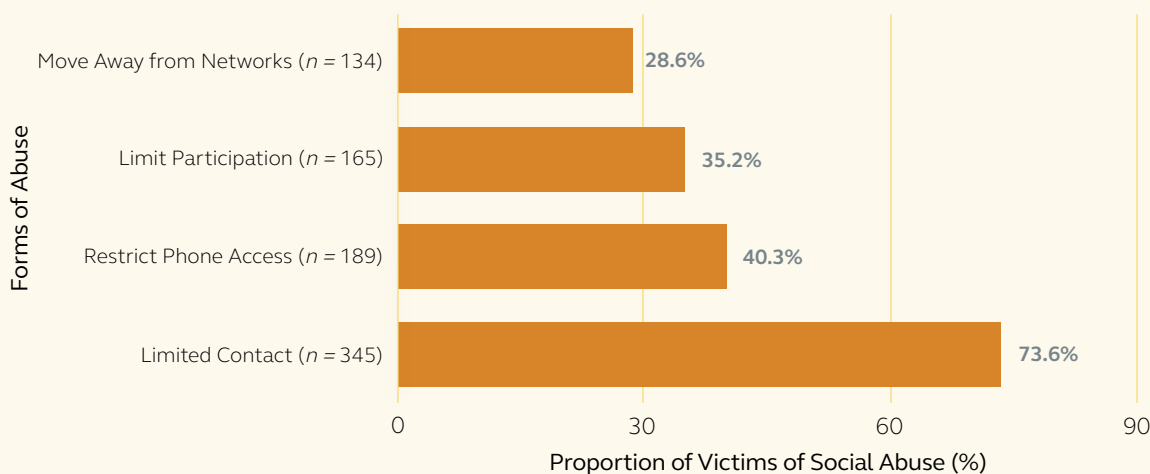


**Figure 32**

Forms of social abuse ($n = 469$).

# Frequency of Abuse

The PEARL database captures data about the frequency of abuse, which was recorded for 630 ($n = 36.5\%$) cases. In almost half of these cases, victims were abused daily (Figure 33).
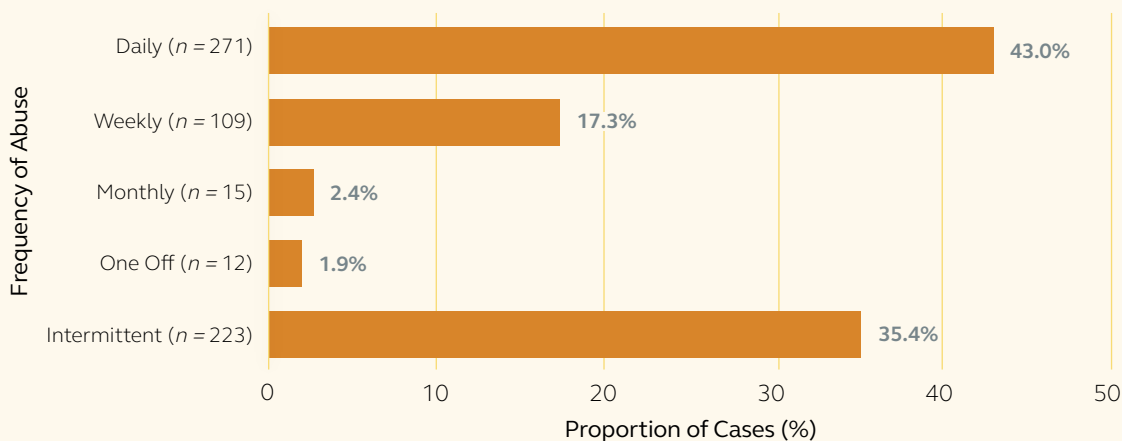


**Figure 33**

Frequency of abuse ($n = 630$).

# Duration of Abuse

The database captured the duration of abuse in 750 (43.4%) cases. Of these cases, almost two-thirds of victims had been experiencing abuse for under 2 years (Figure 34). A further breakdown within this 2-year timeframe showed that 60 victims had been experiencing the abuse for less than three months, 66 for 3–6 months, 195 for 6–12 months and 165 for 1–2 years.
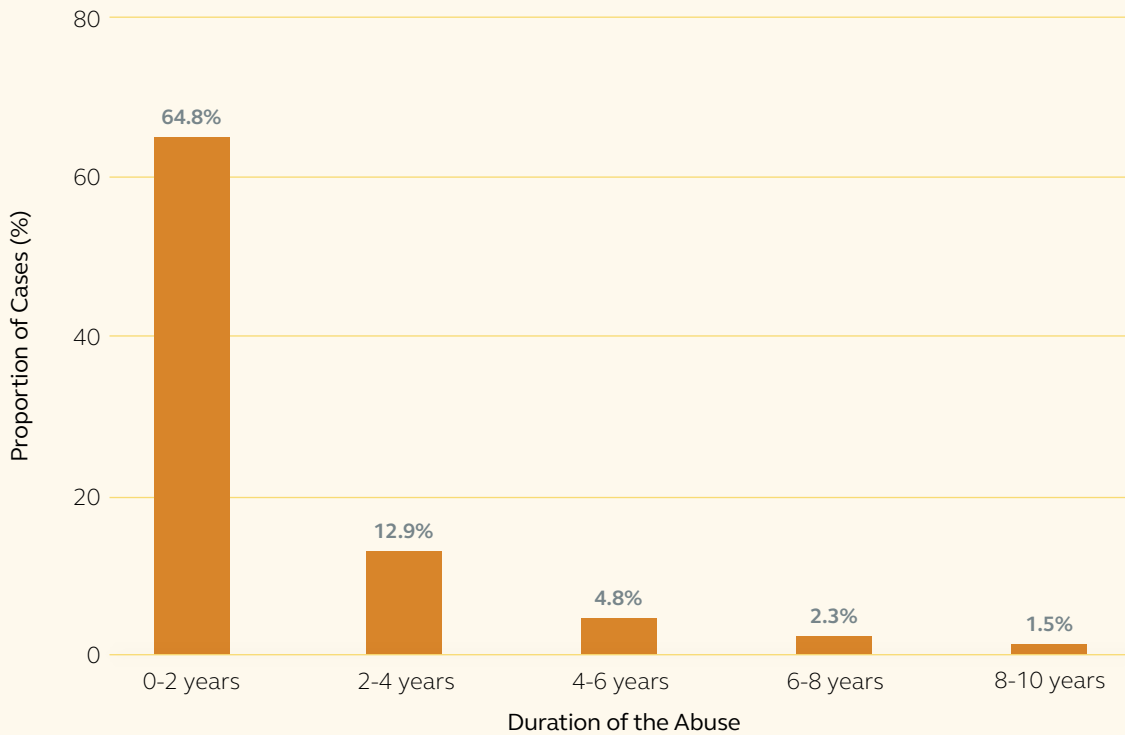


**Figure 34**

Duration of abuse
(*n* = 750).

# Section 3.7.
# Impact of the Abuse on Victims

Experiencing elder abuse has serious physical, health, and emotional consequences, and in some cases even results in death.[188] Victims of elder abuse are likely to experience psychological distress, depression, anxiety, and trauma.[189,190,191] Psychological and physical elder abuse also predict poor health.[192] Further, elder abuse often affects a victim's relationships,[193] financial situation, and security of tenure.[194]

Information about how abuse had affected victims was recorded in 1,273 (73.7%) cases, with psychological, health, and financial effects most frequently reported (Figure 35). Of these cases, 78.7 per cent involved victims' psychological functioning. Stress was the most commonly reported psychological impact, followed by anxiety (diagnosed or suspected), and depression (diagnosed or suspected) (Figure 36). Although reports of loss of the will to live and suicidal ideation or suicide attempts were less frequent (Figure 36), these cases are concerning in that these victims could potentially die as a consequence of the elder abuse.
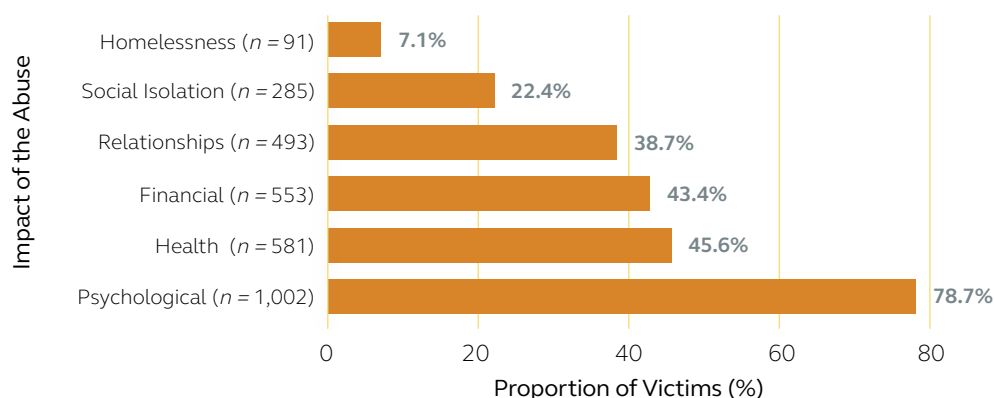
**Figure 35**

Impact of elder abuse on victims (*n* = 1,273).
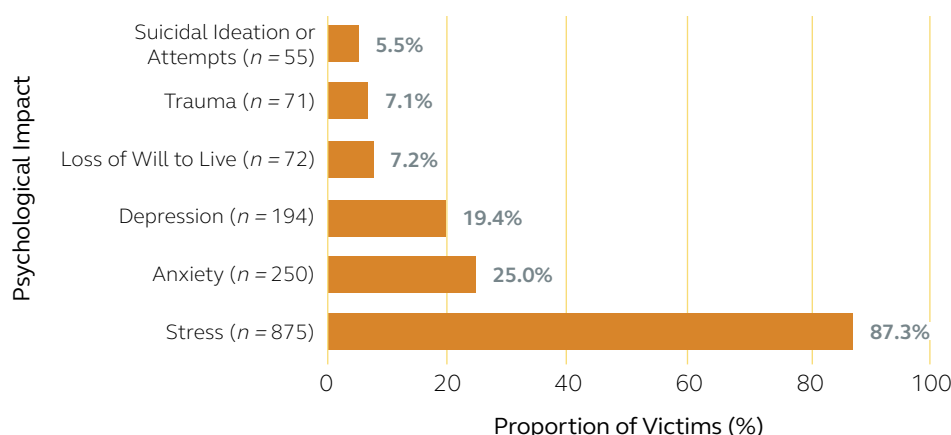
**Figure 36**

Psychological impact of abuse (*n* = 1,002).

188   Podnieks & Thomas (2017).
189   Podnieks & Thomas (2017).
190   Santos, Nunes, Kislaya, Gil, & Ribeiro (2017).
191   Dong, Chen, Chang, & Simon (2013).
192   Amstadter et al. (2010).
193   Cross, Purser, & Cockburn (2017).
194   Webb, E. (2018).

# Section 3.8.
# Barriers to Change for Victims

The PEARL database can record data about barriers to a victim's ability to enact change regarding the abuse they are experiencing. Barriers to change were identified in over half ($n = 967$, 56.0%) of cases. Fear of further abuse, concerns about the impact on perpetrators if the police become involved, and fear of losing the relationship with the perpetrators were the most commonly reported barriers to change (Figure 37).

In more than a third ($n = 373$, 38.6%) of the identified cases, callers stated that the potential impact on the perpetrator if the victim took action was a barrier to change. Of note, fear of losing the relationship with the perpetrator was the third most common barrier. Despite experiencing elder abuse, victims often report that they still love their children and are reluctant to take action because they fear it may harm their child or that they will lose the relationship with their child. The differences between parent-child relationships and intimate-partner relationships are important to consider when looking at intervention methods.
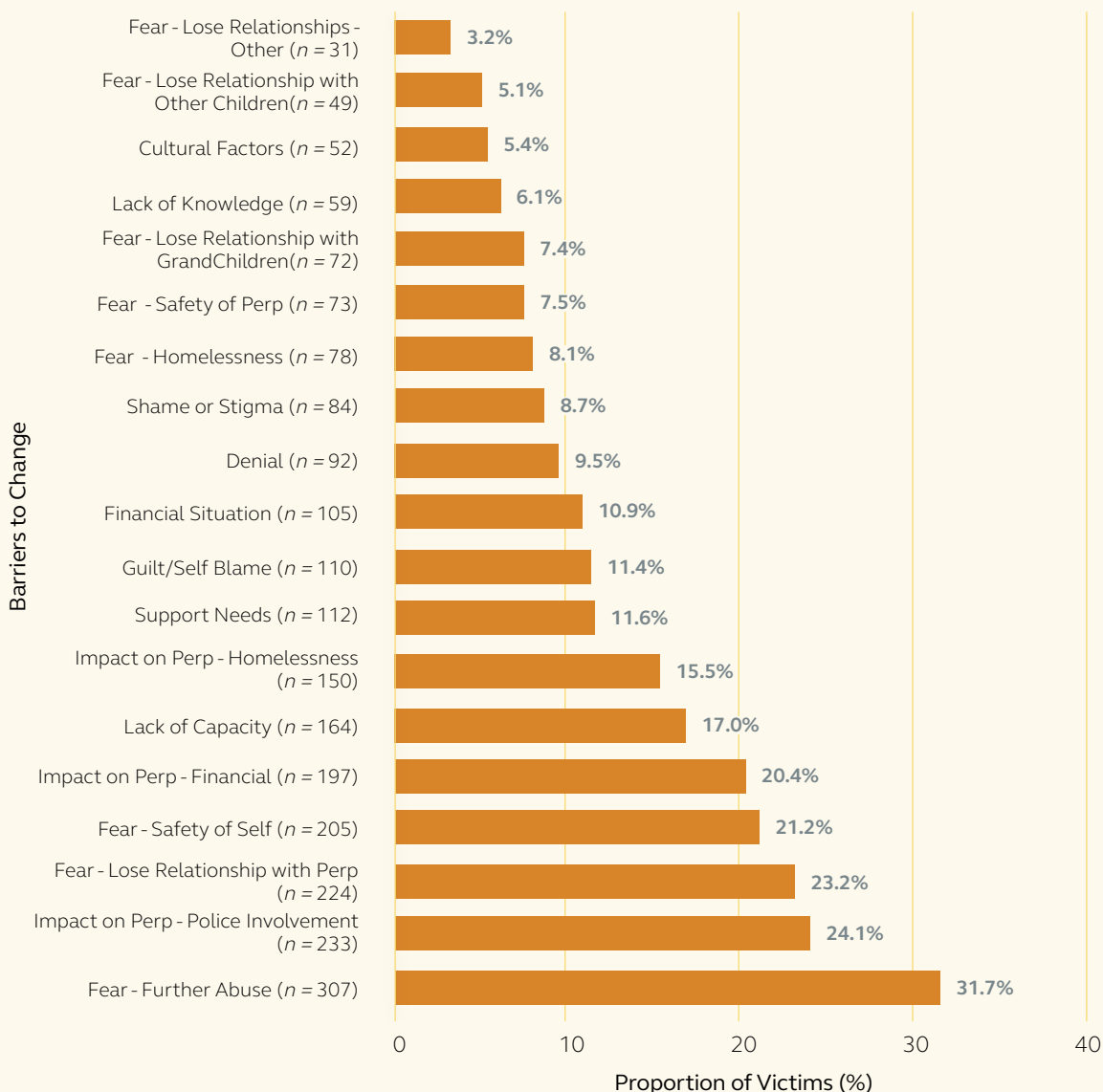


**Barriers to Change**

| Barrier | Proportion |
|---|---|
| Fear - Lose Relationships - Other ($n = 31$) | 3.2% |
| Fear - Lose Relationship with Other Children ($n = 49$) | 5.1% |
| Cultural Factors ($n = 52$) | 5.4% |
| Lack of Knowledge ($n = 59$) | 6.1% |
| Fear - Lose Relationship with GrandChildren ($n = 72$) | 7.4% |
| Fear - Safety of Perp ($n = 73$) | 7.5% |
| Fear - Homelessness ($n = 78$) | 8.1% |
| Shame or Stigma ($n = 84$) | 8.7% |
| Denial ($n = 92$) | 9.5% |
| Financial Situation ($n = 105$) | 10.9% |
| Guilt/Self Blame ($n = 110$) | 11.4% |
| Support Needs ($n = 112$) | 11.6% |
| Impact on Perp - Homelessness ($n = 150$) | 15.5% |
| Lack of Capacity ($n = 164$) | 17.0% |
| Impact on Perp - Financial ($n = 197$) | 20.4% |
| Fear - Safety of Self ($n = 205$) | 21.2% |
| Fear - Lose Relationship with Perp ($n = 224$) | 23.2% |
| Impact on Perp - Police Involvement ($n = 233$) | 24.1% |
| Fear - Further Abuse ($n = 307$) | 31.7% |

Proportion of Victims (%)

**Figure 37**

Barriers to change for victims ($n = 967$).

# Section 4. **Abuse in Consumer and Social Relationships**

Although the Helpline focuses primarily on abuse in close and intimate relationships, it also receives calls about abuse in consumer and social relationships. Social relationships include interactions with neighbours, acquaintances, and strangers. Consumer relationships are primarily underpinned by a contractual arrangement, such as the exchanges that occur between a service provider or retailer and an older person.

This section briefly reports on the 401 cases that involved abuse perpetrated within the context of social and consumer relationships. These cases are analysed separately from the 1,727 cases of abuse in close or intimate relationships because the patterns of abuse in relationships within consumer and social contexts differ. Therefore, interventions may also need to differ.

The Helpline received 372 notifications of abuse in consumer and social relationships. However, some victims were experiencing abuse in both consumer and social relationships, and thus one call may generate two cases (one consumer abuse case and one social abuse case). Consequently, cases of abuse in consumer relationships numbered 201 and cases of abuse in social relationships numbered 200.

## Abuse Types

The patterns of abuse differed according to the type of relationship (Figure 38). Neglect and physical abuse were reported in markedly higher rates in cases involving aged care services. Psychological abuse was more commonly reported for abuse in other consumer cases and social relationships. Social and sexual abuse were reported at higher rates in social relationships. Financial abuse was more common in other consumer relationships.
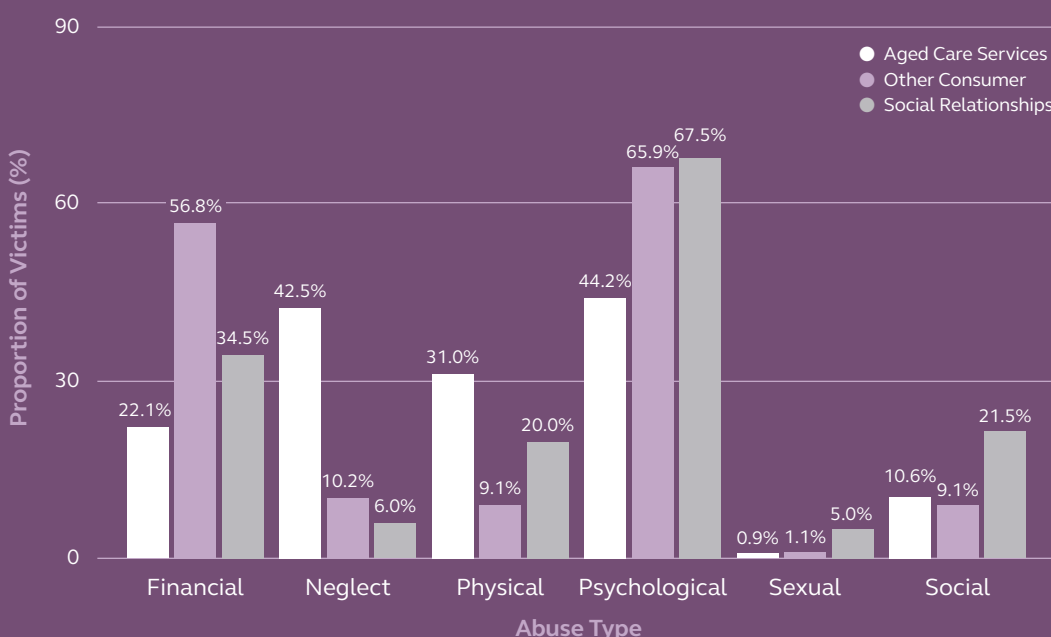


**Figure 38**

Comparison of abuse types among aged care services (*n* = 113), other consumer situations (*n* = 88), and social relationships (*n* = 200).
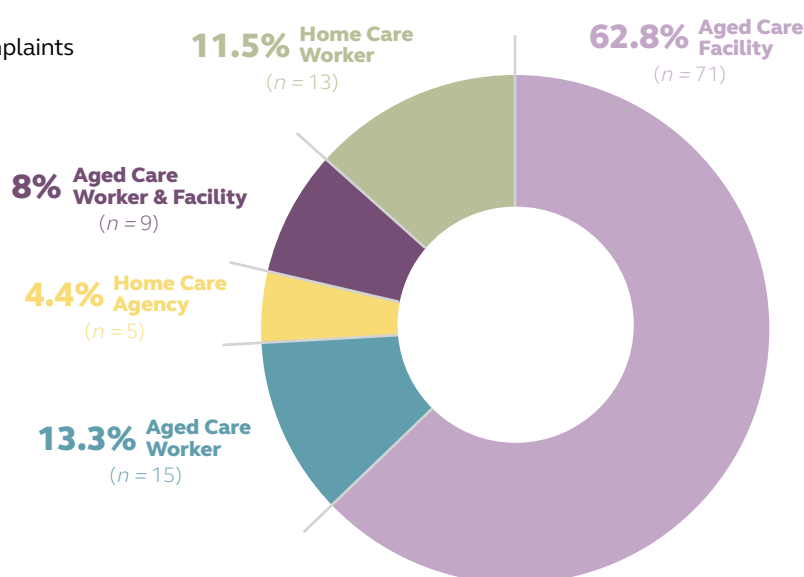
# Section 4.1.
# Abuse Involving Aged Care Services

There were 113 cases of abuse involving aged care services. This number, which represents an increase of 66.2 per cent from the 68 cases recorded in 2017–18, is probably associated with the Royal Commission and consequent increased media focus on abuse in aged care facilities.

Abuse related to aged care services includes complaints about aged care facilities and providers of home care services, resident-to-resident violence, and complaints about individual workers in a community or residential setting. Most cases related to abuse in aged care facilities (Figure 39). In nine cases, abuse related to both particular aged care workers and the aged care facility. For example, a facility worker abuses an older person and the response by the facility is also considered abusive.

**11.5%** Home Care Worker (*n* = 13)

**62.8%** Aged Care Facility (*n* = 71)

**8%** Aged Care Worker & Facility (*n* = 9)

**4.4%** Home Care Agency (*n* = 5)

**13.3%** Aged Care Worker (*n* = 15)

**Figure 39**

Abuse involving aged care services (*n* = 113).

Additional information about issues experienced by the older person was recorded for 97 cases of abuse involving aged care services. The most commonly reported issues were safety (e.g. patients given the wrong medications or items left in corridors that are a trip hazard), attention to personal needs (e.g. not being bathed often enough or waiting a long time for support with toileting), and staffing levels (Figure 40). In some cases, multiple issues are recorded. For example, an older person waiting a long time for support with toileting may result from inadequate staffing levels.
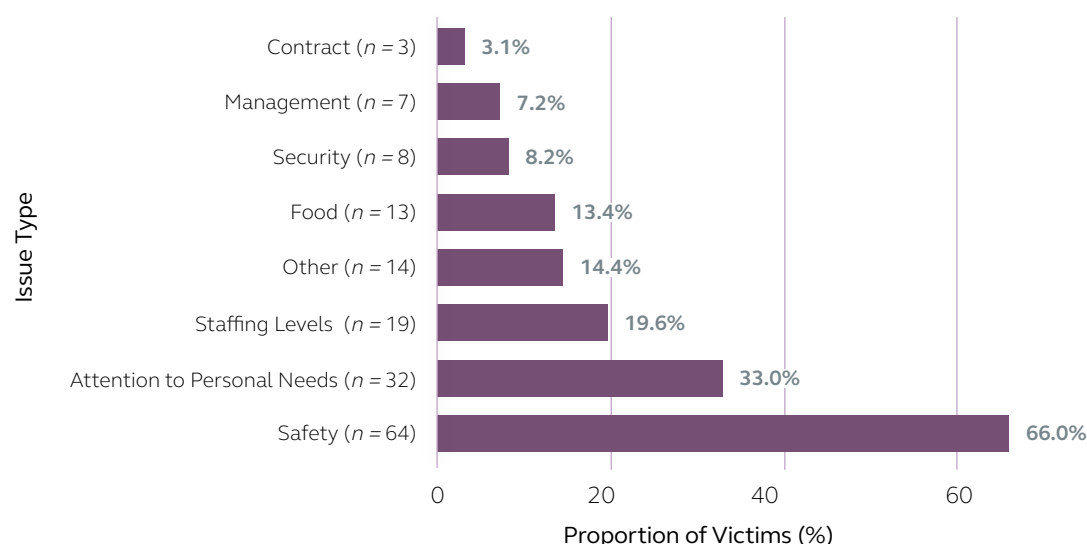
Contract (*n* = 3) — **3.1%**
Management (*n* = 7) — **7.2%**
Security (*n* = 8) — **8.2%**
Food (*n* = 13) — **13.4%**
Other (*n* = 14) — **14.4%**
Staffing Levels (*n* = 19) — **19.6%**
Attention to Personal Needs (*n* = 32) — **33.0%**
Safety (*n* = 64) — **66.0%**

Issue Type

Proportion of Victims (%)

**Figure 40**

Issues in aged care services (*n* = 97).

# Victim Age

Victim age was recorded in 70 (61.9%) cases. The most common age was 80–84 years (Figure 41).
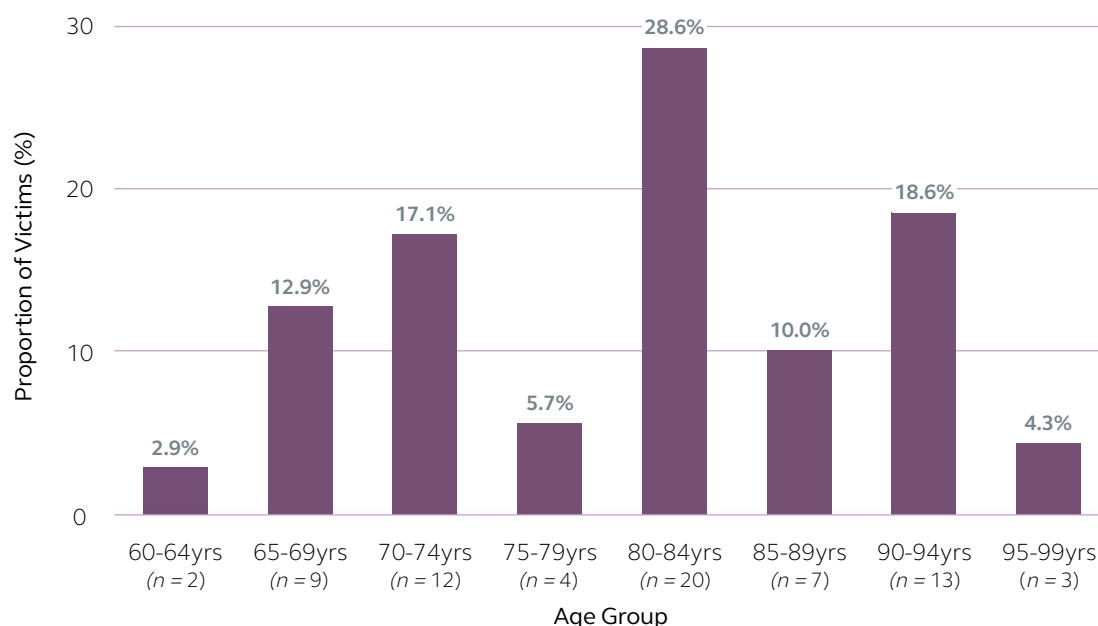


**Figure 41**

Age of victims in abuse related to aged care services (*n* = 70).

# Victim Gender

Gender was recorded for 94 (83.2%) victims, but was unknown for 8 (7.1%) victims. In a further 11 (9.7%) cases, multiple victims were affected and thus no specific gender was recorded. Of the gender-recorded cases, over half of the victims were female (Figure 42). The proportion of female victims was lower in cases of abuse involving aged care services (60.6%) than in close or intimate relationships (69.4%).

**Figure 42**

Gender of victims in abuse involving aged care services (*n* = 94).



**39.4% Male**
(*n* = 37)

**60.6% Female**
(*n* = 57)

# Victim Capacity

Impaired capacity was recorded in 55 (48.7%) cases, no impairment was recorded in 35 (31.0%) cases, and capacity was unknown in 23 (20.4%) cases.

# Perpetrator Gender

Perpetrator gender was recorded in 32 (28.3%) cases; almost two-thirds of perpetrators were female (Figure 43). [195]

**Figure 43**

Gender of perpetrators in abuse related to aged care services  (*n* = 32).



**34.4% Male**
(*n* =11)

**65.6% Female**
(*n* = 21)

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195   Note. This figure should be interpreted with caution due to the large amount of missing data.

# Abuse Types

Neglect and psychological and physical abuse were the most commonly reported types of abuse (Figure 44). This frequency pattern differs from that of abuse in close or intimate relationships, in which psychological, financial, and social abuse were the most common types.
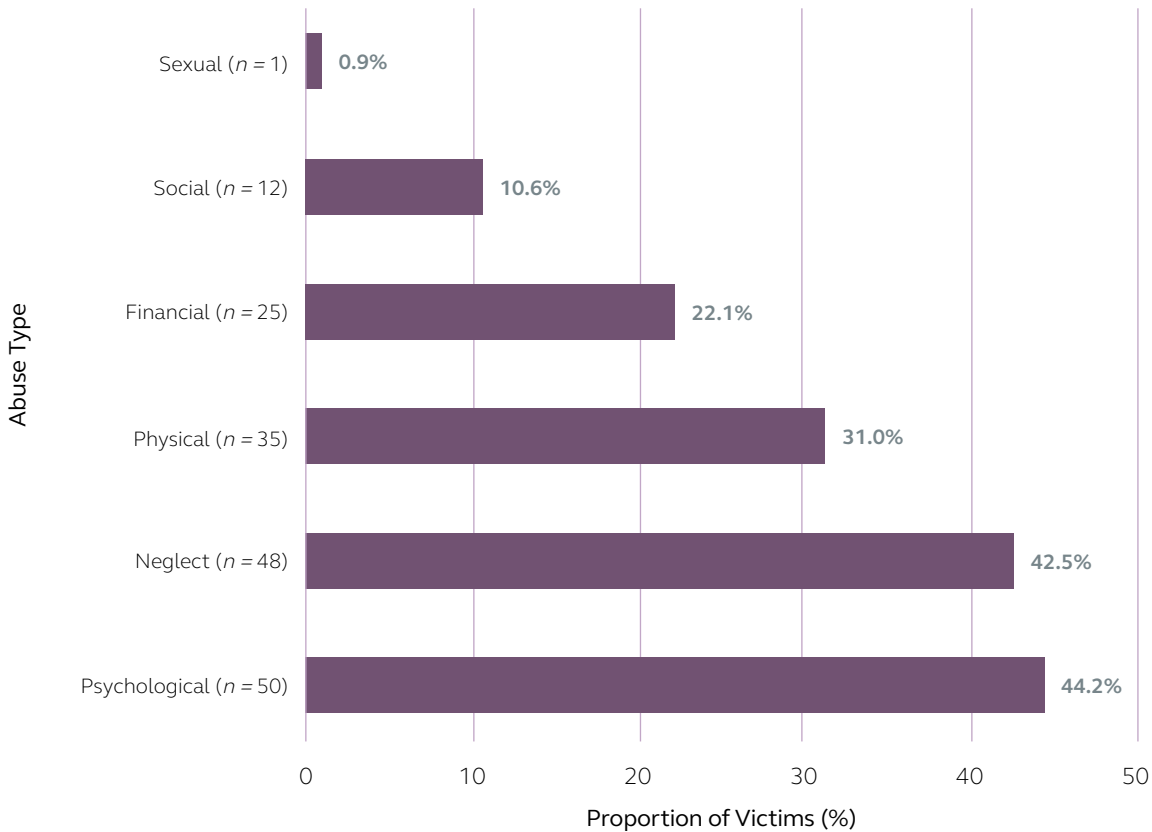


**Figure 44**

Proportion of victims by abuse type in cases related to aged care services ($n = 113$).

# Section 4.2.
# Abuse in Other Consumer Relationships

Abuse in other consumer relationships was reported in 88 cases.[196] This number increased by 340 per cent from the 20 cases recorded in 2017–18, most likely due to changes in the types of cases recorded in the PEARL database. This section does not include perpetrator demographics because of insufficient data.

Accommodation issues were most commonly reported (Figure 45). Of the 41 accommodation cases, more than two-thirds ($n = 31$, 73.0%) related to retirement villages.

**4.3%** Scams
($n = 4$)

**43.6%** Accommodation
($n = 41$)

**41.5%** Other
($n = 39$)

**10.6%** Health Services
($n = 10$)
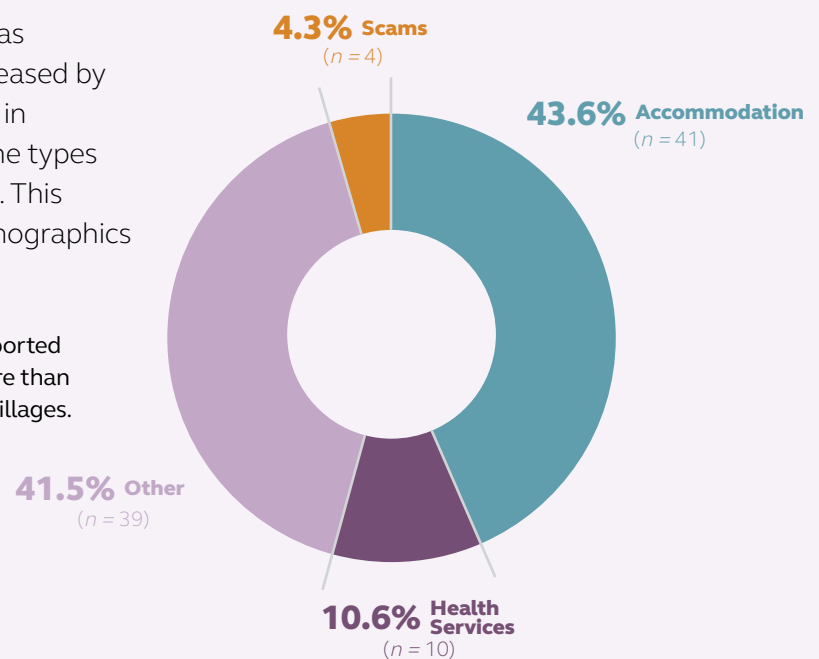
**Figure 45**

Abuse in other consumer relationships.

## Victim Age

Victim age was recorded for 70 (79.5%) victims and unknown for the remaining 18 (20.5%). The most common age groups were 70–74 years and 80–84 years (Figure 46).
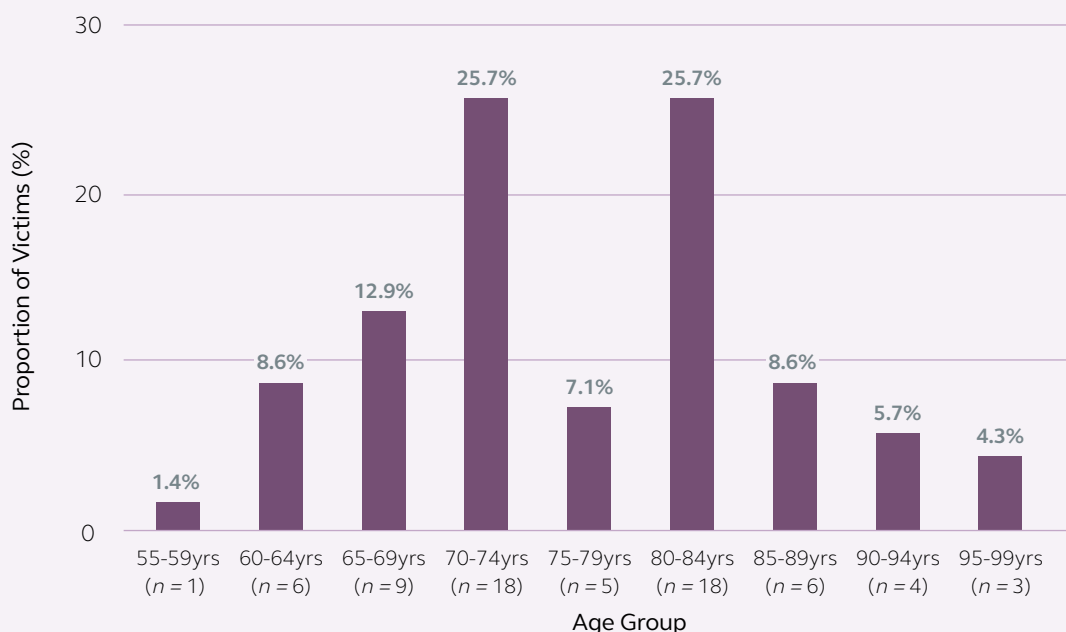


**Figure 46**

Age of victims in cases involving other consumer relationships ($n = 70$).

196   Note. Six cases are represented twice because more than one type of consumer issue was reported.

# Victim Gender

Gender was recorded for 73 (83.0%) victims and unknown for the remaining 15 (17.4%). Females comprised almost two-thirds of victims (Figure 47). The proportion of female victims in these cases is higher than in cases of abuse in close or intimate relationships or abuse involving aged care services.

**26.0% Male**
(*n* = 19)

**74.0% Female**
(*n* = 54)

**Figure 47**

Gender of victims in cases involving other consumer relationships (*n* = 73).
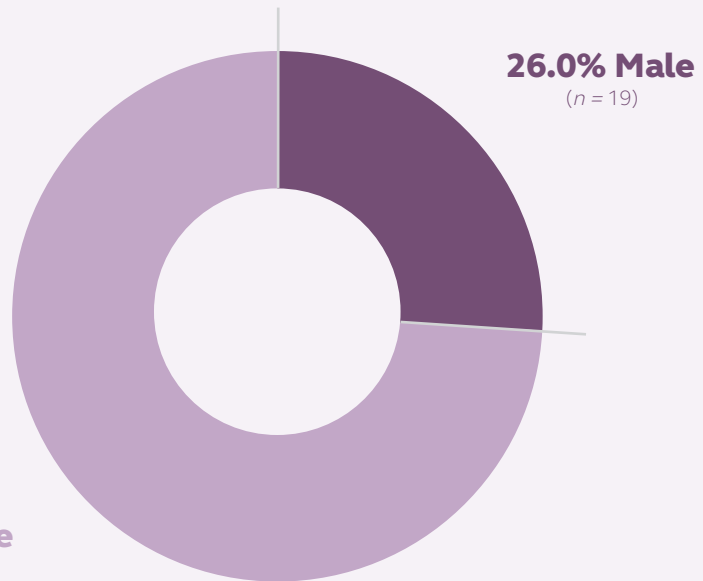
# Abuse Types

The most common types of abuse in these relationships were psychological and financial abuse (Figure 48).



Sexual (*n* = 1)  1.1%
Social (*n* = 8)  9.1%
Physical (*n* = 8)  9.1%
Neglect (*n* = 9)  10.2%
Financial (*n* = 50)  56.8%
Psychological (*n* = 58)  65.9%

Abuse Type

Proportion of Victims (%)

**Figure 48**

Proportion of victims by abuse type in cases involving other consumer relationships (*n* = 88).

# Section 4.3.
# Abuse in Social Relationships

There were 200 cases of abuse in social relationships reported in 2018–19, which increased by 239 per cent from the 59 cases reported in 2017–18. The issues experienced were recorded for 178 (88.6%) cases. Neighbourhood bullying was the most commonly reported issue (Figure 49).
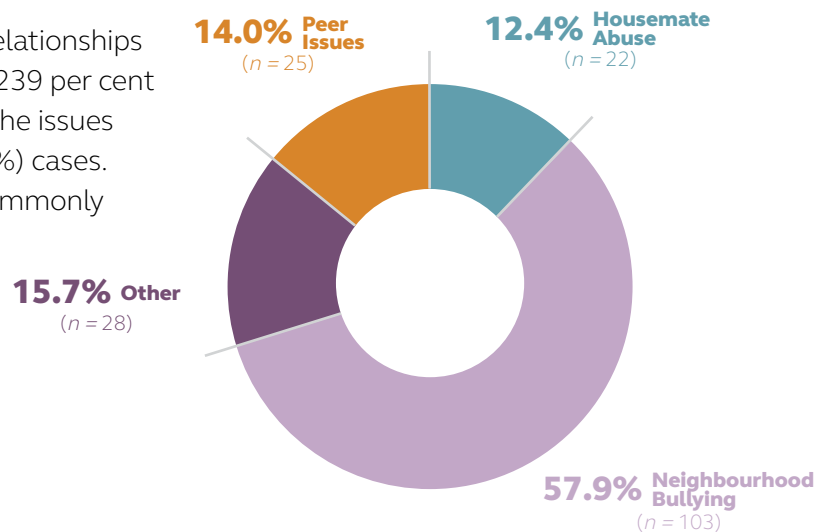
**14.0%** Peer Issues
(*n* = 25)

**12.4%** Housemate Abuse
(*n* = 22)

**15.7%** Other
(*n* = 28)

**57.9%** Neighbourhood Bullying
(*n* = 103)

**Figure 49**

Abuse in social relationships (*n* = 178).

## Victim Age

Victim age was recorded for 147 (73.5%) victims and unknown for 53 (26.5%). The most common age of victims was 70–74 years (Figure 50).
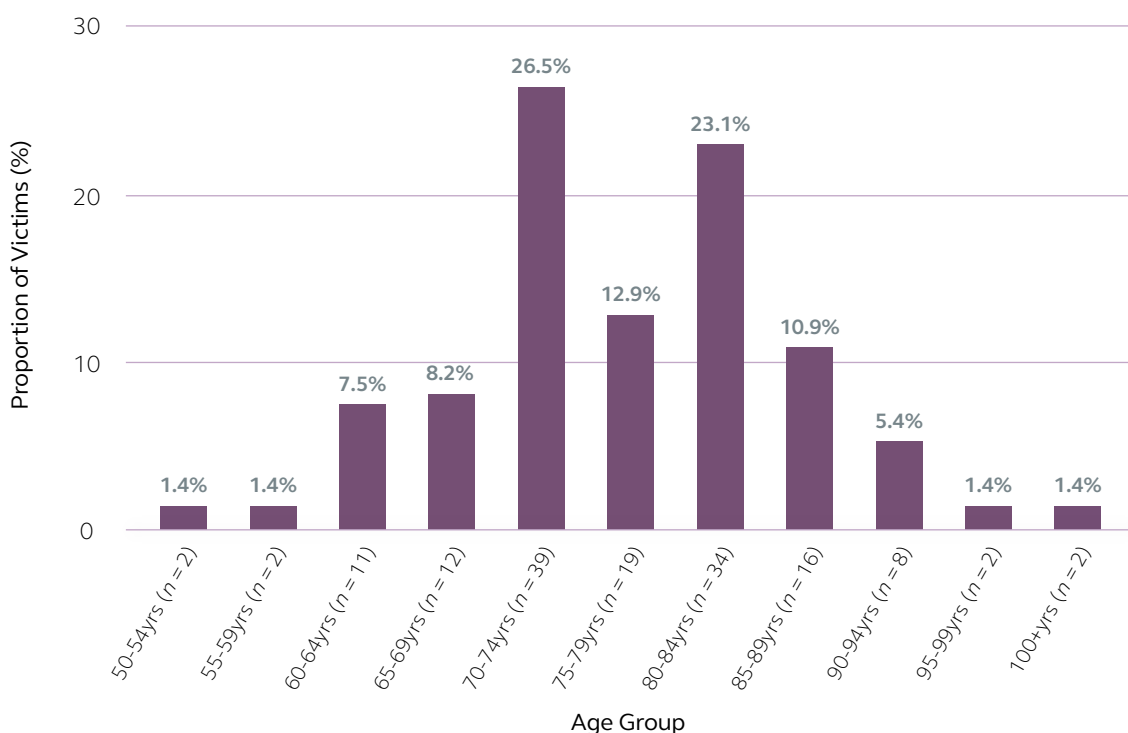
**Figure 50**

Age of victims in abuse cases involving social relationships (*n* = 147).

Proportion of Victims (%)

- 50-54yrs (*n* = 2): 1.4%
- 55-59yrs (*n* = 2): 1.4%
- 60-64yrs (*n* = 11): 7.5%
- 65-69yrs (*n* = 12): 8.2%
- 70-74yrs (*n* = 39): 26.5%
- 75-79yrs (*n* = 19): 12.9%
- 80-84yrs (*n* = 34): 23.1%
- 85-89yrs (*n* = 16): 10.9%
- 90-94yrs (*n* = 8): 5.4%
- 95-99yrs (*n* = 2): 1.4%
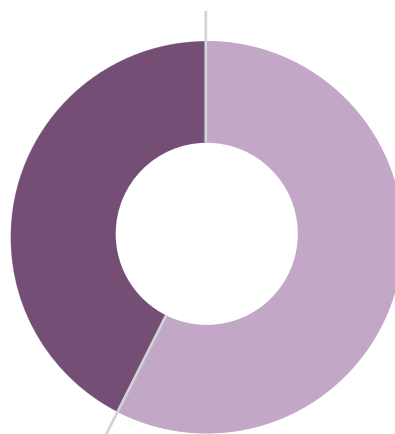- 100+yrs (*n* = 2): 1.4%

Age Group

# Victim Gender

Victim gender was recorded for 153 (76.5%) victims and gender was unknown in 47 (23.5%) cases. Females comprised more than half of victims (Figure 51).

**57.5% Female**
(*n* = 88)

**42.5% Male**
(*n* = 65)

**Figure 51**

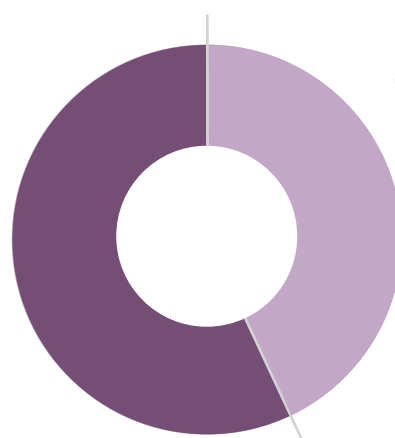Gender of victims in abuse cases involving social relationships (*n* = 153).

# Perpetrator Gender

The gender of perpetrators was recorded for 100 (50.0%) cases and unknown for a further 100 (50.0%). Males comprised more than half of perpetrators (Figure 52).

**43.0% Female**
(*n* = 43)

**57.0% Male**
(*n* = 57)

**Figure 52**

Gender of perpetrators in abuse cases involving social relationships (*n* = 100).

# Abuse Types

Psychological and financial abuse were most commonly reported in cases of abuse in social relationships (Figure 53).

Sexual (*n* = 10)  5.0%
Neglect (*n* = 12)  6.0%
Physical (*n* = 40)  20.0%
Social (*n* = 43)  21.5%
Financial (*n* = 69)  34.5%
Psychological (*n* = 135)  67.5%
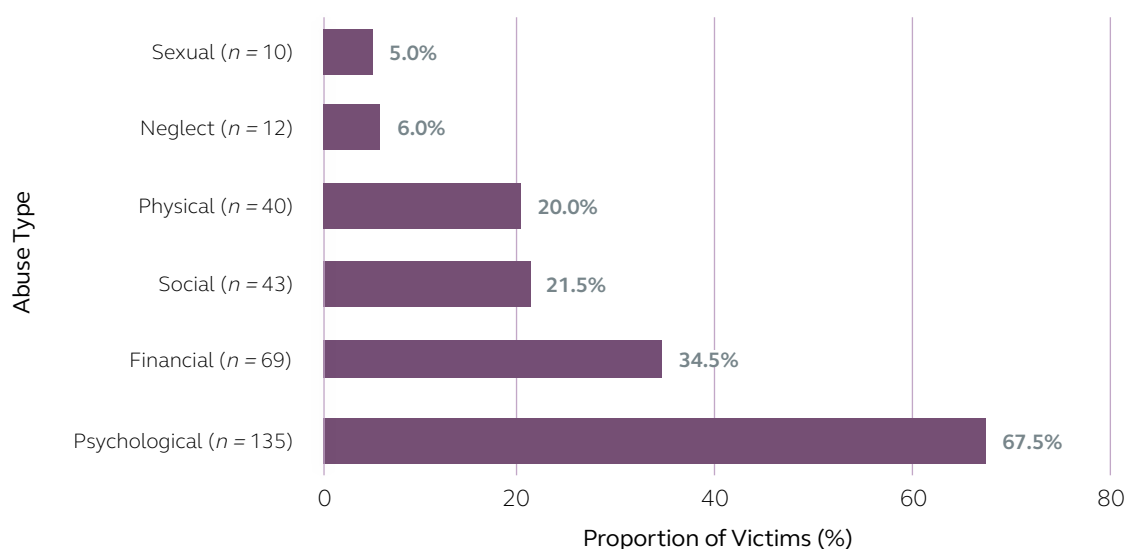
Abuse Type

Proportion of Victims (%)

**Figure 53**

Proportion of victims by abuse type in cases involving social relationships (*n* = 200).

63

# Future
Directions

The findings in this report highlight the multidimensional nature of elder abuse.  Over two-thirds of abuse notifications related to the abuse of older people by family or close friends who were "acting as family".  This highlights the importance of understanding and addressing elder abuse in the family context.  There are a number of areas identified in this report that warrant further consideration.

Females are over-represented as victims of elder abuse and female longevity does not fully account for this.  High rates of cognitive impairment and larger than expected numbers of victims were widows.  Understanding why these populations are over-represented as victims is an area that could benefit with further research.  Improved understanding of the potential impact of these factors for older women could be beneficial for preventative efforts.

There were large number of cases where perpetrators had a history of controlling and aggressive behaviour.  Furthermore, some perpetrators were identified as respondents on DVOs, with many involving non-elder abuse victims.  It is important to consider this pattern of behaviour when developing intervention methods.  For example, mediation may not be the best intervention method where the perpetrator has been identified to have a history of controlling behaviour.  Furthermore, when the behaviour is being displayed across multiple situations, it may be beneficial to consider whether men's behaviour change programs may be appropriate.

Another area of concern involves the high number of cases where formal decision makers were identified as perpetrators.  Further research could examine whether perpetration was deliberate or due to a lack of understanding of the responsibilities associated with being a decision maker under an EPoA.  Elder abuse is a complex issue but developing a further understanding of and addressing some of these issues and may help to reduce the rates of abuse in the future.

# References

Abelson, P., & Chung, D. (2004). *Housing prices in Australia: 1970 to 2003.* Retrieved from http://www.econ.mq.edu.au/Econ_docs/research_papers2/2004_research_papers/Abelson_9_04.pdf

Amstadter, A. B., Moreland Begle, A., Cisler, J. M., Hernandez, M. A., Muzzy, W., & Acierno, R. (2010). Prevalence and correlates of poor self-rated health in the United States: The National Elder Mistreatment Study. *American Journal of Geriatric Psychiatry, 18*, 615-623. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2893408/pdf/nihms210884.pdf

Australian Bureau of Statistics (2007). *National survey of mental health and wellbeing: Summary of results.* Retrieved from http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/$File/43260_2007.pdf

Australian Bureau of Statistics (2014). *Recorded crime – victims, Australia.* Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4510.02014?OpenDocument

Australian Bureau of Statistics (2016). *2016 Census community profiles.* Retrieved from http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/036?opendocument

Australian Bureau of Statistics (2017a). *Census 2016, social marital status by sex.* Retrieved from http://stat.data.abs.gov.au/Index.aspx?DataSetCode=ABS_C16_T03_SA

Australian Bureau of Statistics (2017b). *Gender indicators, Australia, Sep 2017.* Retrieved from http://abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4125.0Sep%202017?OpenDocument

Australian Bureau of Statistics (2019). *Residential property price indexes: Eight capital cities, March 2019.* Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6416.0Main+Features1Mar%202019?OpenDocument

Australian Human Rights Commission (2010). *Age discrimination – exposing the hidden barrier for mature age workers.* Retrieved from https://www.humanrights.gov.au/our-work/age-discrimination/publications/age-discrimination-exposing-hidden-barrier-mature-age

Australian Human Rights Commission (2013). *Fact or fiction? Stereotypes of older Australians.* Retrieved from https://www.humanrights.gov.au/sites/default/files/document/publication/Fact%20or%20Fiction_2013_WebVersion_FINAL_0.pdf

Australian Institute of Health and Welfare (2015). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015.* Canberra: Author. Retrieved from https://www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare-2015/contents/table-of-contents

Australian Institute of Health and Welfare (2018a). *Family, domestic and sexual violence in Australia.* Canberra: Author. Retrieved from https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/table-of-contents

Australian Institute of Health and Welfare (2018b). *Older Australia at a glance.* Canberra: Author. Retrieved from https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/social-and-economic-engagement/employment-and-economic-participation

Australian Institute of Health and Welfare (2018c). *Australia's health 2018.* Canberra: Author. Retrieved from https://www.aihw.gov.au/getmedia/bcf051e3-8f52-4399-8a52-790c507b3c53/aihw-aus-221-chapter-3-14.pdf.aspx

Australian Institute of Health and Welfare (2018d). *Aboriginal and Torres Strait Islander Stolen Generations and descendants: Numbers, demographic characteristics and selected outcomes.* Canberra: Author. Retrieved from https://www.aihw.gov.au/getmedia/a6c077c3-e1af-40de-847f-e8a3e3456c44/aihw-ihw-195.pdf.aspx?inline=true

Australian Institute of Health and Welfare (2018e). *Deaths in Australia.* Canberra: Author. Retrieved September 25, 2018 from https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/life-expectancy

Australian Law Reform Commission (2017). *Elder abuse — A national legal response.* Retrieved from https://www.alrc.gov.au/sites/default/files/pdfs/publications/elder_abuse_131_final_report_31_may_2017.pdf

Australian National Research Organisation for Women's Safety (2016). *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper.* Retrieved from https://www.anrows.org.au/publications/landscapes-0/existing-knowledge-practice-and-responses-violence-against-women-in

# References

Australia's National Research Organisation for Women's Safety (2018). *Women, disability and violence: Barriers to accessing justice.* Retrieved from https://d2c0ikyv46o3b1.cloudfront.net/anrows.org.au/Maher%20et%20al%20Horizons%20Research%20Report.pdf

Blundell, B., Clare, J., Moir, E., Clare, M., & Webb, E. (2017). *Review into the prevalence and characteristics of elder abuse in Queensland.* Retrieved from https://espace.curtin.edu.au/handle/20.500.11937/66263

Brandl, B., & Raymond, J. A. (2012). Policy implications of recognizing that caregiver stress is not the primary cause of elder abuse. *Generations, 36,* 32-39. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.574.6451&rep=rep1&type=pdf

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge: Harvard University Press.

Burnes, D., Breckman, R., Henderson, C. R., Lachs, M. S., & Pillemer, K. (2019). Utilization of formal support services for elder abuse: Do informal supporters make a difference? *Gerontologist, 59,* 619–624 doi:10.1093/geront/gny074

Burnes, D., Pillemer, K., Caccamise, P. L., Mason, A., Henderson, C. R., Berman, J., Cook, A. M., Shukoff, D., Brownell, P., Powell, M., Salamone, A., & Lachs, M. S. (2015). Prevalence of and risk factors for elder abuse and neglect in the community: A population-based study. *Journal of the American Geriatrics Society, 63,* 1906-1912. doi: 10.1111/jgs.13601

Byles, J., Dobson, A., Pachana, N., Tooth, L., Loxton, D., Berecki, J., Hockey, R., McLaughlin, D., & Powers J. (2010). *Women, health and ageing: Findings from the Australian Longitudinal Study on Women's Health.* Retrieved from https://www.alswh.org.au/images/content/pdf/major_reports/2010_women_health_and_ageing_r161.pdf

Campo, M., & Tayton, S. (2015). *Domestic and family violence in regional, rural and remote communities: An overview of key issues.* Retrieved from https://aifs.gov.au/cfca/ publications/domestic-and-family-violence-regional-rural-and-remote-communities

Chen, R., & Dong, X. (2017). *Risk factors of elder abuse.* In X. Dong (Ed.), *Elder abuse: Research, practice and policy* [EBL version]. doi: 10.1007/978-3-319-47504-2

Commonwealth of Australia (2008). *Comorbidity of mental disorders and substance use: A brief guide for the primary care clinician.* Retrieved from http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/FE16C454A782A8AFCA2575BE002044D0/$File/mono71.pdf

Cross, C., Purser, K., & Cockburn, T. (2017). *Examining access to justice for those with an enduring power of attorney (EPA) who are suffering financial abuse.* Retrieved from https://adaaustralia.com.au/wp-content/uploads/2016/07/Access-to-Justice-EPOA-Project-Report-QUT.pdf

DeLiema, M., & Conrad, K. J. (2017). Financial exploitation of older adults. In X. Dong (Ed.), *Elder abuse: Research, practice and policy* [EBL version]. doi: 10.1007/978-3-319-47504-2

Department of Health (2019). *Home care packages program: Data report 2nd quarter 2018–19.*

Dong, X., Chen, R., Chang, E., & Simon, M. (2013). Elder abuse and psychological well-being: A systematic review and implications for research and policy – a mini review. *Gerontology, 59,* 132-142. doi: 10.1159/000341652

Dong, X., Simon, M., Rajan, K., & Evans, D. A. (2011). Association of cognitive function and risk for elder abuse in a community-dwelling population. *Dementia and Geriatric Cognitive Disorders, 32,* 209-215. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3237103/

Dixon, J., Manthorpe, J., Biggs, S., Mowlam, A., Tennant, R., Tinker, A., & McCreadie, C. (2010). Defining elder mistreatment: Reflections on the United Kingdom Study of Abuse and Neglect of Older People. *Ageing and Society, 30,* 403-420. Retrieved from http://journals.cambridge.org/abstract_S0144686X0999047X

Elder Abuse Prevention Unit (2015). *A 'wishlist' for a prevalence study.* Retrieved from https://www.eapu.com.au/publications/research-resources

Elder Abuse Prevention Unit (2018). *Year in review.* Brisbane: UnitingCare. Retrieved from https://www.eapu.com.au/uploads/EAPU_general_resources/EAPU%20Year%20in%20Review%202018_UC.pdf

# References

Emmerton, K. (2017, September 5).  *Bank of Mum and Dad the fifth biggest home loan lender - Report 2017.*  Retrieved from https://mozo.com.au/home-loans/articles/bank-of-mum-and-dad-the-fifth-biggest-home-loan-lender-report-2-17

Four Corners (2018).  *Who cares?*  Retrieved from https://www.abc.net.au/4corners/who-cares/10258290

Geck, M., & Mackay, S. (2018).  *Housing in Queensland:  Affordability and preferences.*  Brisbane: Queensland Productivity Commission.  Retrieved from https://apo.org.au/sites/default/files/resource-files/2018/04/apo-nid140056-1186571.pdf

Gillbard, M. (2018).  *Recommendations for preventing elder financial abuse* (unpublished honours dissertation).  CQUniversity, Brisbane, Australia.

Gold Coast Centre Against Sexual Violence Inc. (n.d.).  *ELSA:  Elder sexual abuse.*  Gold Coast: Author.

Guardianship and Administration Act 2000 (Qld), Schedule 1 (Part 1), (August 29, 2013).

Horsford, S. R., Parra-Cardona, J. R., Post, L. A., & Schiamberg, L. (2011).  Elder abuse and neglect in African American families:  Informing practice based on ecological and cultural frameworks.  *Journal of Elder Abuse and Neglect, 23,* 75-88.  doi 10.1080/08946566.2011.534709

Jackson, S. L., & Hafemeister, T. L. (2013).  Understanding elder abuse:  New directions for developing theories of elder abuse occurring in domestic settings.  *Research in Brief, National Institute of Justice, June 2013.*  Retrieved from https://www.ncjrs.gov/pdffiles1/nij/241731.pdf

Johannesen, M., & LoGiudice, D. (2013).  Elder abuse:  A systematic review of risk factors in community-dwelling elders.  *Age and Ageing, 42,* 292-298. Retrieved from https://academic.oup.com/ageing/article/42/3/292/24179

Joosten, M., Dow, B., & Blakely, J. (2015).  *Profile of elder abuse in Victoria:  Analysis of data about people seeking help from Seniors Rights Victoria.*  Retrieved from https://seniorsrights.org.au/wp-content/uploads/2014/03/Summary-Report_Profile-of-Elder-Abuse-in-Victoria_Final.pdf

Kaspiew, R., Carson, R., & Rhoades, H. (2015).  *Elder abuse:  Understanding issues, frameworks and responses.* Melbourne: Australian Institute of Family Studies.  Retrieved from https://www.ag.gov.au/RightsAndProtections/HumanRights/Documents/Elder-abuse-understanding-issues-frameworks-and-responses.pdf

Kaspiew, R., Carson, R., & Rhoades, H. (2016).  Elder abuse in Australia.  *Family Matters, 98,* 64-73.

Kenny, S. (2006). *Developing communities for the future* (3rd Ed.).  South Melbourne: Cengage Learning.

Kohn, R., & Verhoek-Oftendahl, W. (2011).  Caregiving and elder abuse.  *Med Health, 94,* 47-49.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002).*World report on violence and health.*  Geneva:  World Health Organisation. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf;jsessionid=C4FAF72FB8C2031CF4449255EA0BB883?sequence=1

Lacey, W. (2014).  Neglectful to the point of cruelty?  Elder abuse and the rights of older persons in Australia.  *Sydney Law Review, 36*, 99-130.  Retrieved from http://www.austlii.edu.au/au/journals/SydLRev/2014/4.pdf

MacArthur Foundation (2012).  *The scope and effects of informal caregiving.* Retrieved from http://www.agingsocietynetwork.org/files/caregiving%20backgrounder.pdf

Mann, R., Horsley, P., Barrett, C., & Tinney, J. (2014).  *Norma's Project.  A Research study into the sexual assault of older women in Australia, (ARCSHS Monograph Series No. 98).*  Melbourne: La Trobe University.  Retrieved from http://elder-mediation.com.au/resources/Sexual_Assault_Older_Women_Australia.pdf

McCauley, C., Stitt, C. L., & Segal, M. (1980).  Stereotyping:  From prejudice to prediction.  *Psychological Bulletin, 87*, 195-208.

Miskovski, K. (2014).  *Preventing financial abuse of people with dementia.*  Sydney: Alzheimers Australia NSW.  Retrieved from https://www.dementia.org.au/files/20140618-NSW-Pub-DiscussionPaperFinancialAbuse.pdf

# References

National Academies of Sciences, Engineering, and Medicine (2018). *Addressing the social and cultural norms that underlie the acceptance of violence: Proceedings of a workshop in brief.* Washington, DC: Author. Retrieved from https://www.nap.edu/download/25075

National Research Council (2003). *Elder mistreatment: Abuse, neglect, and exploitation in an aging America.* Panel to Review Risk and Prevalence of Elder Abuse and Neglect. Richard J. Bonnie and Robert B. Wallace (Eds.). Committee on National Statistics and Committee on Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press. Retrieved from: https://www.nap.edu/read/10406/chapter/1

Naughton, C., Drennan, J., Lyons, I., Lafferty, A., Treacy, M., Phelan, A., O'Loughlin, A., & Delaney, L. (2012). Elder abuse and neglect in Ireland: Results from a national prevalence survey. *Age and Ageing, 41,* 98-103. Retrieved from https://academic.oup.com/ageing/article/41/1/98/46750

Nerenberg, L. (2008). *Elder abuse prevention: Emerging trends and promising strategies.* New York: Springer Publishing.

Office of the Public Advocate, Western Australia (2005). *Mistreatment of older people in Aboriginal communities project: An investigation into elder abuse in Aboriginal communities.* Retrieved from http://www.publicadvocate.wa.gov.au/_files/Mistreatment_older_aboriginal.pdf

Office of the Public Advocate, Western Australia (2006). *Care and respect project to research elder abuse in culturally and linguistically diverse communities.* Retrieved from http://www.publicadvocate.wa.gov.au/_files/Report_on_Elder_Abuse_in_CALD_communities.pdf

Parliament of Australia (2014). *Domestic, family and sexual violence in Australia: An overview of the issues.* Retrieved from http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/3447585/upload_binary/3447585.pdf;fileType=application/pdf

Peri, K., Fanslow, J., Hand, J., & Parsons, J. (2008). *Elder abuse and neglect: Exploration of risk and protective factors.* Wellington: Families Commission.

Podnieks, E., & Thomas, C. (2017). The consequences of elder abuse. In X. Dong (Ed.), *Elder abuse: Research, practice and policy* [EBL version]. doi:10.1007/978-3-319-47504-2

Powers of Attorney Act 1998 (Qld), Section 66 (March 5, 2017).

Queensland Government Statistician's Office (n.d.). *Average weekly earnings (a) (b), Queensland and Australia, 1981-82 to 2018–19.* Retrieved 21 August, 2019 from https://www.qgso.qld.gov.au/statistics/theme/economy/prices-indexes/wages#current-release-average-weekly-earnings-qld-australia

Queensland Government Statistician's Office (2016). *Elder abuse, Queensland, September 2016.* Retrieved from https://www.communities.qld.gov.au/resources/campaign/end-violence/attachment-four-qgso-elder-abuse-report-rec-eleven.pdf

Queensland Government Statistician's Office (2019). *Queensland regional profiles.* Retrieved July 26, 2019 from http://statistics.qgso.qld.gov.au/qld-regional-profiles

Roberto, K. A., & Teaster, P. B. (2017). Theorising elder abuse. In X. Dong (Ed.), *Elder abuse: Research, practice and policy* [EBL version]. doi:10.1007/978-3-319-47504-2

Santos, A. J., Nunes, B., Kislaya, I., Gil, A. P., Riveiro, O. (2017). Exploring the correlates to depression in elder abuse victims: Abusive experience or individual characteristics. *Journal of Interpersonal Violence, 1-20.* doi: 10.1177/0886260517732346

Sharma, N., Chakrabarti, S., & Grover, S. (2016). Gender differences in caregiving among family – caregivers of people with mental illnesses. *World Journal of Psychiatry, 22,* 7-17. doi: 10.5498/wjp.v6i1.7

Son, J., Erno, A., Shea, D. G., Femia, E. E., Zarit, S. H., & Stephens, M. A. (2007). The caregiver stress process and health outcomes. *Journal of Aging Health, 19,* 871-887. Retrieved from https://doi.org/10.1177/0898264307308568

Schiamberg, L. B., & Gans, D. (1999). An ecological framework for contextual risk factors in elder abuse by adult children. *Journal of Elder Abuse and Neglect, 11(1),* 79-103. doi 10.1300/J084v11n01_05

Setterlund, D., Tilse, C., Wilson, J., McCawley, A-L., & Rosenman, L. (2007). Understanding financial elder abuse in families: The potential of routine activities theory. *Ageing and Society, 27,* 599-614. doi: 10.1017/S0144686X07006009

# References

Somes, T., & Webb, E. (2016).  What role for real property in combatting financial elder abuse through assets for care arrangements?  *Canterbury Law Review, 22,* 120-152.

Speech Pathology Australia (2016).  Speech Pathology Australia's Submission to the Australian Law Reform Commission:  Elder Abuse Issues Paper.  Retrieved from https://www.alrc.gov.au/sites/default/files/subs/168._speech_pathology_australia.pdf

Succession Act 1981 (Qld), Part 3 (5 June, 2017).

Tilse, C., Rosenman, L., Peut, J., Ryan, J., Wilson, J., & Setterlund, D. (2006).  Managing older people's assets:  Does rurality make a difference?  *Rural Society, 16,* 169-185.  doi:  10.5172/rsj.351.16.2.169

Tilse, C., Wilson, J., White, B. P., Rosenman, L., & Feeney, R. (2015).  Will-making prevalence and patterns in Australia:  Keeping it in the family.  *Australian Journal of Social Issues, 50,* 319-338.

Tilse, C., Wilson, J., Rosenman, L., Morrison, D., & McCawley, A-L. (2011). Managing older people's money:  Assisted and substitute decision making in residential aged-care.  *Ageing and Society, 31,* 93-109.  doi:  10.1017/S0144686X10000747

Uniform Civil Procedure Rules 1999 (Qld), Section 610 (12 July, 2019).

United Nations (1991).  *Principles for older persons.*  Retrieved from https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx

Van Bel, D. T., Smolders, K. C., Ijsselsteijn, W. A., & De Kort, Y. A.  (2009). *Social connectedness: Concept and measurement.*  Retrieved from https://www.researchgate.net/publication/220992602_Social_connectedness_Concept_and_measurement

Vaughan, G. M., & Hogg, M. A. (2005).  *Introduction to social psychology* (4th Ed.).  Frenchs Forest, Australia:  Pearson Education Australia.

Victorian Council of Social Service (2017).  *The many faces of elder abuse.*  Retrieved August 16, 2019 from https://vcoss.org.au/analysis/elder-abuse/

Von Heydrich, L., Schiamberg, L. B., & Chee, G. (2012).  Social-relational risk factors for predicting elder physical abuse:  An ecological bi-focal model.  *International Journal of Aging and Human Development, 71(1),* 71-94.

Webb, E. (2018).  Housing an ageing Australia:  The ideal of security of tenure and the undermining effect of elder abuse.  *Macquarie Law Journal, 18,* 57-78.

Weeks, L., Dupuis-Blanchard, Arseneault, R., MacQuarrie, C., Gagnon, D., & LeBlanc, G. M. (2018).  Exploring gender and elder abuse from the perspective of professionals, *Journal of Elder Abuse & Neglect, 30,* 127-143.  doi 10.1080/08946566.2017.1388756

World Health Organisation (2002).  *The Toronto declaration on the global prevention of elder abuse.*  Retrieved from http://www.who.int/entity/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf

World Health Organisation (2009).  *Changing cultural and social norms that support violence.*  Retrieved from https://www.who.int/violence_injury_prevention/violence/norms.pdf

World Health Organisation (2011).  *Gender mainstreaming for health managers:  A practical approach.*  Retrieved from https://www.who.int/gender-equity-rights/knowledge/glossary/en/

World Health Organisation (2015).  *World report on violence and health.*  Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/

World Health Organisation (n.d.).  *Ageing and life course.* Retrieved June 21, 2019 from http://www.who.int/ageing/features/faq-ageism/en/

# Appendices

## Appendix A

### Services to which the EAPU Referred Notifiers in 2018–19

| Service | Frequency |
|---|---|
| **Accommodation** | **60** |
| **Advocacy** | **308** |
| ADA Australia | 281 |
| Advocacy - Other | 27 |
| **Case Management** | **334** |
| Relationships Australia Elder Abuse Service | 334 |
| **Complaints** | **109** |
| Aged Care Complaints Commissioner | 55 |
| Complaints - Other | 54 |
| **Counselling** | **118** |
| **Domestic and Family Violence Service** | **111** |
| **Elder Abuse Prevention Unit** | **473** |
| **Financial** | **74** |
| **Guardianship and Administration** | **543** |
| Office of the Public Guardian | 253 |
| Public Trustee | 41 |
| Queensland Civil and Administrative Tribunal | 249 |
| **Health** | **468** |
| Capacity Assessment | 5 |
| GP | 248 |
| Health - Other | 53 |
| Hospital Social Worker | 162 |
| **Interstate/International** | **71** |
| **Legal** | **898** |
| Seniors Legal and Support Service | 655 |
| Legal - Other | 243 |

# Appendices

| Service | Frequency |
|---|---|
| **Mediation** | **49** |
| **Police** | **406** |
| **Other** | **256** |
| Safety | 36 |
| Other Supports | 220 |
| **Total** | **4,278** |

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