Elder Abuse Statistics in Queensland:

Year in Review 2020 –21

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Queensland Government

Elder Abuse Statistics in Queensland:

Year in Review 2020–21

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The Elder Abuse Prevention Unit (EAPU) Helpline is funded by the Queensland Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships to provide information, support, and referrals to older people and those who witness or suspect that an older person is experiencing abuse or neglect. Helpline staff enter this non-identifiable information into PEARL (Prevention of Elder Abuse Record List), the EAPU's custom-built research database. Data are extracted, analysed, and reported annually. The 2021 report contains a range of descriptive statistics and analyses of Helpline data collected during the 2020–21 financial year.

Call Data

The Helpline received a total of 3,430 calls during the 2020–21 financial year. This included 2,022 abuse notifications and 1,408 enquiry calls (Figure E1). Ninety-eight notifications (4.8%) involved allegations of abuse against aged care services or workers.

2,022
Total Abuse Notifications

1,632
Notifications
Abuse in Close & Intimate Relationships

1,995
Abuse Cases

390
Notifications
Abuse in Consumer & Social Relationships

398
Abuse Cases
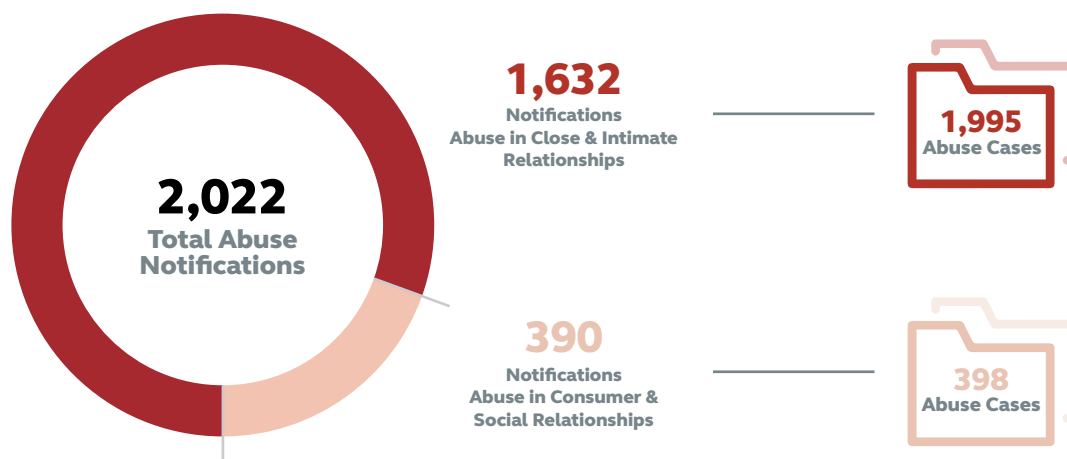
Figure E1.
Notifications received in the 2020–21 financial year.

Compared with the previous year, an additional 488 (31.8%) abuse notifications were received in 2020–21. As reported in the 2019–20 Year in Review report, the number of calls to the Helpline increased sharply in March 2020 and higher than average call volumes were sustained. The largest monthly total on record ($n = 347$) was observed in June 2021. The increase in calls from March 2020 likely relates to the social and economic impacts associated with the COVID-19 pandemic.

Queensland Government campaigns raising awareness of elder abuse were the most frequently recorded referral source in 2020–21. The most common types of services that EAPU staff referred callers to were legal ($n = 676$), guardianship and administration ($n = 438$), and health ($n = 377$).

Most abuse notifications (80.7%) in 2020–21 related to abuse in close or intimate relationships. The other 19.3 per cent of notifications related to abuse in consumer and social relationships. The patterns of abuse differ between cases occurring in close or intimate relationships and those involving abuse in consumer or social relationships (Figure E2). This is probably due to differences in the relationships between victims and perpetrators, along with the drivers of the abuse. Due to these differences, the data are analysed separately to increase the usefulness of the analyses.
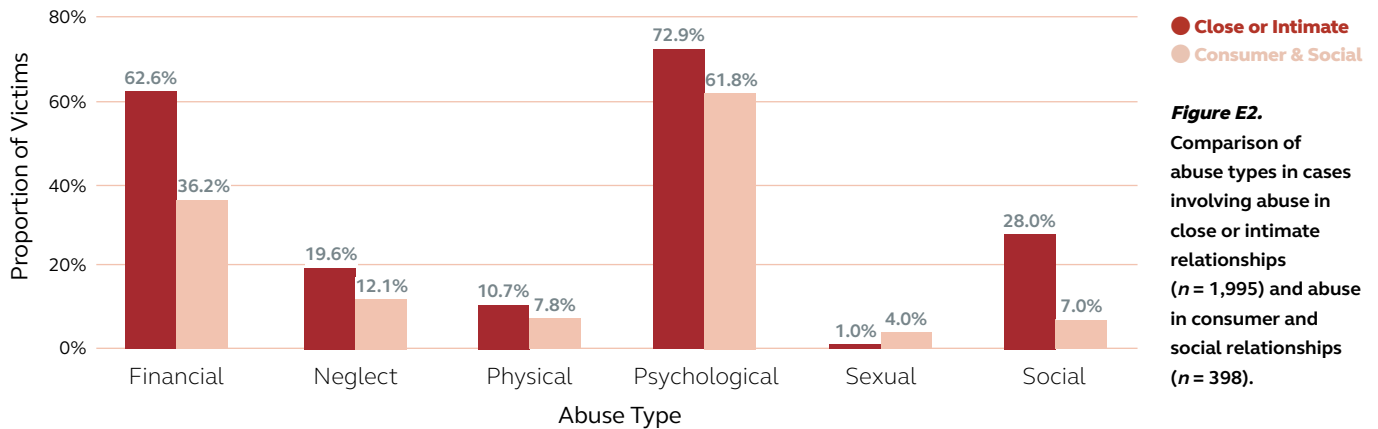
Figure E2.
Comparison of abuse types in cases involving abuse in close or intimate relationships (*n* = 1,995) and abuse in consumer and social relationships (*n* = 398).

Abuse in Close or Intimate Relationships

Data relating to abuse occurring within close or intimate relationships are presented according to a bifocal ecological framework. This framework views elder abuse as occurring through interactions between factors at the individual (victim and perpetrator), relationship, community, and societal levels.

Individual Factors: Victims

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

- The largest group of victims was aged 80–84 years (21.9%).

- Females were over-represented as victims (68.8%).

- Aboriginal and Torres Strait Islander peoples were over-represented as victims (4.4%). This is more than double the proportion of people aged 50 years and over living in Queensland who identify as Aboriginal or Torres Strait Islander (1.9%).

- A large proportion of victims was widowed (40.6%), which is almost four times the proportion of people aged 50 and over living in Queensland who are widowed (11.2%).

- Almost one-third of victims (32.6%) had impaired capacity.

- Half (50.3%) of victims were reported to have care needs, with just under one-third (31.5%) of these victims receiving formal support.

- Formal decision-making arrangements were recorded in 29.3 per cent of cases. In more than three-quarters (80.2%) of these cases (where known), one or more decision makers were alleged to be perpetrating elder abuse against victims. Decision makers were recorded as having acted to protect victims in only 18.5 per cent of these cases.

Individual Factors: Alleged Perpetrators

Individual vulnerabilities for perpetrators may not have direct or causal associations with elder abuse but they are important to consider when formulating responses. However, data relating to characteristics of individual perpetrators must be interpreted cautiously because notifiers frequently lack this information. Key findings:

- The largest group of perpetrators was aged 50–54 years (15.5%).

- Males (50.1%) and females (49.9%) were equally represented as perpetrators.

- Regarding health, 9.6 per cent of perpetrators were reported to have mental illness and 11.3 per cent to have substance misuse issues. Co-occurring mental illness and substance misuse was reported in 5.8 per cent of cases.

- Problematic behaviour appeared long-standing for some perpetrators, who had a history of controlling behaviour (24.4%), conflictual relationships (16.1%), and aggression (14.3%).

- Perpetrators were reported to have a history of criminal behaviour in 180 cases (9.0%), with 40 (2.0%) recorded as having been jailed for offences. In 71 cases (3.5%), perpetrators were listed as respondents on domestic violence orders.

Relationships Between Victims and Perpetrators

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

- Almost all cases of abuse in close or intimate relationships occurred within family relationships (96.1%) (Figure E3). Sons and daughters (including in-laws) were equally reported as perpetrators, together accounting for three-quarters of cases (74.6%). Spouses or partners were recorded as perpetrators in 11.1 per cent of cases. Poor family relationships were identified in 11.8 per cent of cases and sibling rivalry was identified in 5.6 per cent of cases.
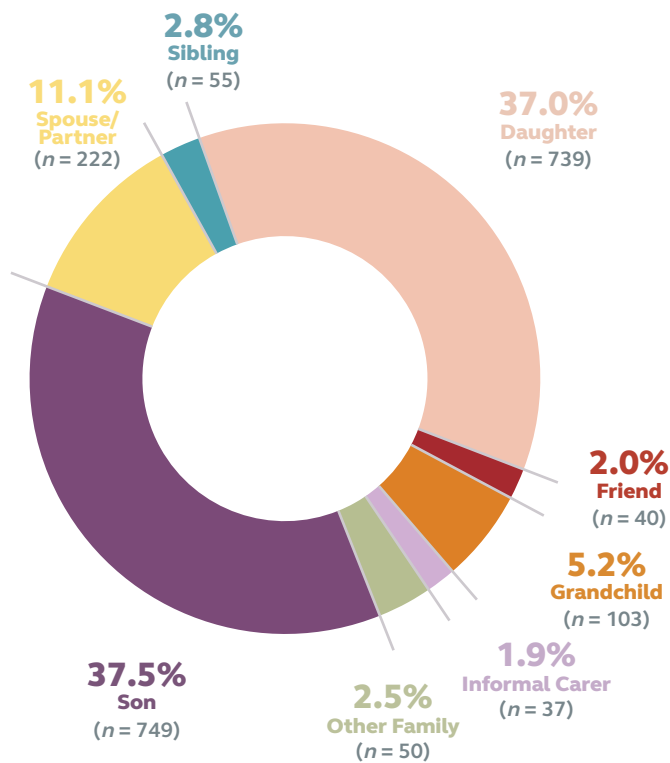
Figure E3.
Perpetrators' relationships to victims.

- In close to two-thirds of cases (61.1%), victims and perpetrators were living together. Victim and perpetrator cohabitation has increased sharply over the past three financial years. In the 2019–20 report, a significant increase occurred in the third quarter of the 2019–20 financial year. The economic fallout from the COVID-19 pandemic has resulted in more adult children moving in with their parents. A further increase was recorded in 2020–21. Interstate migration since the start of the pandemic has resulted in a serious housing shortage in Queensland, which probably contributed to the further increase in cohabitation in 2020–21.

- Perpetrators were providing care to victims in 363 cases (18.2%). At least one issue relating to the provision of care was identified in 297 of these cases. The most common issues involved the provision of care being financially motivated (45.1%) and perpetrators struggling to meet the support needs of victims (43.8%).

- Dependence was a further concern, with close to one-third of victims dependent on perpetrators (31.6%). This was higher than the 26.9 per cent recorded in 2019–20. Victims were most likely to depend on perpetrators for decision making and emotional support. In some cases, perpetrators depended on victims (14.5%). The proportion of perpetrators dependent on victims was lower than the 24.5 per cent recorded in 2019–20. Perpetrators most often depended on victims for accommodation (8.7%) and financial support (8.1%).

- The most common factors that may have influenced the development of abuse were victim ill-health (11.5%) and perpetrators and victims beginning cohabitation (10.8%).

Community

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. The community in which a person lives can affect their vulnerability to abuse in both positive and negative ways. Key findings:

- Daughters (27.2%), victims themselves (22.9%), and workers (13.1%) were the most common notifiers of abuse in close or intimate relationships. Workers most frequently came from the health, community services, and aged care fields.

- The largest proportion of victims lived in the Brisbane region (23.2%). This finding was expected due to the large number of Brisbane residents aged 50 years and older.

- Geographic locations where the proportion of victims was higher than expected given population data were Wide Bay, Queensland – Outback, and Moreton Bay North.

Society

The societal level of analysis concerns the cultural context in which victims and perpetrators live. Sociocultural factors influence beliefs and attitudes and can contribute to a climate in which elder abuse is more likely. Key findings:

- Ageism was identified in almost half of cases (47.5%).

- Gender stereotypes were reported to have influenced the decisions of victims (primarily female) in 17.6 per cent of cases.

- Sexism and gender roles were reported to have influenced the behaviour of perpetrators (primarily males) in 14.4 per cent of cases.

- A sense of entitlement to an older relative's assets was identified in close to half of cases (42.5%).

Abuse Data

The most common types of abuse reported were psychological (72.9%), financial (62.6%), and social abuse (28.0%) (Figure E4). In 64.5 per cent of cases, victims were experiencing more than one type of abuse. Physical, sexual, and social abuse were most likely to have other types of abuse co-occurring. Abuse was most often reported as occurring daily (60.3%). Victims who were experiencing neglect were most likely to experience the abuse daily.
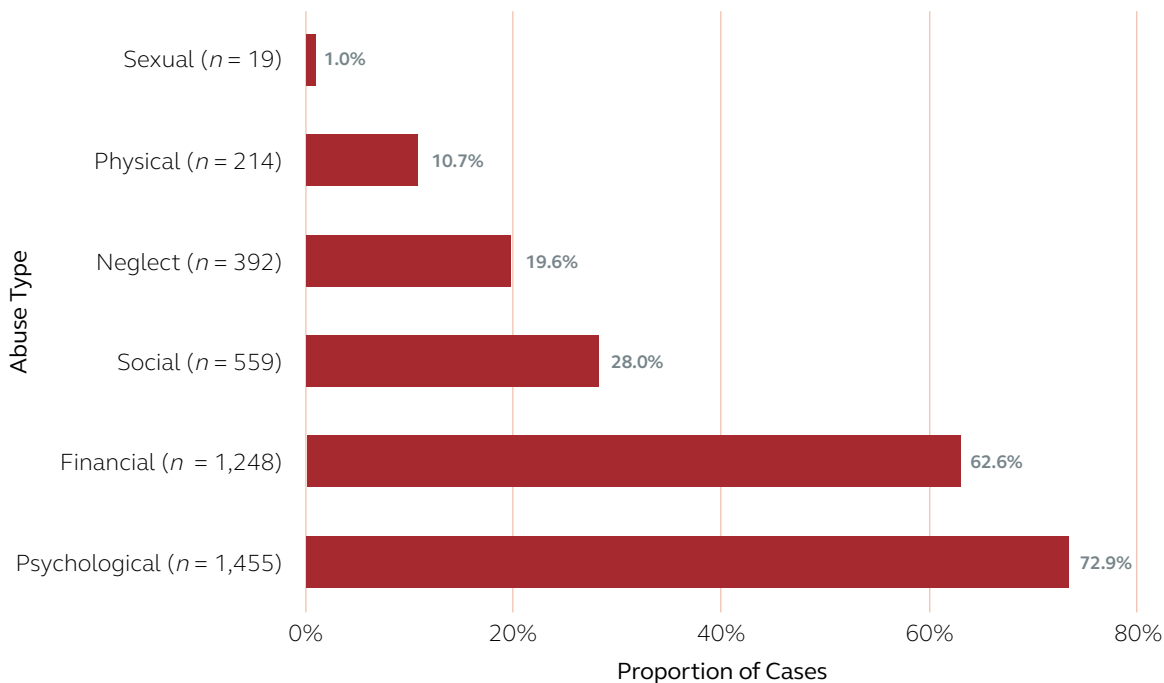
Figure E4.
Proportion of victims by abuse type.

Data are also captured around the presentation of each type of abuse. Key findings include:

- The most common methods of perpetrating financial abuse were undue influence (32.9%), misuse of an Enduring Power of Attorney (18.6%), and misuse of debit and credit cards (12.8%).

- The most frequently reported forms of financial abuse involved victims being coerced into gifting (22.3%), non-contribution (18.1%; for example, living with the victim and not contributing towards expenses such as electricity or groceries), and paying perpetrators' bills (16.5%).

- Failing to ensure victims' nutritional needs were met, refusal to allow others to provide care, and failing to take care of victims' medical needs were the most frequently reported forms of neglect.

- The most frequently reported forms of physical abuse were striking (32.2%), pushing (28.0%), and rough handling (20.6%).

- The most common forms of psychological abuse were degrading victims (70.9%), emotional blackmail (40.9%), and gaslighting (31.7%).

- The most common forms of sexual abuse were being coerced to perform sexual acts (36.8%), and rape (21.1%).

- In 12.2% of cases of social abuse, Enduring Power of Attorney misuse was recorded as the method of perpetrating abuse.

- Restricting visitation by others (53.1%), restricting access to a phone (34.3%), and deliberately behaving in a way which limited visitation from others (27.4%) were the most common forms of social abuse reported.

Impact of Abuse

Psychological (60.1%), financial (52.2%), and health impacts (48.3%) were most frequently reported impacts of abuse. The proportion of cases in which homelessness was reported as resulting from the abuse noticeably increased between 2019–20 (6.7%) and 2020–21 (10.6%).

Barriers to Change

The most common barriers to change for victims related to their individual vulnerabilities (56.7%), fear of further harm (38.2%), and concerns about protecting the perpetrator and their relationship (37.5%).

Abuse in Consumer and Social Relationships

The proportion of calls relating to abuse in consumer and social relationships (19.3%) was similar to that in 2019–20. Of the 398 cases of abuse in consumer and social relationships, 98 related to abuse involving aged care services, 103 concerned abuse in other consumer relationships, and 197 involved abuse in social relationships. Key findings:

- In cases of abuse involving aged care services, notifications mostly concerned residential aged care (81.6%). Most complaints were about aged care facilities as entities, with only 27 cases identifying individual workers as perpetrators. Within residential aged care facilities, 73.2 per cent of reported issues related to the quality of the care provided. Safety, attention to personal needs, and food were the most common issues reported that related to the quality of the care.

- The most frequent complaints of abuse in other consumer relationships related to providers of accommodation services. Almost half (42.9%) were about retirement villages and 20.0 per cent involved public housing. Forty cases were categorised as "Other", involving complaints about tradespeople, various government departments, banks, and other service providers.

- Neighbourhood bullying accounted for nearly two-thirds of cases involving abuse in social relationships (59.4%).

Abuse types varied across different forms of abuse in consumer and social relationships (Figure E5).

- Abuse in aged care services most frequently involved psychological abuse, neglect, and financial abuse.

- Psychological and financial abuse were the most common types reported for other consumer relationships.

- Abuse in social relationships commonly involved psychological and financial abuse.
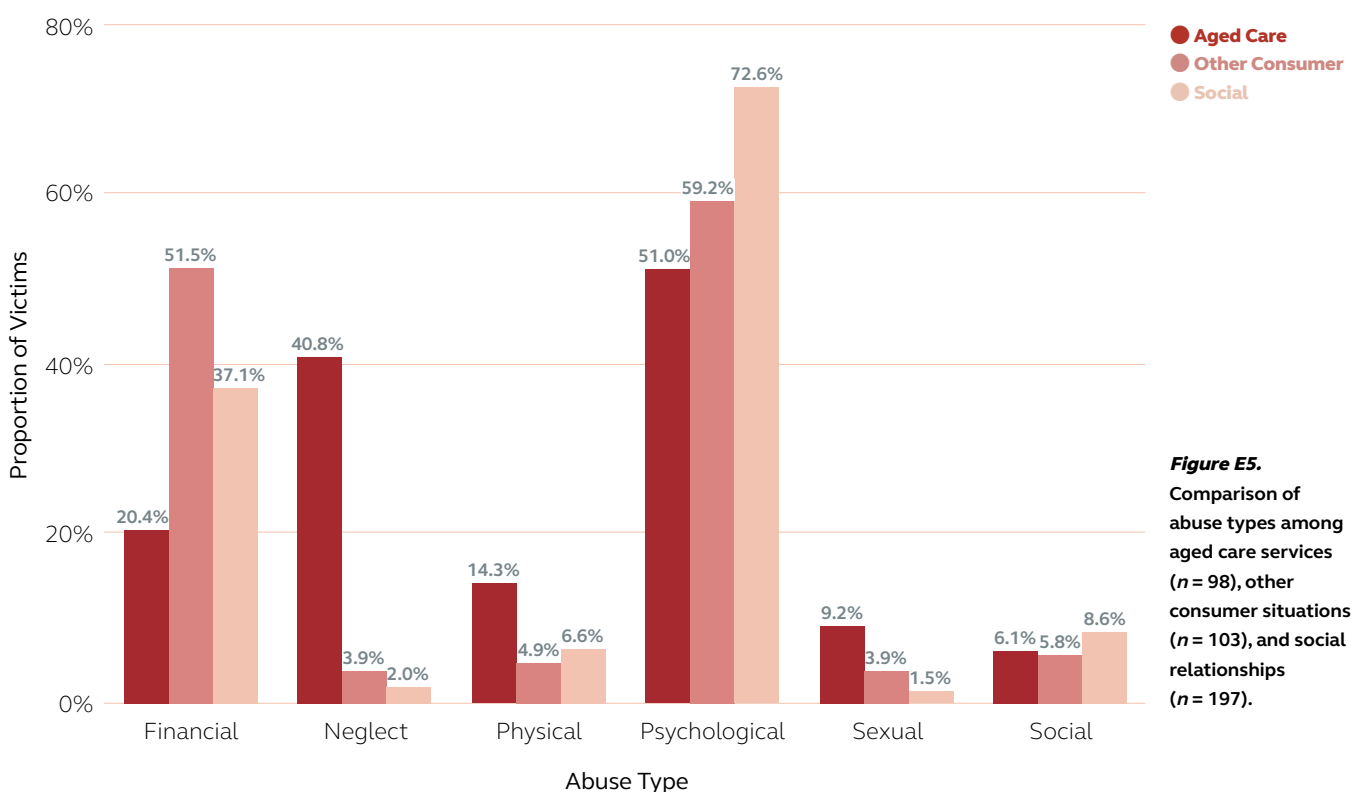
Figure E5.
Comparison of abuse types among aged care services (*n* = 98), other consumer situations (*n* = 103), and social relationships (*n* = 197).

Future Directions

The findings in this report highlight the multidimensional nature of elder abuse. More than three-quarters of abuse notifications related to the abuse of older people at the hands of family or close friends who were "acting as family". This finding highlights the importance of understanding and dealing with elder abuse in the family context. The EAPU believes that some areas that warrant further consideration and research may include:

- The influence of COVID-19 on rates of elder abuse, including precipitating factors and victim impacts. Intra- and interstate comparisons across different policy and health contexts would be particularly valuable.

- Increasing numbers of victims were fearful of becoming homeless or had already experienced homelessness because of the abuse. Support to access safe, accessible, and affordable housing for victims of elder abuse is likely to become increasingly important in Queensland as the current housing shortage escalates. EAPU considers that examining the suitability and availability of existing crisis accommodation, along with the effectiveness of providing housing support to victims of elder abuse, should be prioritised.

- Aboriginal and Torres Strait Islander peoples are over-represented as victims of elder abuse in the Helpline data, but whether this population experiences higher rates of abuse than other populations remains unknown. Examining Aboriginal and Torres Strait Islander perspectives on elder abuse and help-seeking behaviours would support the development of culturally appropriate services.

- There is a dearth of Australian research into perpetrator factors associated with elder abuse, and little intervention work with perpetrators. EAPU considers that there are benefits in developing and monitoring the effectiveness of an evidence-based perpetrator program.

- Little research exists about the abuse of older people who identify as LGBTIQ+. The PEARL database captures this information; however, as callers are not explicitly asked if victims identify as LGBTIQ+, meaningful analysis is not possible.

- Limited information is available about abuse experienced by older people with cognitive impairment, and whether their experiences differ from those of other people. Research in this area could inform targeted prevention and intervention efforts for people with cognitive impairment.

Elder abuse is a complex social issue, but filling these evidence gaps may help increase the effectiveness of prevention and intervention efforts.
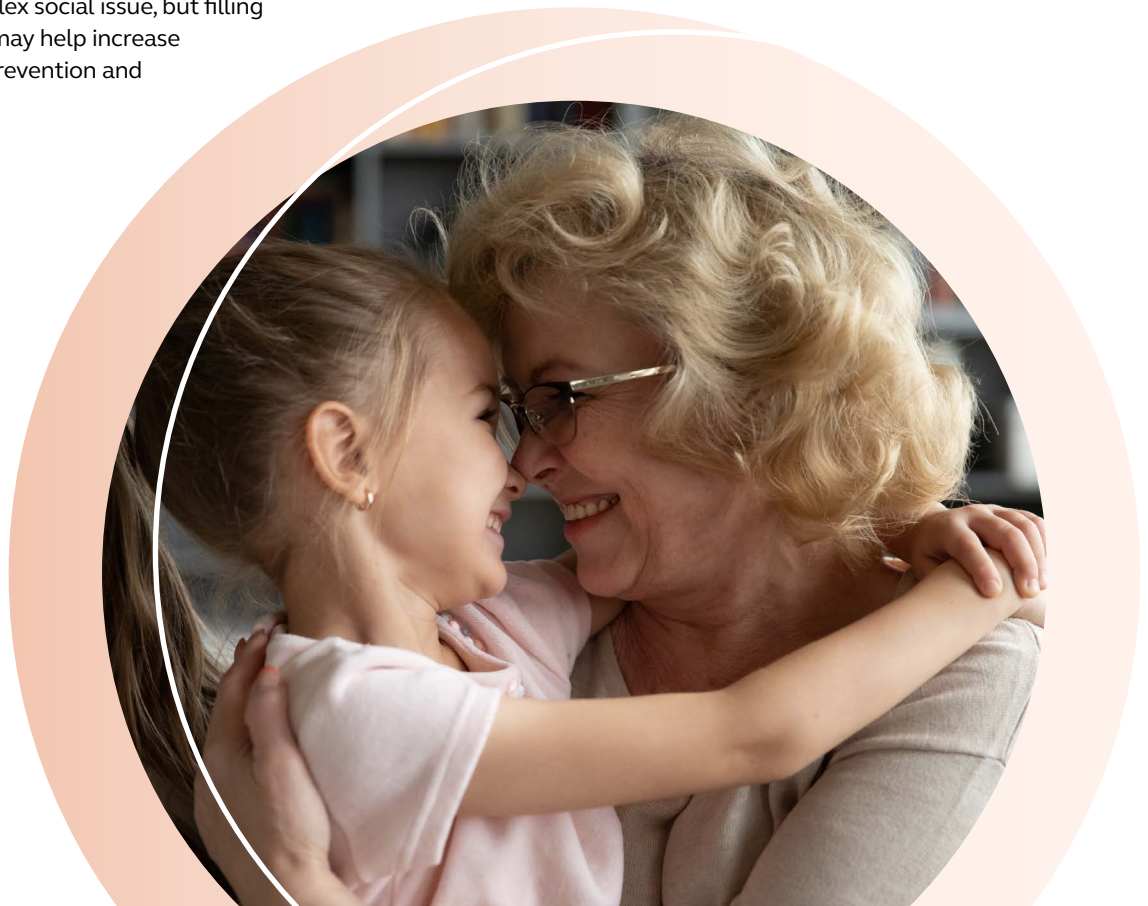
1

Introduction to the Report

The Elder Abuse Prevention Unit (EAPU) is a state-wide service within UnitingCare's Older Persons Programs. The EAPU is funded by the Queensland Government Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships to respond to the abuse of older people in Queensland. The EAPU provides an Elder Abuse Helpline, co-chairs an integrated elder abuse response panel, raises awareness of elder abuse, facilitates network activities, analyses and disseminates Helpline data, and contributes to numerous state-based and national research projects.

The EAPU's activities are guided by the definition of elder abuse endorsed by the World Health Organization: "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."[1] Although this definition is used extensively, contention exists about what types of relationships have an expectation of trust and about the age at which a person is considered an "older person". Based on the findings of the EAPU Research Subgroup,[2] the EAPU defines such relationships as those in which 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".[3] The EAPU also classifies relationships with neighbours, housemates, and strangers as relationships without 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 aged 50 years or older are analysed. Differences have been found[4] between abuse that occurs when there is an expectation of trust and abuse that occurs within other types of relationships. Hence, this report analyses these cases separately. Section 3 presents cases of abuse in close or intimate relationships, in which there is an expectation of trust. Section 4 presents cases of abuse that occur within position-of-trust arrangements or general social and community relationships.

The EAPU data is widely recognised as the largest and most comprehensive source of elder abuse data in Australia. The data is collected in Queensland and may be influenced by contextual factors. Queensland has the second-largest land area in Australia and is one of the most decentralised states with only 47 per cent of the population living in the capital city.[5] Consequently, the findings from this report may not be representative of the whole Australian population. However, some factors associated with an increased risk of elder abuse transcend state boundaries. For example, issues related to income inequity, housing affordability, lack of access to aged care support, mental health, substance misuse, expectations around intergenerational wealth transfer, and dementia are not unique to Queensland, or even Australia. In contrast, the impact of COVID-19 has differed markedly across states. Queensland has fared well compared with many states; however, the pandemic has still affected the lives of Queenslanders, which is discussed in more detail in Section 3.5. Consequently, although the findings from this report are a valuable source of information, the contextual factors should be considered. Similar data will hopefully be collected by services throughout Australia to further develop the knowledge base around elder abuse in Australia.

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1   World Health Organization (2002).
2   EAPU (2015).
3   Dixon et al. (2010).
4   EAPU (2018).
5   Australian Bureau of Statistics (2021a).

Section 1.1
Elder Abuse Helpline

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

Types of Calls

The Helpline receives a diversity of calls, from those seeking general information about what the EAPU does to calls reporting serious abuse. When recording information collected during calls, the calls are separated into three categories:

● Enquiries

Examples are requests for general information, requests for information or training sessions, and follow-up calls made by EAPU. Calls where an abuse notification is received for a previously reported case (where known) are recorded as enquiry calls to reduce the likelihood of any one case unduly influencing the dataset.

● Abuse in close or intimate relationships

Examples are calls reporting situations in which a family member, informal carer, or close friend is abusing an older person.

● Abuse in consumer and social relationships

Examples are calls regarding complaints about aged care services, neighbourhood disputes, or scams that target or impact older people.

How the Helpline Manages Calls

The Helpline is often the first port of call for many people 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 for some callers. Even in situations in which the caller is not the person experiencing abuse, the caller can be distressed. Making a call can also involve risk if the victim lives with the perpetrator or the perpetrator monitors or controls their actions. The option of anonymity helps callers feel safe to disclose abuse and seek support without fear of judgement or feeling as though they are being pressured into acting against their wishes. See Appendix A for The Helpline Practice Framework.

Case Study

The following case study is an example of the types of call the EAPU receives about abuse in close or intimate relationships. This is not a real case, but rather a composite of many cases. Social abuse and neglect often co-occur, and the proportions were higher in 2020–21 than in 2019–20. This case study was developed to demonstrate a scenario in which social abuse and neglect may co-occur.

Sue, a neighbour of Damien's, contacted the EAPU Helpline due to concerns about his wellbeing. Sue advised that Damien has arthritis which affects his mobility. Damien's daughter Angela moved in with him six years ago to provide support with cleaning, cooking meals, and assisting Damien to mobilise. Damien also has another daughter, Megan, who lives in the next suburb.

Angela's daughter was close to giving birth and Angela decided to visit her daughter for a few weeks so that she could be present for the birth and help out after her grandchild was born. Angela contacted Sue (neighbour) and asked her to provide meals for Damien while she was away.

Sue advised that since she has been taking meals to Damien, she has noticed that his hygiene has deteriorated. Sue believes that Damien is having difficulties getting to the toilet. Sue also reported that Damien is sleeping in his armchair because he finds it too difficult to get out of bed in the cold weather. Sue is assisting Damien to get up from the armchair when she takes over his meals at night but is unable to assist during the day.

Sue asked Damien if he had any other family and he told her that he has another daughter, Megan, who only visits on special occasions such as his birthday or Father's Day. Megan and Angela do not get along after they had a falling out 15 years ago. Damien confided in Sue that he had wanted to ask Megan to help out while Angela was away. When he spoke to Angela, she became angry, so he did not contact Megan.

Sue was worried about the situation and contacted the EAPU Helpline. The Helpline worker suggested that she talk to Damien about whether he would like to speak to the EAPU.

Damien called the Helpline and was surprised to be asked what he wanted his life to look like. Damien said that he had been so focused on what everyone else wanted that he hadn't really thought about what he wanted. After a pause, Damien said he would like to see Megan more often and arrange for an external support service to provide meals and help with the housework. Damien wanted to make things easier for Angela but was worried that she might get upset.

Damien decided to contact Megan to see if she could help out until Angela returned. He also contacted My Aged Care with the aim of accessing some longer-term support. Damien also decided to arrange a family meeting to discuss their current situation and what he wanted for the future. Damien planned to invite his sister to the meeting because his daughters respected her, and she could support him and help to defuse the situation if the discussion became too heated.

EAPU utilises a person-centred approach that focuses on the needs and wishes of the older person, rather than those of other people involved in the older person's circumstances.

Section 1.2
About the Data

This section describes

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

Reasons for Data Collection and Dissemination

There is a lack of knowledge about elder abuse in the Australian context.[6,7,8] An ageing population and increased longevity highlights the need to develop a better understanding of elder abuse. The importance of research into elder abuse has been recognised, with funding for a National Research Agenda commencing in 2016.[9] It is envisaged that the current national research program will provide some insight into elder abuse in Australia and help to build an evidence base around the effectiveness of various intervention models. However, non-experimental research like that undertaken by the EAPU can help increase awareness and understanding about elder abuse and its consequences. Stakeholders use data collected by the EAPU to

- guide academic research, because EAPU data can highlight emerging issues;
- enhance their understanding of elder abuse;
- guide prevention and intervention activities; and
- inform policy.

Data Collection

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

Helpline staff enter this non-identifiable information into PEARL (Prevention of Elder Abuse Record List), the EAPU's custom-built research database. The information forms the basis of the *Year in Review*.[10] The 2021 report contains a range of descriptive statistics and analyses of Helpline data collected during the 2020–21 financial year.[11]

Data Handling

Before data were analysed, basic data cleaning was undertaken:

- One case was removed from the Abuse in Close or Intimate Relationships dataset because the victim was aged under 50 years.
- Six cases were removed from the Abuse in Close or Intimate Relationships dataset because the relationships between victims and perpetrators were not regarded as close or intimate relationships.
- Where multiple responses were recorded for a single variable (e.g. several types of abuse selected simultaneously), data was dummy-coded into binary variables (*Yes* or *No*).

Data were cleaned and analysed using Stata® (StataCorp LLC) statistical software.

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6   Australian Institute of Health and Welfare (2018a).
7   Kaspiew et al. (2016).
8   Lacey (2014).
9   Council of Attorneys-General (2019).
10   Note. The full title of this report has changed to *Elder Abuse Statistics in Queensland: Year in Review*. However, for brevity, the report will continue to be referred to as the *Year in Review* throughout the text.
11   Note. Data were not reported where the total data collected for variables represented less than 5 per cent of the sample.

Key Terms

Victim

The victim is the person who has experienced abuse.[12]

Perpetrator

The perpetrator is the person who has acted or failed to act, and this has caused harm or distress to an older person.[13]

Abuse Notification/ Abuse Call

These terms refer to initial contact made with the EAPU 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 or perpetrators.

Abuse in Close or Intimate Relationships

This descriptor refers to abuse when the perpetrator is a family member, ex-family member, informal carer 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. This form of abuse includes scams; consumer issues; neighbourhood disputes; issues related to aged care facilities and workers, or homecare services; and complaints about government bodies.

Cases

The PEARL database can collect information about complex abuse relationships. Each abuse relationship within a 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).
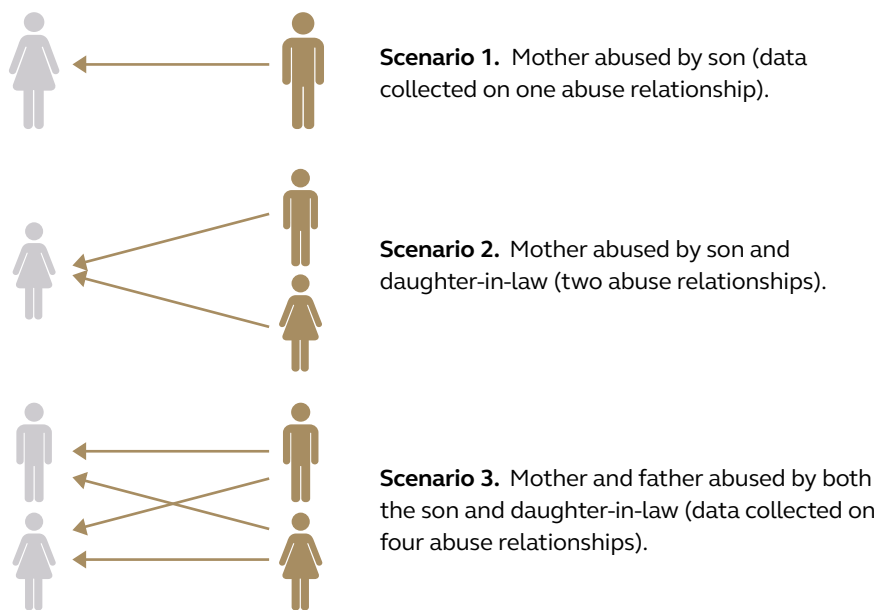
The abuse and vulnerability factors may vary across cases, even for the same victim or perpetrator. For example, in Scenario 3, the son may be financially abusing his father but may be perpetrating both physical and financial abuse against his mother.

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12   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.
13   Note that the term *perpetrator* refers to an "alleged perpetrator" because the EAPU does not investigate or verify details provided in calls.

Strengths and Limitations of EAPU Data

Strengths

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

- Large dataset: A large sample size increases the power of statistical tests, that is, the ability of the statistical test to detect between-group differences when these differences exist.

- Sampling: The sample contains a broad range of callers, which enables data collection about victims who may be unable or unwilling to self-report. The opportunity to remain anonymous may also increase the likelihood of people contacting the Helpline.

- Breadth: The database contains many fields, enabling capture of complex information about the nuances of elder abuse.

Limitation

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

- 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. Thus, the current dataset likely underrepresents the prevalence of factors and may lack the consistency provided by structured interviews or surveys.[14]

- Sampling: Information collected depends on what notifiers report and may not reflect prevalence, patterns, and characteristics of elder abuse in the community. Particular forms of abuse, and abuse involving victims with capacity impairments may be reported directly to other services and therefore under-represented in the data.

- 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.[15]

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14   Note. In April 2021, UnitingCare experienced a cyber incident. Hence the PEARL database was offline between 26 April 2021 and 6 June 2021. Data quality is enhanced when staff can rapidly enter data after calls. Therefore, the delay may have reduced the number of fields in which data were entered for this period.

15   Note. During the 2020–21 financial year, three new staff members were entering Helpline call data into the database. It is likely that their lack of familiarity with the database has resulted in less data being entered into some fields, particularly in less frequently used fields.

2 Total Call Data

Notifications

Notifications to the Helpline increased by 31.8 per cent (n = 488) in 2020–21, with 2,022 abuse notifications recorded compared to 1,534 in the 2019–20 financial year. The total calls to the Helpline also increased, with 3,430 calls recorded during 2020–21. This represented an increase of 22.1 per cent (n = 620).

The number of calls to the Helpline began to increase in March 2020. This rise in calls coincided with an increased focus on older people self-isolating as a means of reducing their risk of catching COVID-19. The economic effects of COVID-19 business restrictions also started to be felt in March 2020. A further increase was observed in May 2020, with the Queensland Government's annual elder abuse campaign believed to have contributed to the increase. Since this time, monthly call rates have remained high. In June 2021, 347 calls were recorded, which was the highest monthly call total on record.

The 2,022 abuse notifications were comprised of 1,632 (80.7%) relating to abuse in close or intimate relationships and 390 (19.3%) involving abuse in consumer and social relationships (Figure 1). Ninety-eight (4.8%) notifications related to abuse involving aged care services and workers. The number of notifications received in 2020–21 was the highest yearly total ever recorded (Figure 2).

There were 1,995 cases of abuse in close or intimate relationships and 398 cases of abuse in consumer and social relationships. The number of cases is higher than the number of calls as more than one abuse relationship may be identified within a single call.

2,022
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1,995
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398
Abuse Cases
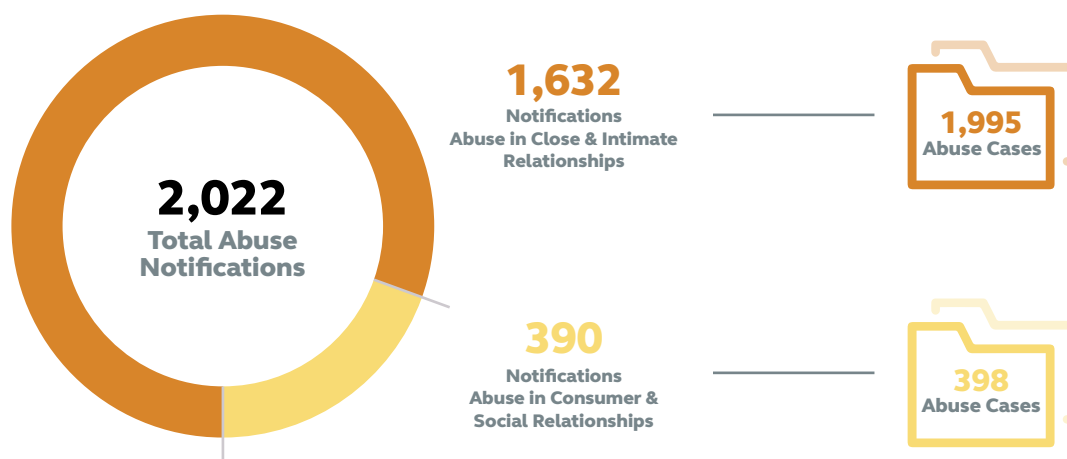
Figure 1.
Notifications received in the 2020–21 financial year.
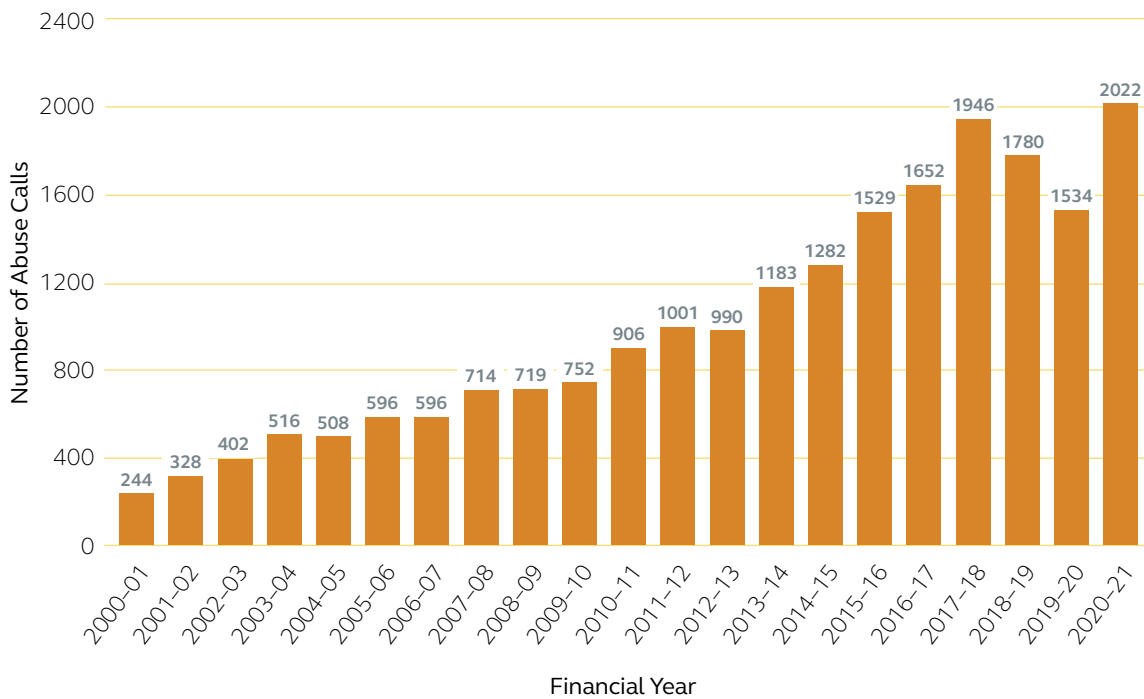
Figure 2.
Total abuse calls by financial year.

How Callers Discovered the EAPU

The Queensland Government's awareness campaigns about elder abuse were the most frequently recorded referral source, with 447 callers contacting the EAPU after receiving information from the awareness campaigns (Table 1). This differed from 2019–20, when the internet was the most common source.[16] Referral source was not recorded for 1,584 calls (46.2%).

In the 2020–21 financial year, the Queensland Government implemented two elder abuse awareness-raising communication campaigns:

1. A small-scale social media campaign which ran from late July to late August 2020 and focused on psychological and financial abuse, along with the increased risks of elder abuse in the pandemic environment.

2. An annual elder abuse awareness campaign starting on 14 June 2021 and continuing until 30 July 2021. The campaign was based on the theme "Together we can stop elder abuse" and highlighted the role that all community members can play in preventing elder abuse. This campaign focused on raising awareness of different forms of abuse and promoting the rights of older people to live safely and free from abuse. All community members were encouraged to phone the Elder Abuse Helpline or visit the campaign website (www.qld.gov.au/stopelderabuse) to find out how they can help older people access services and support.

Table 1.

Referral Source (All Call Types)

Referral Source[17]	Number
Queensland Government awareness campaigns	447
Internet	369
Professional knowledge	366
Previous caller	341
Community agency	142
Emergency services	132
Government agency	92
National Helpline – 1800ELDERHelp	72
Health worker	70
Friends	66
Promotional material	54
National awareness campaigns	53
Aged care service	52
Media	52
Legal practitioner	47
Family	39
Domestic and family violence service	19
Bank	2

16   Note. Queensland Government's Awareness Campaigns and National Awareness Campaigns were not included as referral sources in the 2019–20 report as this information was captured in a separate, underutilised field. Additional training was provided in 2020 to improve data capture.

17   Note. A call may be represented more than once in this table. For example, a nurse may recommend calling the EAPU and hand a victim an EAPU brochure with the phone number. In this situation, Health Worker and Promotional Material would both be selected.

What Prompted the Call?

The PEARL database allows users to record what prompted the caller to phone the EAPU.[18] This information was recorded for about half of calls (n = 1,725, 50.3%).

The most frequently recorded call prompt was that the caller had found out about EAPU (Figure 3). This differs from 2019–20 when "Abuse Escalating" was recorded more often. As noted above, the most common referral source was the Queensland Government's awareness-raising campaigns, which provided information about the EAPU and encouraged people to call the EAPU Helpline. This probably led to an increase in cases for which 'Found Out About EAPU' was recorded. Further analysis found that the Queensland Government's awareness-raising campaigns were recorded as a referral source in 112 cases (22.1%) of the Found Out About EAPU recordings.
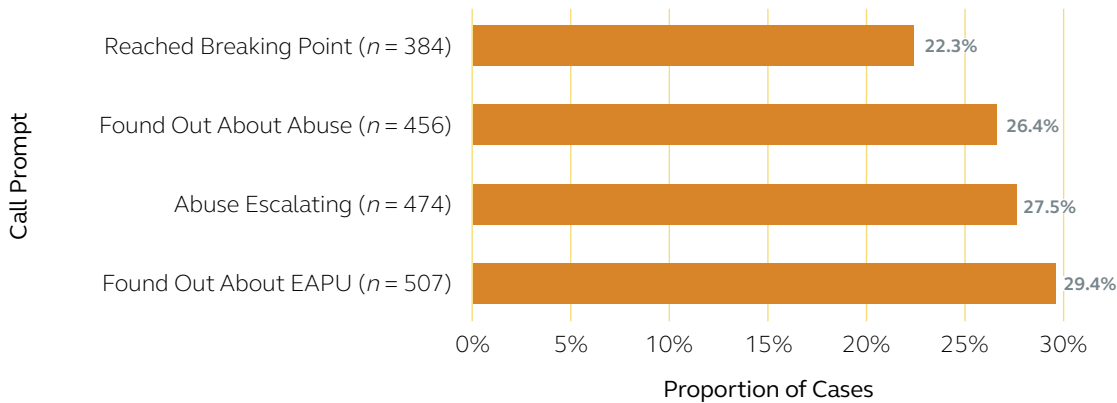
Figure 3.

What prompted callers to contact EAPU (where known).

Referrals

The most common referrals from EAPU in 2020–21 were to legal services, with 676 callers (19.7%) referred to legal services (Figure 4). However, 426 of the referrals to legal services were referrals to the Seniors Legal and Support Services (SLASS), which provides both legal and social-work support. Many victims of elder abuse are reluctant to instigate legal action against the perpetrator, but some are more willing to engage when the legal and social-worker model employed by SLASS is described.

There were also 611 calls where it was recommended that the caller encourage the person experiencing abuse to contact the EAPU, or for the caller to recontact the EAPU if they had further concerns.
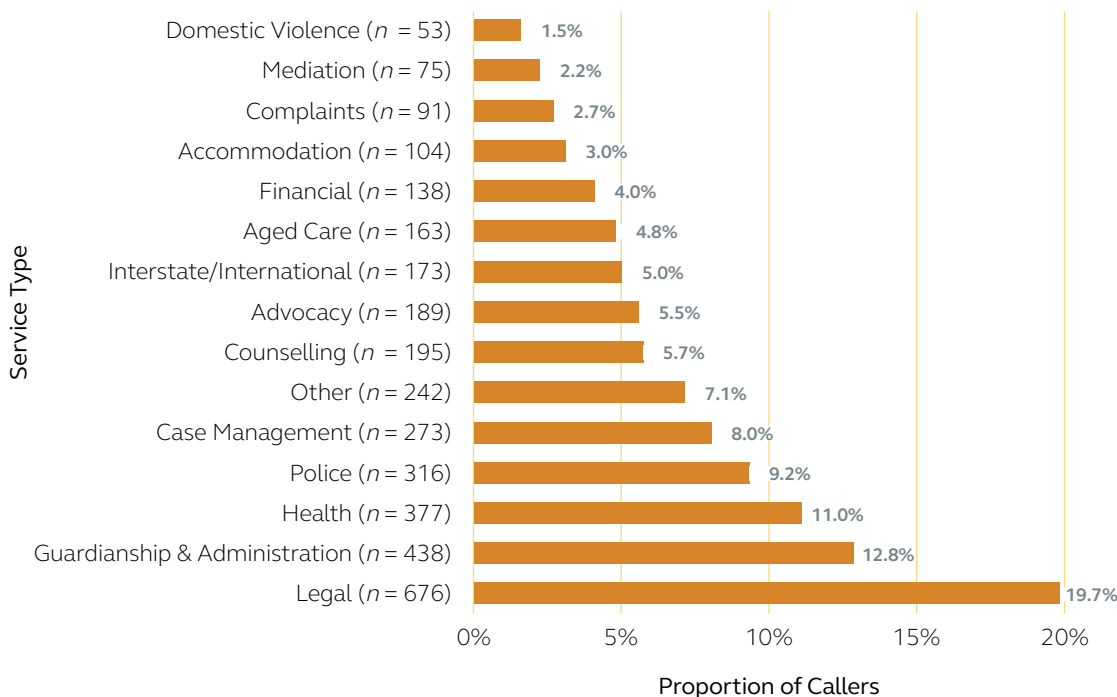
Figure 4.

Types of services notifiers were referred to.

18   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 vary between cases involving abuse in close or intimate relationships and abuse in consumer and social relationships (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. Psychological abuse was the most common type of abuse in both kinds of relationships. The differences in the patterns of abuse probably result from differences in the drivers and dynamics that underlie the abuse. Abuse in consumer and social relationships is further explored in Section 4.

● **Close or Intimate**
● **Consumer & Social**

Figure 5.

Comparison of abuse types in cases involving abuse in close or intimate relationships (*n* = 1,995) and abuse in consumer and social relationships (*n* = 398).
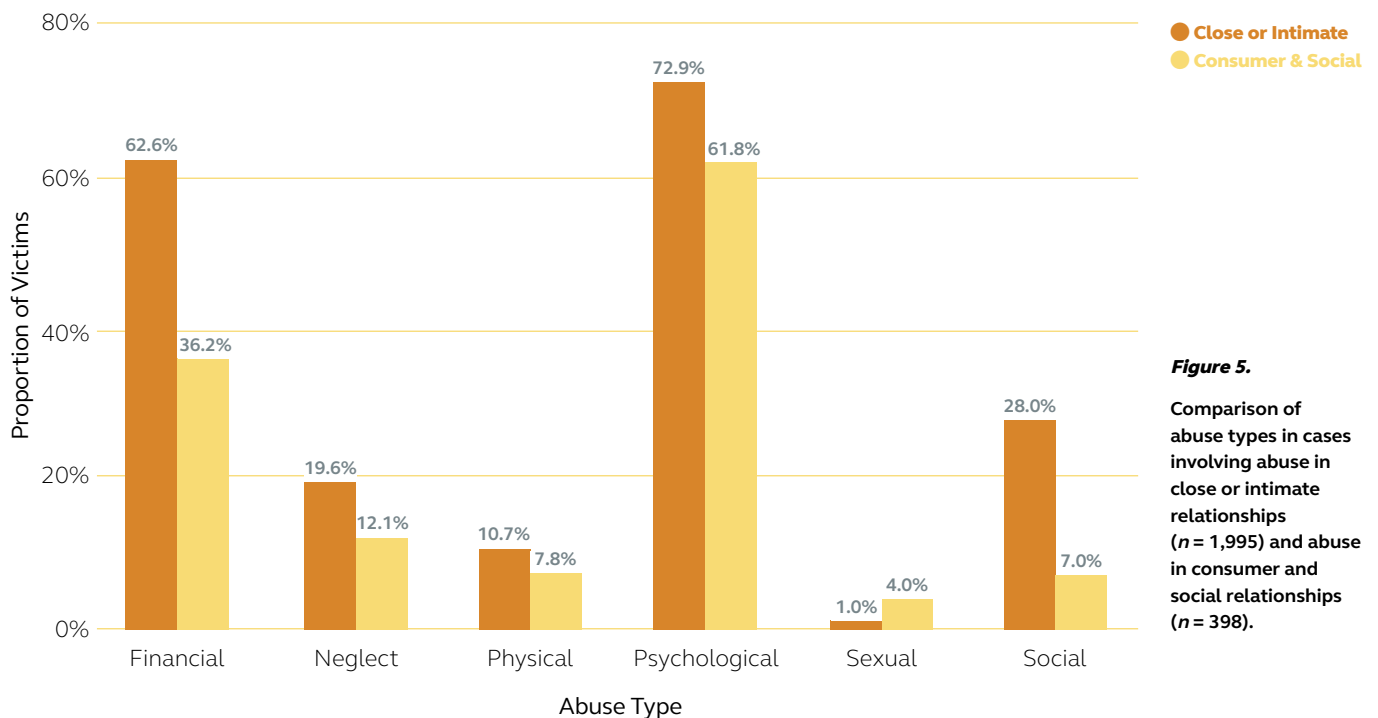
3 Abuse in Close or Intimate Relationships

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 this bifocal ecological framework to situate the risk factors for elder abuse within four interconnected systems.

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

2. **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.

3. **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.

4. **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.

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 support; 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. Figure 6 graphically represents the framework used in the *Year in Review*.

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

● **INDIVIDUAL (VICTIM & PERPETRATOR)**

Age
Gender
Ethnicity
Income
Health

Capacity
Isolation
Care needs
Trauma

● **RELATIONSHIP**

Relationship between victim
& perpetrator
Family context
Living arrangement
Caring role
Dependence

● **COMMUNITY**

Family & community
Geography

● **SOCIETY**

Culture & social norms
Legislation and policies
Economic situation

Individual   **Relationship**   **Community**   **Society**

Figure 6.

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

Section 3.1
Individual Factors for Victims

Individual factors or life circumstances may both increase an older person's vulnerability and influence their risk of experiencing 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 may contribute to an increased risk of victimisation.

This section examines the role of the following individual factors:

- age
- gender
- ethnicity
- relationship status
- accommodation
- financial situation
- health
- cognitive impairment

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

Age

Victim age group was recorded in 77.6 per cent (*n* = 1,549) of cases but not for 22.4 per cent (*n* = 446). The most common age group was 80–84 years (*n* = 339), with this group accounting for one-fifth of the total victims of known age (Figure 7).
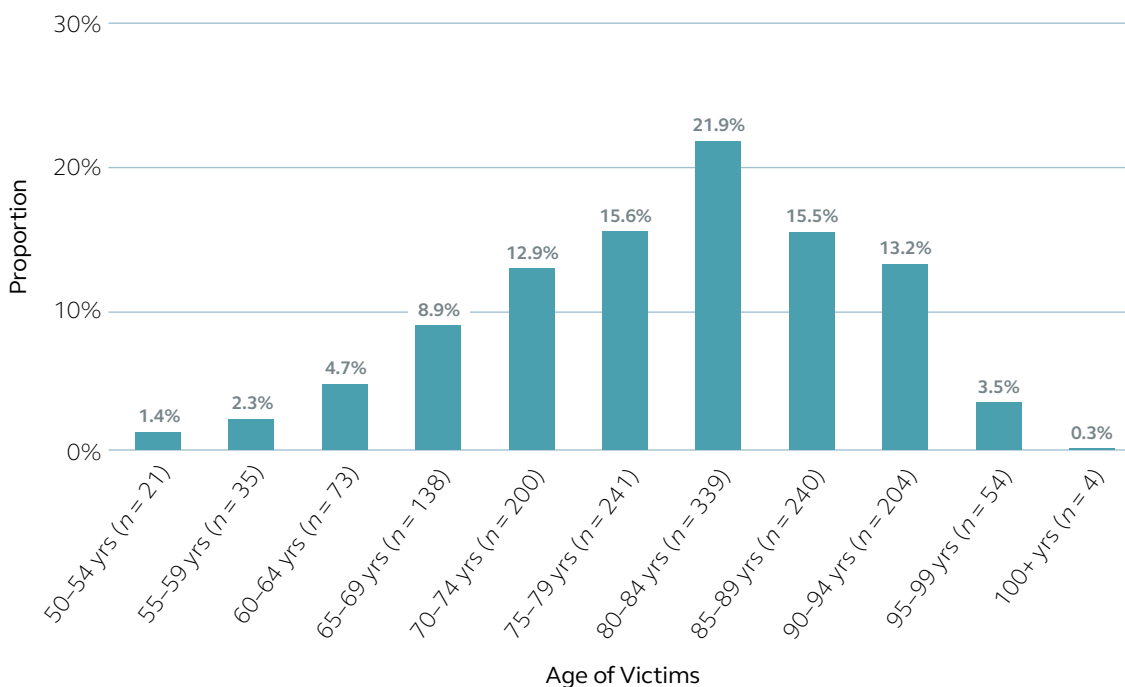
Figure 7.

Age of victims (*n* = 1,549).

Gender

Similar to numbers in previous years, in 2020–21 there were more than twice as many female victims as male victims (Figure 8). The over-representation of female victims in our data is consistent with findings from other studies.[21,22]

31.2%
Male
(n = 622)

68.8%
Female
(n = 1,373)
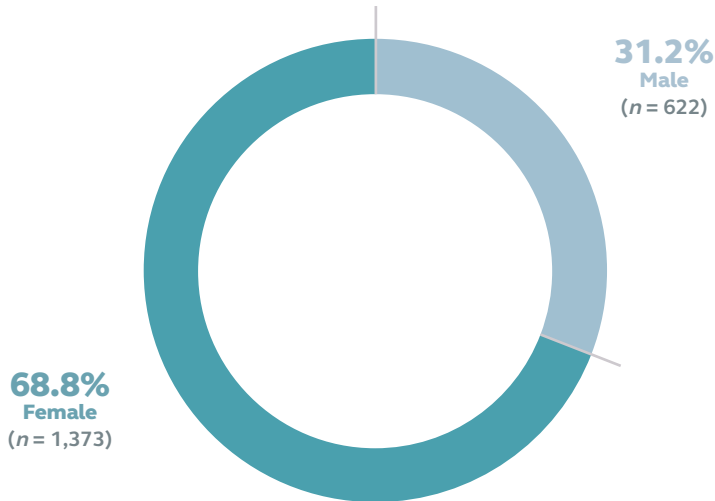
Figure 8.

**Gender of victims
(n = 1,995).**

The Relationship of Age and Gender

Female victims outnumbered male victims in all age groups (Figure 9). Over-representation of females as victims of elder abuse is often attributed to female longevity.[23,24,25] However, longevity may not fully explain female over-representation in abuse statistics.

● **Female**
● **Male**

Number of Victims

Age Group
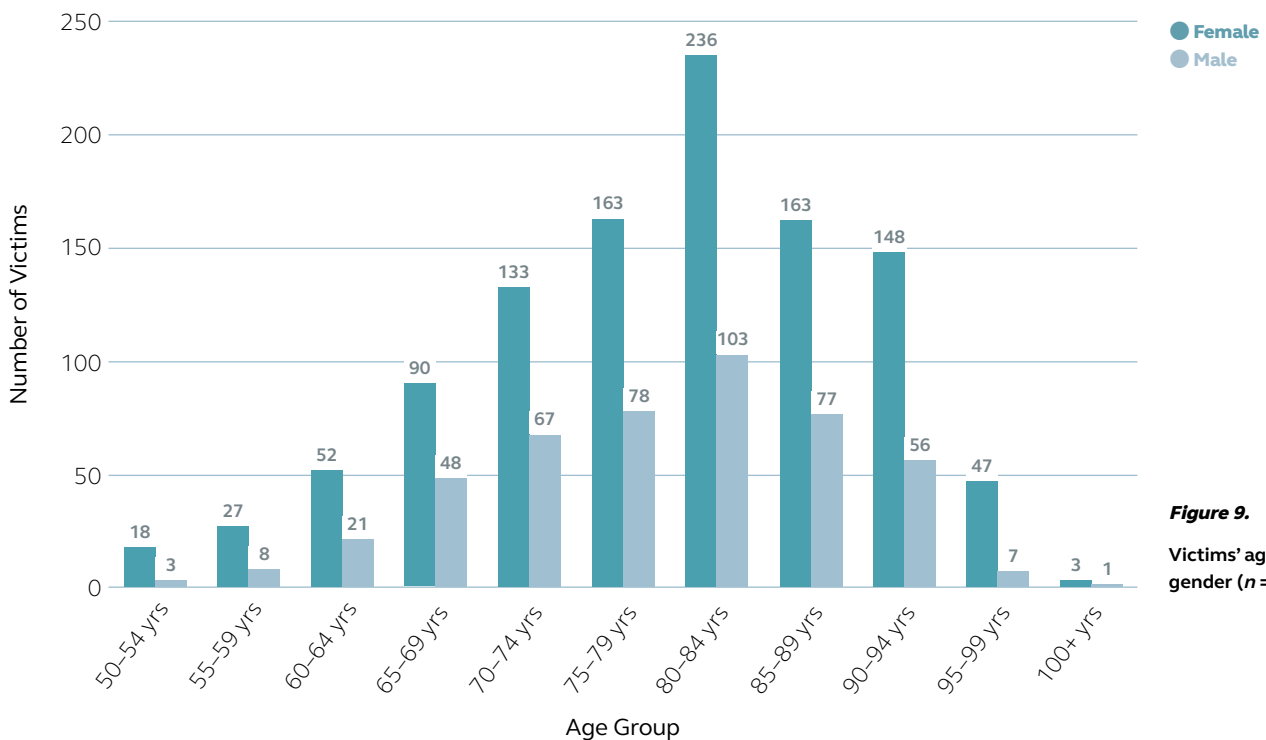
Figure 9.

**Victims' age and
gender (n = 1,549).**

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 proportions of female and male victims in each age group. The lines represent the proportions of females and males of each age group residing in Queensland (population data).[26] Females are over-represented as victims in all age groups when compared against population data. Because the proportion of females is higher than expected in the younger age groups, female longevity does not fully explain the over-representation of females as victims in Helpline data.[27] However, the over-representation of female victims is consistent with population-based studies of elder abuse.[28,29]
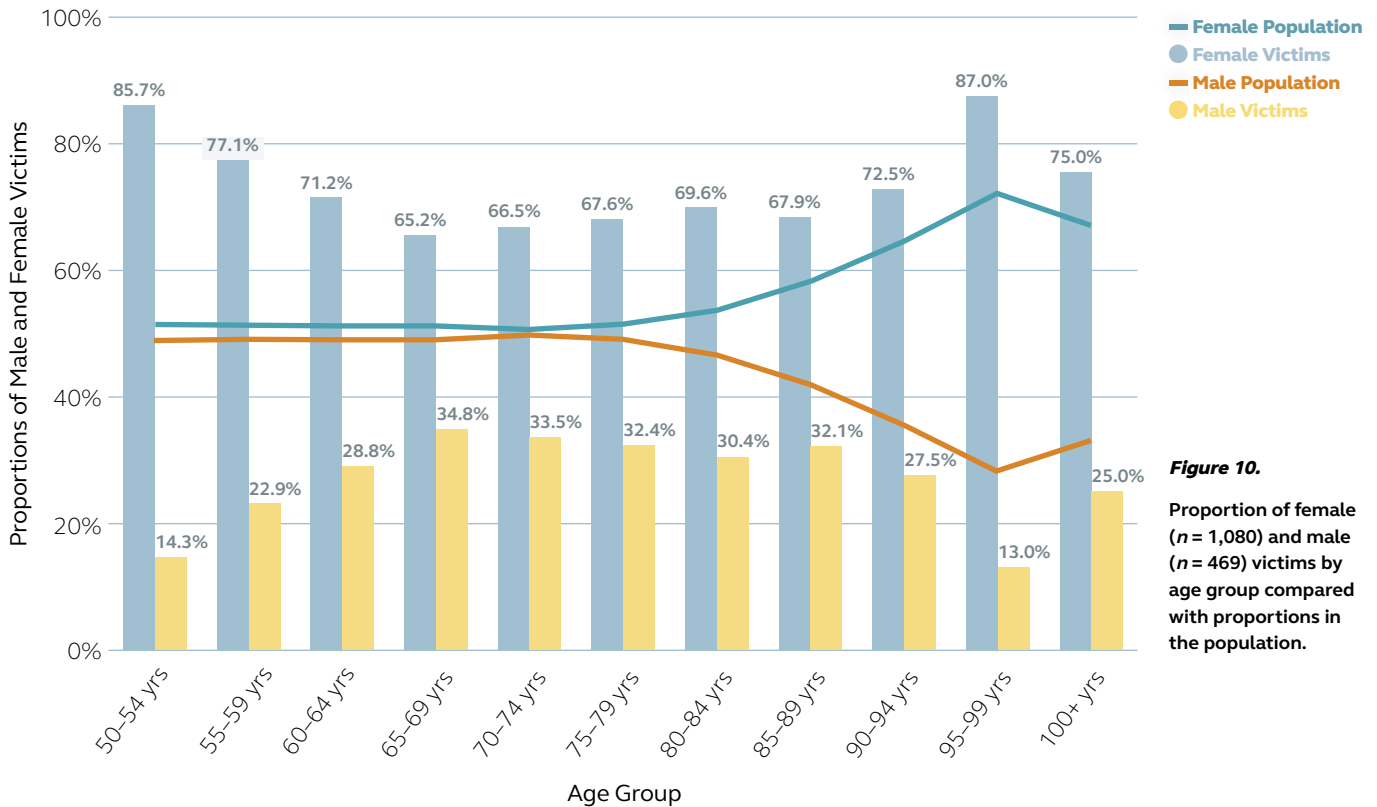
Figure 10.

Proportion of female (*n* = 1,080) and male (*n* = 469) victims by age group compared with proportions in the population.

Ethnicity

Research suggests that race, ethnicity, and culture intersect with elder abuse in multiple and complex ways.[30,31,32,33] In particular, vulnerabilities and stressors associated with being a member of a minority or a marginalised ethnic group may increase the risk of elder abuse.

Aboriginal Peoples and Torres Strait Islander Peoples

In the 2020–21 reporting period, 88 victims (4.4%) were recorded as being of Aboriginal and Torres Strait Islander descent (77 Aboriginal, 2 Aboriginal and Torres Strait Islander, 3 Torres Strait Islander, 6 identified as Aboriginal or Torres Strait Islander). This number is higher than expected from the population statistics of the 2016 Census data[34] (i.e. 1.9% of Queenslanders aged over 50 years are of Aboriginal or Torres Strait Islander descent). It is unclear whether the over-representation of Aboriginal and Torres Strait Islander peoples in the Helpline data is due to a higher prevalence of elder abuse or higher rates of reporting.

26   Australian Bureau of Statistics (2020b).
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 that could influence the likelihood of others reporting abuse against them to the Helpline.
28   Dong et al. (2011).
29   Santos et al. (2017).
30   Horsford et al. (2011).
31   Schiamberg & Gans (1999).
32   Australian Law Reform Commission (2017).
33   World Health Organization (2015).
34   Australian Bureau of Statistics (2016).

Reliable information on the prevalence and risk of elder abuse for Aboriginal and Torres Strait Islander peoples is not available; however, Aboriginal and Torres Strait Islander peoples experience higher rates of family violence, assault, sexual assault, and murder than their non-Indigenous counterparts.[35,36,37] Given their over-representation as victims in personal violence statistics, Aboriginal and Torres Strait Islander peoples likely have an increased risk of elder abuse. However, 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 societal level is particularly important in this context because societal factors such as legislation and policies have resulted in Aboriginal and Torres Strait Islander peoples experiencing dispossession, their children being taken away from them, slavery, and racism. Mistreatment of Aboriginal and Torres Strait Islander peoples has resulted in intergenerational trauma, which may be affecting victims and perpetrators at the individual level and then impact on their relationships.

Culturally and Linguistically Diverse (CALD) Communities

The EAPU records a person as being from a culturally and linguistically diverse (CALD) background if they are born in a country in which English is not the predominant language.

During the 2020–21 reporting period, 106 victims (5.3%) had a CALD background, which is lower than expected from the 2016 Census data (i.e. 13.4% of Queenslanders aged over 50 years from a CALD background[38]). Australian research around elder abuse in CALD communities has found that prevalence is similar to, or higher than, population estimates.[39]

Under-reporting 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.

Relationship Status

The relationship status of the victim was recorded in 1,117 (56.0%) cases, with less than half recorded as being involved in a partner relationship (n = 480, 43.0%). Notably, in one-third of these cases (n = 156, 32.5%), both partners were listed as victims.

Widows and widowers were over-represented as victims (n = 453, 40.6%), with the proportion found to be almost four times that expected based on the proportion of people aged 50 years and older in Queensland who are widowed (11.2%).[40] Further, the total proportion of victims who were not in partner relationships was 57.0 per cent, which is also much higher than the 39.8 per cent found in the Census data. Consistent with other research, the over-representation of victims who are widowed or not in a couple relationship suggests that this status is a risk factor for elder abuse.[41,42]

Accommodation

Of the cases for which a residence type was known (n = 1,655), most victims lived in a house or unit (n = 1,362, 82.3%). A further 199 victims of abuse in close or intimate relationships (12.0%) were residing in residential aged care. Of particular concern is that 6.4 per cent of all victims (n = 128) were recorded as becoming homeless because of the abuse.

35   Australian Bureau of Statistics (2014).
36   Parliament of Australia (2014).
37   Australia's National Research Organisation for Women's Safety (2016).
38   Australian Bureau of Statistics (2016).
39   Office of the Public Advocate, Western Australia (2006).
40   Australian Bureau of Statistics (2017a).
41   Byles et al. (2010).
42   Burnes et al. (2015).

Financial Situation

Home Ownership

Before experiencing elder abuse, 915 (79.2%) victims were reported to own or co-own a home (where known).[43] In 82 cases, victims owned at least one 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 149 recorded cases, victims no longer owned a home because of abuse.

Income

Income source for victims was known in 754 cases (37.8%). Centrelink was most frequently reported (n = 612, 81.2%), followed by self-funded retirement income streams (n = 145, 19.2%).

In the general population of Australians, 66 per cent of people aged 65 years and over receive the Age Pension.[44] In the Helpline data, 81.3 per cent (n = 558) 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.[45,46]

Health

Health issues were identified for 700 (35.1%) victims. Chronic illnesses (e.g. diabetes or heart conditions) were most common (Table 2).

Health Issue	Number	Per Cent
Illness - chronic	293	14.7%
Frailty	244	12.2%
Physical disability	144	7.2%
Illness - acute	109	5.5%
Illness - terminal	74	3.7%
Chronic pain	55	2.8%
Neurological	35	1.8%

Table 2.

Health Issues Experienced by Victims

Cognitive Impairment

Cognitive impairment of victims was recorded in 403 (20.2%) cases. Dementia was the most frequently reported form of cognitive impairment, affecting 274 (13.7%) victims.

In 2018, it was estimated that 5.2 per cent of Australians aged 65 years and over had dementia.[47] In contrast, Helpline data showed that almost three times this proportion (14.4%, n = 269 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 under-represent 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.[48,49,50]

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43   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.
44   Australian Institute of Health and Welfare (2018b).
45   Burnes et al. (2015).
46   Naughton et al. (2012).
47   Australian Bureau of Statistics (2020a).
48   Von Heydrich et al. (2012).
49   Australian Law Reform Commission (2017).
50   Kaspiew et al. (2015).

Capacity

Impaired capacity was recorded for 608 victims (32.6%, where known). A further 90 (4.8%) were suspected to have impairment.[51] Capacity status was unknown for 131 victims. Research consistently finds that impaired capacity is a risk factor for elder abuse.[52,53]

Care Needs

The PEARL database allows Helpline workers to record whether victims require support across eight types of care needs: domestic, transport, meals, personal care, mobility, behaviour, supervision, and communication.[54] Victims were reported to require support in 1,003 cases (50.3%), with domestic, meals, and transport needs the most frequently reported areas in which support was required (Table 3). Of these, most needed help with more than one care type and almost two-thirds (where known; n = 566, 64.7%) required support in three or more types (Figure 11). In 128 cases, information about the care types in which support was required, was not recorded.

Care Needs	Number	Per Cent
Domestic	658	33.0%
Meals	525	26.3%
Transport	515	25.8%
Personal Care	473	23.7%
Mobility	344	17.2%
Supervision	293	14.7%
Communication	138	6.9%
Behaviour	14	0.7%

Table 3.

Care Needs for Which Victims Required Support
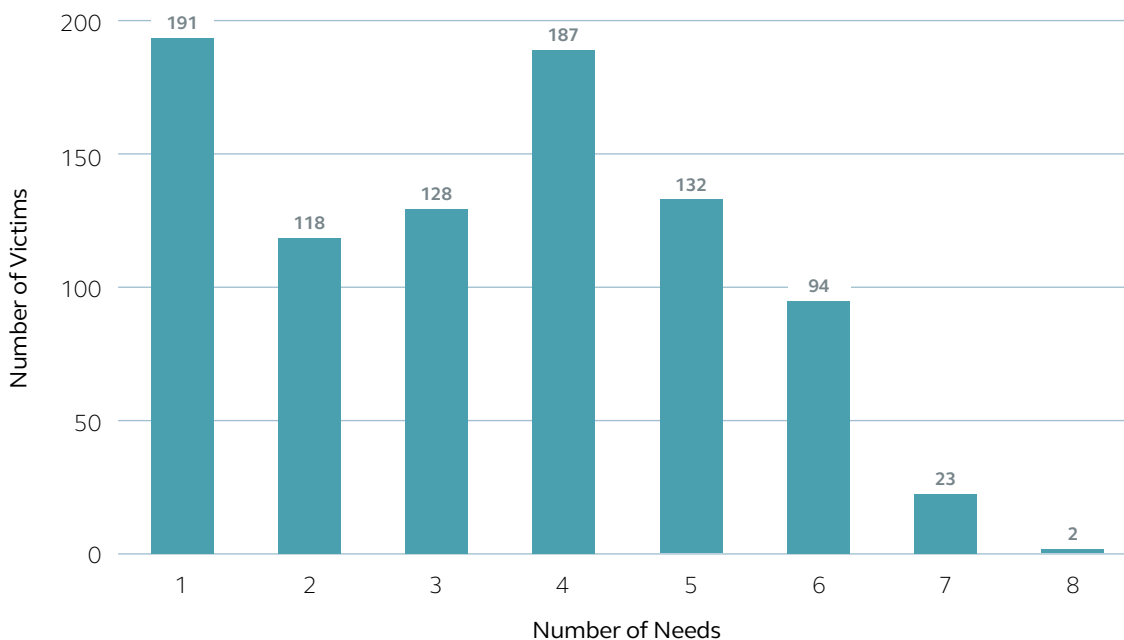
Figure 11.

Number of types of care needs for victims (*n* = 875).

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51   Note. There can be differences in assessment and interpretation of capacity due to different frameworks being utilised (e.g. medical versus legal). Data recorded in PEARL is largely self-reported, which likely influences what is recorded and thus findings should be interpreted with caution.
52   World Health Organization (2015).
53   Jackson & Hafemeister (2013).
54   Note. Two additional categories (supervision and behaviour) were added on 1 July 2020.

Of the 1,003 victims identified with care needs, only 31.5 per cent (n = 316) were recorded as receiving formal care. In 199 cases, the formal support was provided by residential aged care providers and a further 117 victims were receiving community aged care services. A lack of formal care may increase the risk of becoming a victim of elder abuse.[55,56]

Many reasons can contribute to why formal care is not provided:

- The older person refuses the services.

- People lack understanding of available services or there is a lack of services.

- The older person requires support to access services.

- Long waitlists exist.

- The perpetrator refuses to allow formal services to support the victim.

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

Communication Issues

Communication issues were identified in 138 (6.9%) cases. However, more detailed information was recorded for only 112 cases. The most common issues related to vision (n = 40, 2.0%), language (n = 29, 1.5%), and hearing (n = 26, 1.3%).

Communication difficulties can affect a person's ability to make and act on life decisions, access services, self-advocate, and disclose or report abuse.[57] Research has identified communication difficulties as risk factors for elder abuse[58] and other forms of domestic and family violence.[59]

Decision-Making Arrangements

Formal decision-making arrangements can both protect and empower an individual; however, there is also a risk of misuse.[60,61] Formal decision-making arrangements were recorded for 584 (29.3%) cases.[62] In 440 (75.3%) of these cases, victims were recorded as having impaired capacity and a further 26 victims (4.5%) were suspected to have impaired capacity. In some cases, victims may have capacity but enact an Enduring Power of Attorney (EPoA) for financial matters. This was recorded for 93 (15.9%) cases. The victim's capacity status was unknown in 25 cases (4.3%).

In two-thirds (68.5%) of cases in which a decision maker was appointed, only one person was appointed (where known).

In 498 cases, further information was available about the types of decisions made, with 122 cases (29.7%) involving only financial decisions and 350 cases (70.3%) involving both financial and personal and health decisions.

In 80.2 percent of cases (n = 404) in which a formal decision-making arrangement was in place and perpetrator status was known, one or more decision makers were recorded as perpetrators. The proportion of cases in which at least one decision maker was reported as a perpetrator was consistent across cases with one decision maker or multiple decision makers (Figure 12).
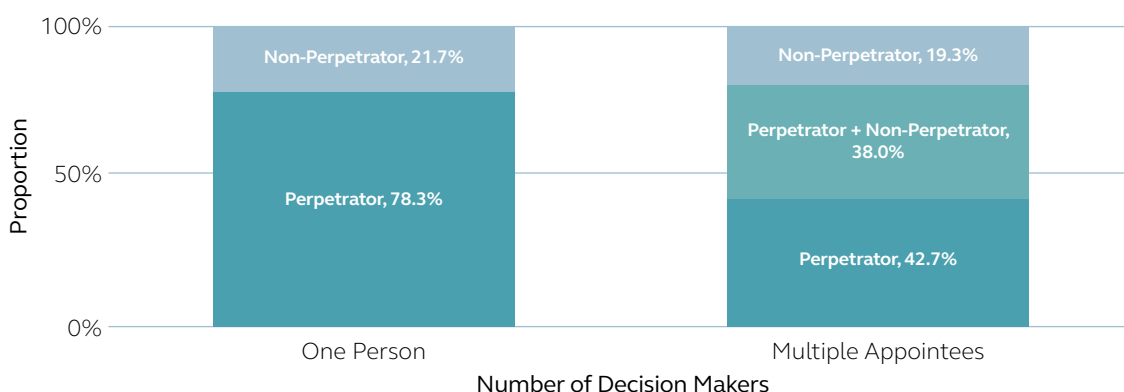
Figure 12.

Decision makers and abuse perpetration (one person, *n* = 327; multiple appointees, *n* = 150).

55 Johannesen & LoGiudice (2013).
56 National Research Council (2003).
57 Speech Pathology Australia (2016).
58 Roberto & Teaster (2017).
59 Australia's National Research Organisation for Women's Safety (2018).

60 DeLiema & Conrad (2017).
61 Tilse et al. (2011).
62 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 (decision maker) is required to protect the principal's interests and may be liable for losses if they fail to do so. In 108 (18.5%) cases, it was recorded that decision makers had acted to protect victims. The most common actions were contacting the EAPU, the victim's bank and legal practitioners.

Information about why decision makers failed to act was recorded for 74 cases. The most common reasons given were that decision makers were unaware that they had a duty to protect the victim's interests and they believed victims had capacity to manage the matter (Figure 13).[63] Further analysis of cases in which all decision makers were identified as perpetrators found that almost half of decision makers (43.2%, *n* = 16) were unaware of their duty to protect victims' interests. Providing education to decision makers about this duty may improve their ability to protect victims' interests.
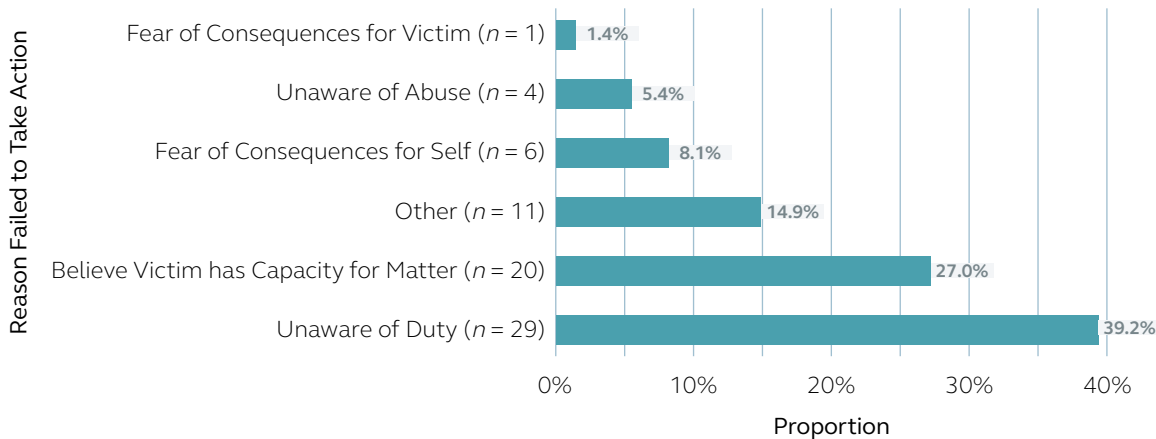
Figure 13.

Why decision makers failed to act to protect victims (*n* = 74)

Trauma History

A history of victim trauma was identified in 5.2 per cent of cases (*n* = 104). Previous domestic violence victimisation was the most frequently reported form of trauma (*n* = 81, 4.1%).

Social Isolation

In 2020–21, 8.0 per cent (*n* = 159) of victims were recorded as socially isolated. Older adults are at greater risk of becoming socially isolated due to a range of physical, social, and structural factors. Often partners and friends of older people have died, which can increase the likelihood of experiencing social isolation. This not only increases vulnerability and risk of elder abuse but may also affect whether the abuse is reported.[64,65,66] In some situations, perpetrators are the victim's only social connection; despite the abuse, the victim may be reluctant to do anything to jeopardise the relationship.

Other Individual Characteristics

The PEARL database can capture information about other individual characteristics that may increase vulnerability. The factors most recorded were an unsupported belief in others, low self-esteem and grief or loss (Table 4).

Table 4.

Other Individual Victim Characteristics

Other Victim Characteristics	Number	Per Cent
Unsupported belief in others	110	5.5%
Low self-esteem	93	4.7%
Grief/loss	87	4.4%
Dementia	72	3.6%
Loneliness	69	3.5%
Extreme independence	55	2.8%
History of conflictual relationships	47	2.4%
Lack of independent living skills	43	2.2%
History of violence	14	0.7%

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63   Note. This is not comparable with 2019–20 as *Decision Maker is Perpetrator* is no longer included as an option.
64   DeLiema & Conrad (2017).
65   Chen & Dong (2017).
66   Podnieks & Thomas (2017).

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
- relationship status
- financial situation

- psychological health
- criminal history
- other individual characteristics

Age

The age of perpetrators was unknown in 934 cases, but the most common age group reported was 50–54 years (Figure 14).
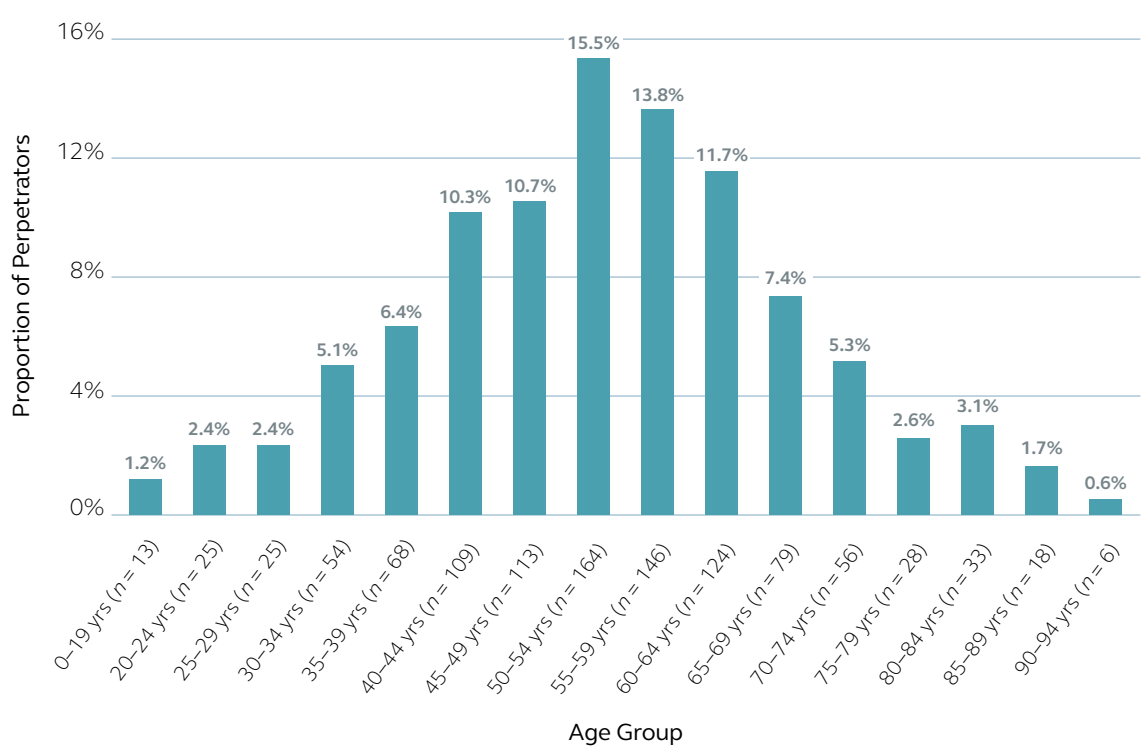
Figure 14.

Age of perpetrators (*n* = 1,061).

Gender

Males (*n* = 995) and females (*n* = 991) were equally represented as perpetrators (Figure 15). Perpetrator gender was not recorded for nine cases.

49.9%
Female
(*n* = 991)

50.1%
Male
(*n* = 995)
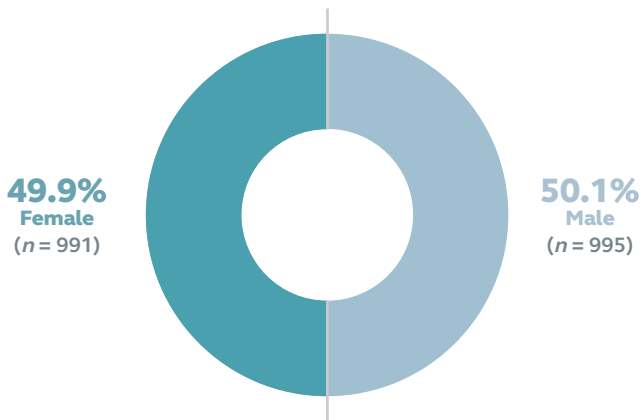
Figure 15.

Gender of perpetrators (*n* = 1,986).

Relationship Status

The relationship status of the perpetrator was recorded in 758 (38.0%) cases. Of these cases, almost three-quarters of perpetrators were in a couple relationship (73.1%).

Financial Situation

Home Ownership

The home ownership status of perpetrators was recorded in 699 (35.0%) cases. In 49.5 per cent (*n* = 346) of these cases, perpetrators owned or co-owned a house or unit.[67] In 19 cases, perpetrators owned more than one property.

The proportion of perpetrators who owned a home was significantly lower than the 62.2 per cent of Queenslanders who either own or are paying off their home.[68,69] This figure is also significantly lower than the 79.2 per cent of victims who were homeowners.[70]

Income

Perpetrator income source was recorded in 587 (29.4%) cases. Of these cases, more than half (*n* = 327, 55.7%) were receiving some form of payment from Centrelink and one-third were undertaking paid work *(n* = 198, 33.7%). Of the cases for which perpetrators were recorded as receiving a payment from Centrelink, 173 were receiving a Carer Payment, Carer Allowance, or both.

Psychological Health

Mental Illness

In 192 (9.6%) cases, perpetrators were reported to have, or were suspected by notifiers to have, some form of mental illness. Literature on elder abuse regularly reports mental illness in perpetrators as a risk factor for elder abuse.[71,72,73] The frequency of mental illness reported in the Helpline data is much lower than national estimates that 20 per cent of the population will experience symptoms of a mental health disorder within any 12-month period.[74] However, Helpline data must be interpreted cautiously as mental illness is probably under-reported because notifiers often lack this information.

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67   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.
68   Queensland Government Statistician's Office (2019).
69   *Z* = –6.92, *p* = .000.
70   *Z* = –13.30, *p* = .000.
71   Kaspiew et al. (2016).
72   Australian Law Reform Commission (2017).
73   Peri et al. (2008).
74   Australian Bureau of Statistics (2007).

Substance Misuse

Perpetrators' substance misuse was recorded in 226 (11.3%) cases. Research consistently recognises substance misuse by perpetrators as a risk factor for elder abuse.[75,76,77,78]

Criminal History

A criminal history was recorded for perpetrators in 180 (9.0%) cases. In 40 (2.0%) cases, perpetrators were recorded as having been jailed for offences.

In 69 cases, perpetrators were listed as respondents on domestic violence orders (DVOs).[79] In 35 cases, the DVO related to abuse of an older person reported to the Helpline as a victim of abuse, 28 related to the perpetrator's spouse or partner (including ex-spouses and ex-partners), and 19 related to another family member.[80] In 14 cases, the perpetrator was listed as respondent on more than one DVO.

Other Individual Characteristics

Additional individual characteristics were recorded in 771 (38.6%) cases. The most common characteristics involved histories of controlling behaviour, conflictual relationships, and aggression (Table 5).

Other Perpetrator Characteristics	Number	Per Cent
History of controlling behaviour	487	24.4%
History of conflictual relationships	322	16.1%
History of aggression	285	14.3%
Emotional dysregulation	131	6.6%
Impulsivity	85	4.3%
External locus of control	49	2.5%

Table 5.

Other Individual Factors for Perpetrators

75   Jackson & Hafemeister (2013).
76   Joosten et al. (2015).
77   Peri et al. (2008).
78   Australian Law Reform Commission (2017).
79   Note. "DVO respondent" is recorded irrespective of whether perpetrators have been convicted of breaching the order.
80   Note. Spouse/partner is only recorded in cases where the aggrieved is not recorded as a victim of elder abuse.

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
- precipitating factors

Relationship

Family relationships accounted for 96.1 per cent (*n* = 1,918) of cases of abuse in close or intimate relationships. Sons and daughters were reported as perpetrators in three-quarters of cases (*n* = 1,488, 74.6%).[81] Sons and daughters were almost equally represented as perpetrators (Figure 16). Further analysis revealed that 102 (5.1%) cases involved daughters-in-law, whereas sons-in-law only accounted for 63 (3.2%) of cases.

Long-term conflict between victims and perpetrators was identified in 115 (5.8%) cases.

2.8%
Sibling
(*n* = 55)

11.1%
Spouse/ Partner
(*n* = 222)

37.5%
Son
(*n* = 749)

37.0%
Daughter
(*n* = 739)

2.0%
Friend
(*n* = 40)

5.2%
Grandchild
(*n* = 103)

1.9%
Informal Carer
(*n* = 37)

2.5%
Other Family
(*n* = 50)
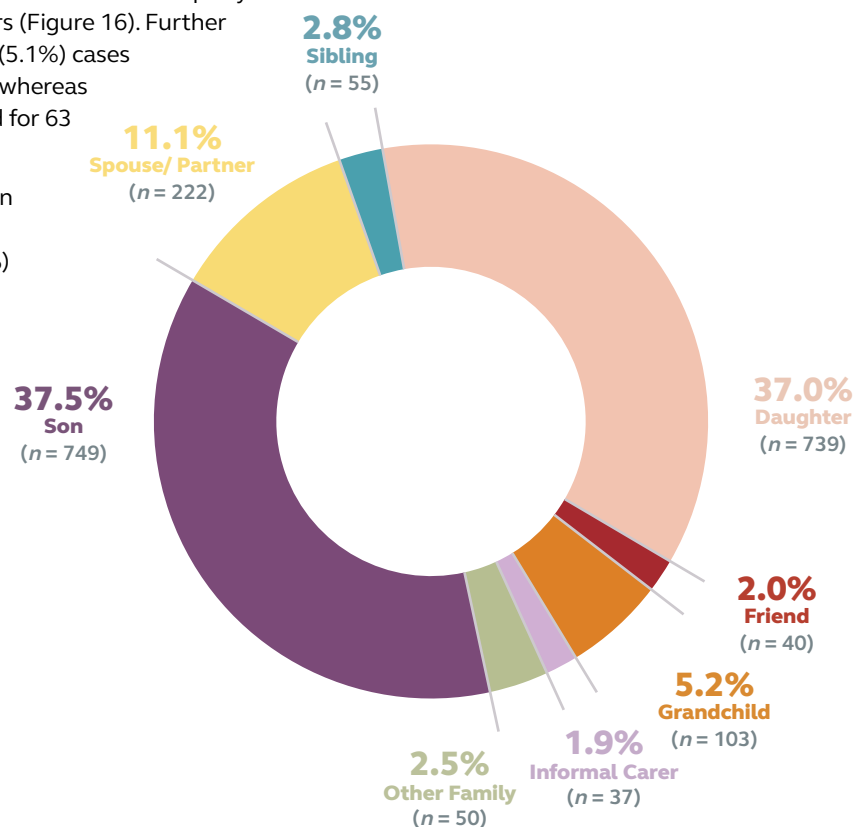
Figure 16.
Relationship between perpetrator and victim (*n* = 1,995).

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

Family Context

Information about shared family context for victims and perpetrators was recorded for 342 cases (17.1%). The most frequently reported factors were poor family relationships (n = 235, 11.8%) and sibling rivalry (n = 112, 5.6%).

Living Arrangements

Living with perpetrators is an established risk factor for elder abuse.[82,83,84] Overall, close to two-thirds of victims (n = 1,085, 61.1%) lived with perpetrators (where known). In 61.9 per cent of cases (n = 672) in which perpetrators lived with victims, perpetrators were biological sons (n = 378, 34.8%) or daughters (n = 294, 27.1%). In 276 of these cases, at least one non-perpetrator was living with the victim (Figure 17).

20.8%
Non-Perpetrators
(n = 55)

18.1%
Alone
(n = 322)

15.5%
**Perpetrators +
Non-Perpetrators**
(n = 55)

45.5%
Perpetrators
(n = 809)
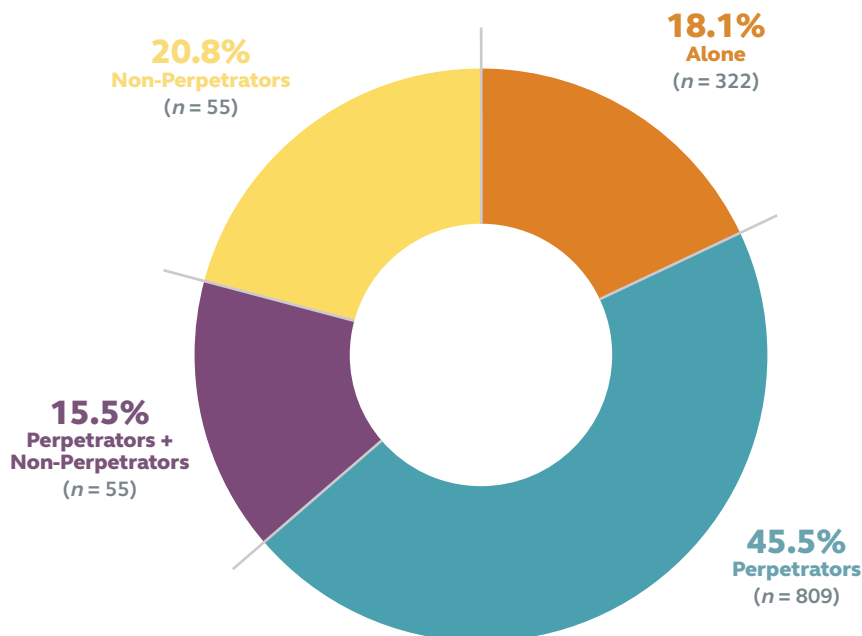
Figure 17.

Who do victims live with (n = 1,777)?

82   Australian Law Reform Commission (2017).
83   Kaspiew et al. (2015).
84   World Health Organization (2015).

The proportion of cases in which victims and perpetrators cohabit has increased by almost two-thirds (62.5%) over the past three years, while the proportion of victims living alone has decreased by almost half (48.1%) (Figure 18).
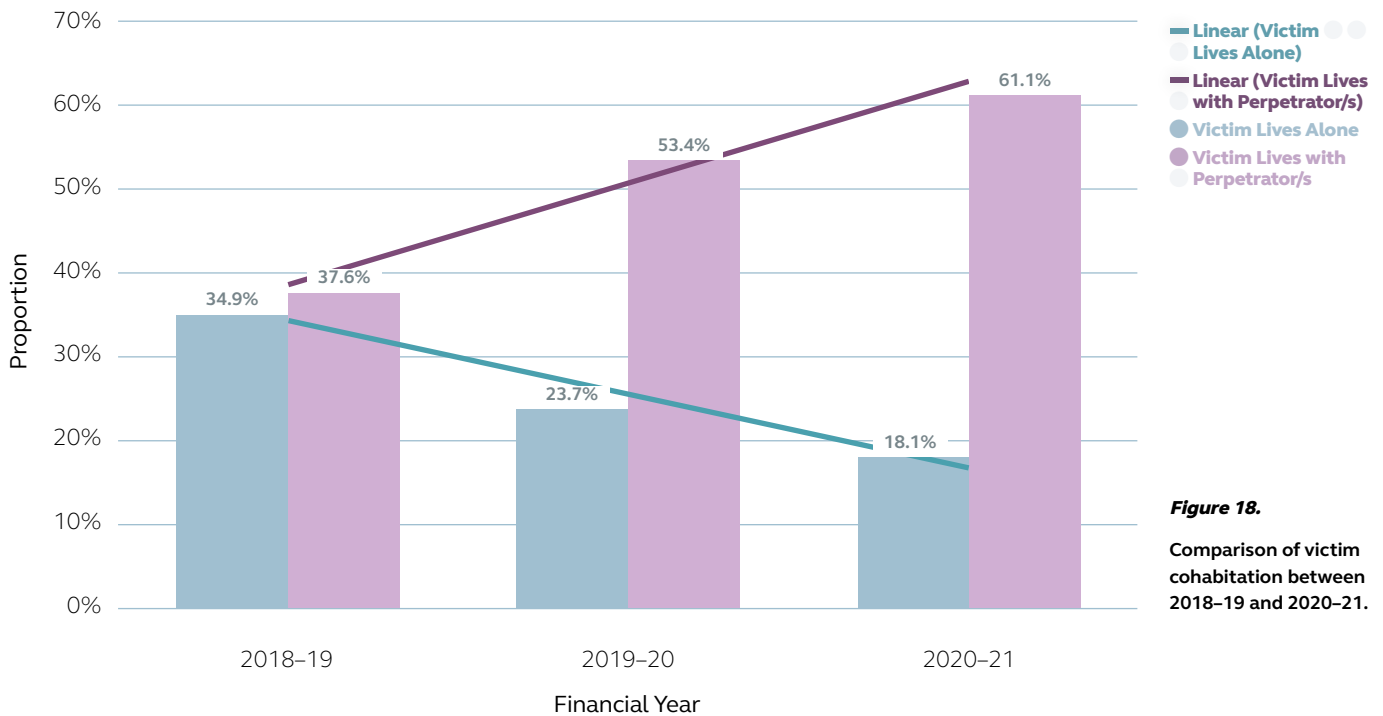
Figure 18.

Comparison of victim cohabitation between 2018–19 and 2020–21.

Increased rates of cohabitation were also found in the 2019–20 *Year in Review*, with further analysis finding that cohabitation was significantly higher in the April–June 2020 quarter. Economic fallout from the COVID-19 pandemic may have contributed to this increase and to the further increase observed in 2020–21. Queensland has experienced increased interstate migration during the COVID-19 pandemic. The sudden increase in migration has led to a housing crisis, with a serious shortage of properties available to rent and buy. The rental vacancy rate has dropped to 0 per cent in some areas. The scarcity of properties may also have contributed to increased rates of cohabitation, and made it more difficult for victims and perpetrators to cease living together when the relationship breaks down.

The Caring Role

Physical or cognitive disability can result in a loss of independence. For an adult child or other family member, taking on the role of carer can lead to difficulties in managing stress, physical strain, competing demands, and financial hardship associated with the role.[85,86] Carers can feel overloaded and experience reduced capacity to cope, which may affect the relationship between the caregiver and care recipient.[87,88] 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.[89,90,91,92]

In 2020–21, 18.2 per cent (*n* = 363) of perpetrators were recorded as providing informal care to victims. This is lower than the 23.7 per cent recorded in 2019–20. The database also collects information about any issues identified in situations in which perpetrators are providing care to victims. At least one issue was identified in 297 (81.8%) 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 19).

85   Brandl & Raymond (2012).
86   MacArthur Foundation (2012).
87   Son et al. (2007).
88   Chen & Dong (2017).

89   Schiamberg & Gans (1999).
90   Von Heydrich et al. (2012).
91   World Health Organization (2015).
92   Kohn & Verhoek-Oftendahl (2011).
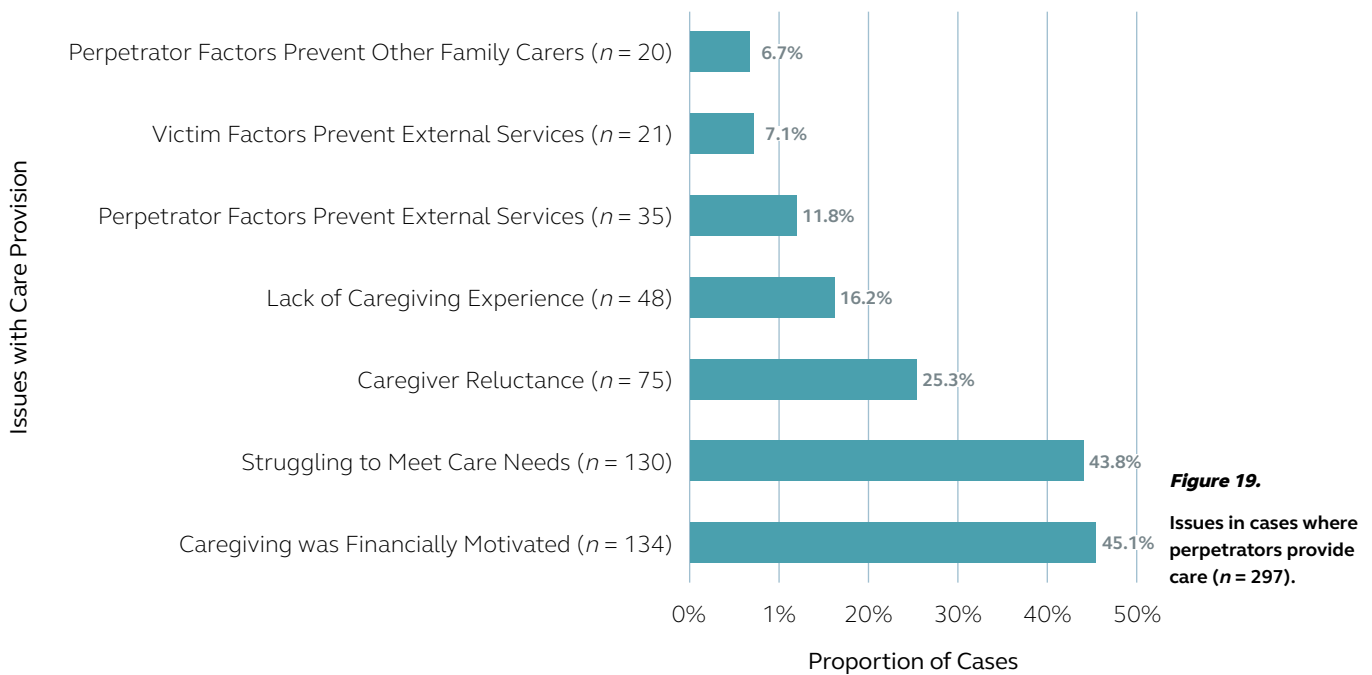
Figure 19.

Issues in cases where perpetrators provide care (n = 297).

Dependence

Research shows dependence is a risk factor for elder abuse.[93,94,95] Helpline operators record information about dependence between victims and perpetrators.

Victim Dependent on Perpetrator

Victims were recorded as dependent on perpetrators in close to one-third of cases (*n* = 630, 31.6%). This is higher than the 26.9 per cent recorded in 2019–20.

Victims most often depended on perpetrators for support with decision-making and emotional support (Figure 20). Notably, dependence for emotional support was higher in 2020–21 (11.1%) than in 2019–20 (9.2%). In contrast, the proportion of victims who were dependent on perpetrators for care and transport was lower in 2020–21 (care, 9.5%; transport, 5.9%) than in 2019–20 (care, 12.6%; transport, 9.0%).
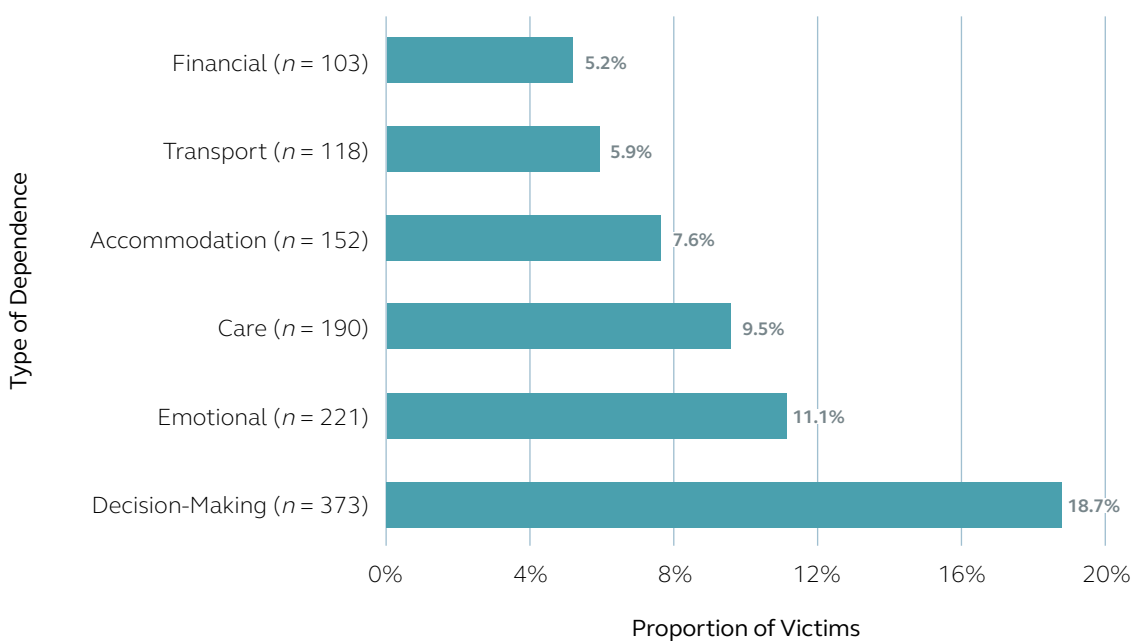
Figure 20.

Proportion of victims dependent on perpetrators.

93   Roberto & Teaster (2017).
94   Schiamberg & Gans (1999).
95   Horsford et al. (2011).

Perpetrator Dependent on Victim

Perpetrators were recorded as dependent on victims in 14.5 per cent of cases (n = 289), which is lower than the 24.9 per cent of cases recorded in 2019–20.[96] Perpetrators most often depended on victims for accommodation and financial support (Figure 21).
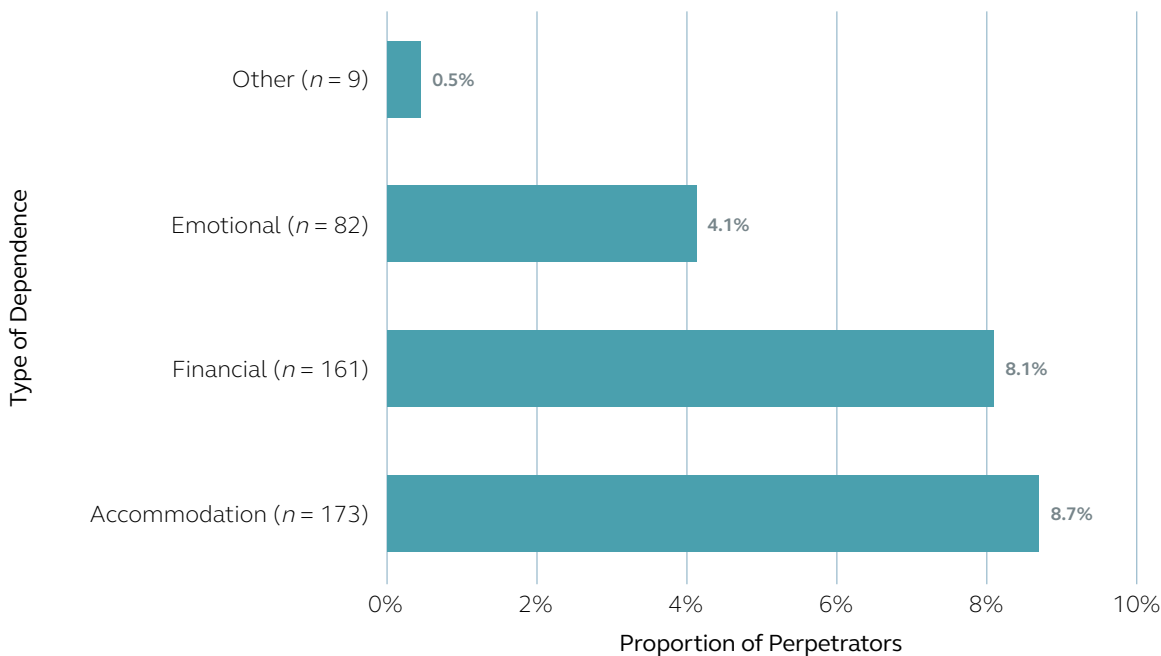
Figure 21.

Proportion of perpetrators dependent on victims.

Horizontal bar chart. Y-axis: Type of Dependence. X-axis: Proportion of Perpetrators (0% to 10%).

- Other (n = 9): 0.5%
- Emotional (n = 82): 4.1%
- Financial (n = 161): 8.1%
- Accommodation (n = 173): 8.7%

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 abusive behaviours.

Precipitating factors were recorded in 524 (26.3%) cases. The most common factors were victim ill-health (n = 230, 11.5%) and perpetrators and victims beginning cohabitation (n = 216, 10.8%).

96   Note. Further analysis suggests that this reduction is probably related to inconsistencies in data entry among Helpline staff rather than representing a decrease in dependence in 2020–21.

Section 3.4
Community Factors

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

Family and Community

Notifiers

In 2020–21, 22.9 per cent of notifiers were victims, while more than three-quarters were concerned third parties (*n* = 1,519, 77.15%). The largest group of notifiers were daughters, followed by victims themselves (Table 6). The most notable difference from 2019–20 was that workers overtook sons to become the third most frequent notifier group. Notifiers' relationships to victims were unknown for 26 cases.

Table 6.

Notifier's Relationship to Victim

Notifier	Number	Per Cent
Daughter	535	27.2%
Self	450	22.9%
Worker	257	13.1%
Son	202	10.3%
Friend	159	8.1%
Other	96	4.9%
Grandchild	93	4.7%
Neighbour	85	4.3%
Sibling	69	3.5%
Spouse/partner	23	1.2%
Total	1,969	100%

As noted above, workers were the third most common group of notifiers. Helpline operators can record information about workers' industries (recorded in 170 cases). Where industry was specified, health, community services, and aged care workers were the most frequent notifiers (Table 7). The proportion of notifiers who were aged care workers was much higher in 2020–21 (16.5%) than in 2019–20 (9.9%). The most frequent workers from the health field were social workers (*n* = 31), nurses (*n* = 19), and doctors (*n* = 16).

Table 7.

Industries in Which Notifiers Work

Industry	Number	Per Cent
Health	101	59.4%
Community Services	29	17.1%
Aged Care	28	16.5%
Legal	5	2.9%
Police	5	2.9%
Banking	2	1.2%
Total	170	100%

Social Connectedness

Victims were recorded as experiencing social connectedness in 353 (17.7%) cases.[97] 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.[98] As a concept, social connectedness extends beyond who interacts with victims and examines the quality of the relationships and their importance to victims. Strong social relationships can help support and empower victims to speak out if they are being abused.[99]

Non-Perpetrators Residing with Victims

In more than one-third (36.3%) of cases (where known), people who were not identified as perpetrators were reported to be living with victims. In 276 cases, a non-perpetrator was residing with both the victim and perpetrator, while in 370 cases the victim was residing solely with non-perpetrators. Sharing a residence with a non-perpetrator may be a protective factor as it provides an opportunity for another person to witness and report abuse.

Support Services

Support services that victims may be accessing are another potential source of support. Victims were recorded as receiving support from service providers in 391 (19.6%) cases. Support services included aged care services (aged care facility, n = 199, 10.0%; community care, n = 113, 5.7%), medical services (n = 108, 5.4%), and psychological or counselling services (n = 39, 2.0%).

Geography

Queensland has the second-largest land area of the Australian states and territories. Over half of the population lives outside the Greater Brisbane area, making it the second-most decentralised state or territory after Tasmania. 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.[100,101,102] Further, rates of domestic and family violence are often higher in rural, regional, and remote areas.[103] Nevertheless, living in a small community can be protective, too; often a strong sense of community exists and members are more likely to check on their neighbours and thus realise abuse is occurring.[104,105] However, additional challenges may arise in reporting abuse and accessing support in small communities:

- The sense that everyone knows each other can stop older people speaking out due to shame and the importance placed on protecting the family name.[106,107]

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

- A lack of services may leave workers and other community members with a lack of options for referral when they are concerned about an older person.

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 likely to be lower in rural and remote communities; fewer community education and training sessions are provided in these areas than in Brisbane, where the EAPU office is located.

97   Note. Social connectedness is likely under-reported because notifiers may not have this information.
98   Van Bel et al. (2009).
99   Podnieks & Thomas (2017).
100   Australian Law Reform Commission (2017).
101   Office of the Public Advocate, Western Australia (2005).
102   Peri et al. (2008).
103   Campo & Tayton (2015).
104   Horsford et al. (2011).
105   Tilse et al. (2006).
106   Peri et al. (2008).
107   Horsford et al. (2011).

Victim Location

Victim location was known in 80.7 per cent (*n* = 1,609) of cases. Figure 22 displays the number of victims in each region.[108]

28
Moreton Bay South

125
Moreton Bay North

120
Sunshine Coast

387
Brisbane (North, South, East, West, & Inner City)

91
Cairns

64
Townsville

60
Toowoomba

44
Mackay–Isaac–Whitsunday

89
Ipswich

222
Gold Coast

71
Logan-Beaudesert

30
Queensland Outback

175
Wide Bay

37
Darling Downs–Maranoa

66
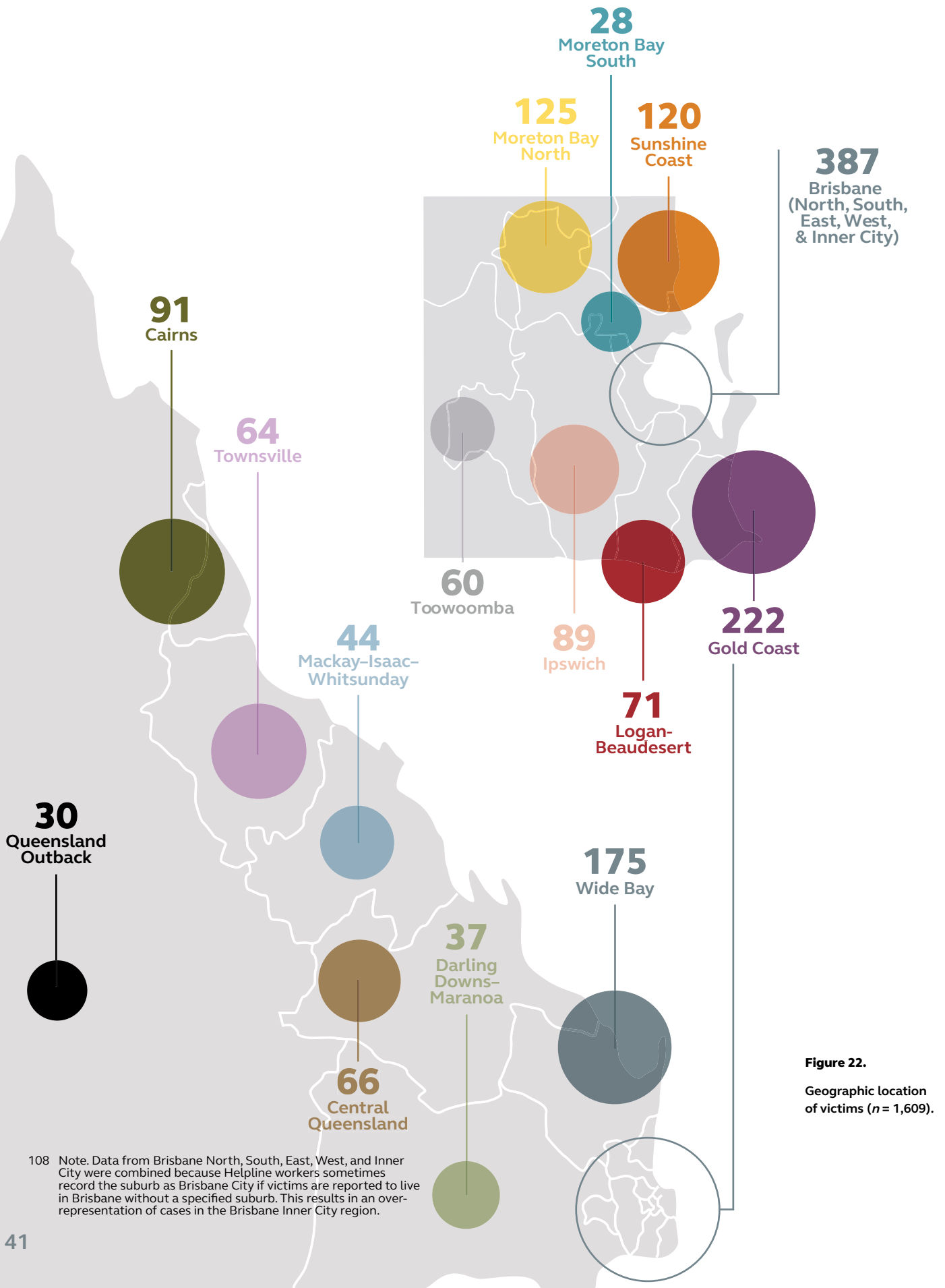Central Queensland

Figure 22.

Geographic location of victims (*n* = 1,609).

108 Note. Data from Brisbane North, South, East, West, and Inner City were combined because Helpline workers sometimes 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, expected victim counts were compared against actual victim counts to determine the percentage of cases above or below what was expected for each region. Expected victim counts were calculated using the proportion of Queensland's population of people aged 50 years and over living in each region.

As Table 8 and Figure 23 show, the number of reported victims was above or below expectations in multiple regions. Wide Bay, Queensland – Outback, and Moreton Bay – North had much higher numbers of victims than expected. Moreton Bay – South, Logan – Beaudesert, and Darling Downs – Maranoa had much lower numbers of victims than was expected based on population data.[109]

Table 8.

Difference Between Expected and Actual Victim Counts (*n* = 1,609).

SA4 Region	Proportion of Population	Expected Victims	Actual Victims	Difference
Brisbane	23.2%	373.5	387	3.6%
Cairns	5.3%	85.5	91	6.4%
Central Queensland	4.3%	69.6	66	–5.1%
Darling Downs – Maranoa	2.9%	47.2	37	–21.6%
Gold Coast	12.9%	207.6	222	6.9%
Ipswich	6.1%	98.6	89	–9.7%
Logan – Beaudesert	6.0%	96.5	71	–26.4%
Mackay – Isaac – Whitsunday	3.3%	53.5	44	–17.7%
Moreton Bay – North	5.9%	94.2	125	32.7%
Moreton Bay – South	3.6%	58.7	28	–52.3%
Queensland – Outback	1.4%	22.5	30	33.2%
Sunshine Coast	9.3%	149.7	120	–19.8%
Toowoomba	3.2%	50.8	60	18.1%
Townsville	4.4%	71.4	64	–10.3%
Wide Bay	8.1%	129.8	175	34.8%

109   Note. The *Difference* statistic in Table 8 is equivalent to the *Standardised Difference* statistic reported in the 2019–20 Year in Review (Table 17).

Figure 23.

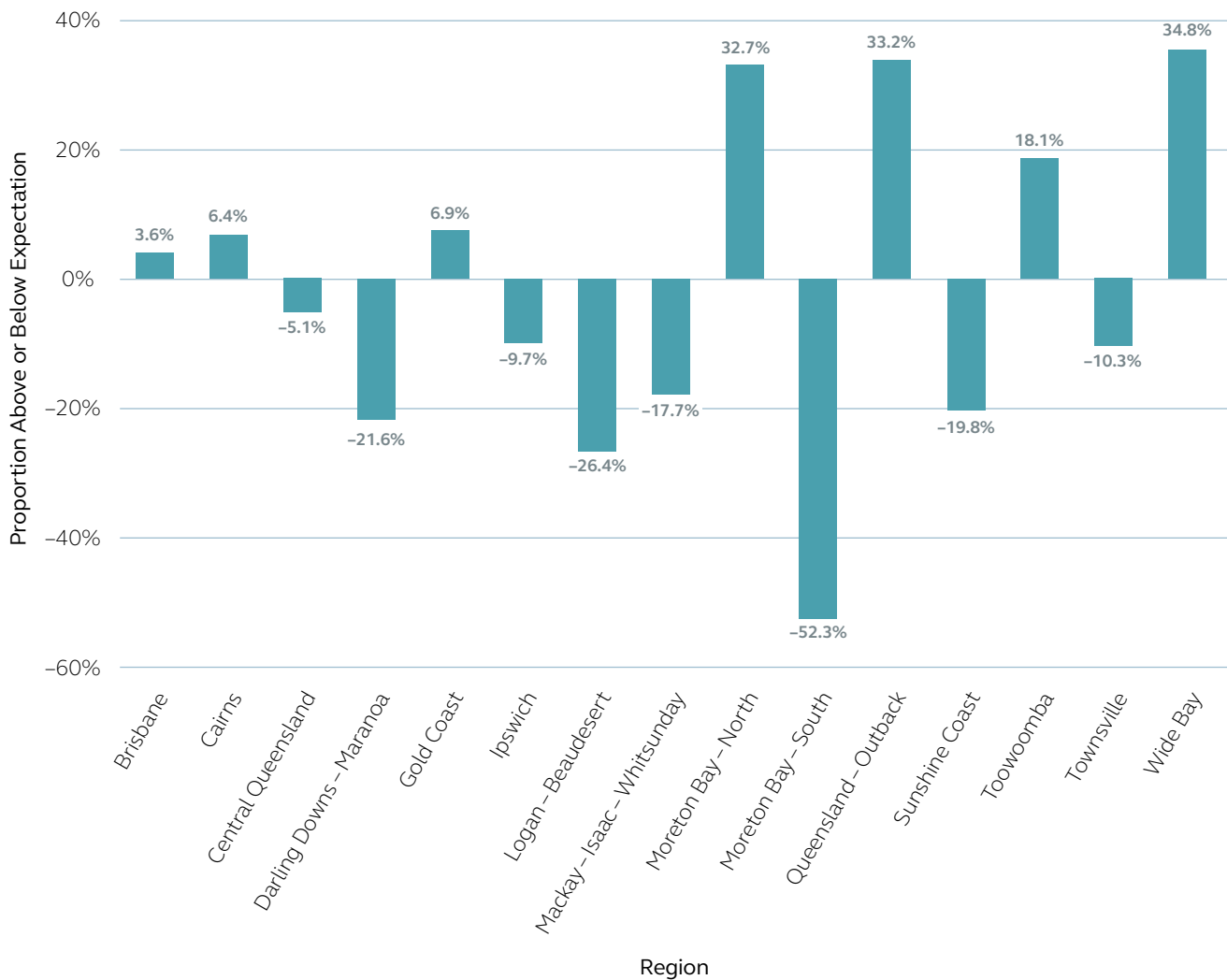**Proportion of cases above or below that expected by region (*n* = 1,609).**

Higher- or lower-than-expected proportions of victims do not necessarily indicate the actual prevalence of elder abuse in the region. Greater or lesser awareness of elder abuse and the EAPU Helpline is likely to influence the number of calls that the EAPU receives from different regions. Further research could examine these interrelationships.

Section 3.5
Societal Factors

The societal level of analysis concerns the sociocultural context in which victims and perpetrators live. Societal factors can contribute to a climate in which elder abuse is more likely to occur.

This section examines four areas:

- cultural and social norms
- legislation and policies
- contemporary conditions
- economic factors

Culture and Social Norms

Social norms are rules of behaviour based on internalised schemas to which community members are expected to conform.[110,111] 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.[112] 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.[113] 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 was identified in almost half of cases ($n = 947$, 47.5%). 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.[114] Ageism is widespread in Australia, with a recent study conducted by the Australian Human Rights Commission finding that 64 per cent of older people reported experiencing ageism in the previous five years.[115] Ageism is more pervasive than other forms of prejudice,[116] with jokes about age perceived to be more socially acceptable than jokes about either race or gender.[117]

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.[118] However, not all stereotyped perceptions of older people are negative. Stereotypes about older people can be mixed, with older people often represented as "doddering but dear".[119] Negative attributions are made about competence, whereas positive attributions are made about warmth.[120,121,122]

110 World Health Organization (2009).
111 National Academies of Sciences, Engineering, and Medicine (2018).
112 Vaughan & Hogg (2005).
113 McCauley et al. (1980).
114 Australian Human Rights Commission (2010).
115 Australian Human Rights Commission (2021).
116 World Health Organization (2021).
117 Australian Human Rights Commission (2021).
118 Australian Human Rights Commission (2013).
119 Sublett et al. (2021).
120 Sublett et al. (2021).
121 Vale et al. (2020).
122 Vervaecke & Meisner (2021).

Ageism is often categorised as hostile or benevolent. Hostile ageism is a more overt form of ageism that occurs where more negative stereotypes about older people are held. Some examples of hostile ageism that have been reported in Australian media include referring to older people admitted to hospital as "bed blockers", references to the COVID-19 pandemic as the "boomer remover", and describing older people as an economic burden. In each of these examples, older people are blamed for wider societal issues, and portrayed as disposable. Benevolent ageism is more subtle, occurring where mixed stereotypes are held about older people. Some examples of benevolent ageism include trying to stop someone from participating in activities due to concerns that the activity is not "age-appropriate", unwanted helping behaviour, and speaking more slowly or loudly when talking to the person. In each of these situations, the behaviours may be well intentioned, but they are based on assumptions that being older automatically makes someone vulnerable and less capable than individuals in younger cohorts.[123,124]

The seriousness of ageism is not always recognised. However, ageist attitudes and beliefs can seriously affect older peoples' health and quality of life.[125,126] Poorer physical and mental health, cognitive decline, social isolation, and financial insecurity have been associated with ageism. Further, research consistently shows that ageism is a risk factor for elder abuse.[127,128,129,130] In a broad sense, ageism increases vulnerability, exacerbates abuse, decreases the likelihood of reporting, and inhibits effective responses to elder abuse.[131,132,133,134] Older people may also internalise the stereotypical perceptions expressed by others, adopting self-fulfilling schemas.

Helpline operators select *ageism* if callers make comments that suggest older people are all the same, older people are less capable, 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 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. Both examples illustrate benevolent ageism.

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.[135] Gender stereotypes underlie these roles. Social constructions of gender and the roles and norms associated with gender affect both victims and perpetrators.[136] 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 or partner's death because they lack experience in such matters. In these cases, family members may take responsibility for the financial management, thereby increasing opportunities for financial abuse.[137]

The database enables workers to record if gender stereotypes towards victims have influenced their decisions or behaviour. This was identified in 352 (17.6%) cases, and most victims were female ($n = 295, 83.8\%$). Sexism and gender roles also affect perpetrators. Gender stereotypes reportedly influenced perpetrators' behaviour in 287 (14.4%) cases; almost three-quarters of these perpetrators were male ($n = 212, 73.9\%$).

Racism

Experiences of racism likely increase vulnerability to abuse. Historical experiences of segregation, exclusion, and oppression have led to intergenerational trauma for many 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.[138,139] Experiences of racism can also lead to a mistrust of service providers and reporting bodies, and increase a person's sense of shame. Together, these factors may reduce the likelihood that victims will report abuse.[140] Racism can also become internalised and reduce a victim's self-efficacy, further increasing vulnerability and reducing the likelihood of reporting. Racism and intergenerational trauma can also affect other family members and contribute to an increased risk of their perpetrating abuse.[141]

123 Yun & Maxfield (2020).
124 Vale et al. (2020).
125 World Health Organization (2021).
126 World Health Organization (2021).
127 Australian Law Reform Commission (2017).
128 Kaspiew et al. (2015).
129 Peri et al. (2008).
130 World Health Organization (2015).
131 Australian Human Rights Commission (2013).
132 Australian Law Reform Commission (2017).
133 Phelan & Ayalon (2020).
134 World Health Organization (2015).
135 World Health Organization (2011).
136 Peri et al. (2008).
137 Kaspiew et al. (2015).
138 Australian Institute of Health and Welfare (2015).
139 Australian Institute of Health and Welfare (2018c).
140 Office of the Public Advocate, Western Australia (2005).
141 Horsford et al. (2011).

Care Obligations and Expectations

Obligations and expectations around who will provide care for an older family member can create tension. 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 parties.[142,143] 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 provision of care for a family member can also increase conflict within families.[144,145] As discussed in Section 3.3, caregiver reluctance was noted in 25.3 per cent ($n = 75$) of cases where perpetrators were providing care to 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.[146] An Australian study found that 93 per cent of respondents believed they should make provisions for children or stepchildren when dividing assets.[147] 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.[148]

Farming families may experience additional complexities from an existing level of co-ownership or sharing of assets and a reluctance to divide the farm.[149,150,151] 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 perceived entitlement exists and children view the transfer of parental assets as their right.[152] 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 2020–21, a perception of entitlement was identified in almost half ($n = 848$, 42.5%) of cases reported to the Helpline. Perception of entitlement is most often associated with financial abuse; however, it may also be associated with other types of abuse. Of the 848 cases where a perception of entitlement was identified, financial abuse was recorded in 78.1 per cent of these cases ($n = 662$).

Inheritance impatience likely compounds the increased risk of financial abuse in situations in which a sense of entitlement exists. Inheritance impatience was recorded as co-occurring with a perception of entitlement in 17.5 per cent ($n = 148$) of cases where a perception of entitlement was identified. 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".[153] 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.[154]
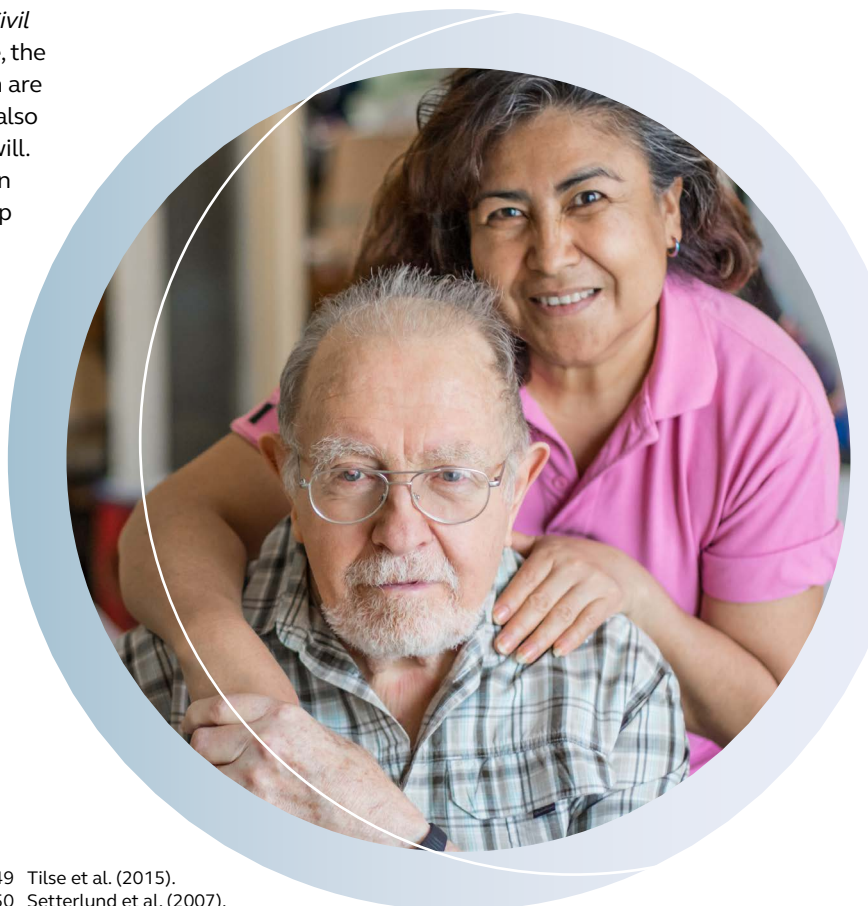
142 Peri et al. (2008).
143 World Health Organization (2015).
144 Kaspiew et al. (2015).
145 Peri et al. (2008).
146 Australian Law Reform Commission (2017).
147 Tilse et al. (2015).
148 Setterlund et al. (2007).

149 Tilse et al. (2015).
150 Setterlund et al. (2007).
151 Tilse et al. (2006).
152 Kaspiew et al. (2015).
153 Miskovski (2014).
154 Australian Institute of Health and Welfare (2018c).

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.[155,156] 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.[157]

A common situation reported to the Helpline in which the presumption of advancement is relevant involves "family agreements" between an older person and a family member or other trusted person.[158] 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.[159] In many cases, the older person does not seek legal advice before entering into a family agreement.

In 2020–21, family agreements were recorded in 62 cases of abuse reported to the Helpline.[160] Victims were recorded as experiencing financial abuse in 60 of the 62 cases (96.8%). Victims also experienced other co-occurring types of abuse, with psychological abuse experienced by two-thirds of victims (n = 41, 66.1%). Almost half of the family agreements (n = 30, 48.4%) were recorded as formal agreements (with legal documentation). This is a notable increase from the 15.5 per cent (n = 11) that were recorded as formal agreements in 2019–20. This is a promising finding; however, the small number of cases means that this result should be interpreted with caution. A further 28 (45.2%) of the agreements were informal agreements. The type of agreement was unknown for the remaining four family agreements (6.5%).

In many cases, the older person is not listed on the relevant 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 gifting may have implications for their Centrelink payments. In some cases, the gifted assets may be counted in asset tests and may have deeming applied, which then counts as income. This may result in victims losing all or part of their Centrelink payments.

By the time many victims contact the Helpline, the relationship with their child has deteriorated; they may have been instructed by their child 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. Victims were reported to have become homeless because of elder abuse in 15 cases (24.2%) where a family agreement was in place. In a further five cases (8.1%), a fear of becoming homeless was a barrier affecting victims' ability to address the abusive situation.

Income Support Payments

Differences in payment amounts and requirements between JobSeeker Payment 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 of 5 July 2021, the maximum payment on JobSeeker Payment (single, no children, less than 60 years of age) was $629.60 per fortnight (including Energy Supplement).[161] The maximum payment for carers receiving Carer Payment was $952.70 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 $131.90 per fortnight, with another yearly Carer Supplement of $600. Hence, by claiming Carer Payment a person received almost double (about $501.15 extra per fortnight) the amount of those receiving JobSeeker. 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 2020–21, 173 perpetrators were recorded as receiving Carer Payment and/or Carer Allowance. Of these, 105 (60.7%) perpetrators were recorded as providing some level of care and 68 (39.3%) were reported as not providing any care to victims. Claiming Carer Payment and/or Carer Allowance without providing care constitutes fraud. Therefore, some perpetrators actively refuse to allow home care services to provide care in order to avoid detection. Only two (2.9%) of the victims in the 68 cases mentioned above were receiving home care services. Further, in 12 (17.6%) 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 105 cases in which perpetrators were receiving Carer Payment or Allowance and providing care, 12 (11.4%) reflected this scenario. Perpetrators may also refuse to allow an older person to move to an aged care facility to avoid losing the Carer Payment/Allowance, and/or their accommodation.

155   Blundell et al. (2017).
156   Gillbard (2018).
157   Gillbard (2018).
158   Australian Law Reform Commission (2017).
159   Somes & Webb (2016).

160   Note. This figure probably underestimates the number of family agreements.
161   All data relating to Centrelink payments was obtained from the Services Australia website (https://www.servicesaustralia.gov.au/) and is current as of 5 July 2021. This is general information only and may not reflect individual circumstances.

Although in some cases alleged perpetrators are claiming Carer Payment or Carer Allowance and not providing care, this does not represent all carers. Most 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 some situations.

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 Australian 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. Funding for additional home care packages was announced in 2019 and the number of people waiting to receive appropriate home care packages decreased by 25,439 between the third quarter in 2018–19 and third quarter in 2019–20. In response to the Interim Report handed down by The Royal Commission into Aged Care Quality and Safety (hereinafter referred to as "The Royal Commission"), funding for an additional 10,000 home care packages was announced on 25 November 2019.[162]

The Royal Commission's Final Report titled "Care, Dignity and Respect" was tabled in Parliament on 1 March 2021. Some of the systemic issues identified were wait times between approval for a Home Care Package and gaining access to a package at the appropriate level; insufficient funding of home care packages to meet older people's support needs; insufficient staffing levels in residential aged care; wide-scale failures for more marginalised Australians; and a lack of integration with the health care system. In response to these issues, the Australian Government's budget announcement on 11 May 2021 included a further $17.7 billion aged care reform package to be delivered over five years. The reform package includes funding for 80,000 additional home care packages.[163] The aged care reforms are a step forward; however, the additional funding will still fall short of that required to meet the support needs of older Australians. As of 31 December 2020, 96,859 older people were waiting to receive an appropriate home care package in Australia.[164]

This mismatch between funding and need will mean that some older people currently waiting for home care packages will not have access to an appropriate package. In addition, it is unlikely that the additional funding will be adequate to fund the required number of residential aged care beds. In March 2021, it was reported that there were almost 600 people in hospital in Queensland who were waiting for beds to become available in residential aged care and disability facilities.[165] There may also be a number of older people currently living in the community waiting for beds in residential aged care to become available. The adequacy of aged care funding is not the only issue. Concerns have also been raised about workforce shortages and the ability to find staff to fill newly funded positions.[166] Unless an additional 17,000 staff join the aged care workforce each year, an estimated shortage of 110,000 workers will occur within a decade.

Difficulties navigating the aged care system can also create barriers for older people who require support. The Royal Commission into Aged Care Safety and Quality Interim Report described the aged care entry system as frightening, confronting, and confusing for older people.[167] Older people who manage to overcome this and are approved for support are then left to arrange the support themselves. Many find it difficult to understand their packages and struggle to find the information they need.[168]

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 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.

162 Prime Minister, Minister for Health, Minister for Aged Care and Senior Australians, & Minister for the National Disability Insurance Scheme (2019).
163 Royal Commission into Aged Care Quality and Safety (2021).
164 Department of Health (2021).
165 Cameron (2021).
166 Committee for Economic Development of Australia (2021).
167 Royal Commission into Aged Care Quality and Safety (2019).
168 Hobbs (2020).

Contemporary Conditions: COVID-19

On 11 March 2020, the World Health Organization characterised the COVID-19 outbreak as a pandemic after more than 118,000 cases and 4,291 deaths were reported across 114 countries.[169] Queensland's first case was confirmed on 28 January 2020[170], and by 30 June 2020 the number of confirmed cases had grown to 1,067.[171] Older people have faced particular difficulties as a consequence of the pandemic, likely increasing the risk of experiencing elder abuse. The pandemic and subsequent public health restrictions resulted in many older people becoming socially isolated and dependent on others for support. In March 2020, the higher mortality rates from COVID-19 in older populations led to recommendations that older people self-isolate. Social distancing restrictions were also introduced for the whole community.

Recommendations around self-isolation and concerns about contracting COVID-19 have resulted in greater numbers of older people experiencing social isolation and loneliness.[172,173] The effects of social isolation and loneliness on the health and wellbeing of older people are well established. Concerns about the impact of COVID-19 and self-isolation directions on the risk of suicide for older people have also been raised.[174]

Some perpetrators have deliberately exploited health orders and recommendations during the pandemic to control and isolate victims. Some cases reported to the Helpline included perpetrators telling victims that self-isolation

recommendations meant they legally had to stay home; coughing on victims and telling them they had COVID-19 and were required to quarantine for 14 days; and telling victims they were a close contact of a case and had to quarantine, when this was untrue. This behaviour not only caused older people to experience social isolation but also gave fewer opportunities for others to recognise abuse when it was occurring.

Older people were not the only group directly affected by the COVID-19 pandemic. Social-distancing restrictions had flow-on economic effects with substantial job losses. In times of economic uncertainty, family members are more likely to cohabit, which, coupled with other stressors, may lead to increased violence.[175,176] A survey undertaken by St George Bank in early April 2020 found that the COVID-19 pandemic had led to adult children moving back in with their parents.[177] This result was supported by a May 2020 survey of 1,000 Australians conducted by Finder. The survey found that around one in four adult children had moved in with their parents; in 21 per cent of cases, the move was due to COVID-19.[178] A study conducted by the Australian Institute of Family Studies found that 66 per cent of people aged 50 years and over had experienced changes in whom they were living with during the pandemic.[179] Further, many people aged under 30 years had reported moving back home with their parents.

The number of people from other states in Australia migrating to Queensland has sharply increased. Queensland's relatively small numbers of COVID-19 cases and deaths has resulted in Queensland becoming an attractive destination for people living in the southern states. Between 1 April 2020 and 31 March 2021, Queensland experienced a large increase in the number of interstate residents moving to Queensland, with an estimated 30,785 additional people (net interstate migration) calling Queensland home.[180,181] Newer net migration data is not yet available from the Australian Bureau of Statistics; however, a media statement released by the Queensland Government on 25 August 2021 suggested that interstate relocation to Queensland had increased further, with 1,993 border passes granted to relocate to Queensland in a single week in August 2021.[182]

169 World Health Organization (2020).
170 Australian Broadcasting Commission (2020).
171 Queensland Government (2020).
172 Brooke & Jackson (2020).
173 Wand et al. (2020).
174 Wand et al. (2020).
175 Maxwell & Stone (2010).
176 Soares et al. (2010).
177 Burke (2020).
178 Razaghi (2020).
179 Hand et al. (2020).
180 Australian Bureau of Statistics (2021b).
181 Australian Bureau of Statistics (2021d).
182 Palaszczuk & D'Ath (2021).

The sudden population growth has resulted in a "housing crisis" with a scarcity of properties available to rent or buy. For the week ending 4 September 2021, rental vacancy rates were below 0.5 per cent in some Queensland regions. Maryborough's rate was particularly low at 0.0 per cent. The low vacancy rates have had a flow-on effect, with rental prices skyrocketing. Weekly rental prices for houses on the Gold Coast have increased by 31.6 per cent over the past 12 months, with the index price of $753 exceeding the prices for both Canberra ($719) and Sydney ($702). Purchase prices for properties have also increased, with the median house price in Brisbane increasing by $103,000 (18.8%) in 12 months (June 2020 to June 2021). The rise during the last quarter for which data was available (April–June 2021) was notably meteoric, with $40,000 added to Brisbane's median house price.

The increased demand for properties and subsequent price increases are likely to have contributed to increased intergenerational cohabitation as people found themselves priced out of the market. The proportion of victims experiencing financial abuse did not increase in 2020–21. Nevertheless, issues around housing affordability may lead to future increases in financial abuse if adult children need to rely on parents for financial support for everyday living expenses or to assist them to secure a home loan. Even those who can afford to rent or buy a property are not immune to the impact on the housing market because they may struggle to compete with increasing numbers of applicants.

The COVID-19 pandemic has contributed to a sharp increase in public ageist discourses, both in Australia and globally.[183,184,185,186] The virus has been referred to on social media as "Boomer Remover", "Senior Deleter", "Boomer Doomer", and "Elder Repeller".[187] The use of "Boomer Remover" was particularly widespread, with "#BoomerRemover" appearing in 1,875 (English) tweets posted over two weeks in March 2020.[188] These terms present older people as easily disposable and suggest that their lives are not as valuable as those of younger cohorts. Policies around prioritising health resources for younger age groups further positioned older people as expendable and devalued their perceived worth.

Benevolent ageism has also increased during the pandemic.[189] Policies and recommendations that specifically targeted older people positioned them as vulnerable and incapable of protecting themselves. This discourse has resulted in older people experiencing social abuse and neglect when protective family members have not allowed them to leave their home or have cancelled home care services due to concerns about the older person contracting the virus. In addition, older people have been blamed for lockdowns due to perceptions that the lockdowns were being ordered to protect them. Increased ageism during the pandemic negatively affected older peoples' perceptions of ageing.[190] Negative perceptions of ageing internalised by older people have been found to affect health and wellbeing and lead to shorter lifespans.[191] Therefore, the consequences of increased ageism for older people may even extend beyond the pandemic. [192]

The higher call volumes to the Helpline from March 2020, coupled with increasing rates of cohabitation in both 2019–20 and 2020–21 (see Section 3.3) suggest that COVID-19 has increased vulnerability and the risk of elder abuse.

183   Brooke & Jackson (2021).
184   Kornad et al. (2021).
185   Meisner (2021).
186   Vervaecke & Meisner (2021).
187   Meisner (2021).
188   Skipper & Rose (2020).
189   Vervaecke & Meisner (2021).
190   Kornadt et al. (2021).
191   World Health Organization (2021).
192   Kornadt et al. (2021).

Economic Factors

A number of economic factors, including low interest rates, unemployment, high house prices, increased longevity, and low superannuation balances can increase the likelihood of elder abuse. Low interest rates have affected the superannuation, savings, and retirement income of older people.[193] Increased longevity has compounded this effect, with many older people now concerned whether their superannuation and savings will last their lifetime. In the Australian population, 66 per cent of people aged 65 years and over receive the Age Pension.[194] Women form the largest proportion of recipients.[195] They typically have lower superannuation balances[196] and a longer life expectancy than their male counterparts.

Housing unaffordability can 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 (1991–2021), median house prices in Brisbane increased by 538 per cent, from $121,000 (1991)[197] to $650,000 (2021).[198] In comparison, wages have increased by only 307 per cent over the same period in Queensland: the average weekly wage increased from $529.30 to $1,627.40.[199] 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.[200] Consistent with this decline, home ownership in perpetrators (49.5% owned at least one home) was below the Queensland rate of ownership (62.2%).[201]

Home ownership slipping out of reach of younger generations can increase the likelihood of adult children pressuring older people in a multitude of ways. They may try to coerce the older person into allowing them to move in and live rent free, 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 adult child. The sharp increase in house prices from increased interstate migration since the beginning of the pandemic may result in increases in these types of financial-abuse behaviours in the future.

In 2020–21, 92 (7.4%) financial abuse cases involved titles on assets that were transferred to perpetrators, 55 (4.4%) cases involved victims putting money towards perpetrators' properties, and 135 (10.8%) cases related to failing to repay loans.

193 Australian Law Reform Commission (2017).
194 Australian Institute of Health and Welfare (2018b).
195 Australian Bureau of Statistics (2017b).
196 Australian Bureau of Statistics (2017b).
197 Abelson & Chung (2004).

198 Australian Bureau of Statistics (2021e).
199 Queensland Government Statistician's Office (n.d).
200 Geck & Mackay (2018).
201 Queensland Government Statistician's Office (2019).

Section 3.6
Abuse Data

Consistent with findings from 2019–20, the three most frequently reported types of abuse were psychological, financial, and social abuse (Figure 24). Close to two-thirds of victims (n = 1,287, 64.5%) were reported to be experiencing more than one type of abuse and almost one-quarter (n = 466, 23.4%) were experiencing three or more types of abuse (Figure 25). The types of abuse that were most likely to have co-occurring abuse reported were physical (91.1%), sexual (89.5%), and social (86.4%).
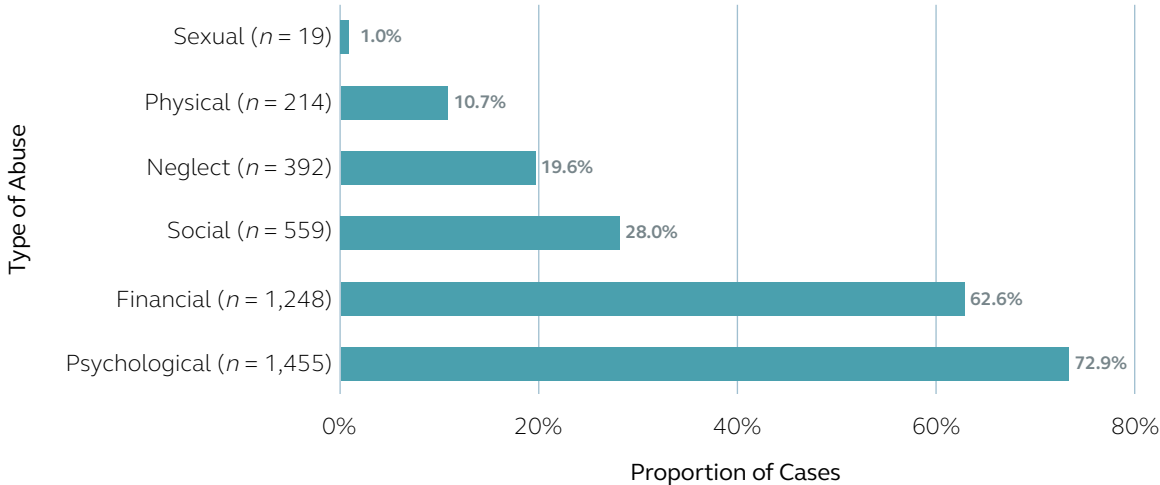

Figure 24.
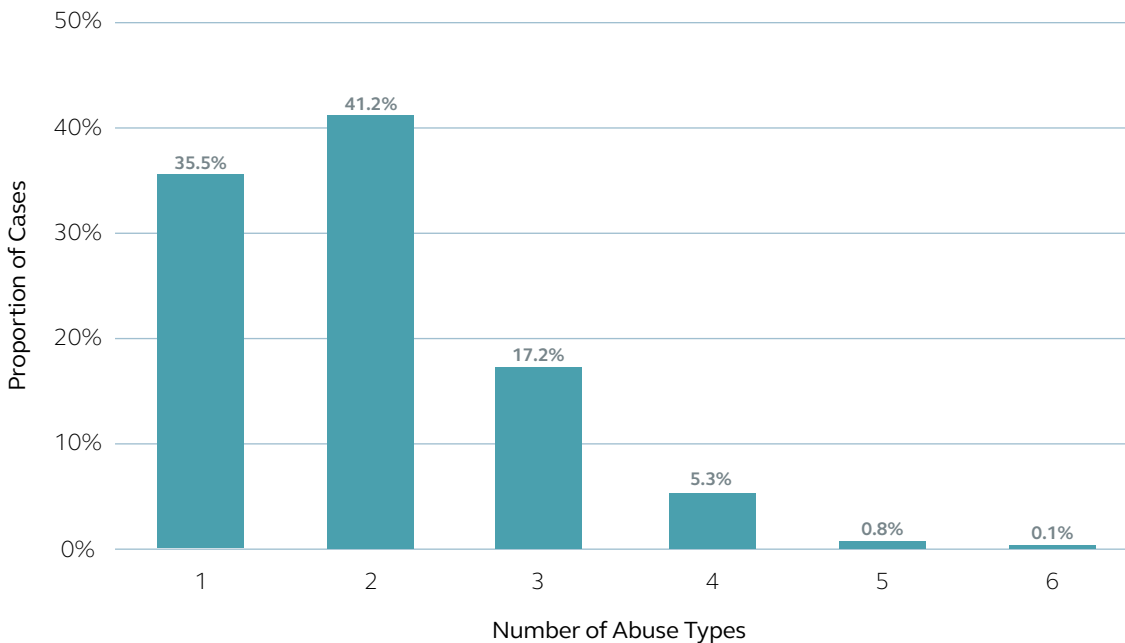
Proportion of victims by abuse type.

Figure 25.

Number of Abuse Types Reported.

Some notable differences occurred in the proportions of cases involving particular types of abuse in 2020–21 compared to findings in 2019–20. The largest discrepancy is the lower proportion of physical abuse reported in 2020–21: 10.7 per cent of cases in 2020–21 versus 18.6 per cent of cases in 2019–20. The reason for this difference is unclear. The proportion of physical abuse cases was slightly higher in the July–September 2020 quarter (12.6%); however, this was not a significant difference.

The proportion of cases involving financial abuse was also lower in 2020–21 (62.6%) than in 2019–20 (68.5%). An analysis of cases of financial abuse by quarter found that the highest rate of financial abuse occurred in the July–September 2020 quarter (69.7%), which was significantly higher than in the other quarters.[202] This was unexpected, as an association was expected between the reduction and cessation of the Coronavirus Supplement and Job Keeper payments and an increase in financial abuse. These payments were first reduced in late September 2020 and ceased in late March 2021. This unexpected reduction in the proportion of financial abuse cases highlights the complex nature of elder abuse.

Financial Abuse

In 2020–21, 1,248 cases of financial abuse were reported to the Helpline. 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 a person to access to their money, pressuring them to sign over their house or other assets to the perpetrator, using the victim's credit card without permission, and misusing an Enduring Power of Attorney (EPoA).

The PEARL database captures data about methods used to perpetrate financial abuse and forms of financial 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 26). This differed slightly from 2019–20, when misuse of debit and credit cards occurred more frequently than misuse of an EPoA.
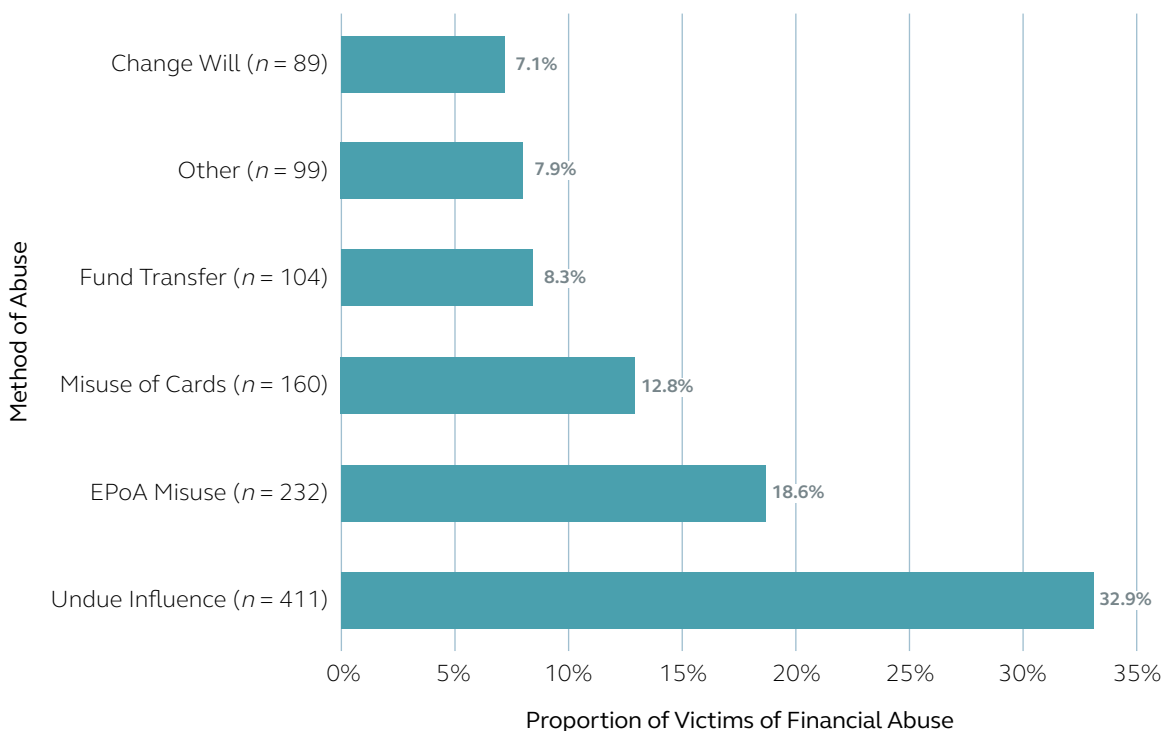

Figure 26.

Methods of perpetrating financial abuse (n = 1,248).

202   X^2(3) = 24.12, p = .000.

Forms of Financial Abuse

The most common forms of financial abuse were coercing the victim into gifting, non-contribution (for example, living with the victim and not contributing towards expenses such as electricity or groceries), and paying perpetrators' bills (Figure 27). These findings differed slightly from 2019–20, when non-contribution, coercing the victim into gifting, and failure to repay loans were most frequently reported.

Figure 27.

Forms of financial abuse (*n* = 1,248).
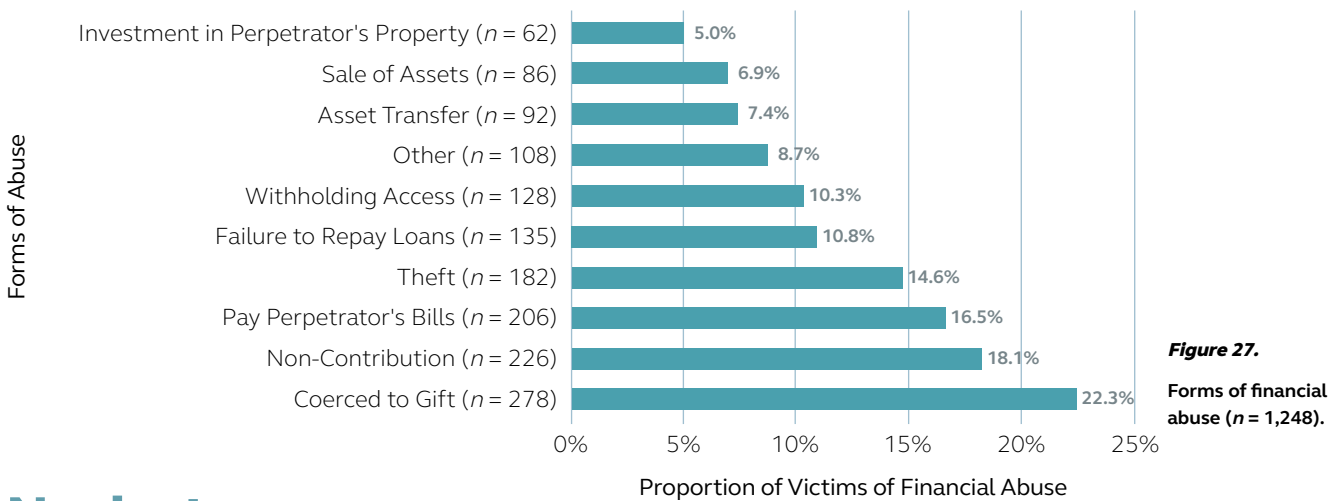
Neglect

In 2020–21, 392 cases of neglect were reported to the Helpline. 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 includes physiological necessities such as adequate nutrition, as well as accommodation, and ensuring safety. Neglect also includes situations in which an EPoA cancels home care services if the cancellation results in the older person not receiving the care they require.

Failing to ensure victims' nutritional needs were met, refusal to allow others to provide care, and failing to take care of victims' medical needs were the most frequently reported forms of neglect in 2020–21 (Figure 28). 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 not allowing others to provide care.

The findings differed from those in 2019–20 when refusal to allow others to provide care, a lack of supervision (where required for safety), and failing to take care of victims' medical needs were the most frequently reported forms of neglect.

Figure 28.

Forms of neglect (*n* = 392).
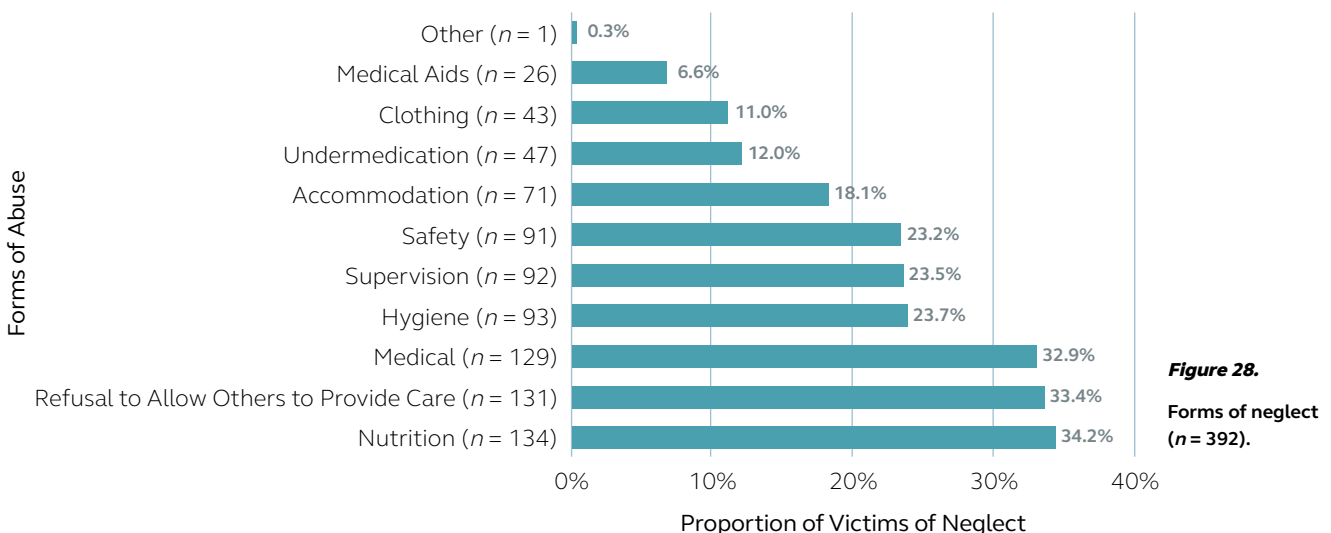
Physical Abuse

In 2020–21, 214 cases of physical abuse were reported to the Helpline. 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 most frequently reported forms of physical abuse were striking, pushing, and rough handling (Figure 29). These findings differed slightly from last year's findings, when pushing was reported more often than striking.

Although strangulation and stabbing/cutting were only recorded in a total of 15 (7.0%) cases of physical abuse,[203] the level of violence and risk of death associated with these acts is greatly concerning. Two more particularly concerning cases were recorded as "Other". One case involved a firearm being pressed to a victim's head while threats were being made. The second case involved a victim being deliberately run into using a car.
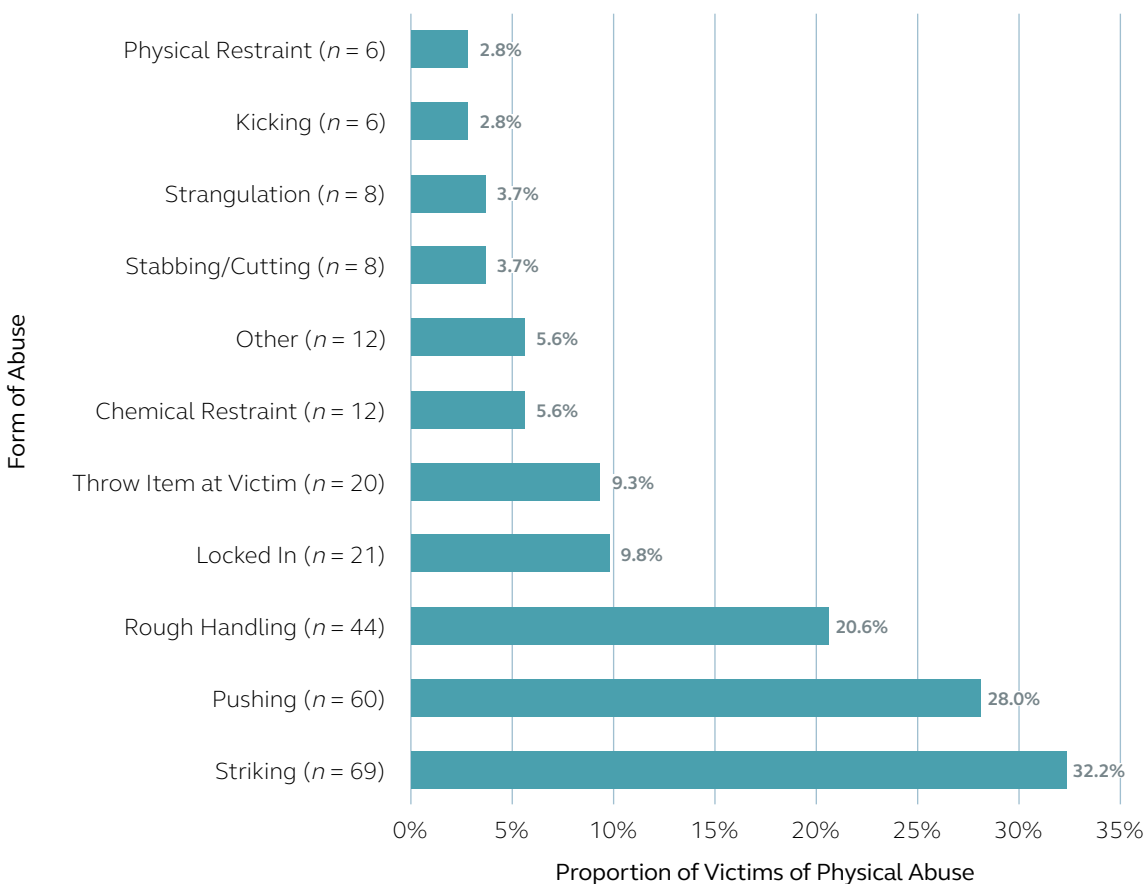

Figure 29.

Forms of physical abuse (n = 214).

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203   In 1 case, strangulation and stabbing/cutting were both recorded.

Psychological Abuse

In 2020–21, 1,455 cases of psychological abuse were reported to the Helpline. 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 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, and degrading victims (Figure 30). The most common types of threats were to harm victims ($n = 134$), limit access to grandchildren ($n = 68$), and threatening to send victims to residential aged care facilities ($n = 57$).
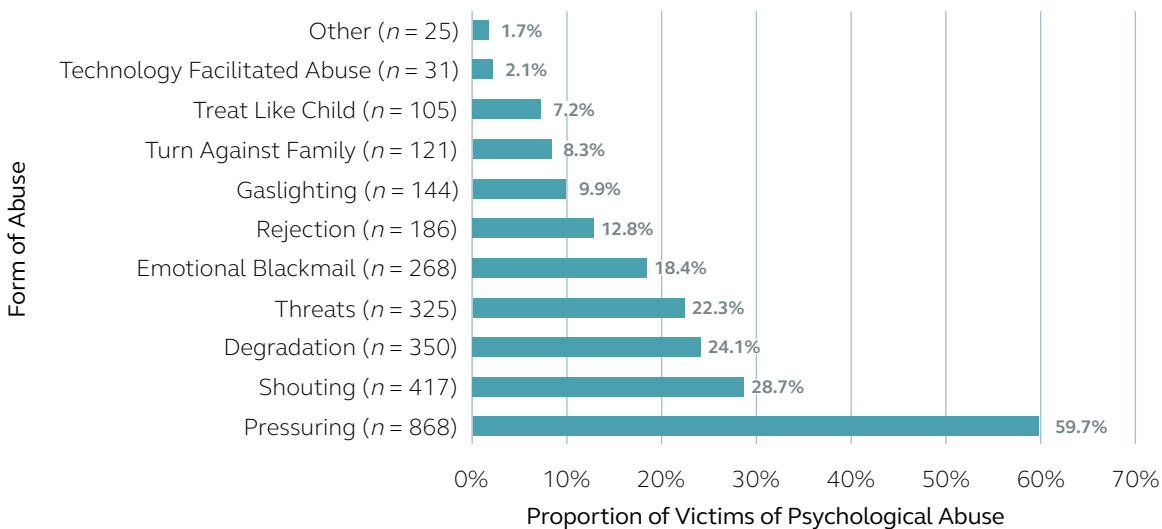

Figure 30.

Forms of psychological abuse ($n = 1,455$).

Chart data — Forms of psychological abuse (y-axis: Form of Abuse; x-axis: Proportion of Victims of Psychological Abuse):
- Other ($n = 25$): 1.7%
- Technology Facilitated Abuse ($n = 31$): 2.1%
- Treat Like Child ($n = 105$): 7.2%
- Turn Against Family ($n = 121$): 8.3%
- Gaslighting ($n = 144$): 9.9%
- Rejection ($n = 186$): 12.8%
- Emotional Blackmail ($n = 268$): 18.4%
- Threats ($n = 325$): 22.3%
- Degradation ($n = 350$): 24.1%
- Shouting ($n = 417$): 28.7%
- Pressuring ($n = 868$): 59.7%

Sexual Abuse

In 2020–21, 19 cases of sexual abuse were reported to the Helpline. Sexual abuse is any unwanted sexual behaviour, language, or activity that makes a person feel uncomfortable, frightened, or threatened.[204,205] 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.[206]

In 2020–21, the most common forms of sexual abuse were being coerced to perform sexual acts, and rape (Figure 31), which is similar to findings in 2019–20.

Figure 31.

Forms of sexual abuse ($n = 19$).

Chart data — Forms of sexual abuse (y-axis: Form of Abuse; x-axis: Proportion of Victims of Sexual Abuse):
- Unwanted Touch ($n = 1$): 5.3%
- Wilful Exposure ($n = 1$): 5.3%
- Exposure to Pornography ($n = 1$): 5.3%
- Sexual Comments ($n = 2$): 10.5%
- Inappropriate Touch ($n = 2$): 10.5%
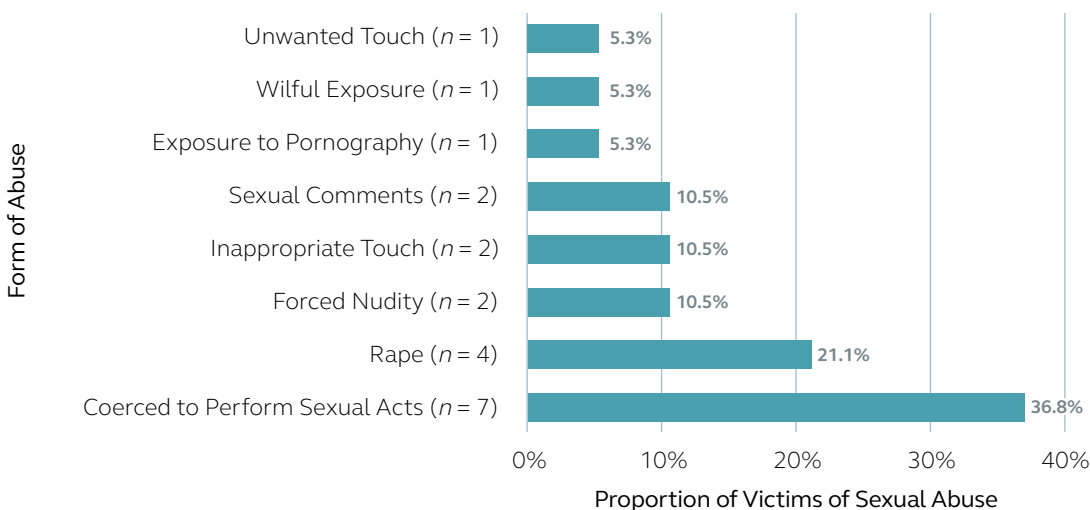- Forced Nudity ($n = 2$): 10.5%
- Rape ($n = 4$): 21.1%
- Coerced to Perform Sexual Acts ($n = 7$): 36.8%

204   Mann et al. (2014).
205   Gold Coast Centre Against Sexual Violence Inc. (n.d.).
206   Krug et al. (2002).

Social Abuse

In 2020–21, 559 cases of social abuse were reported to the Helpline. 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 include situations where the perpetrator moves the victim away from their friends, other family members, or partners, with all contact refused; the perpetrator places the victim in an aged care facility and instructs 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 cases, perpetrators take away victims' phones or monitor 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 68 (12.2%) cases of social abuse, EPoA misuse was recorded as the method of perpetrating abuse.

Forms of Social Abuse

Restricting visitation by others, restricting access to a phone, and deliberately behaving in a way which limited other people visiting were the most common forms of social abuse reported in 2020–21 (Figure 32). This data is not directly comparable with 2019–20 data because of changes made to the database from 1 July 2020. These changes were made to enable more detailed information to be captured about the forms of social abuse that were occurring.

Other (*n* = 16) — 2.9%
Limit Participation (*n* = 84) — 15.0%
Move Away from Networks (*n* = 85) — 15.2%
Restrict Victim Visiting Others (*n* = 110) — 19.7%
Monitoring Calls (*n* = 116) — 20.8%
Limit Ability to be Alone with Others (*n* = 129) — 23.1%
Perpetrator Behaviour Limits Visitation (*n* = 153) — 27.4%
Restrict Phone Access (*n* = 192) — 34.3%
Restrict Visitation by Others (*n* = 297) — 53.1%

Frequency of Abuse
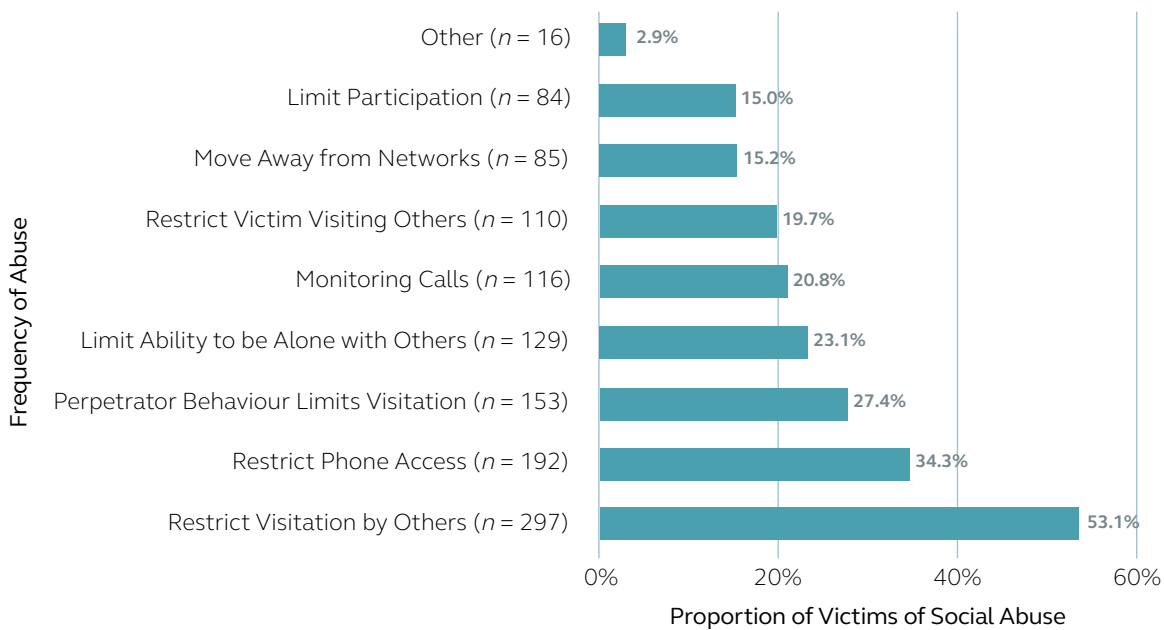
Proportion of Victims of Social Abuse

Figure 32.

**Forms of social abuse
(*n* = 559).**

Frequency of Abuse

The database captures data about the frequency of abuse, which was recorded for 229 (11.5%) cases. In more than half of these cases (*n* = 138, 60.3%), victims were abused daily (Figure 33). This is much higher than the 36.9 per cent of cases where daily abuse was reported in 2019–20. A partial explanation may be increased rates of cohabitation as this probably results in increased access and opportunities for abuse to occur.

The most common frequency category recorded for all abuse types was daily. Of abuse types, neglect had the highest proportion of cases where abuse was reported to be occurring daily, with 83.6 per cent (*n* = 51) of cases (where known).[207]
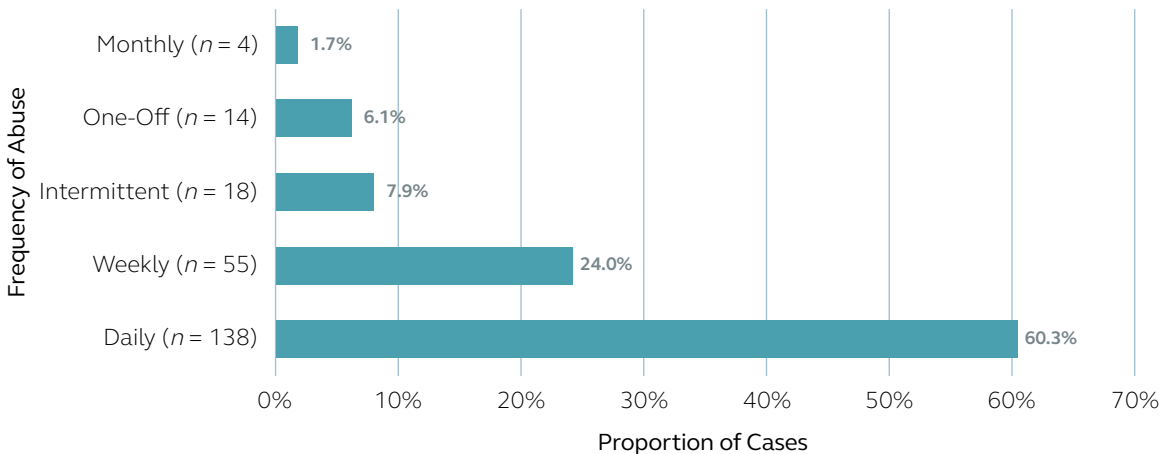

Figure 33.

Frequency of abuse (*n* = 229).

Duration of Abuse

The database captured the duration of abuse in 408 (20.5%) cases. Of these cases, more than half of victims (n = 249, 61.0%) had been experiencing abuse for under 2 years (Figure 34). A further breakdown within this 2-year timeframe showed that 50 victims had been experiencing elder abuse for less than three months, 47 for 3–5 months, 73 for 6–12 months and 79 for 1–2 years. In 17.9 per cent of cases, victims had been experiencing abuse for more than 10 years. These findings are similar to those in 2019–20.
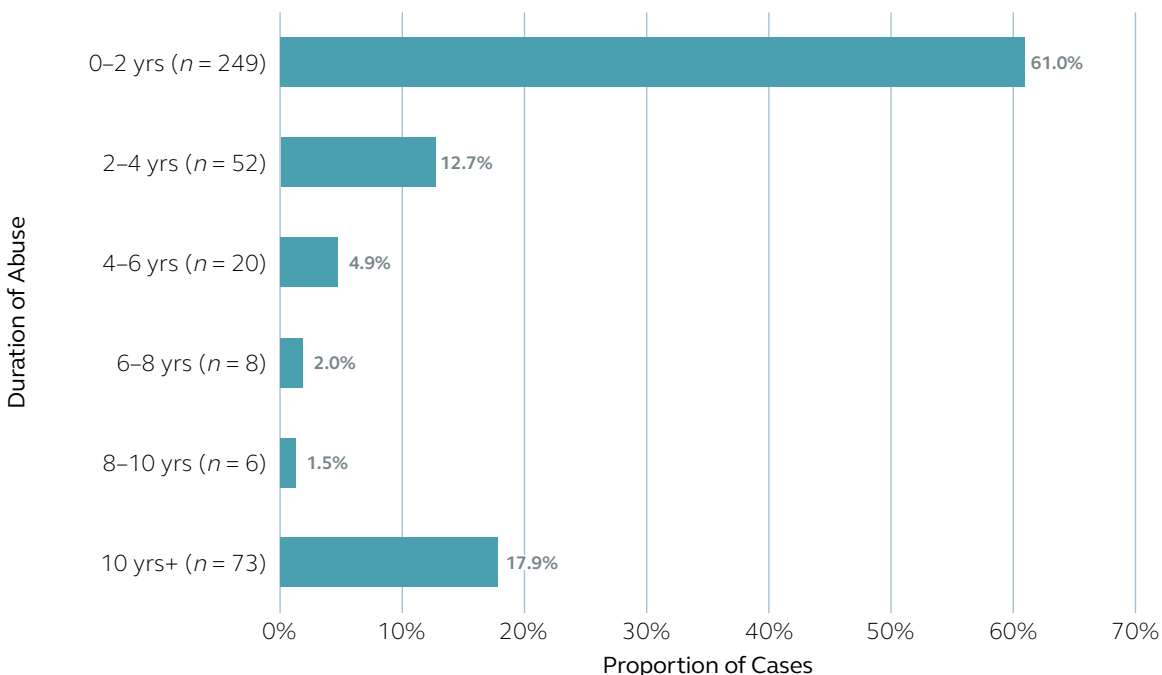

Figure 34.

Duration of abuse (*n* = 408).

207   Note. Sexual abuse was excluded from this analysis as data were recorded for too few cases (*n* = 4).

Section 3.7
Impact of Abuse on Victims

Experiencing elder abuse has serious physical, health, and emotional consequences, and in some cases even results in death.[208] Victims of elder abuse are likely to experience psychological distress, depression, anxiety, and trauma.[209,210,211] Psychological and physical elder abuse also predict poor health.[212] Further, elder abuse often affects a victim's relationships,[213] financial situation, and security of tenure(Figure 35).[214]

Information about how abuse had affected victims was recorded in 1,210 (60.7%) cases. Psychological, financial, and health impacts were most frequently reported (Figure 35). Findings differed slightly from last year as psychological impacts were reported for a smaller proportion of victims in 2020–21 (60.1%) than in 2019–20 (73.2%). Financial impacts were also reported more frequently than health impacts in 2020–21; whereas in 2019–20 health impacts were reported more often than financial impacts. Notably, homelessness had increased substantially from 6.7 per cent in 2019–20 to 10.6 per cent in 2020–21.
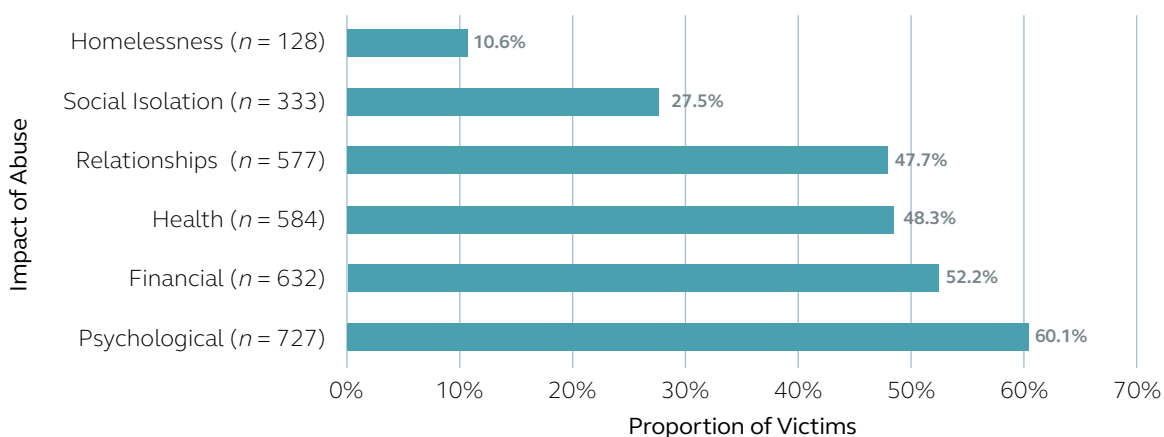
Figure 35.

Impact of elder abuse on victims (*n* = 1,210).

Of 1,210 cases, 60.1 per cent involved impacts on victims' psychological functioning. Stress was the psychological impact most often reported, followed by anxiety (diagnosed or suspected by notifiers), and depression (diagnosed or suspected) (Figure 36).

Figure 36.

Psychological impact of abuse (*n* = 727).

208 Podnieks & Thomas (2017).
209 Podnieks & Thomas (2017).
210 Santos et al. (2017).
211 Dong et al. (2013).

212 Amstadter et al. (2010).
213 Cross et al. (2017).
214 Webb (2018)

Section 3.8
Barriers to Change for Victims

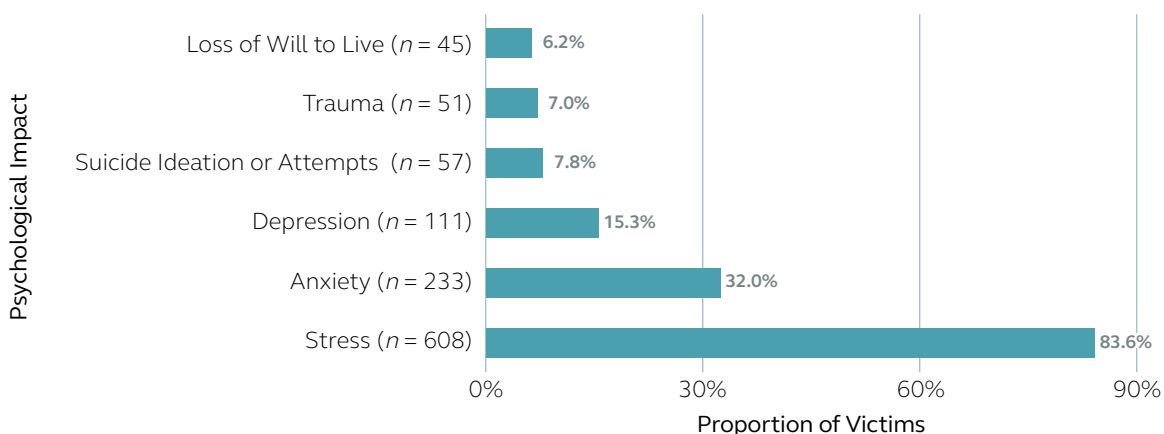**Helpline operators can record data about barriers to a victim's ability to enact change regarding the abuse they are experiencing. Barriers to change were identified in more than half of cases (n = 1,186, 59.5%).**

For simplicity and clarity of reporting, the 22 barriers to change have been grouped into six factors[215]:

1. Individual vulnerabilities
2. Fear of further harm
3. Protecting perpetrator and relationship
4. Shame or stigma
5. Financial situation
6. Impact on relationships with others.

The most common barriers to change for victims were individual vulnerabilities, fear of further harm, and protecting the perpetrator and their relationship (Figure 37). These findings differ from 2019–20, when protecting the perpetrator and their relationship, fear of further harm, and shame or stigma were the most common barriers to change. Notably, the proportion of cases in which individual vulnerabilities were identified as a barrier to change almost doubled from 29.1 per cent in 2019–20 to 56.7 per cent in 2020–21. Reasons for this large increase are unclear.

See Appendix B for a full breakdown of the factors and the frequencies for the 22 data points.
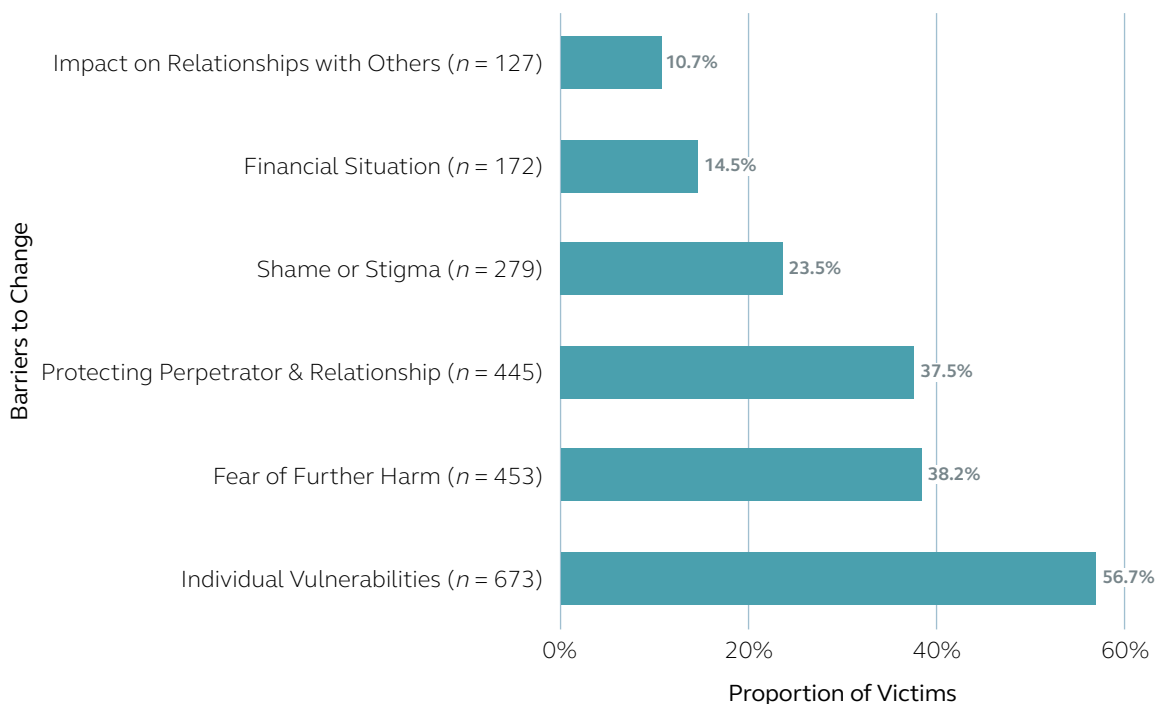

Figure 37.

Barriers to change for victims (n = 1,186).

Impact on Relationships with Others (*n* = 127) — 10.7%
Financial Situation (*n* = 172) — 14.5%
Shame or Stigma (*n* = 279) — 23.5%
Protecting Perpetrator & Relationship (*n* = 445) — 37.5%
Fear of Further Harm (*n* = 453) — 38.2%
Individual Vulnerabilities (*n* = 673) — 56.7%

Barriers to Change — Proportion of Victims

215 Note. The factors were identified using a principal factor analysis with oblique (oblimin) rotation for the 2019–20 report. A factor analysis was also conducted on the 2020–21 data. The factor structure was very similar to that found in 2019–20. The difference was that the analysis suggested that five factors should be retained. However, the factor structure was the same except that the items from Factor 4 were included under Factor 2. Intuitively, this structure makes sense as the two items in Factor 4 are fear of homelessness (self) and financial situation. Both items fit with the concept of fearing further harm. However, for consistency, the six factors identified in 2019–20 were used to categorise the barriers to change for this report. This will be re-examined in the 2021–22 report and the factor structure may be changed if the five-factor model again better fits the data.

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 an aged care service provider and client or a retailer and a consumer.

This section briefly reports on the 398 cases in 2020–21 that involved abuse perpetrated within the context of social and consumer relationships. These cases are analysed separately from the 1,995 cases of abuse in close or intimate relationships because the patterns of abuse in relationships within these contexts differ. Therefore, the drivers and abuse dynamics are likely to differ and require different responses.

Some victims were experiencing abuse in both consumer and social relationships, and thus one call may have generated 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 197.

Abuse Types

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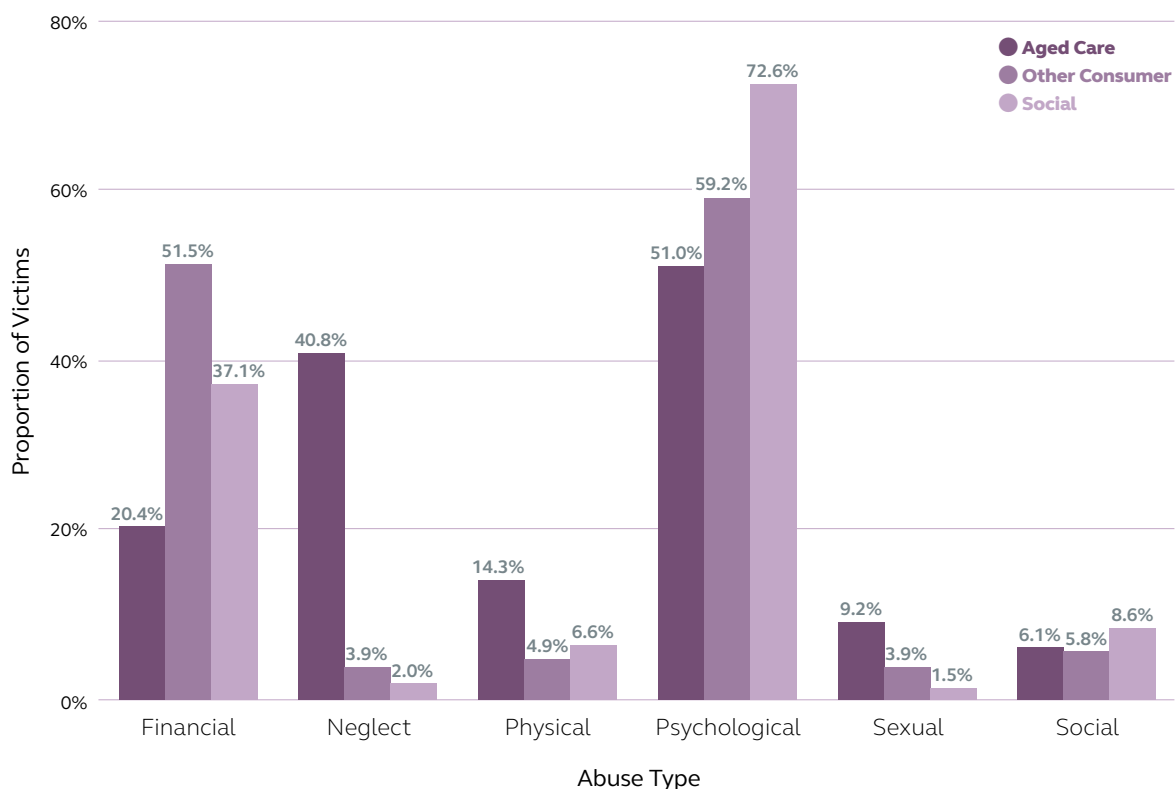

Figure 38

Comparison of abuse types among aged care services (*n* = 98), other consumer situations (*n* = 103), and social relationships (*n* = 197).

Section 4.1
Abuse Involving Aged Care Services

There were 98 cases of abuse involving aged care services. This represented a 19.5 per cent increase compared with the 82 cases recorded in 2019–20.
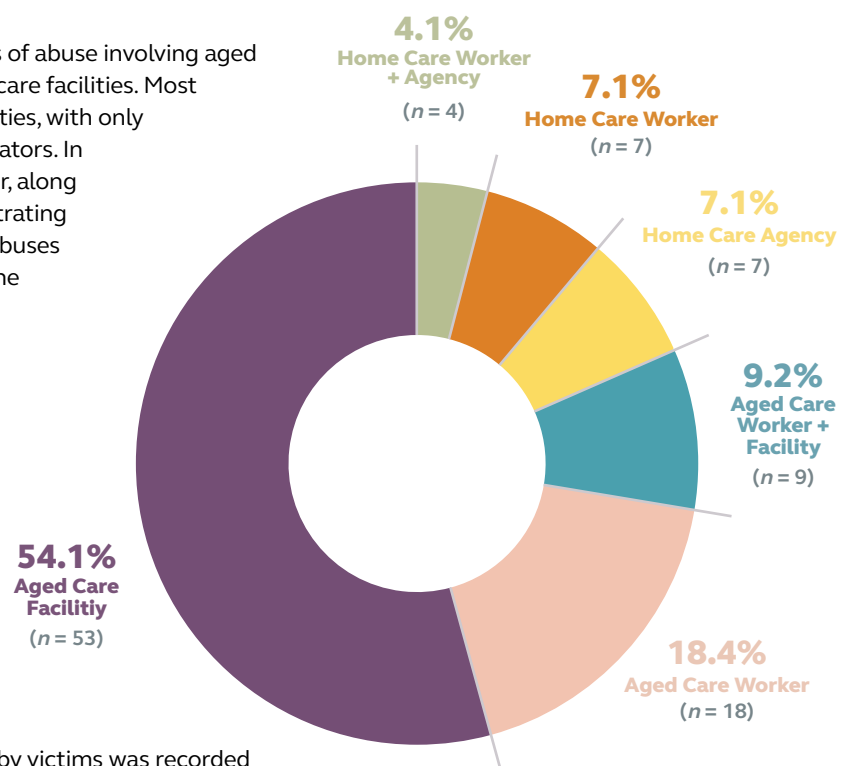
In 18 (18.4%) cases, it was noted that multiple victims were experiencing the abuse.[216]

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.

More than three-quarters (n = 80, 81.6%) of cases of abuse involving aged care services related to abuse in residential aged care facilities. Most complaints were about aged care facilities as entities, with only 27 cases identifying individual workers as perpetrators. In nine of these cases, an individual aged care worker, along with the aged care facility, was reported as perpetrating abuse (Figure 39). For example, a facility worker abuses a resident and the response by those managing the facility is also considered abusive.

Less than one-fifth (n = 18, 18.4%) of cases involving aged care services related to home care services. Home care agencies and workers were equally represented as perpetrators, with four cases identifying both the agency and workers as perpetrators (Figure 39).

Figure 39.

Abuse involving aged care services (*n* = 98).

4.1%
Home Care Worker + Agency
(*n* = 4)

7.1%
Home Care Worker
(*n* = 7)

7.1%
Home Care Agency
(*n* = 7)

9.2%
Aged Care Worker + Facility
(*n* = 9)

54.1%
Aged Care Facilitiy
(*n* = 53)

18.4%
Aged Care Worker
(*n* = 18)

Additional information about issues experienced by victims was recorded for 89.8 per cent of cases of abuse involving aged care services (residential aged care facilities, *n* = 71; home care, *n* = 17; total, *n* = 88).

Within residential aged care facilities, 73.2 per cent (*n* = 52) of reported issues related to the quality of the care provided. Safety (e.g. patients given the wrong medications or being safe from abuse from other residents or workers) was identified as the most common concern about the quality of care provided (Figure 40). Attention to personal needs (e.g. not being bathed often enough or waiting a long time for support with toileting) was the next most common issue, followed by food quality. In some cases, multiple issues are recorded. For example, a person who waited a long time for support with toileting (attention to personal needs) may report that this occurred due to inadequate staffing levels (staffing).

Additional issues that did not relate to the quality of care being provided included concerns about management (*n* = 18, 25.4%), security (*n* = 6, 8.5%), and contracts (*n* = 5, 7.0%).

216   Note. Where multiple victims are identified regarding abuse in consumer or social relationships, details are only captured as one record (case).
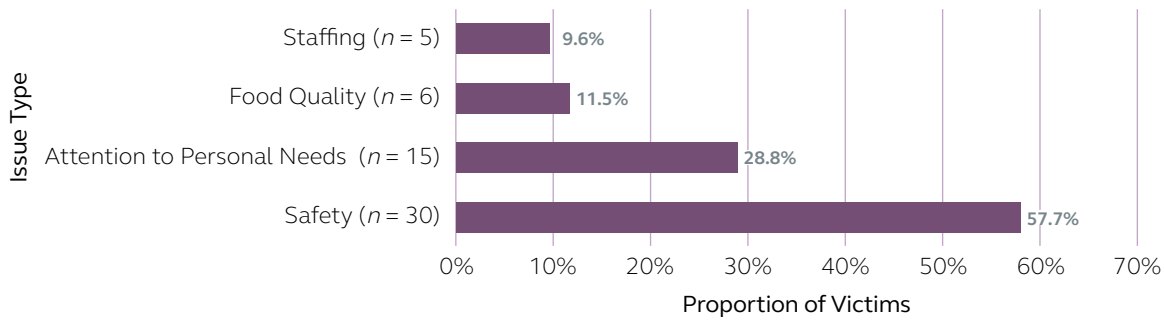
Figure 40.

Issues with quality of care in aged care facilities (*n* = 52).

The most common issues identified with home care services also related to quality of care (*n* = 11, 64.7%). Other issues included concerns about management (*n* = 5, 29.4%), security (*n* = 2, 11.8%), and contracts (*n* = 2, 11.8%).

Victim Age

Victim age was recorded in 41 (41.8%) cases but was unknown for a further 39 (39.8%) cases. In a further 18 (18.4%) cases, multiple victims were affected and thus no specific age was recorded. The most common age groups (where known) were 80–84 years (*n* = 10, 24.4%) and 90–94 years (*n* = 10, 24.4%).

Victim Gender

Gender was recorded for 64 (65.3%) victims but was unknown for a further 16 (16.3%) victims. In a further 18 (18.4%) cases, multiple victims were affected and thus no specific gender was recorded. Of the cases in which gender was recorded, over half of victims were female (*n* = 38, 59.4%). The proportion of female victims was lower in cases of abuse involving aged care services (59.4%) than in close or intimate relationships (68.8%).

Victim Capacity

Capacity information was recorded for 65 (66.3%) victims. In 31 of these cases, victims were recorded as having, or suspected of having, impaired capacity.

Abuse Types

Psychological abuse, neglect, and financial abuse were the most frequently reported types of abuse (Figure 41). 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.
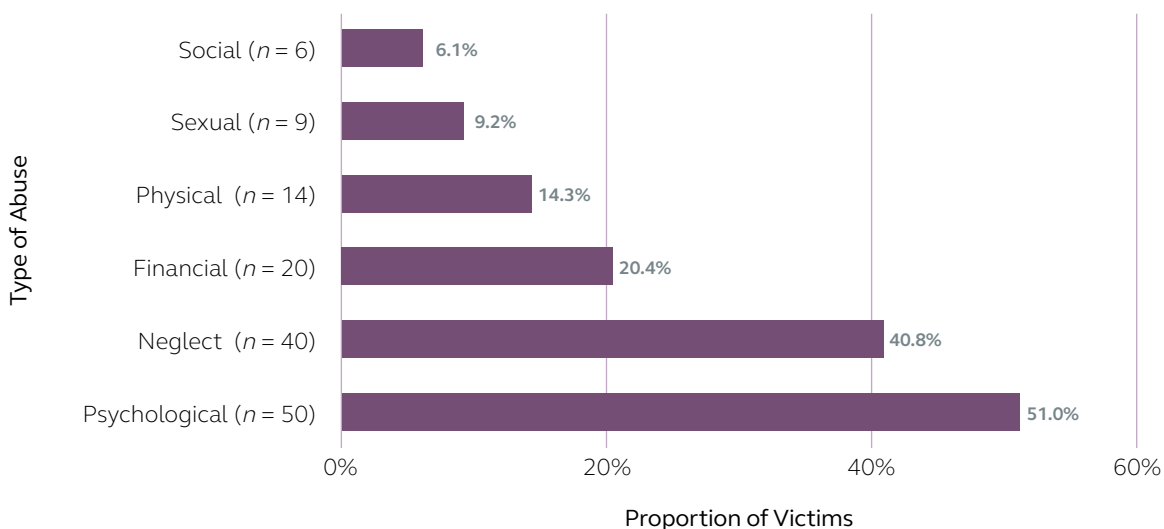
Section 4.2
Abuse in Other Consumer Relationships

Abuse in other consumer relationships was reported for 103 cases in 2020–21. More than one-third of cases of abuse in other consumer relationships related to accommodation services (Figure 42). Of the 35 complaints about accommodation services, 15 (42.9%) involved retirement villages and 7 (20.0%) involved public housing. Neighbourhood bullying was reported as a concurrent issue in 7 (20.0%) cases, with 1 case involving retirement villages and 3 involving public housing.

There were 40 (38.8%) cases that were categorised as "Other". These cases included complaints about tradespeople, various government departments, banks, and other service providers.
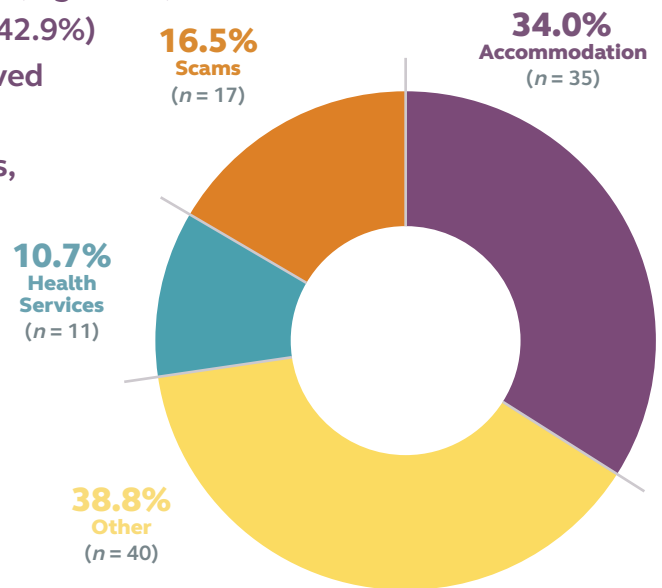
16.5%
Scams
(*n* = 17)

34.0%
Accommodation
(*n* = 35)

10.7%
Health Services
(*n* = 11)

38.8%
Other
(*n* = 40)

Figure 42.

Abuse in other consumer relationships (*n* = 103).

Victim Age

Victim age was recorded for 71 (68.9%) victims. The most common age group (where known) was 75–79 years (n = 13, 18.3%).

Victim Gender

Gender was recorded for 81 (78.6%) victims. There were more female victims (n = 45, 55.6%) than male victims (n = 36, 44.4%). The proportion of male victims in these cases is higher than in cases of abuse in close or intimate relationships or abuse involving aged care services.

Abuse Types

The most common types of abuse in other consumer relationships were psychological and financial abuse (Figure 43).

Sexual (*n* = 4) 3.9%
Neglect (*n* = 4) 3.9%
Physical (*n* = 5) 4.9%
Social (*n* = 6) 5.8%
Financial (*n* = 53) 51.5%
Psychological (*n* = 61) 59.2%

Type of Abuse

0%   10%   20%   30%   40%   50%   60%   70%

Proportion of Victims

Figure 43.

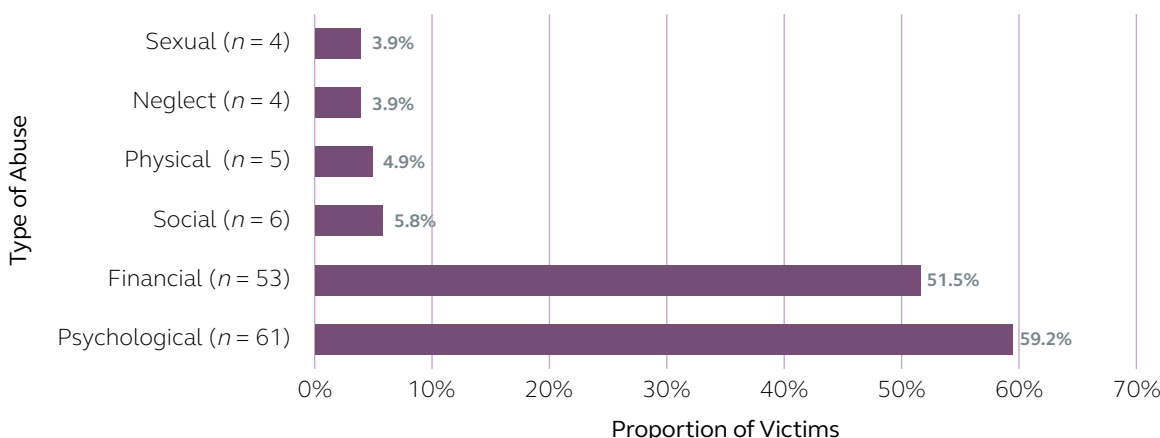**Proportion of victims by abuse type in cases involving other consumer relationships (*n* = 103).**

Section 4.3
Abuse in Social Relationships

There were 197 cases of abuse in social relationships reported in 2020–21. Neighbourhood bullying was the most frequently reported issue (Figure 44).
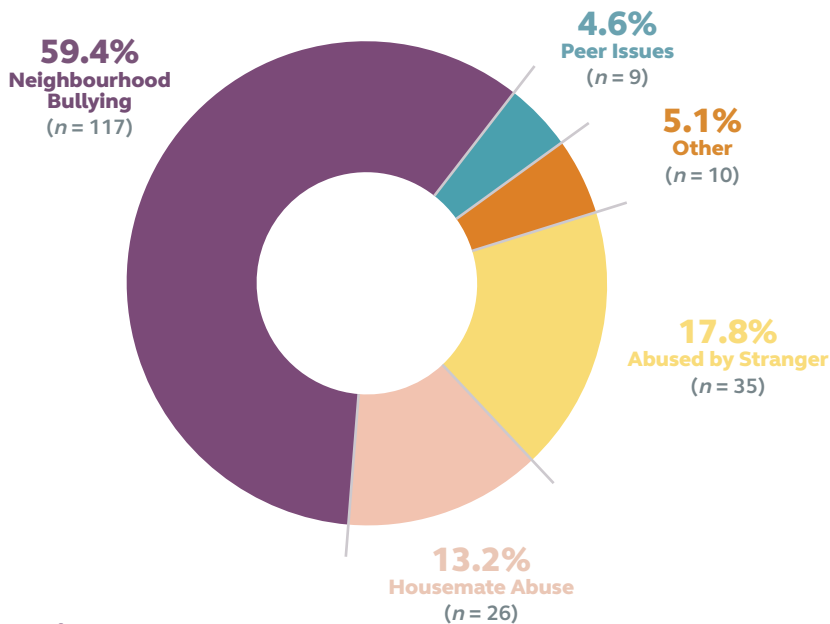

59.4%
Neighbourhood Bullying
(*n* = 117)

4.6%
Peer Issues
(*n* = 9)

5.1%
Other
(*n* = 10)

17.8%
Abused by Stranger
(*n* = 35)

13.2%
Housemate Abuse
(*n* = 26)

Figure 44.

Abuse in social relationships (*n* = 197).

Victim Age

Victim age was recorded for 155 (78.7%) victims. The most common age of victims was 75–79 years (*n* = 30, 19.4%).

Victim Gender

Victim gender was recorded for 142 (72.1%) victims. Females (*n* = 80, 56.3%) were reported as victims more frequently than males (*n* = 62, 43.7%).

Abuse Types

Psychological and financial abuse were most frequently reported in cases of abuse in social relationships (Figure 45).

Sexual (*n* = 3) — 1.5%
Neglect (*n* = 4) — 2.0%
Physical (*n* = 13) — 6.6%
Social (*n* = 17) — 8.6%
Financial (*n* = 73) — 37.1%
Psychological (*n* = 143) — 72.6%

Type of Abuse
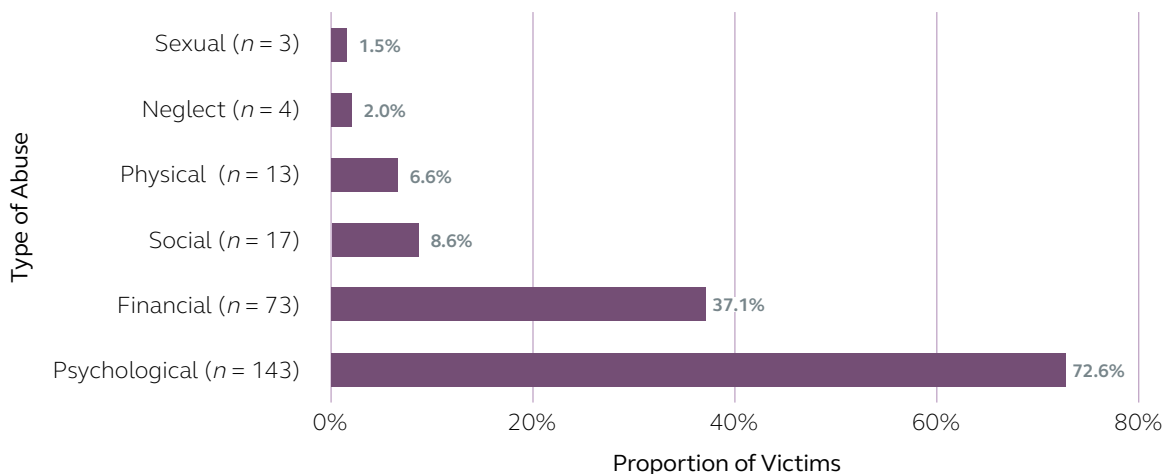
Proportion of Victims

Figure 45.

Proportion of victims by abuse type in cases involving social relationships (*n* = 197).

66

Future Directions

The findings in this report highlight the multidimensional nature of elder abuse. More than three-quarters of abuse notifications related to the abuse of older people at the hands of family or close friends who were "acting as family". This finding highlights the importance of understanding and dealing with elder abuse in the family context. The EAPU believes that some areas that warrant further consideration and research may include:

- The influence of COVID-19 on rates of elder abuse, including precipitating factors and victim impacts. Intra- and interstate comparisons across different policy and health contexts would be valuable.

- Increasing numbers of victims were fearful of becoming homeless or had already experienced homelessness because of the abuse. Support to access safe, accessible, and affordable housing for victims of elder abuse is likely to become increasingly important in Queensland as the current housing shortage escalates. EAPU considers that examining the suitability and availability of existing crisis accommodation, along with the effectiveness of providing housing support to victims of elder abuse, should be prioritised.

- Aboriginal and Torres Strait Islander peoples are over-represented as victims of elder abuse in the Helpline data, but whether this population experiences higher rates of abuse than other populations remains unknown. Examining Aboriginal and Torres Strait Islander perspectives on elder abuse and help-seeking behaviours would support the development of culturally appropriate services.

- There is a dearth of Australian research into perpetrator factors associated with elder abuse, and little intervention work with perpetrators. EAPU considers that there are benefits in developing and monitoring the effectiveness of an evidence-based perpetrator program.

- Little research exists about the abuse of older people who identify as LGBTIQ+. The PEARL database captures this information; however, as callers are not explicitly asked if victims identify as LGBTIQ+, meaningful analysis is not possible.

- Limited information is available about abuse experienced by older people with cognitive impairment, and whether these experiences differ from those of other people. Research in this area could inform targeted prevention and intervention efforts for people with cognitive impairment.

Elder abuse is a complex social issue, but filling these evidence gaps may help increase the effectiveness of prevention and intervention efforts.

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Appendices

Appendix A

Helpline Practice Framework

Under the Helpline practice framework, Helpline calls follow a standardised process to ensure that safety and rights are considered. Workers support callers to understand available options, and victims are empowered to make decisions about what actions they might take. The circumstances surrounding elder abuse are often complex and this is acknowledged in Helpline calls.

The EAPU adheres to the United Nations Principles for Older Persons[217] that acknowledge the fundamental human rights, dignity, and worth of older people, and the equal rights of men and women. Consistent with these principles, the EAPU works to uphold the rights of older people to make their own choices and decisions about their life and circumstances. In situations where an older person has impaired capacity, the 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 impaired capacity. The EAPU believes that all older people should have the option to provide input into decisions that affect them and to access support for decision making. These aspects embody 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.[218] 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.[219]

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; it should never be construed as "telling a caller what to do".

Helpline calls generally flow across five stages:

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

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 peoples and other culturally and linguistically diverse peoples. The EAPU is similarly inclusive of clients in the lesbian, gay, bisexual, transsexual, intersex, and queer (LGBTIQ) communities.

Stages of Helpline Calls

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

217   United Nations (1991).
218   Nerenberg (2008).
219   Kenny (2006).

Appendix B

Barriers to Change Factors

Table 9. Barriers to Change Factors and Frequencies (*n* = 1,186).

Factor 1 - Protecting the Perpetrator and Relationship

Fear - lose relationship with perpetrator	194
Fear - safety of perpetrator	47
Guilt/self-blame	115
Impact on perpetrator - financial	155
Impact on perpetrator - health/mental health	66
Impact on perpetrator - homelessness	93
Impact on perpetrator - lose relationships with others	123
Impact on perpetrator - police involvement	90

Factor 2 - Fear of Further Harm

Fear - further abuse	382
Fear - safety of self	153
Fear - safety of others	26

Factor 3 - Impact on Relationships with Others

Fear - lose relationships with other children	40
Fear - lose relationships with grandchildren	59
Fear - lose other relationships	40

Factor 4 - Financial Situation

Fear - homelessness (self)	86
Financial situation	124

Factor 5 - Shame or Stigma

Cultural factors	70
Denial	91
Shame or stigma	148

Factor 6 - Individual Vulnerabilities

Lack of capacity	372
Lack of knowledge	250
Support needs	194

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