Elder Abuse
Statistics in Queensland:

Year in Review 2021–22

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Executive Summary

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 2022 report contains a range of descriptive statistics and analyses of Helpline data collected during the 2021–22 financial year.

Call Data

The Helpline received a total of 3,841 calls during the 2021–22 financial year. This included 2,338 abuse notifications and 1,503 enquiry calls (Figure E1). One hundred and seventeen notifications (5.0%) involved abuse allegedly perpetrated by aged care services or workers.

Compared with the previous year, an additional 316 (15.6%) abuse notifications were received in 2021–22.

2,338
Total Abuse Notifications

1,875
Notifications
Abuse in Close or
Intimate Relationships

2,301
Abuse Cases

463
Notifications
Abuse in Consumer &
Social Relationships

470
Abuse Cases
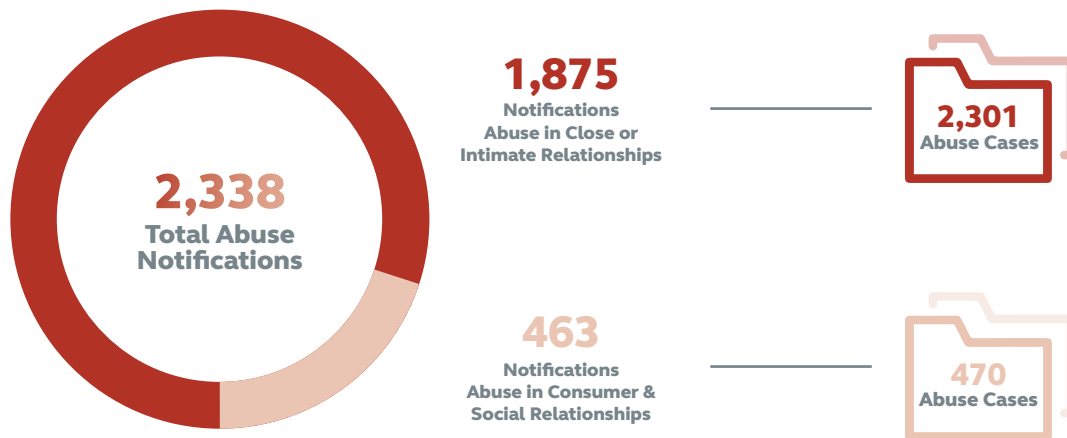
Figure E1.
Notifications received in the 2021–22 financial year.

The most frequently recorded referral source in 2021–22 was the internet. However, data supplied by the Attorney-General's Department (Australian) shows that 878 calls were redirected from the 1800ELDERHelp number to the EAPU Helpline during the 2021–22 financial year.

The most frequently recorded call prompts were that the abuse was escalating, the caller found out about EAPU, and they reached breaking point. Callers were most frequently referred to legal, health, and guardianship and administration services.

Most abuse notifications (80.2%) in 2021–22 related to abuse in close or intimate relationships. The other 19.8 per cent of notifications related to abuse in consumer and social relationships, with 5.0 per cent of these involving complaints about aged care services and workers. 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.
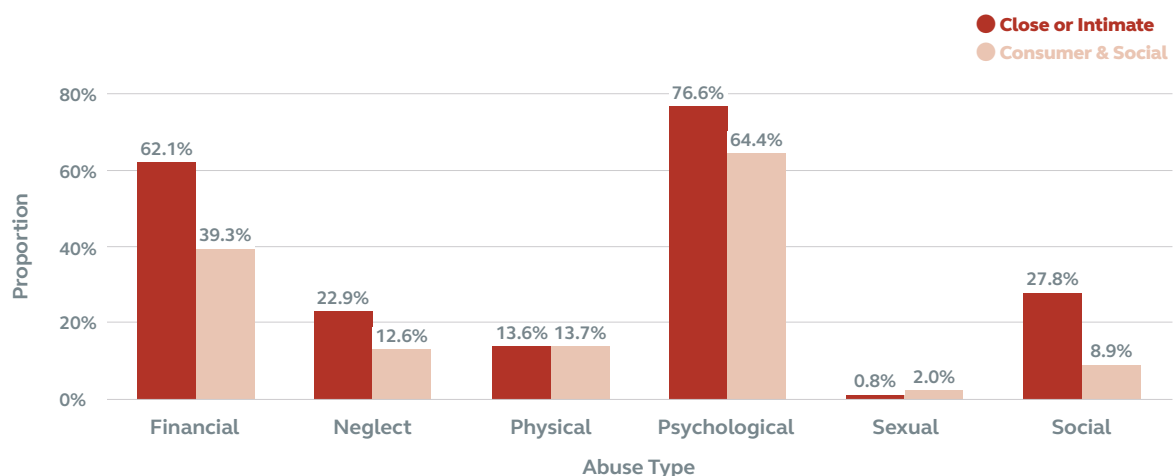
Figure E2.
Comparison of abuse types in cases involving abuse in close or intimate relationships (*n* = 2,301) and abuse in consumer and social relationships (*n* = 470).

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 (21.2%).
- Females were over-represented as victims (69.1%).
- Aboriginal and Torres Strait Islander peoples were over-represented as victims (4.7%). This is almost double the proportion of people aged 50 years and over living in Queensland who identify as Aboriginal or Torres Strait Islander (2.4%).
- People from culturally and linguistically diverse backgrounds were under-represented as victims (4.4%). This is much lower than the proportion of people aged 50 years and over from culturally and linguistically diverse backgrounds (13.9%) who live in Queensland.
- A large proportion of victims were widowed (34%), which is three times the proportion of people aged 50 and over living in Queensland who are widowed (11.2%).
- One-third of victims (33.3%) had impaired capacity.
- More than half of victims (61%) were reported to have care needs, with only one in five of these victims (20.2%) receiving formal support.
- Formal decision-making arrangements were recorded in 26.7 per cent of cases. In more than three-quarters (78.1%) of these cases (where known), one or more decision makers were alleged to be perpetrating elder abuse against the principal. Decision makers were recorded as having acted to protect victims in only 21.3 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 (15.0%).
- Males (51%) and females (49%) were almost equally represented as perpetrators.
- Regarding psychological health, 7.5 per cent of perpetrators were reported to have mental illness and 14.2 per cent to have substance misuse issues.
- Problematic behaviour appeared long-standing for some perpetrators, who had a history of controlling behaviour (30%), conflictual relationships (20.2%), and aggression (14.6%).
- Perpetrators were reported to have a history of criminal behaviour in 233 cases (10.1%), with 55 recorded as having been jailed for offences. In 89 cases, 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 (95%) (Figure E3). Sons and daughters (including in-laws) were almost equally reported as perpetrators, together accounting for close to three-quarters of cases (71.1%). Spouses or partners were recorded as perpetrators in 12.3 per cent of cases. Poor family relationships were identified in 21.7 per cent of cases and sibling rivalry was identified in 9.7 per cent of cases.

- In close to two-thirds of cases (65.5%), victims and perpetrators were living together. Victim and perpetrator cohabitation has increased sharply over the past three financial years (Figure E4).

- Perpetrators were providing informal care to victims in 23.6 per cent (*n* = 543) of cases. At least one issue relating to the provision of care was identified in 420 of these cases. The most common issues involved the provision of care being financially motivated (44.5%) and perpetrators struggling to meet the support needs of victims (42.9%).

- Dependence was a further concern, with more than one-third of victims dependent on perpetrators (37.5%). This was higher than the 31.6 per cent recorded in 2020–21. Victims were most likely to depend on perpetrators for decision making and care. In almost a quarter of cases (23.1%), perpetrators were dependent on victims. The proportion of perpetrators dependent on victims was much higher than the 14.5 per cent recorded in 2020–21. Perpetrators most often depended on victims for accommodation (14.9%) and financial support (13.2%).

- The most common factors that may have influenced the development of abuse were victim ill-health (15.7%) and perpetrators and victims beginning cohabitation (13.6%).

2.1% Sibling (*n* = 49)
12.3% Spouse/Partner (*n* = 283)
34.8% Daughter (*n* = 800)
36.3% Son (*n* = 835)
2.5% Friend (*n* = 58)
7% Grandchild (*n* = 160)
2.4% Informal Carer (*n* = 56)
2.6% Other Family (*n* = 60)
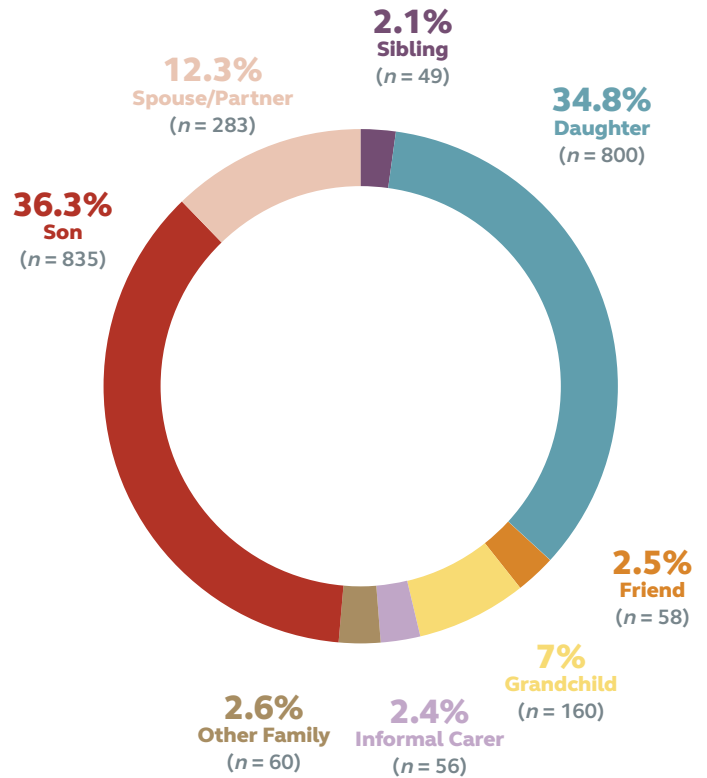
Figure E3.
Perpetrators' relationships to victims

Live Alone
Live with Perpetrators
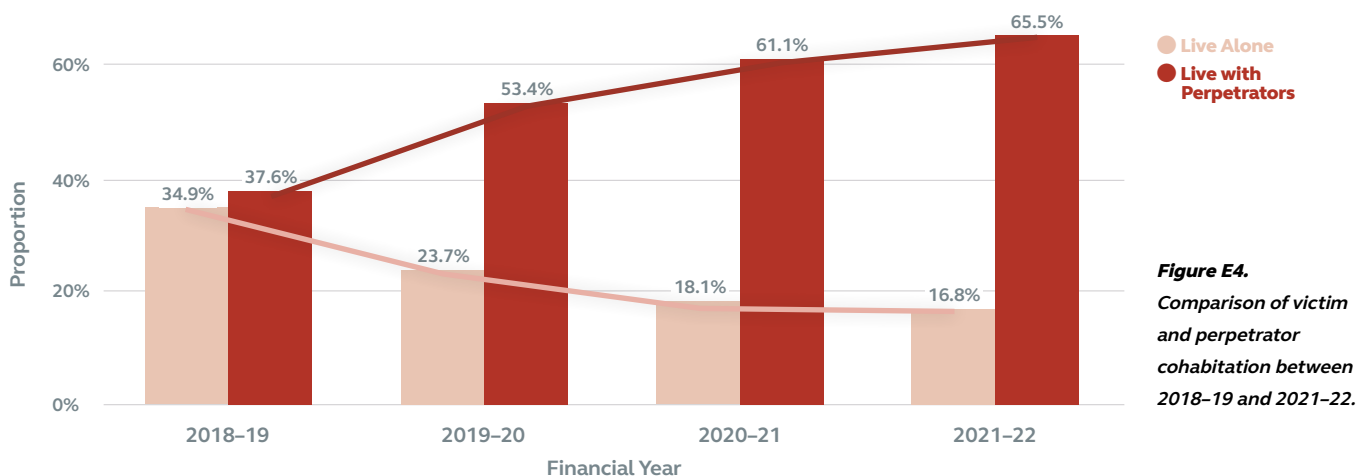
Figure E4.
Comparison of victim and perpetrator cohabitation between 2018–19 and 2021–22.

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:

- Victims themselves (25.7%), daughters (24.3%), and workers (13.7%) were the most common notifiers of abuse in close or intimate relationships. Workers most frequently came from the health, aged care, and community services fields.

- The largest proportion of victims lived in the Brisbane region. 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 Cairns, Wide Bay, 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 one-third of cases (32.6%).

- Gender stereotypes were reported to have influenced the decisions and behaviour of victims (primarily female) in 11.4 per cent of cases.

- Sexism and gender roles were reported to have influenced the behaviour of perpetrators (primarily males) in 9 per cent of cases.

- A sense of entitlement to an older relative's assets was identified in close to half of cases (44.2%).

Abuse Data

The most common types of abuse reported were psychological (76.6%), financial (62.1%), and social abuse (27.8%) (Figure E5). In 68.7 per cent of cases, victims were experiencing more than one type of abuse. Sexual, physical, and social abuse were most likely to have other types of abuse co-occurring. Abuse was most often reported as occurring daily (37.3%). Victims who were experiencing neglect were most likely to experience the abuse daily.

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

- The most common methods of perpetrating financial abuse were undue influence (22%), misuse of debit and credit cards (12.4%), and misuse of an Enduring Power of Attorney (11.7%).

- The most frequently reported forms of financial abuse involved non-contribution (22.3%; for example, living with the victim and not contributing towards expenses such as electricity or groceries), paying perpetrators' bills (22%), and victims being coerced into gifting (21.9%).

- Refusal to allow others to provide care (46%), failing to take care of victims' medical needs (35.8%), and failing to ensure victims' nutritional needs were met (34.8%) were the most frequently reported forms of neglect.

- The most frequently reported forms of physical abuse were pushing (39.8%), striking (35.7%), and rough handling (22.3%).

- The most common forms of psychological abuse were pressuring (65.9%), shouting (37%), and emotional blackmail (25%).

- The most common forms of sexual abuse were rape (27.8%), unwanted sexual comments (16.7%), and wilful exposure (16.7%).

- In 9.7 per cent of cases of social abuse, Enduring Power of Attorney misuse was recorded as the method of perpetrating abuse.

- Restricting visitation by others (46%), deliberately behaving in a way which limited visitation from others (36%), and restricting access to a phone (34.3%) were the most common forms of social abuse reported.
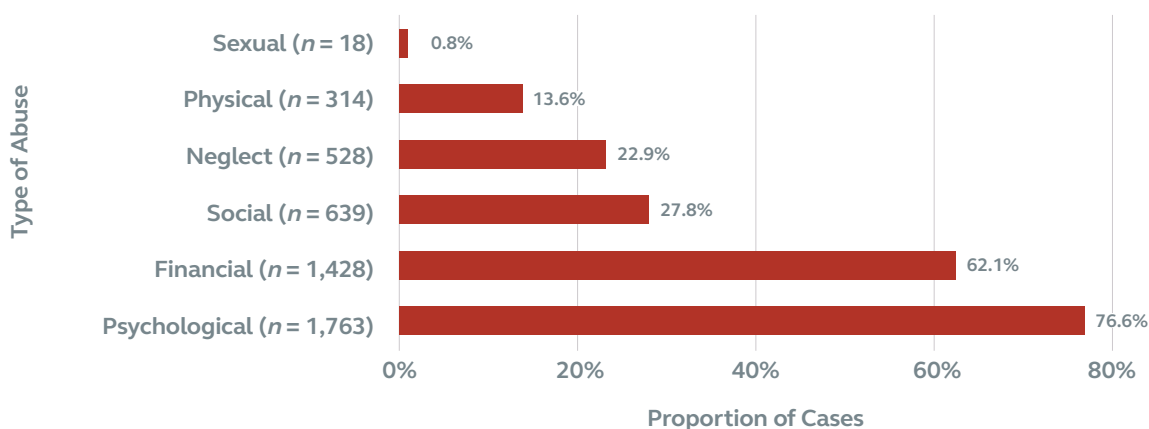
Figure E5. **Proportion of victims by abuse type.**

Impact of Abuse

Psychological (67.6%), health (52.9%), and financial (47.8%) impacts were most frequently reported.

Barriers to Change

The most common barriers to change for victims related to concerns about protecting the perpetrator and their relationship (82.7%), fear of further harm (42.8%), and their individual vulnerabilities (40.1%).

Abuse in Consumer and Social Relationships

The proportion of calls relating to abuse in consumer and social relationships (19.8%) was similar to that in 2020–21 (19.3%). Of the 470 cases of abuse in consumer and social relationships, 117 related to abuse involving aged care services, 113 concerned abuse in other consumer relationships, and 240 involved abuse in social relationships. Key findings:

- In cases of abuse involving aged care services, notifications mostly concerned residential aged care (74.4%). Most of these complaints were about aged care facilities as entities, with only 33 cases identifying individual workers as perpetrators. Within residential aged care facilities, 91.6 per cent of reported issues related to the quality of the care provided. Safety, attention to personal needs, and concerns about the use of restraint were the most common issues reported relating to the quality of the care.

- The most frequent complaints of abuse in other consumer relationships related to providers of accommodation services (40.7%). More than half of these complaints (60.9%) were about retirement villages. Forty-five 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 (63.3%).

Abuse types varied across different forms of abuse in consumer and social relationships (Figure E6).

- 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.
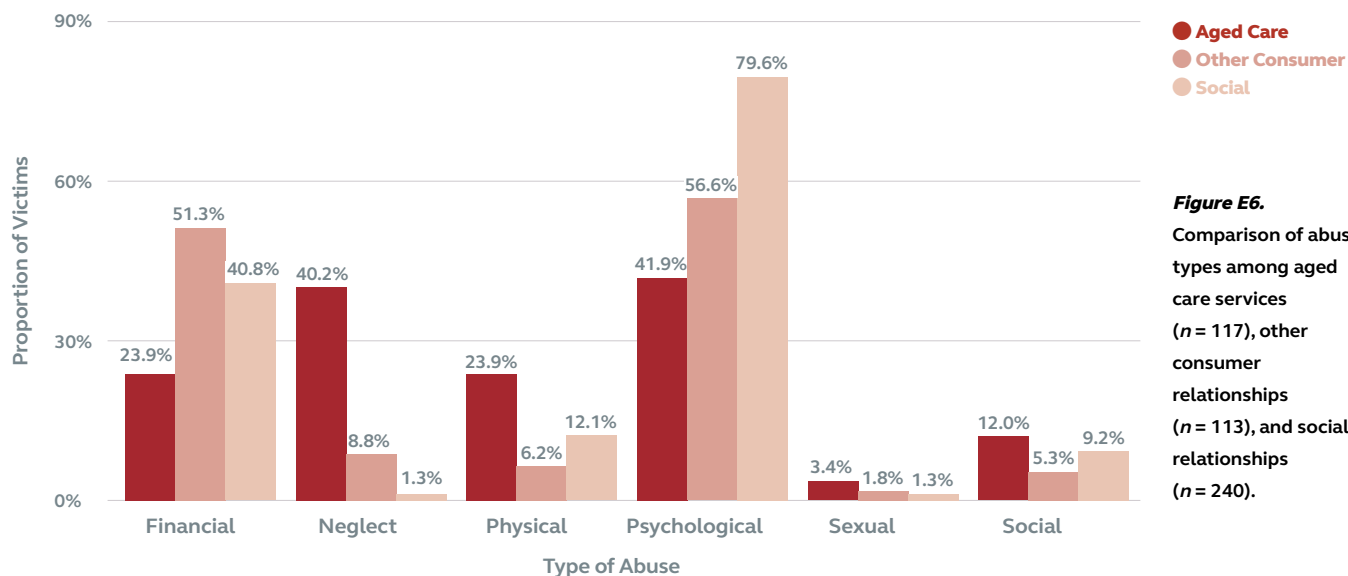
Figure E6. **Comparison of abuse types among aged care services (*n* = 117), other consumer relationships (*n* = 113), and social relationships (*n* = 240).**

Recommendations

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 following areas warrant further consideration and research.

- The National Elder Abuse Prevalence Study (NEAPS) found that 6 in 10 victims of elder abuse did not seek help or advice, even from family or friends.[1] Although Helpline data provides some insight into barriers to change, no information is available about what facilitates help-seeking. Research with older people to better understand facilitators and inhibitors of help-seeking would be beneficial.

- Increasing numbers of victims were fearful of becoming homeless or had already experienced homelessness because of 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. Examining the suitability and availability of existing crisis accommodation and referral pathways, 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.

- People from culturally and linguistically diverse backgrounds are under-represented in the Helpline data. The NEAPS found a slightly higher prevalence rate for elder abuse among participants from culturally and linguistically diverse backgrounds. Research could examine barriers to reporting for this population and provide insight into improvements to increase reporting.

- There is a dearth of Australian research into perpetrator factors associated with elder abuse, and little intervention work with perpetrators. Developing and monitoring the effectiveness of an evidence-based perpetrator program could be considered.

- 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.

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

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1   Qu et al. (2021).

Introduction to the Report

The World Health Organization defines elder abuse as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person." [2]

A recent Australian prevalence study undertaken by the Australian Institute of Family Studies (AIFS) estimated that 14.8 per cent of people aged 65 years and older experienced elder abuse in the preceding 12 months.[3] Based on the prevalence estimate and 2021 population data,[4] 638,439 Australians aged 65 years and older are likely to have experienced elder abuse in 2021. Australia's ageing population means that this number could increase to 968,114 within 20 years if the prevalence remains consistent.[5]

The consequences of elder abuse can be serious. Poor health, cognitive deterioration, homelessness, and an increased risk of death are just some possible consequences for victims of elder abuse. Further, the impacts of elder abuse often extend beyond the person experiencing abuse. Family members, friends, neighbours, and whole communities can all be affected when elder abuse occurs.

2   World Health Organization (2002).
3   Qu et al. (2021).
4   Australian Bureau of Statistics (2021a).
5   Wilson & Temple (2022).

In Australia, responding to elder abuse in the community has traditionally been the responsibility of state and territory governments. This has resulted in a fragmented system with legislation, frameworks, levels of funding, and service responses differing between states and territories. However, recent identification of elder abuse as a national priority area has led to greater collaboration between state, territory, and federal levels of government, with the Australian Government taking a more active role in responding to elder abuse. Several national initiatives have ensued (see Figure 1).

Elder Abuse: Understanding Issues, Frameworks and Responses report is released by Australian Institute of Family Studies (AIFS).

Australian Attorney-General announced that an inquiry, "Protecting the Rights of Older Australians from Abuse", would be undertaken by the Australian Law Reform Commission (ALRC).

Research Paper 17– Experimental Estimates of the Prevalence of Elder Abuse in Australian Aged Care Facilities released by Royal Commission into Aged Care Quality and Safety'.

Elder Abuse Action Australia established.

The Royal Commission into Aged Care Quality and Safety announced.

2016   **2017**   **2018**   **2019**   **2020**   **2021**

The final report from the Protecting the Rights of Older Australians from Abuse inquiry, *Elder Abuse – A National Legal Response*, was released by the ALRC.

Final report of the Royal Commission into Aged Care Quality and Safety, *Care, Dignity and Respect,* was released.

National Elder Abuse Prevalence Study: Final Report was released by AIFS.

The Australian Government, in conjunction with the state and territory governments, launched the *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023.*

A national phone line (1800 ELDERHelp) was established to redirect callers to elder abuse helplines in their state or territory.

Federal funding was made available to establish and evaluate elder abuse service trials in a number of states and territories.

A national knowledge hub was created to increase accessibility to resources, tools, and research from a wide variety of sources (https://www.compass.info/).

Figure 1.
Timeline of key national initiatives.

Queensland Responses to Elder Abuse

Queensland has a long history of providing specialised elder abuse services. The Elder Abuse Prevention Unit (EAPU) was established in 1997, with UnitingCare delivering the services since 1999. The EAPU is one of several elder abuse prevention and response services funded by the Queensland Government Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships. Other elder abuse services funded by the Queensland Government include:

Seniors Legal and Support Services

Seniors Financial Protection Services

A Scams and Fraud Awareness Service

Elder Abuse Prevention Support Services

The Queensland Government also delivers an annual Elder Abuse Prevention and Awareness campaign.

The EAPU is a state-wide service funded to respond to the abuse of older people in Queensland. The EAPU provides an Elder Abuse Helpline, co-chairs an elder abuse integrated response panel, raises awareness of elder abuse through community education workshops, analyses and disseminates Helpline data, and contributes to numerous state-based and national research projects.

Queensland Context

The EAPU dataset is widely recognised as the largest and most comprehensive source of elder abuse data in Australia, with data collected and disseminated since 2000. However, it is important to recognise that 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.[6] Consequently, the findings from this report may not be representative of the whole Australian population.

Many factors associated with an increased risk of elder abuse are likely to 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 to Australia.

Consequently, although the findings from this report are a valuable source of information, contextual factors should be considered. In the future, it is hoped that similar data may be collected by services throughout Australia to further develop knowledge of elder abuse in Australia.

6   Australian Bureau of Statistics (2021b).

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 for 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.

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 of these abuse types were higher in 2021–22 than in 2020–21. This case study was developed to demonstrate a scenario in which social abuse and neglect may co-occur.

Angela (78 years) is living with her daughter Janet (53 years). Janet had lost her job as a tour guide due to the COVID-19 pandemic and had moved in with Angela because she had been unable to afford her rent. Janet had been unable to find a new job and decided to apply for Carer Payment and provide support to her mother. Angela was struggling to take care of the everyday household tasks due to chronic pain associated with arthritis.

For the first year, the arrangement worked well. Janet was meeting Angela's support needs and Angela was happy to have Janet living with her. However, as time passed, Janet started to resent Angela. Janet felt that providing care to her mother was responsible for her lack of financial independence and had prevented her from meeting a life partner.

Janet had started to drink alcohol on a daily basis and had become verbally and physically abusive towards Angela. The care that Janet was providing to Angela had also started to deteriorate. Angela had always kept her house clean and was upset that Janet was not meeting her standard in cleanliness. Due to the state of the house and Janet's belligerence when she had been drinking, Angela stopped allowing friends and neighbours to drop by.

Janet was beginning to refuse to drive Angela to her medical appointments and social engagements and made excuses about why Angela had to stay at home. Janet also had the home phone disconnected and tried to make sure that she was in the room if Angela spoke to anyone on her mobile phone.

Angela's brother David contacted the EAPU due to concerns about not being able to speak to Angela on the phone. David had also tried to visit Angela many times but Janet always said that Angela was asleep and wouldn't let him enter the house. After speaking to the EAPU, David contacted the police and asked them to do a welfare check.

The police spoke to Angela about David's concerns and facilitated a phone call between Angela and David without Janet being in the room. After the conversation with Angela, David contacted EAPU to obtain further advice.

David advised the Helpline worker that Angela said that she was lonely and that he felt that her mental health was deteriorating. When asked what she wanted, Angela had told him that she wasn't happy with the way that Janet treated her but she didn't want to upset her daughter. Angela was also worried that she would have to move into residential aged care if Janet stopped providing support.

The Helpline worker referred David to an elder abuse support service that offered case management and provided information about My Aged Care. David intended to find out more about home care and contact the elder abuse support service. He also planned to insist that Janet allow him to take Angela out for coffee so he could share information about support options and enable Angela to speak to the elder abuse service.

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

Globally, gaps in the knowledge base about elder abuse have consistently been reported. The World Health Organization (2022)[7] has recently identified data as one of five priority areas in tackling the abuse of older people. The importance of research into elder abuse has also been recognised in Australia, with funding for a National Research Agenda commencing in 2016.[8] The National Elder Abuse Prevalence Study undertaken by the Australian Institute of Family Studies (2021)[9] has provided some insight into prevalence, victim and perpetrator characteristics, and help-seeking; however, it was identified that further research is required. Non-experimental research such as that undertaken by the EAPU can help increase awareness and understanding about elder abuse and its consequences. Through annual feedback surveys, stakeholders report that they use data collected by the EAPU to:

- improve their understanding of elder abuse;
- compare against their own service data;
- provide information as part of training, community education, stakeholder meetings, and other engagement activities;
- guide and evaluate awareness-raising activities;
- guide program planning and implementation;
- guide academic research, because EAPU data can highlight emerging issues; and
- inform policy.

7   World Health Organization (2022).
8   Council of Attorneys-General (2019).
9   Qu et al. (2021).

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 *Elder Abuse Statistics in Queensland: Year in Review* report (herein after referred to as the Elder Abuse Statistics report). The 2022 report contains a range of descriptive statistics and analyses of Helpline data collected during the 2021–22 financial year.

Data Handling

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 between abuse that occurs when there is an expectation of trust and abuse that occurs within other types of relationships.[10] 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 general social and community relationships.

Before data were analysed, basic data cleaning was undertaken:

- One case was removed from the Abuse in Consumer and Social Relationships dataset because the abuse related to an employer/employee relationship rather than a consumer relationship.

- 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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10   EAPU (2018).

Key Terms

Victim	The victim is the person who has experienced abuse.[11]
Perpetrator	The perpetrator is the person who has acted or failed to act, and this has caused harm or distress to an older person.[12]
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 in which 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. These forms of abuse include scams, consumer issues, neighbourhood disputes, and issues related to aged care.
Cases	The PEARL database can collect information about complex abuse relationships. Each abuse relationship within a notification/call is recorded as a separate case; hence, one call may involve several cases of abuse. The following scenarios demonstrate how one call can encompass multiple abuse relationships.
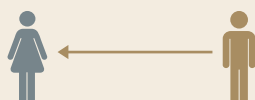
Scenario 1. Mother abused by son (data collected on one abuse relationship).
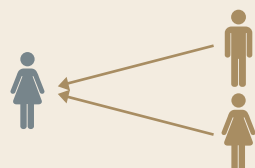
Scenario 2. Mother abused by son and daughter-in-law (two abuse relationships).
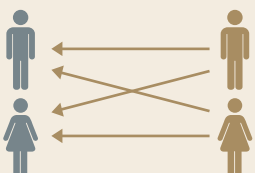
Scenario 3. Mother and father abused by both the son and daughter-in-law (data collected on four abuse relationships).

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.

11   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.
12   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.

Limitations

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 under-represents the prevalence of factors and may lack the consistency provided by structured interviews or surveys.

- Sampling: Information collected depends on what notifiers report and may not reflect prevalence, patterns, and characteristics of elder abuse in the community.

- Other issues relate to operationalisation of the variables and the consistency of ratings among Helpline operators.[13] The report includes caveats where particular concerns exist with data.

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13   Note. Monthly database meetings and the provision of definitions for data points are used to increase inter-rater reliability. However, some subjectivity is still possible.

Total Call Data

This section describes

- notifications
- how notifiers discovered the EAPU
- what prompted the call
- referrals

Notifications

Abuse notifications received by the Helpline increased by 15.6 per cent (n = 316) in 2021–22, with 2,338 notifications recorded compared to 2,022 in the 2020–21 financial year. The total calls to the Helpline also increased, with 3,841 calls recorded during 2021–22. This represented an increase of 12.0 per cent (n = 411).

The 2,338 abuse notifications comprised 1,875 (80.2%) relating to abuse in close or intimate relationships and 463 (19.8%) involving abuse in consumer and social relationships (Figure 2). One hundred and seventeen notifications (5%) related to abuse involving aged care services and workers. The number of notifications received in 2021–22 was the highest yearly total ever recorded (Figure 3).

There were 2,301 cases of abuse in close or intimate relationships and 470 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.

2,338
Total Abuse Notifications

1,875
Notifications Abuse in Close & Intimate Relationships

2,301
Abuse Cases

463
Notifications Abuse in Consumer & Social Relationships

470
Abuse Cases
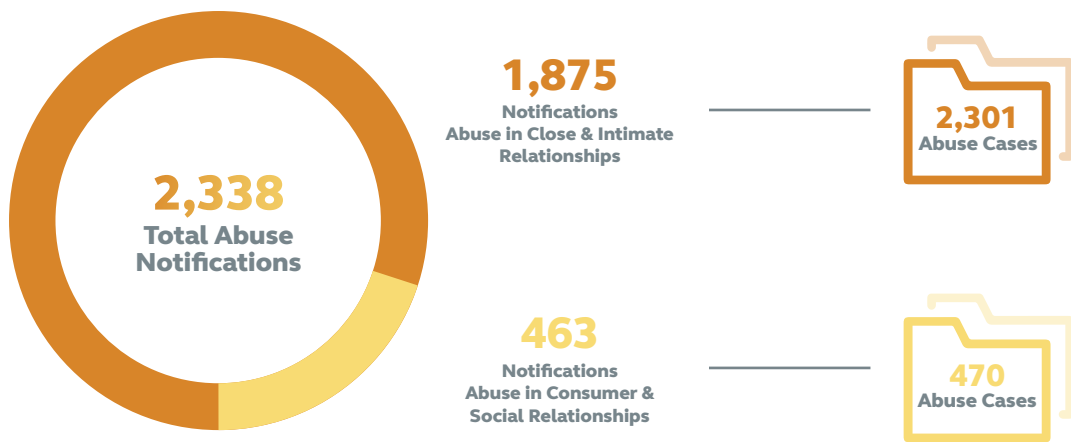
Figure 2.
Notifications received in the 2021–22 financial year.
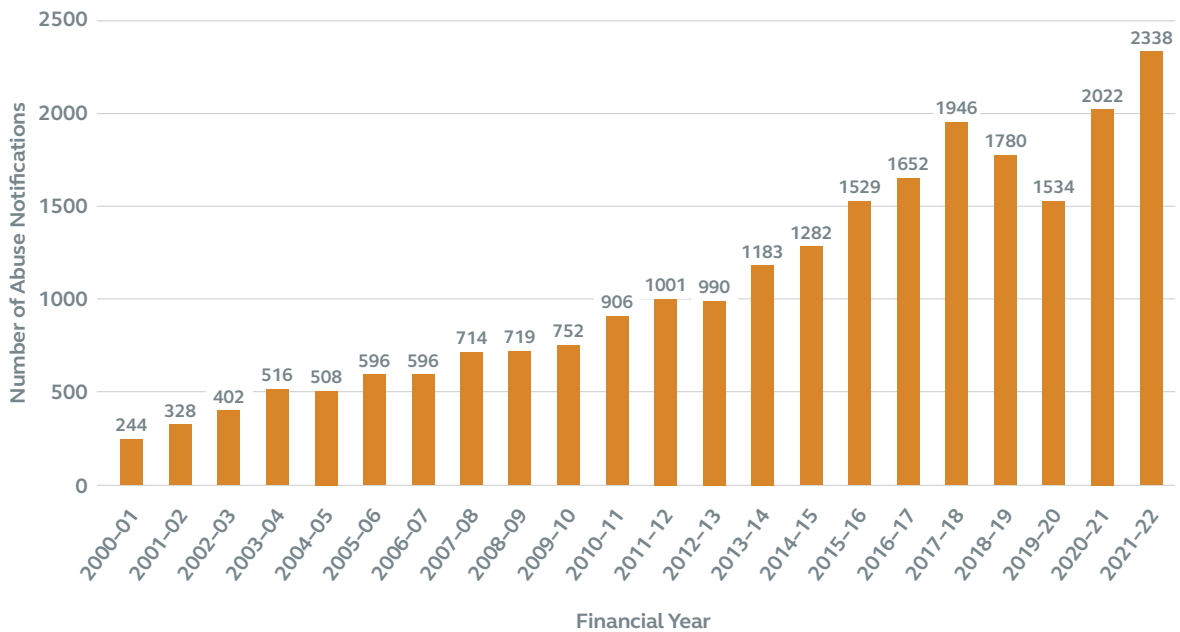
Figure 3.
Total abuse notifications by financial year.

How Callers Discovered the EAPU

The internet was the most frequently recorded referral source, with 778 callers contacting the EAPU after finding information on the internet (Table 1). The most common internet sources were Google, the EAPU website, and Queensland Government websites. Referral source was not recorded for 1,616 (42.1%) calls.

Although the National Helpline (1800 ELDERHelp) was only recorded as the referral source for 64 calls, data supplied by the Attorney-General's Department (Australian Government) shows that 878 calls were redirected from the 1800 ELDERHelp number to the EAPU Helpline during the 2021–22 financial year. The EAPU phone system does not identify when a call has been redirected so staff can only record the National Helpline as a referral source if the caller provides this information during the call.

Referral Source	Number
Internet	778
Queensland Government awareness campaign	543
Professional knowledge	456
Community agency	161
Emergency services	148
Friend	129
Health practitioner	97
Family	77
Government agency	75
Aged care staff	67
National Helpline – 1800 ELDERHelp	64
Promotional material	55
Media	53
Legal practitioner	51
National awareness campaigns	25
Domestic and family violence service	22
Bank worker	3

Table 1.

Referral Source — Recorded by EAPU (All Call Types)

What Prompted the Call?

The PEARL database allows users to record what prompted the caller to phone the EAPU.[14] This information was recorded for about half of the calls (*n* = 1,975, 51.4%).

The most frequently recorded call prompt was that abuse was escalating (Figure 4).
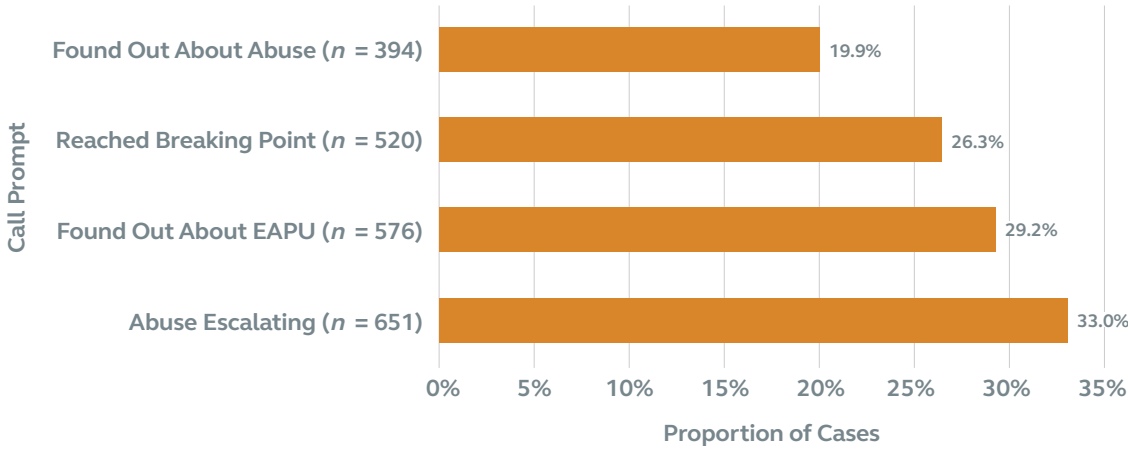
Figure 4.

What prompted callers to contact EAPU (where known).

Chart — Call Prompt (Proportion of Cases):
- Found Out About Abuse (*n* = 394): 19.9%
- Reached Breaking Point (*n* = 520): 26.3%
- Found Out About EAPU (*n* = 576): 29.2%
- Abuse Escalating (*n* = 651): 33.0%

Referrals

The most common referrals made by Helpline staff in 2021–22 were to legal services (Figure 5). This finding is consistent with that in previous years, although the proportion of callers that was referred to legal services is substantially higher in 2021–22 (28.8%) than in 2020–21 (19.7%). The reasons for this increase are unclear.

Two-thirds of calls (*n* = 748, 67.5%) where notifiers were referred to legal services included 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 perpetrators, but some are more willing to engage when the legal and social-worker model employed by SLASS is described.
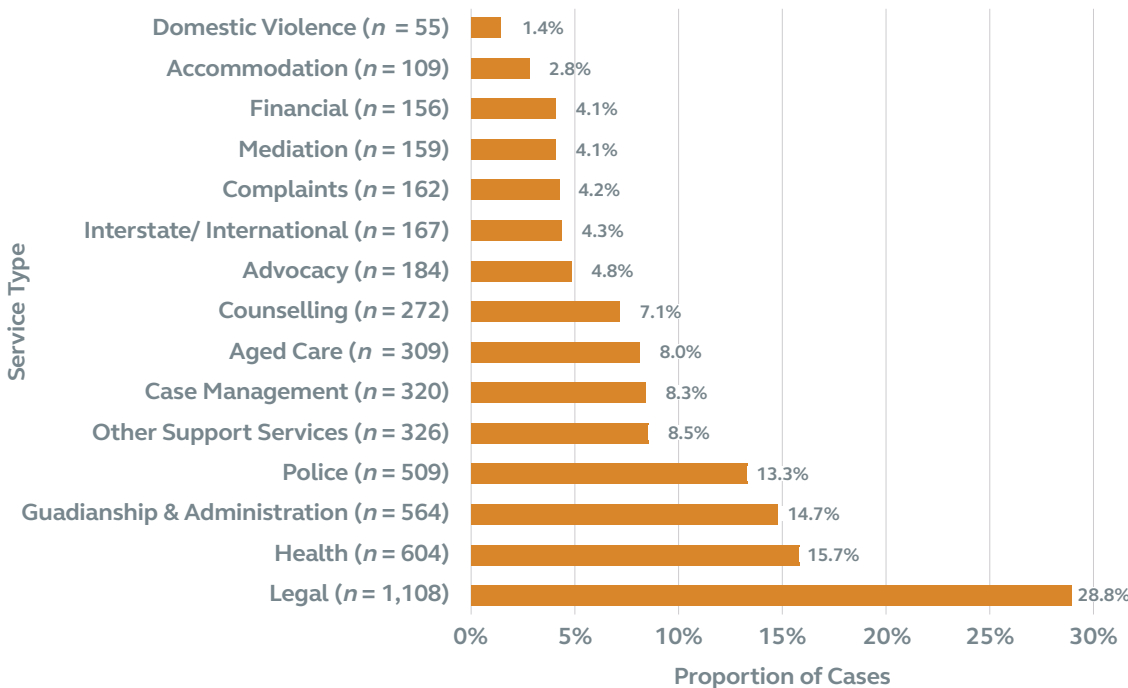
Figure 5.

Types of services notifiers were referred to.

Chart — Service Type (Proportion of Cases):
- Domestic Violence (*n* = 55): 1.4%
- Accommodation (*n* = 109): 2.8%
- Financial (*n* = 156): 4.1%
- Mediation (*n* = 159): 4.1%
- Complaints (*n* = 162): 4.2%
- Interstate/ International (*n* = 167): 4.3%
- Advocacy (*n* = 184): 4.8%
- Counselling (*n* = 272): 7.1%
- Aged Care (*n* = 309): 8.0%
- Case Management (*n* = 320): 8.3%
- Other Support Services (*n* = 326): 8.5%
- Police (*n* = 509): 13.3%
- Guadianship & Administration (*n* = 564): 14.7%
- Health (*n* = 604): 15.7%
- Legal (*n* = 1,108): 28.8%

14   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.

Section 3

Abuse in Close or Intimate Relationships

The Ecological Model

Bronfenbrenner's ecological model[15] 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[16] used a bifocal approach to extend the ecological model through simultaneously focusing on both victim and perpetrator. The Elder Abuse Statistics report uses this bifocal ecological framework to situate the risk factors for elder abuse within four interconnected systems.

15   Bronfenbrenner (1979).
16   Schiamberg & Gans (1999).

● **Individual:** relates to the immediate settings in which the individual (victim or perpetrator) lives and includes any individual factors that create vulnerabilities.
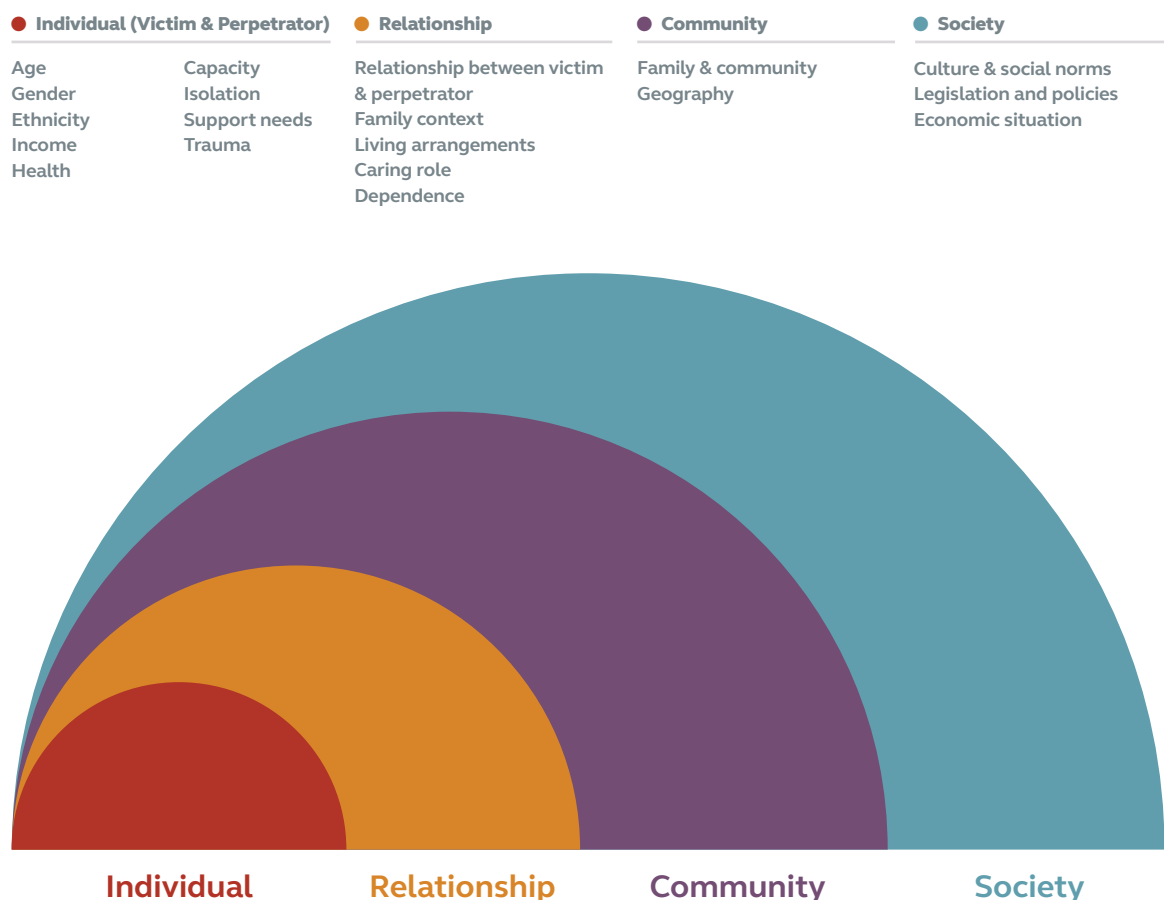
● **Relationship:** relates to the relationship between the victim and perpetrator and includes shared risk factors; for example, whether the victim and perpetrator live together, or any relevant intergenerational experiences such as a family history of domestic violence or child abuse.

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

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

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 report.

● Individual (Victim & Perpetrator)		● Relationship	● Community	● Society
Age	Capacity	Relationship between victim & perpetrator	Family & community	Culture & social norms
Gender	Isolation	Family context	Geography	Legislation and policies
Ethnicity	Support needs	Living arrangements		Economic situation
Income	Trauma	Caring role		
Health		Dependence		

Figure 6.

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

Individual Factors for Victims

The factors discussed are

- 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

Individual factors or life circumstances may increase an older person's vulnerability and also 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.

Age

Victim age group was recorded in 77.7 per cent (*n* = 1,787) of cases but not for 22.3 per cent (*n* = 514). Similar to 2020–21, the most common age group was 80–84 years (*n* = 379). This group accounted for one-fifth of the total victims of known age (Figure 7).

Figure 7.

Age of victims (*n* = 1,787).

Gender

Similar to numbers in previous years, in 2021–22 there were more than twice as many female victims as male victims (Figure 8). The over-representation of female victims in EAPU data is consistent with findings from other Australian studies.[17,18,19]

Figure 8.

Gender of victims (*n* = 2,301).

0%
Other
(*n* = 1)

30.9%
Male
(*n* = 710)

69.1%
Female
(*n* = 1,590)
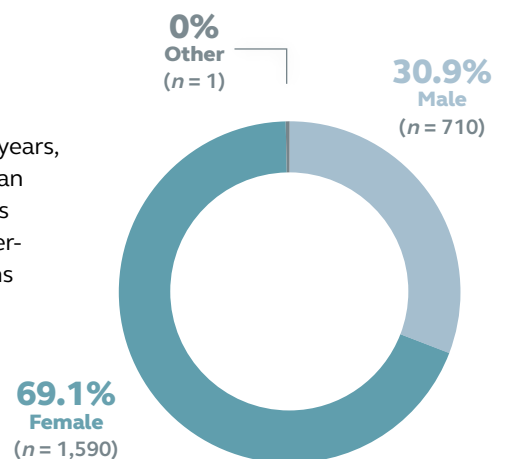
17   Queensland Government Statistician's Office (2016).
18   Kaspiew et al. (2016).
19   Qu et al. (2021).

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.[20,21,22]

Figure 9.

Victims' age and gender (*n* = 1,786).

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 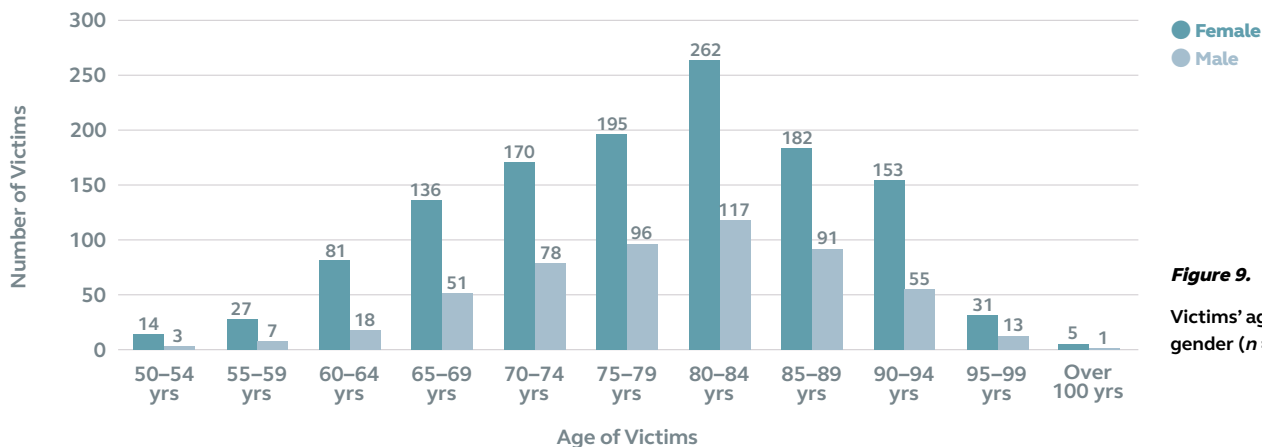residing in Queensland (population data).[23] Females are over-represented as victims in almost all age groups when compared against population data. The only exception is the 95–99 years age group, in which the proportion of male victims (29.5%) is slightly higher than the proportion of males in the population (29.0%).

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.[24] However, the over-representation of female victims is consistent with population-based studies of elder abuse.[25,26,27]
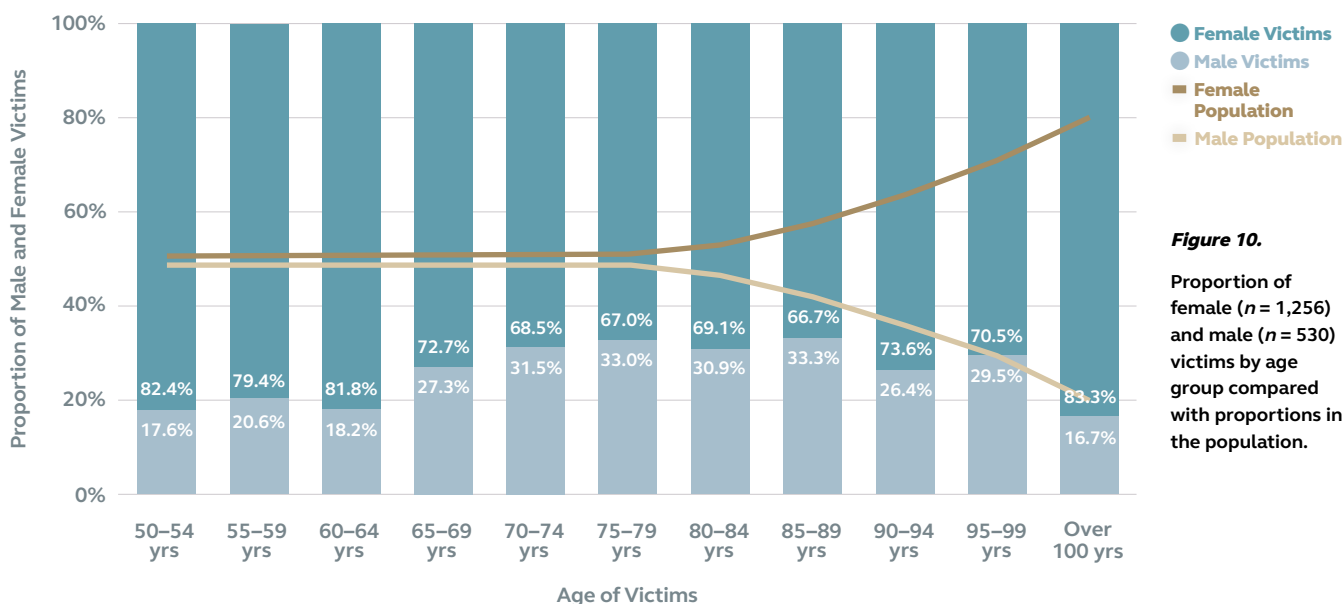
Figure 10.

Proportion of female (*n* = 1,256) and male (*n* = 530) victims by age group compared with proportions in the population.

20   Victorian Council of Social Service (2017).
21   National Research Council (2003).
22   Weeks et al. (2018).
23   Australian Bureau of Statistics (2022a).
24   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 could influence the likelihood of others reporting abuse against them to the Helpline.
25   Dong et al. (2011).
26   Santos et al. (2017).
27   Qu et al. (2021).

Ethnicity

Research suggests that race, ethnicity, and culture intersect with elder abuse in multiple and complex ways.[28,29,30,31] In particular, vulnerabilities and stressors associated with being a member of a minority or marginalised ethnic group may increase the risk of elder abuse.

Aboriginal Peoples and Torres Strait Islander Peoples

In the 2021–22 reporting period, 107 victims (4.7%) identified as Aboriginal and/or Torres Strait Islander (89 Aboriginal, 7 Aboriginal and Torres Strait Islander, 11 Torres Strait Islander). This number is almost double what would be expected from population statistics (i.e. 2.4% of Queenslanders aged over 50 years identified as Aboriginal and/or Torres Strait Islander).[32] 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. However, the over-representation of this population has also been identified in Helpline data from both New South Wales and Victoria.[33]

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.[34,35,36] 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 and/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 affect victims and perpetrators at the individual level and then affect their relationships.

Culturally and Linguistically Diverse (CALD) Communities

The EAPU uses the Australian Bureau of Statistics definition of culturally and linguistically diverse (CALD) communities. In this definition, a person born in a country in which English is not the predominant language comes from a CALD background.

During the 2021–22 reporting period, 100 victims (4.4%) were recorded as having a CALD background, which is lower than expected from population data (i.e. 13.9% of Queenslanders aged over 50 years have a CALD background).[37] Australian research around elder abuse in CALD communities has found that prevalence is similar to, or higher than, population estimates.[38,39]

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 1,301 (56.5%) cases, with half recorded as being involved in a partner relationship (n = 636, 48.9%).

Widows and widowers were over-represented as victims (n = 442, 34%): the proportion was three times that expected from 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 51.1 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 partner relationship suggests that this status is a risk factor for elder abuse.[41,42]

28   Horsford et al. (2011).
29   Schiamberg & Gans (1999).
30   Australian Law Reform Commission (2017).
31   World Health Organization (2015).
32   Australian Bureau of Statistics (2022b).
33   Australian Institute of Health and Welfare (2019).
34   Australian Bureau of Statistics (2014).
35   Parliament of Australia (2014).
36   Australia's National Research Organisation for Women's Safety (2016).
37   Australian Bureau of Statistics (2022c).
38   Office of the Public Advocate, Western Australia (2006).
39   Qu et al. (2021).
40   Australian Bureau of Statistics (2017a).
41   Byles et al. (2010).
42   Burnes et al. (2015).

Accommodation

Of the cases for which a residence type was known (*n* = 1,961), most victims lived in a house or unit (*n* = 1,649, 84.1%). A further 189 victims of abuse in close or intimate relationships (9.6%) were residing in residential aged care. Of particular concern is that 8.2 per cent of all victims (*n* = 188) were recorded as becoming homeless because of the abuse. This is higher than the 6.4 per cent recorded in 2020–21.

Financial Situation

Home Ownership

Before experiencing elder abuse, 1,049 (76.9%) victims were reported to own or co-own a home (where known).[43] In 52 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 146 recorded cases, victims no longer owned a home because of abuse.

Income

Income source for victims was known in 1,040 cases (45.2%). Centrelink was most frequently reported (*n* = 874, 84.0%), followed by self-funded retirement income streams (*n* = 168, 16.2%).

In the general population of Australians, 67 per cent of people aged 65 years and over receive the Age Pension.[44] In the Helpline data, 84.6 per cent (*n* = 808) 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 838 (39.9%) victims. Chronic illnesses (e.g. diabetes or heart conditions) were most common (Table 2).

Health Issue	Number	Percent
Illness – chronic	396	17.2%
Frailty	299	13.0%
Physical disability	154	6.7%
Illness – terminal	97	4.2%
Illness – acute	85	3.7%
Neurological	77	3.3%
Chronic pain	64	2.8%

Table 2.

Health Issues Experienced by Victims

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 (2021).
45   Burnes et al. (2015).
46   Naughton et al. (2012).

Cognitive Impairment

Cognitive impairment of victims was recorded in 481 (20.9%) cases. Dementia was the most frequently reported form of cognitive impairment, affecting 328 (14.3%) 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 (15.0%, *n* = 323 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]

Capacity

Impaired capacity was recorded for 729 victims (33.3%, where known). A further 143 (6.5%) were suspected to have impairment.[51] Capacity status was unknown for 113 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.

Victims were reported to require support in 1,404 cases (61.0%), 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 type of care need, and almost two-thirds (61.6%, *n* = 549, where known) required support with three or more types (Figure 11). In 512 cases, information about the care needs for which support was required was not recorded.

Care Needs	Number	Percent
Domestic	667	29.0%
Meals	498	21.6%
Transport	485	21.1%
Personal care	419	18.2%
Supervision	381	16.6%
Mobility	341	14.8%
Communication	157	6.8%
Behaviour	26	1.1%

Table 3.

Care Needs for Which Victims Required Support

47 Australian Bureau of Statistics (2020).
48 Von Heydrich et al. (2012).
49 Australian Law Reform Commission (2017).
50 Kaspiew et al. (2016).
51 Note. There can be differences in assessment and interpretation of capacity due to different frameworks being used (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).
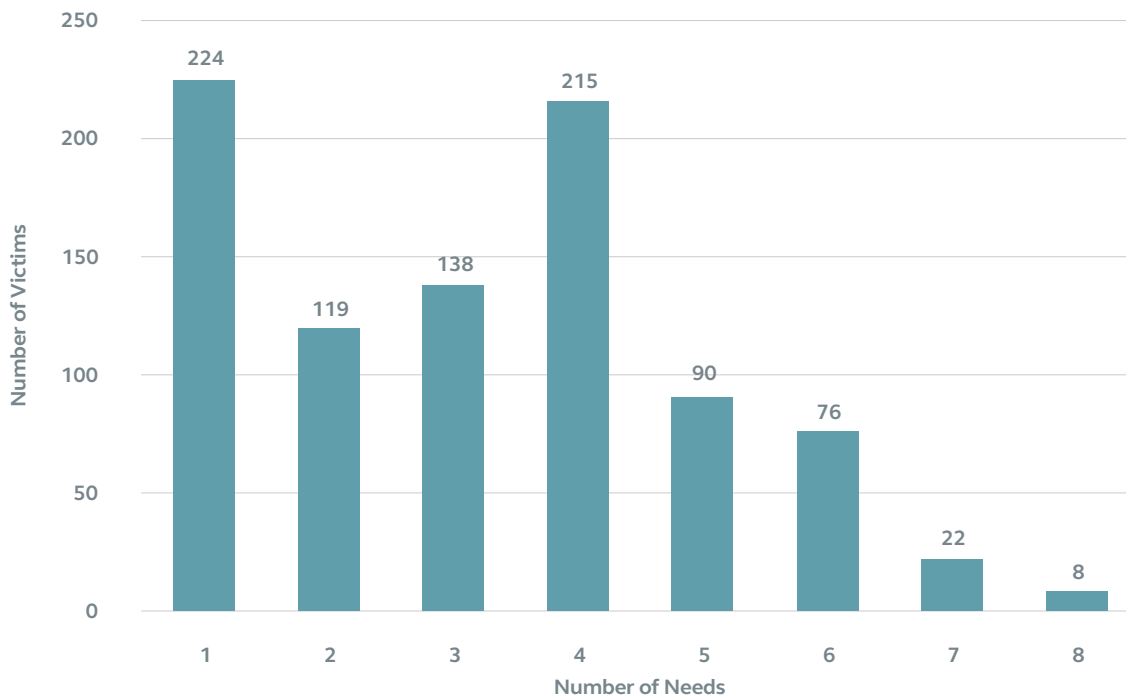
Figure 11.

Number of types of care needs for victims (*n* = 892).

Of the 1,404 victims identified with care needs, only one in five (*n* = 284, 20.2%) was recorded as receiving formal care. In 189 cases, the formal support was provided by residential aged care providers and a further 95 victims were receiving community aged care services. A lack of formal care may increase the risk of becoming a victim of elder abuse.[54,55]

Many reasons can contribute to a lack of formal care:

- 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 157 (6.8%) cases. However, more detailed information was recorded for only 139 cases. The most common issues related to hearing (*n* = 55, 2.4%), vision (*n* = 42, 1.8%), and language (*n* = 29, 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.[56] Research has identified communication difficulties as risk factors for elder abuse[57] and other forms of domestic and family violence.[58]

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

Decision-Making Arrangements

Formal decision-making arrangements can both protect and empower an individual; however, there is also a risk of misuse.[59,60] Formal decision-making arrangements were recorded for 614 (26.7%) cases.[61] In 524 (85.3%) of these cases, victims were recorded as having impaired capacity and a further 24 victims (3.9%) 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 54 cases (8.8%). The victim's capacity status was unknown in 12 cases (2.0%).

In more than two-thirds (70.5%) of cases in which a decision maker was appointed, only one person was appointed (where known).

In 476 cases, further information was available about the types of decisions made, with 100 cases (21.0%) involving only financial decisions and 376 cases (79.0%) involving both financial and personal and health decisions.

In 78.1 per cent of cases ($n = 385$) 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 appointees (Figure 12).
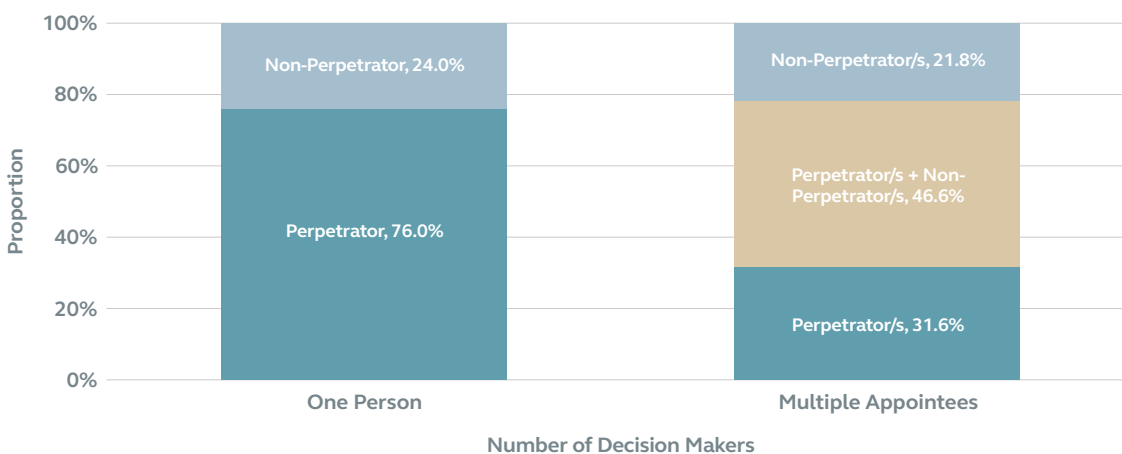
Figure 12.

Decision makers and abuse perpetration (one person, $n = 329$; multiple appointees, $n = 133$).

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 131 (21.3%) 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 the victim's doctor.

Information about why decision makers failed to act was recorded for 142 cases (23.1%). The most common reasons given were that decision makers were not aware that the behaviour constituted abuse, 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).

Further analysis of cases in which all decision makers were identified as perpetrators found that more than two-thirds of decision makers (70.2%, $n = 59$) were not aware that the behaviour would constitute abuse, and almost one-third (29.8%, $n = 25$) were unaware of their duty to protect victims' interests.

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59   DeLiema & Conrad (2017).
60   Tilse et al. (2011).
61   Note. This is only recorded if an EPoA has been enacted or if decision maker/s were appointed by the Queensland Civil and Administrative Tribunal (QCAT).
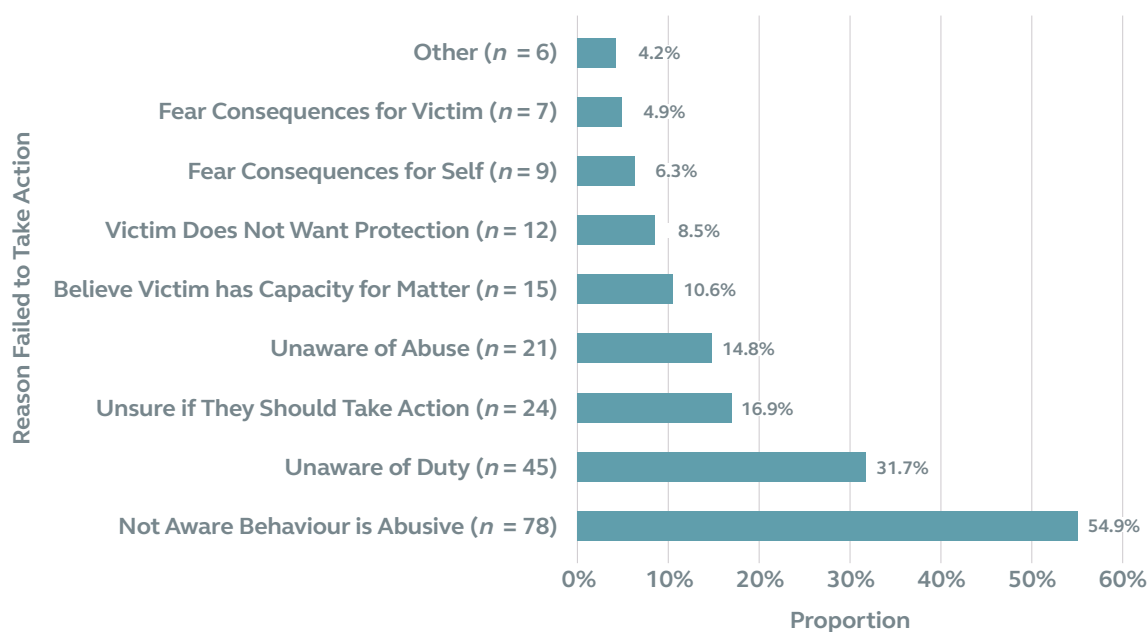
Figure 13.

Why decision makers failed to act to protect victims (*n* = 142).

Decision makers regularly call the Helpline to report abuse being perpetrated by another decision maker. In some cases, it is identified that the caller's actions also constitute abuse. Some examples include:

- The caller/attorney has used the principal's funds to purchase a car for themselves. The justification is that having a car makes it easier for them to visit the principal.

- The caller/attorney has put pressure on the principal to revoke the existing EPoA and draft a new one in which they are listed as the only attorney.

In both of these examples, the callers had good intentions (increase visitation; protect principal from abusive attorney). The callers did not realise that their actions were inappropriate and could constitute abuse.

Providing education to decision makers about their roles and responsibilities may help to reduce the likelihood of unintentional abuse.

Trauma History

A history of victim trauma was identified in 5.2 per cent of cases (*n* = 119). Previous domestic violence victimisation was most frequently reported (*n* = 100, 4.3%).

Social Isolation

In 2021–22, 8.4 per cent (*n* = 194) of victims were recorded as being socially isolated before the elder abuse occurred. 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.[62,63,64,65] In some situations, perpetrators are a victim's only social connection; despite abuse, a victim may be reluctant to do anything to jeopardise the relationship.

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62   DeLiema & Conrad (2017).
63   Chen & Dong (2017).
64   Podnieks & Thomas (2017).
65   Qu et al. (2021).

Other Individual Characteristics

The PEARL database can capture information about other individual characteristics that may increase vulnerability. The characteristics most frequently recorded were low self-esteem, an unsupported belief in others, and loneliness (Figure 14).
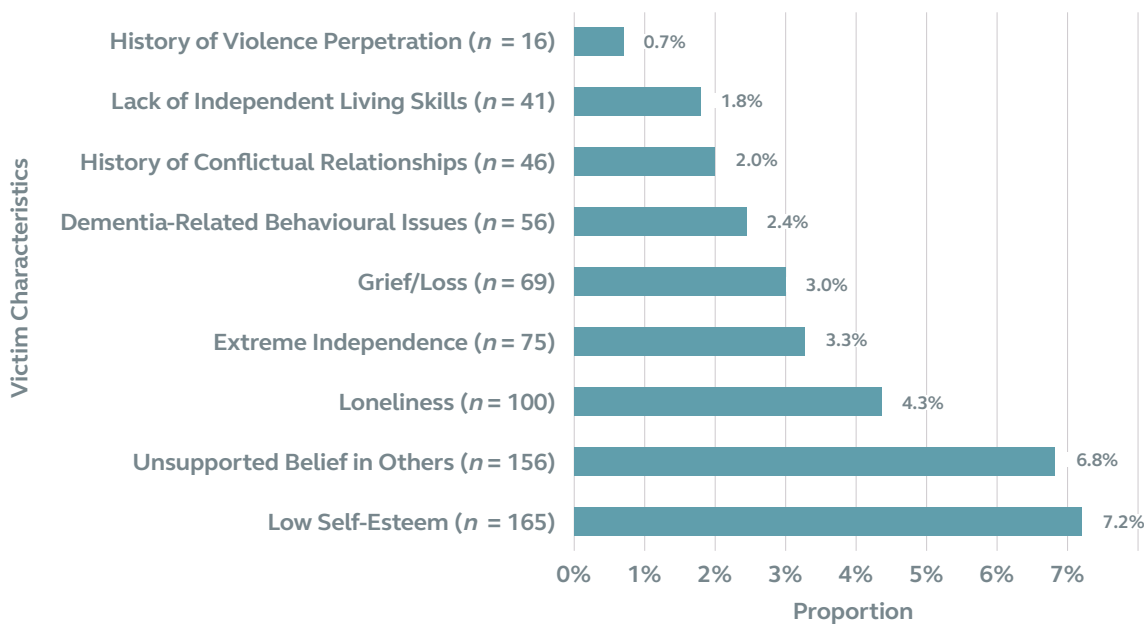
Figure 14.

Other individual victim characteristics that may increase vulnerability.

Individual Factors for Alleged Perpetrators

The following factors are discussed:

- age
- gender
- relationship status
- financial situation
- psychological health
- criminal history
- other individual characteristics

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.

Age

The age of perpetrators was unknown in 1,129 cases, but the most common age group recorded was 50–54 years (Figure 15).
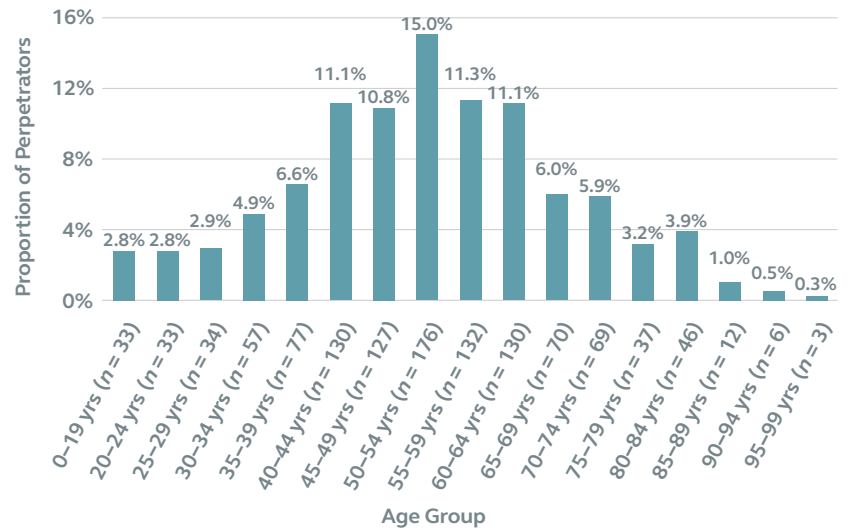
Figure 15.

Age of perpetrators (*n* = 1,172).

Gender

Males (*n* = 1,173) and females (*n* = 1,125) were almost equally represented as perpetrators (Figure 16). Perpetrator gender was not recorded for three cases.

49%
Female
(*n* = 1,125)

51%
Male
(*n* = 1,173)

Figure 16.

Gender of perpetrators (*n* = 2,298).

Relationship Status

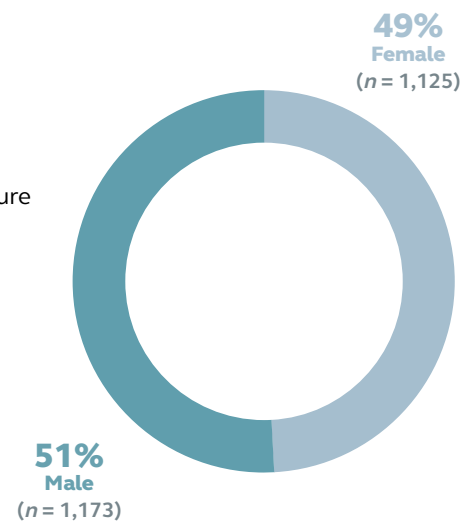The relationship status of the perpetrator was recorded in 973 (42.3%) cases. Of these cases, almost three-quarters (71.1%) of perpetrators were in a couple relationship.

Financial Situation

Home Ownership

The home ownership status of perpetrators was recorded in 786 (34.2%) cases. In 48.5 per cent ($n = 381$) of these cases, perpetrators owned or co-owned a house or unit.[66] In 14 cases, perpetrators owned more than one property.

The proportion of perpetrators who owned a home was significantly lower than the 63.5 per cent of Queenslanders who either own or are paying off their home.[67,68] This figure is also significantly lower than the 76.9 per cent of victims who were homeowners.[69]

Income

Perpetrator income source was recorded in 891 (38.7%) cases. Of these cases, half ($n = 458$, 51.4%) were receiving some form of payment from Centrelink and one-third were undertaking paid work ($n = 309$, 34.7%). Of the cases for which perpetrators were recorded as receiving a payment from Centrelink, 200 were receiving a Carer Payment, Carer Allowance, or both.

Psychological Health

Mental Illness

In 172 (7.5%) 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.[70,71,72,73]

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.

Substance Misuse

Perpetrators' substance misuse was recorded in 327 (14.2%) cases. This represents a higher proportion of perpetrators than the 11.3 per cent recorded in 2020–21. 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 233 cases (10.1%). In 55 cases, perpetrators were recorded as having been jailed for offences.

In 89 cases, perpetrators were listed as respondents on domestic violence orders (DVOs).[79] In 51 cases, the DVO related to abuse of an older person reported to the Helpline as a victim of abuse, 26 related to the perpetrator's spouse or partner (including ex-spouses and ex-partners), and 23 related to another family member.[80] In 11 cases, the perpetrator was listed as respondent on more than one DVO.

Other Individual Characteristics

Additional individual characteristics were recorded in 1,015 (44.1%) cases. The most common characteristics involved histories of controlling behaviour, conflictual relationships, and aggression (Table 4).

Other Perpetrator Characteristics	Number	Percent
History of controlling behaviour	690	30.0%
History of conflictual relationships	465	20.2%
History of aggression	336	14.6%
Emotional dysregulation	250	10.9%
Impulsivity	174	7.6%
External locus of control	78	3.4%

Table 4.

Other Individual Factors for Perpetrators

66   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.
67   Queensland Government Statistician's Office (2022).
68    $z = -8.73$, $p = .000$.
69    $z = -13.44$, $p = .000$.
70   Kaspiew et al. (2016).
71   Australian Law Reform Commission (2017).
72   Peri et al. (2008).
73   Qu et al. (2021).
74   Australian Bureau of Statistics (2007).
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 in which the aggrieved is not recorded as a victim of elder abuse.

Relationships Between Alleged Perpetrator and Victim
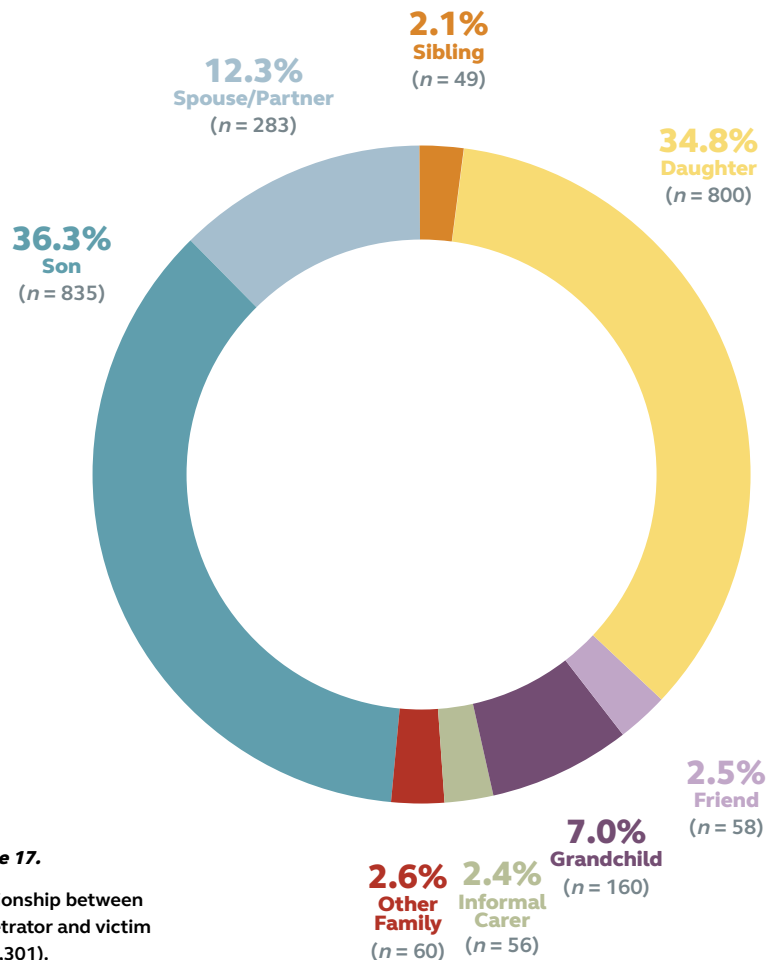
The following factors are discussed:

- relationship
- family context
- living arrangements
- the caring role
- dependence
- financial relationship
- precipitating factors

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

Relationship

Family relationships accounted for 95.0 per cent (n = 2,187) of cases of abuse in close or intimate relationships. Sons and daughters were reported as perpetrators in almost three-quarters of cases (n = 1,635, 71.1%).[81] Sons and daughters were almost equally represented as perpetrators (Figure 17). Further analysis revealed that 83 (3.6%) cases involved daughters-in-law, whereas sons-in-law accounted for 76 (3.3%) of cases.

Long-term conflict between victims and perpetrators was identified in 251 (10.9%) cases.

2.1% Sibling (n = 49)

12.3% Spouse/Partner (n = 283)

34.8% Daughter (n = 800)

36.3% Son (n = 835)

2.5% Friend (n = 58)

7.0% Grandchild (n = 160)

2.6% Other Family (n = 60)

2.4% Informal Carer (n = 56)

Figure 17.

Relationship between perpetrator and victim (n = 2,301).

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 712 cases (30.9%). The most frequently reported factors were poor family relationships (n = 499, 21.7%), sibling rivalry (n = 224, 9.7%), and being part of a blended family (n = 93, 4.0%).
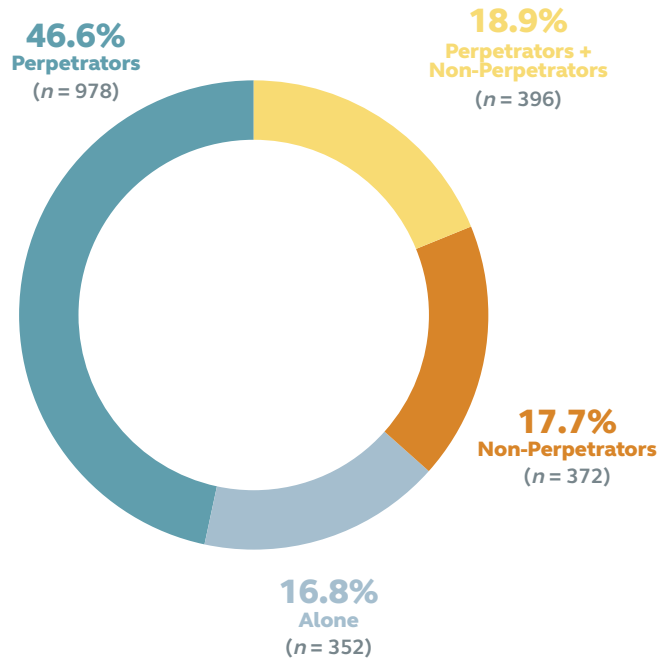
Living Arrangements

Living with perpetrators is an established risk factor for elder abuse.[82,83,84] Overall, close to two-thirds of victims (n = 1,374, 65.5%) lived with perpetrators (where known). In 396 of these cases, at least one non-perpetrator was also living with the victim (Figure 18).
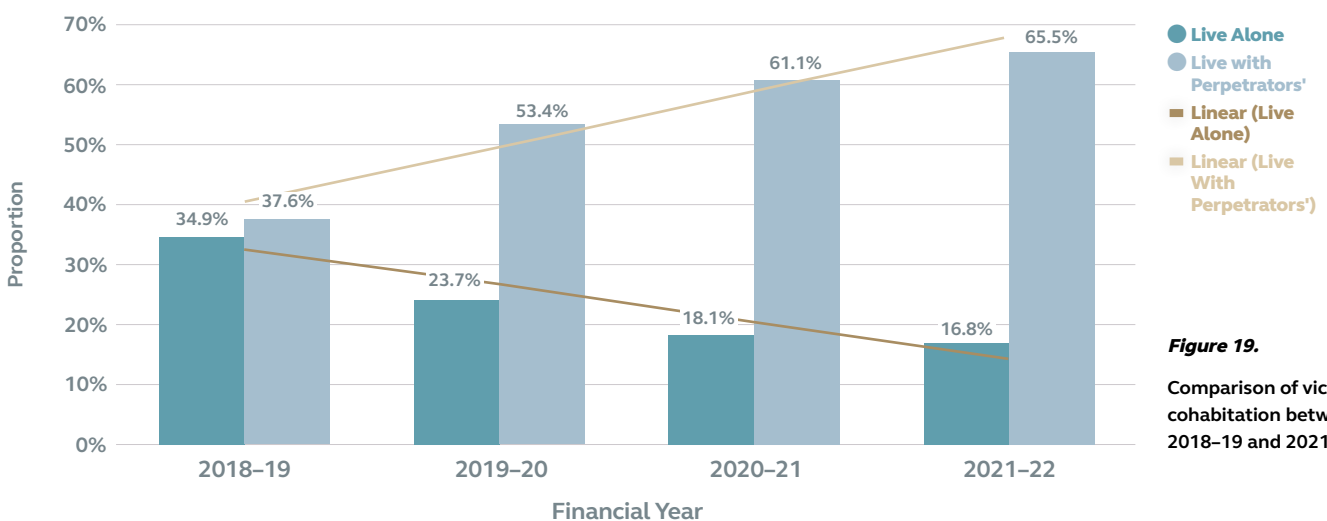
In 60.4 per cent of cases (n = 830) in which perpetrators lived with victims, perpetrators were sons (n = 457, 33.3%) or daughters (n = 373, 27.1%).

Perpetrators who were reported to have, or were suspected by notifiers to have, mental illness were significantly more likely to live with victims (n = 134, 77.9%) than perpetrators who were not reported or suspected to have mental illness (n = 1,240, 58.2%).[85] Older Australians have reported experiencing extremely high levels of stress when cohabiting with their children who have mental illness; they also feel as though there is a lack of external support.[86] The perceived lack of support and high levels of stress may mean that victims experience an increased sense of isolation and hopelessness about their situation.

The proportion of cases in which victims and perpetrators cohabit has increased by 74.2 per cent over the past four years, while the proportion of victims living alone has decreased by 51.9% (Figure 19).

46.6%
Perpetrators
(n = 978)

18.9%
**Perpetrators +
Non-Perpetrators**
(n = 396)

17.7%
Non-Perpetrators
(n = 372)

16.8%
Alone
(n = 352)

Figure 18.

Who do victims live with (n = 2,098)?

Figure 19.

Comparison of victim cohabitation between 2018–19 and 2021–22.

82   Australian Law Reform Commission (2017).
83   Kaspiew et al. (2016).
84   World Health Organization (2015).
85    $X^2(1) = 25.58$, $p = .000$.
86   Qu et al. (2021).

Increased rates of cohabitation were also found in the 2019–20 *Year in Review* report, with further analysis finding that cohabitation was significantly higher in the April–June 2020 quarter. Economic fallout from the COVID-19 pandemic is likely to have contributed to this increase and to further increases observed in 2020–21 and 2021–22.

In 2020, various data sources indicated that after measures to reduce the spread of COVID-19 were put in place, many Australian workers experienced reductions to work hours or job loss.[87] Economic impacts were widely felt, with numerous studies finding that adult children had moved in with their parents due to the pandemic.[88,89,90] Two years later, Australia's employment market has recovered, with the seasonally adjusted unemployment rate at the lowest point in almost 50 years.[91] Although unemployment rates have decreased, other pandemic-related factors have likely contributed to continued increases in rates of cohabitation.

Queensland has fared reasonably well throughout the pandemic, with fewer cases of COVID-19 resulting in shorter lockdowns than those experienced in some states of Australia. This, coupled with increased flexibility around working remotely, has resulted in Queensland becoming an attractive destination for people from southern states. Between 1 April 2020 and 31 March 2022, Queensland experienced a large increase in the number of interstate residents moving to Queensland, with an estimated 84,769 additional people (net interstate migration) calling Queensland home.[92,93]

The sudden population growth has created a situation in which the demand for housing has outstripped supply, leading to a housing shortage.[94] In August 2022, rental vacancy rates were below 0.5 per cent in many Queensland cities. Dalby's rate was particularly low at 0.0 per cent. The low vacancy rates have had a flow-on effect, with rental prices skyrocketing.[95] Weekly rental prices for houses on the Gold Coast have increased by 43.3 per cent over the past two years (August 2020 to August 2022), with the index price of $951 exceeding the prices for both Canberra ($764) and Sydney ($835).[96] Purchase prices for properties have also increased, with the median house price in Brisbane increasing by $215,000 (39.1%) in two years (December 2019 to December 2021).[97]

The combination of the COVID-19 pandemic, the war in Ukraine, and strong consumer demand have contributed to higher inflation rates in Australia.[98,99] The Australian Reserve Bank has responded to increased inflation by raising interest rates. This has meant that not only are people paying more for essentials such as food and petrol, but also borrowers are spending greater proportions of their income on meeting loan repayments.[100]

The housing shortage, higher interest rates, and other cost of living pressures likely contributed to increasing rates of cohabitation. The winding up of the National Rental Affordability Scheme (NRAS) probably further compounded this issue because many properties are sold or rents increased substantially when NRAS agreements expire. Queensland has the highest number of properties still under the NRAS scheme, so the impacts will likely continue as more agreements expire.[101] Further issues such as multiple extreme weather events and shortages of labour and building materials have also exacerbated the problem.

The Queensland Government held a roundtable with key stakeholders on 16 September 2022 and staged a Housing Summit on 20 October 2022. Some key initiatives to come from the roundtable and summit include

- identifying underutilised land and buildings for temporary repurposing as crisis accommodation,[102]

- emergency planning changes to allow Queensland home-owners with "granny flats" to rent them out over the next three years,[103] and

- doubling the size of the Queensland Housing Investment Fund to facilitate building an extra 5,600 affordable and social homes.[104,105]

Although these actions may help improve the situation in the longer term, the extent of the housing crisis and the multitude of contributory factors means that the drivers of increased cohabitation described above will probably continue in the short term.

87   Gilfillan (2020).
88   Burke (2020).
89   Razaghi (2020).
90   Hand et al. (2020).
91   Australian Bureau of Statistics (2022d).
92   Australian Bureau of Statistics (2021c).
93   Australian Bureau of Statistics (2022c).
94   Burt (2021).
95   Pollard (2021).
96   SQM Research (n.d.).

97   Australian Bureau of Statistics (2022d).
98   Hawkins (2022).
99   Watson (2022).
100 Muddit & Leggatt (2022).
101 Stone (2022).
102 McKenna & Hamilton-Smith (2022).
103 Richards (2022).
104 Riga (2022).
105 Queensland Government (2022).

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 associated financial hardship.[106,107] Carers can feel overloaded and experience reduced capacity to cope, which may affect the relationship between the caregiver and care recipient.[108,109] 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.[110,111,112,113]

In 2021–22, 23.6 per cent (*n* = 543) of perpetrators were recorded as providing informal care to victims. 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 420 (77.3%) such cases. The most common issues were that the provision of care was financially motivated and that perpetrators were struggling to meet victims' care needs (Figure 20).
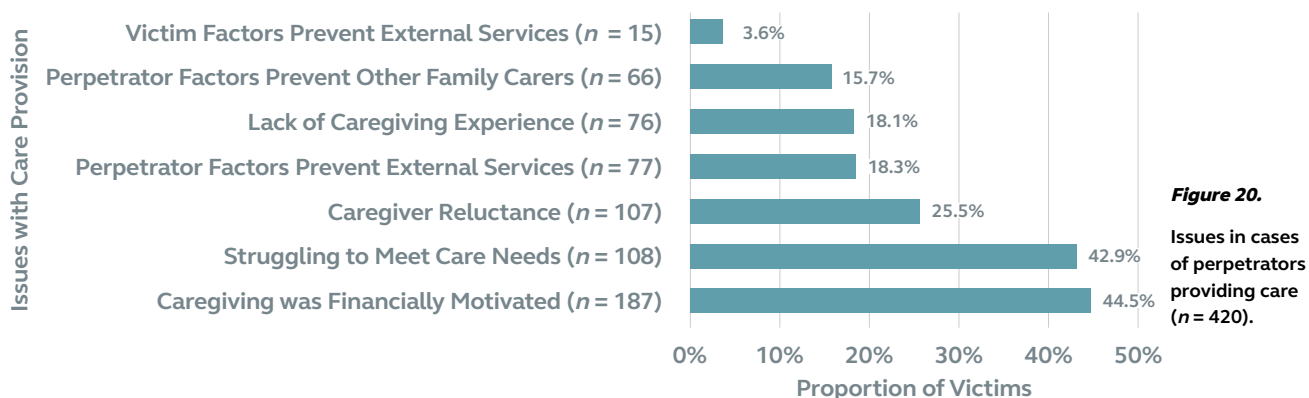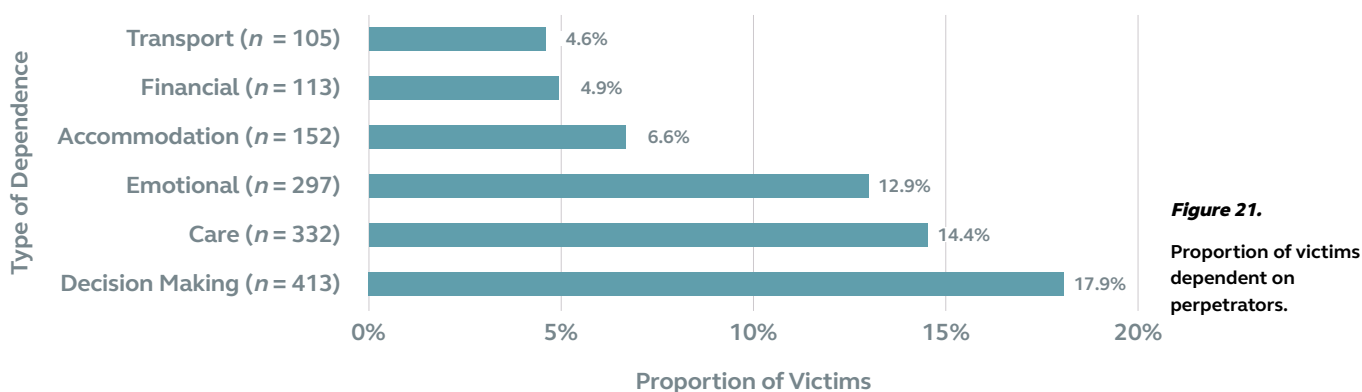

Figure 20.

Issues in cases of perpetrators providing care (*n* = 420).

Dependence

Research shows dependence is a risk factor for elder abuse.[114,115,116] Helpline operators record information about dependence between victims and perpetrators.

Victim Dependent on Perpetrator

Victims were recorded as dependent on perpetrators in more than one-third of cases (*n* = 863, 37.5%). This is higher than the 31.6 per cent recorded in 2020–21. Victims most often depended on perpetrators for support with decision making and care (Figure 21).

Figure 21.
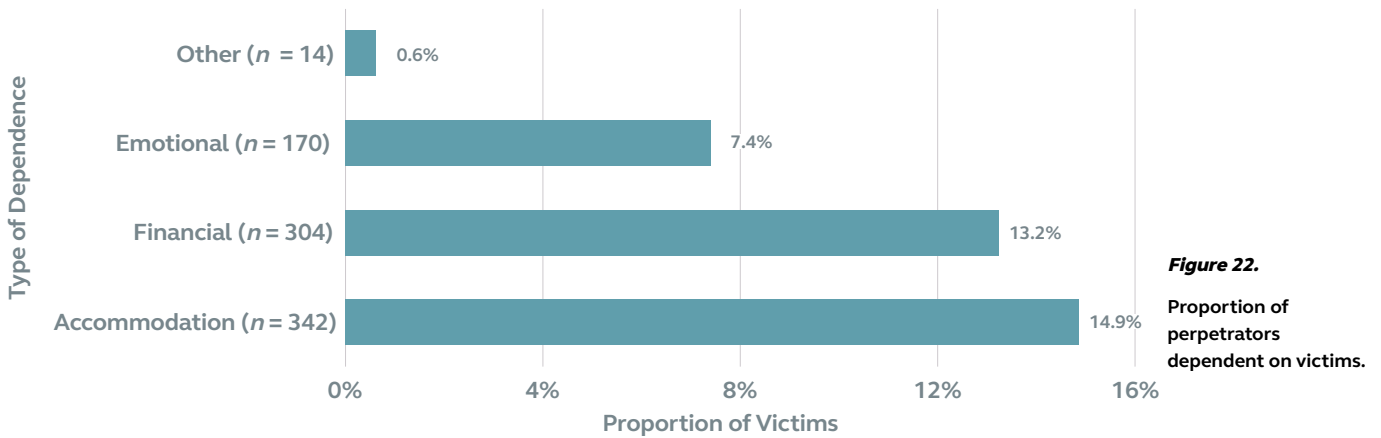
Proportion of victims dependent on perpetrators.

106 Brandl & Raymond (2012).
107 MacArthur Foundation (2012).
108 Son et al. (2007).
109 Chen & Dong (2017).
110 Schiamberg & Gans (1999).
111 Von Heydrich et al. (2012).
112 World Health Organization (2015).
113 Kohn & Verhoek-Oftendahl (2011).
114 Roberto & Teaster (2017).
115 Schiamberg & Gans (1999).
116 Horsford et al. (2011).

Perpetrator Dependent on Victim

Perpetrators were recorded as dependent on victims in 23.1 per cent of cases (*n* = 531), which is much higher than the 14.5 per cent of cases recorded in 2020–21. Perpetrators most often depended on victims for accommodation and financial support (Figure 22).

Figure 22.

Proportion of perpetrators dependent on victims.

Financial Relationships

Historical financial relationships between victims and perpetrators were recorded in 369 cases (16.0%). These financial relationships may increase the likelihood of abuse or add to the complexity if either party wishes to change or sever these financial relationships.

The most common financial relationships were perpetrators having authorised access to victim finances (*n* = 151, 6.6%), perpetrators having a history of borrowing from the victim (*n* = 133, 5.8%), and victims having a history of gifting to the perpetrator (*n* = 121, 5.3%). Financial abuse was recorded in 84.0 per cent of these cases.

In situations with a history of perpetrators borrowing from the victim or victims gifting to the perpetrator, tensions can arise if victims refuse to provide further loans or gifts. In almost all cases, the loans and gifts are provided to victims' adult children (*n* = 152, 80.9%) or grandchildren (*n* = 19, 10.1%). Victims want to help their children/grandchildren; in many cases they will only refuse to support family members if their financial situation no longer allows them to continue to provide loans and gifts, or they begin to feel they are being exploited.

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 918 cases (39.9%). The most common factors were victim ill-health (*n* = 361, 15.7%), perpetrators and victims beginning cohabitation (*n* = 312, 13.6%), and perpetrator financial difficulties (*n* = 149, 6.5%).

Notably, the proportion of cases in which perpetrator financial difficulties were recorded as a precipitating factor quadrupled between 2020–21 (1.6%) and 2021–22 (6.5%).

Section 3.4

Community Factors

This section discusses factors related to

- family and community
- geography

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.

Family and Community

Notifiers

In 2021–22, one-quarter of notifiers were victims ($n = 589$, 25.7%), while three-quarters were concerned third parties ($n = 1,704$, 74.3%). The largest group of notifiers were victims themselves, followed by daughters and workers (Table 5). Notifiers' relationships to victims were unknown for 8 cases.

Table 5.

Notifier's Relationship to Victim

Notifier	Number	Percent
Self	589	25.7%
Daughter	558	24.3%
Worker	315	13.7%
Son	232	10.1%
Friend	190	8.3%
Other notifiers	116	5.1%
Grandchild	98	4.3%
Neighbour	87	3.8%
Sibling	78	3.4%
Spouse/Partner	30	1.3%
Total	**2,293**	**100.0%**

As noted above, workers were the third most common group of notifiers. Helpline operators can record information about workers' industries (recorded in 239 cases). Where industry was specified, workers in health, aged care, and community services were the most frequent notifiers (Table 6).

Notably, the proportion of notifiers who were aged care workers has grown from 9.9 per cent in 2019–20, to 16.5 per cent in 2020–21, and 24.7 per cent in 2021–22. This increase is positive as the presence of an external party can be protective because it provides an opportunity for someone to notice abuse, support victims to seek help, and report the abuse. Aged care workers are in a relatively unique position as they often have the opportunity to view interactions between an older person and other family members. Aged care workers providing in-home support may also have the opportunity to observe the home environment and note any changes. Additionally, working with an older person for a long time often means that workers come to know the client and build relationships. It is unclear why notifications from aged care workers have increased but it probably results from increasing awareness of elder abuse and/or the Helpline. More training and support for aged care workers may further increase the likelihood of reporting.

The most frequent notifiers from the health field were social workers (n = 44), doctors (n = 24), and nurses (n = 16).

Notifier	Number	Percent
Health	112	46.9%
Aged Care	59	24.7%
Community Services	46	19.2%
Banking	9	3.8%
Legal	8	3.3%
Police	5	2.1%
Total	**239**	**100.0%**

Table 6.

Industries in Which Notifiers Work

Social Connectedness

Data about protective factors for victims, including social connectedness, is captured in the PEARL database. Victims were recorded as experiencing social connectedness in 480 (20.9%) cases.[117] Social connectedness is defined as experiencing feelings of belonging and closeness, based on social appraisals and the value placed on the relationship by the person.[118] As a concept, social connectedness extends beyond those who interact 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.[119,120,121]

117 Note. Social connectedness is likely under-reported because notifiers may not have this information.
118 Van Bel et al. (2009).
119 Podnieks & Thomas (2017).
120 Qu et al. (2021).
121 Burnes et al. (2019).

Non-Perpetrators Residing with Victims

In more than one-third (36.6%) of cases (where known), people who were not identified as perpetrators were reported to be living with victims. In 396 cases, a non-perpetrator was residing with both the victim and perpetrator, while in 372 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 380 (16.5%) cases. Support services included aged care services (aged care facility, n = 189, 8.2%), medical services (n = 130, 5.6%), community care (n = 95, 4.1%), psychological or counselling services (n = 36, 1.6%), and other support services (n = 3, 0.1%).

Hospitalisation

Admission to hospital, even when unrelated to the abuse, provides another opportunity for abuse to be identified and support provided. In 2021–22, 273 cases (11.9%) in which victims had been hospitalised were identified. Hospitalisations were recorded as related to the abuse in 110 cases, unrelated in 151 cases, and unknown for 12 cases. In 64 cases, the victim was recorded as having contact with a hospital social worker while in hospital.

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.[122,123,124] Further, rates of domestic and family violence are often higher in rural, regional, and remote areas.[125] Nevertheless, living in a small community can be protective; often a strong sense of community exists and members are more likely to check on their neighbours and thus realise abuse is occurring.[126,127] 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.[128,129]

- 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 few or no 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 probably 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.

122 Australian Law Reform Commission (2017).
123 Office of the Public Advocate, Western Australia (2005).
124 Peri et al. (2008).
125 Campo & Tayton (2015).

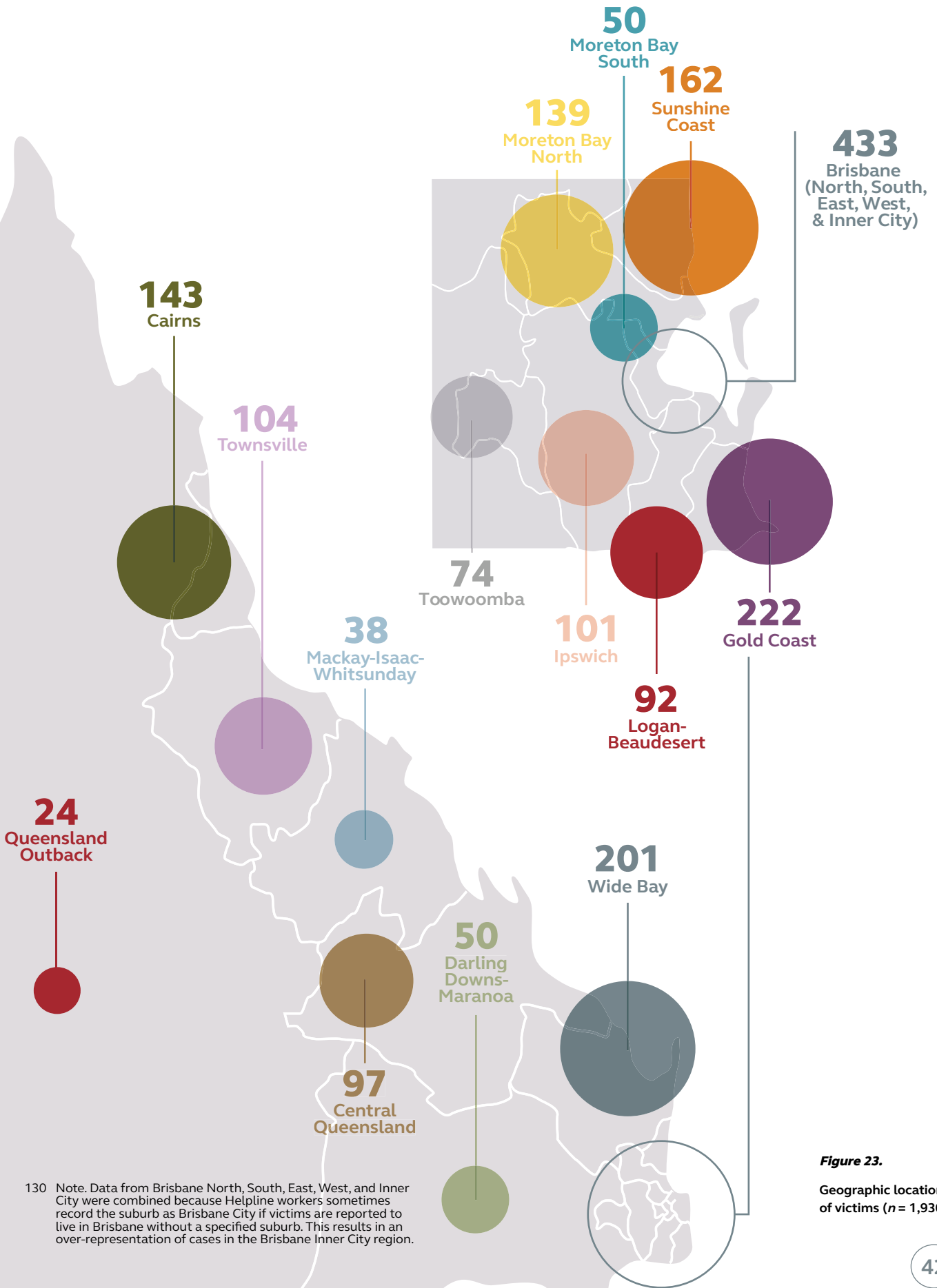126 Horsford et al. (2011).
127 Tilse et al. (2006).
128 Peri et al. (2008).
129 Horsford et al. (2011).

Victim Location

Victim location was known in 83.9 per cent (*n* = 1,930) of cases. Figure 23 displays the number of victims in each region.[130]

50
Moreton Bay South

162
Sunshine Coast

139
Moreton Bay North

433
Brisbane (North, South, East, West, & Inner City)

143
Cairns

104
Townsville

74
Toowoomba

101
Ipswich

222
Gold Coast

38
Mackay-Isaac-Whitsunday

92
Logan-Beaudesert

24
Queensland Outback

201
Wide Bay

50
Darling Downs-Maranoa

97
Central Queensland

Figure 23.

Geographic location of victims (*n* = 1,930).

130 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 7 and Figure 24 show, the number of reported victims was above or below expectations in multiple regions. Cairns, Wide Bay, and Moreton Bay North had many more victims than expected. Mackay-Isaac-Whitsunday, Moreton Bay South, and Logan-Beaudesert had substantially fewer victims than was expected based on population data.[131]

SA4	Proportion of Population	Expected Victims	Actual Victims	Difference (Percent)
Brisbane	23.2%	448.0	433	–3.4%
Cairns	5.3%	102.6	143	39.4%
Central Queensland	4.3%	83.5	97	16.2%
Darling Downs - Maranoa	2.9%	56.6	50	–11.6%
Gold Coast	12.9%	249.0	222	–10.8%
Ipswich	6.1%	118.2	101	–14.6%
Logan - Beaudesert	6.0%	115.7	92	–20.5%
Mackay - Isaac - Whitsunday	3.3%	64.1	38	–40.7%
Moreton Bay - North	5.9%	113.0	139	23.0%
Moreton Bay - South	3.6%	70.4	50	–28.9%
Queensland - Outback	1.4%	27.0	24	–11.2%
Sunshine Coast	9.3%	179.6	162	–9.8%
Toowoomba	3.2%	61.0	74	21.4%
Townsville	4.4%	85.6	104	21.5%
Wide Bay	8.1%	155.7	201	29.1%

Table 7.

Difference Between Expected and Actual Victim Counts (*n* = 1,930)

131 Note. The *Difference* statistic in Table 8 is equivalent to the *Standardised Difference* statistic reported in the 2019–20 *Year in Review* (Table 17).
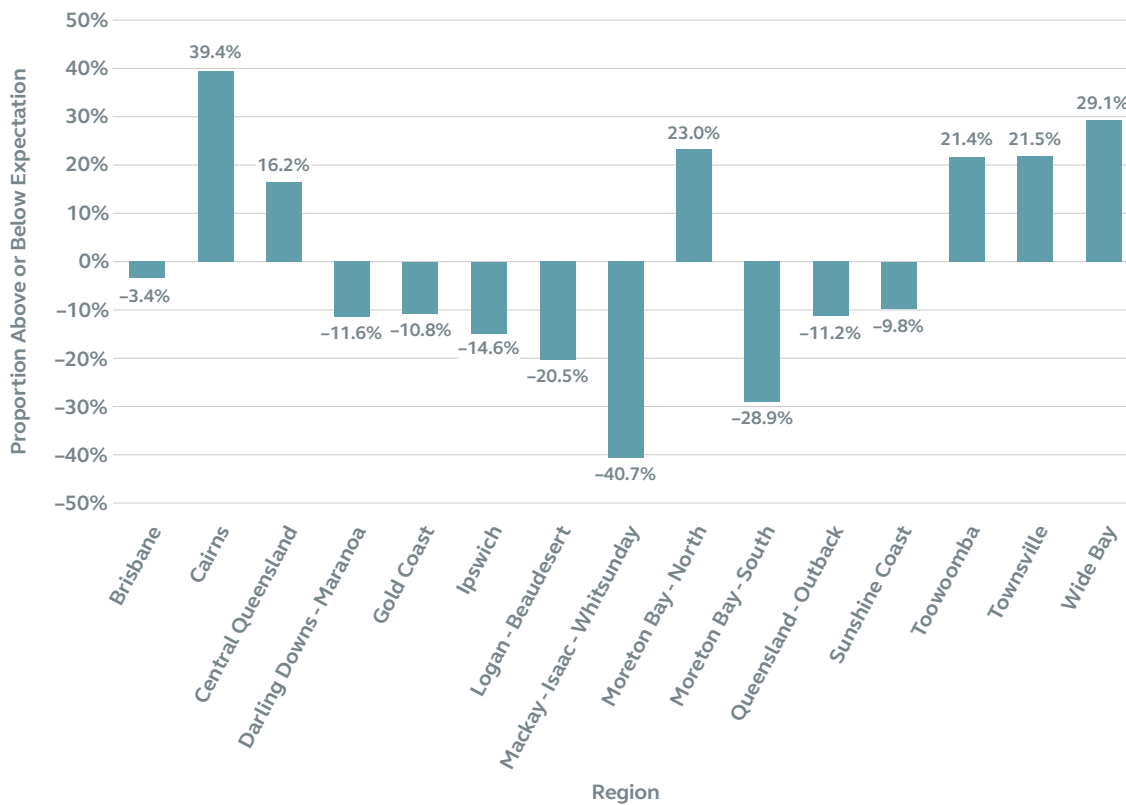
Figure 24.

Proportion of cases above or below that expected by region (*n* = 1,930).

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.

Societal Factors

This section examines four areas:

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

Cultural and Social Norms

Social norms are rules of behaviour based on internalised schemas to which community members are expected to conform.[132,133] 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.[134] 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.[135] 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 one-third of cases (n = 728, 32.6%). 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.[136] 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.[137] Ageism is more pervasive than other forms of prejudice,[138] with jokes about age perceived as more socially acceptable than jokes about either race or gender.[139]

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.[140] 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".[141] Negative attributions are made about competence, whereas positive attributions are made about warmth.[142,143,144]

132 World Health Organization (2009).
133 National Academies of Sciences, Engineering, and Medicine (2018).
134 Vaughan & Hogg (2005).
135 McCauley et al. (1980).
136 Australian Human Rights Commission (2010).
137 Australian Human Rights Commission (2021).
138 World Health Organization (2021).
139 Australian Human Rights Commission (2021).
140 Australian Human Rights Commission (2013).
141 Sublett et al. (2021).
142 Sublett et al. (2021).
143 Vale et al. (2020).
144 Vervaecke & Meisner (2021).

Ageism is often categorised as hostile or benevolent. Hostile ageism is a more overt form of ageism that occurs when more negative stereotypes about older people are held. Some examples of hostile ageism 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 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 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.[145,146]

The seriousness of ageism is not always recognised. However, ageist attitudes and beliefs can seriously affect older peoples' health and quality of life.[147,148] 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.[149,150,151,152] In a broad sense, ageism increases vulnerability, exacerbates abuse, decreases the likelihood of reporting, and inhibits effective responses to elder abuse.[153,154,155,156] 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.[157] Gender stereotypes underlie these roles. Social constructions of gender and the roles and norms associated with gender affect both victims and perpetrators.[158] 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.[159]

The database enables workers to record if gender stereotypes towards victims have influenced their decisions or behaviour. This was identified in 262 (11.4%) cases, and most victims were female (*n* = 216, 82.4%). Sexism and gender roles also affect perpetrators. Gender stereotypes reportedly influenced perpetrators' behaviour in 207 (9.0%) cases; more than three-quarters of these perpetrators were male (*n* = 162, 78.3%).

145 Yun & Maxfield (2020).
146 Vale et al. (2020).
147 World Health Organization (2021).
148 World Health Organization (2021).
149 Australian Law Reform Commission (2017).
150 Kaspiew et al. (2016).
151 Peri et al. (2008).
152 World Health Organization (2015).
153 Australian Human Rights Commission (2013).
154 Australian Law Reform Commission (2017).
155 Phelan & Ayalon (2020).
156 World Health Organization (2015).
157 World Health Organization (2011).
158 Peri et al. (2008).
159 Kaspiew et al. (2016).

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.[160,161] 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.[162] 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.[163]

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.[164,165] 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 providing care for a family member can also increase conflict within families.[166,167] As discussed in Section 3.3, caregiver reluctance was noted in 25.5 per cent (n = 107) of cases in which perpetrators were providing care to victims and issues were identified.

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.[168] In 2018, intergenerational inheritances from older Australians resulted in $52 billion being transferred to younger generations.[169] An Australian study found that 93 per cent of respondents believed they should make provisions for children or stepchildren when dividing assets.[170] 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.[171]

Farming families may experience additional complexities from an existing level of co-ownership or sharing of assets and a reluctance to divide the farm.[172,173,174] 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.[175] 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.

160   Australian Institute of Health and Welfare (2015).
161   Australian Institute of Health and Welfare (2018).
162   Office of the Public Advocate, Western Australia (2005).
163   Horsford et al. (2011).
164   Peri et al. (2008).
165   World Health Organization (2015).
166   Kaspiew et al. (2015).
167   Peri et al. (2008).

168   Australian Law Reform Commission (2017).
169   Productivity Commission (2021).
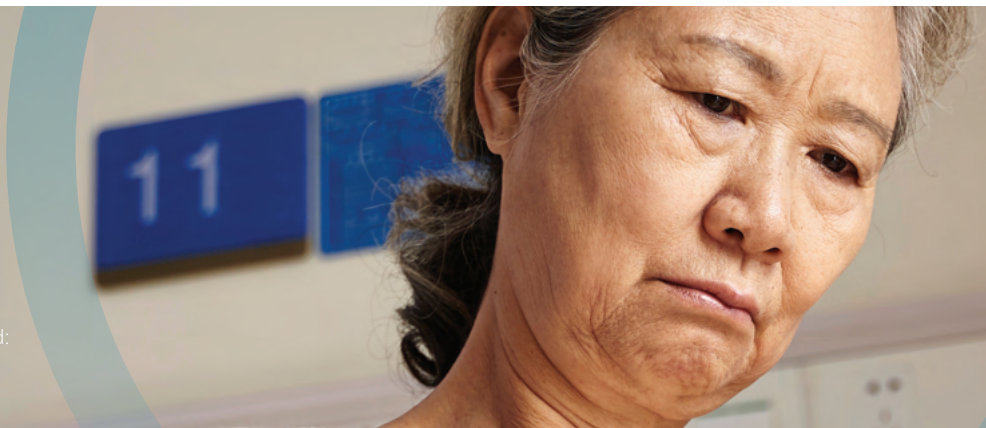170   Tilse et al. (2015).
171   Setterlund et al. (2007).
172   Tilse et al. (2015).
173   Setterlund et al. (2007).
174   Tilse et al. (2006).
175   Kaspiew et al. (2016).

In 2021–22, a perception of entitlement was identified in almost half (n = 1,018, 44.2%) 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 1,018 cases in which perception of entitlement was identified, financial abuse was recorded in 77.8 per cent (n = 792).

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".[176] Inheritance impatience likely compounds the increased risk of financial abuse in situations in which a sense of entitlement exists. Inheritance impatience was recorded co-occurring with a perception of entitlement in 18.7 per cent (n = 190) of cases in which perception of entitlement was identified. 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.[177]

Financial abuse was 8.3 times as likely to be occurring when a perception of entitlement and inheritance impatience were identified.[178] Perceived entitlement to parental assets and inheritance impatience may lead to older people being pressured to transfer wealth as gifts. Coercion to gift was 4.0 times as likely[179] to be reported in cases in which inheritance impatience and a sense of entitlement were recorded as co-occurring.

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.[180,181] 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.[182,183]

Another 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.[184] Usually, the older person has transferred the title of their house or a financial payment to the trusted person, who promises to provide care, housing, or both in exchange for the transfer.[185] In many cases, the older person does not seek legal advice before entering into a family agreement.

In 2021–22, a failure to repay loans was identified in 135 cases, 60 cases involved asset transfers, and 43 family agreements were recorded. In each of these scenarios, victims seeking redress would be required to prove that the asset transfer was not a gift.

In many cases, the older person is not listed on the relevant Title Deed and does not have documentation to prove that the assets were not transferred as a gift. Of the family agreements, only a quarter (n = 11, 25.6%) were recorded as formal agreements (with legal documentation). When no formal 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; if they cohabit with perpetrators, they may have been instructed 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.

176 Miskovski (2014).
177 Australian Institute of Health and Welfare (2018).
178 z = 8.9, p = .000.
179 z = 7.4, p = .000.
180 Blundell et al. (2017).
181 Gillbard (2018).
182 Gillbard (2018).
183 Australian Law Reform Commission (2017).
184 Australian Law Reform Commission (2017).
185 Somes & Webb (2016).

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 Carer Payment, Carer Allowance, or both, although they provide inadequate or no care to the older person.

As of 20 September 2022, the maximum payment on JobSeeker Payment (single, no children, less than 60 years of age) was $677.20 per fortnight (including Energy Supplement).[186] The maximum payment for carers receiving Carer Payment was $1,026.50 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 $136.50 per fortnight, with another yearly Carer Supplement of $600. Hence, by claiming Carer Payment a person receives almost 80 per cent more (about $531.95 extra per fortnight) than 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. The additional benefits and higher payment amount can act as an incentive for family members to claim Carer Payment and/or Carer Allowance, irrespective of whether they actually intend to, or have the capabilities to, provide the care that the older person needs.

In 2021–22, 200 perpetrators were recorded as receiving Carer Payment and/or Carer Allowance. Of these, 152 (76.0%) perpetrators were recorded as providing some level of care and 48 (31.6%) were reported as not providing any care to victims. Claiming Carer Payment and/or Carer Allowance without providing care constitutes fraud. To avoid detection and possible consequences, some perpetrators actively refuse to allow home care services to provide care. Only two of the victims (4.1%) in the 48 cases mentioned above were receiving home care services. Further, in 10 cases (20.8%), 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 152 cases in which perpetrators were receiving Carer Payment or Carer Allowance and providing care, 21 (13.8%) reflected this scenario. Perpetrators may also refuse to allow an older person to move to an aged care facility to avoid losing Carer Payment and/or Allowance, and their accommodation (if living with the victim).

Neglect was recorded in 58.5 per cent (*n* = 117) of cases in which perpetrators were reported as receiving Carer Payment or Carer Allowance.

Although in some cases alleged perpetrators are claiming Carer Payment or Carer Allowance and not providing adequate 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 are 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 2020–21. 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.[187]

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 aged care reform package of $17.7 billion to be delivered over five years. The reform package includes funding for 80,000 additional Home Care Packages.[188] 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.

186 https://www.servicesaustralia.gov.au/guide-to-australian-government-payments?context=1 information is current as of 20 September 2022. This is general information only and may not reflect individual circumstances.
187 Prime Minister, Minister for Health, Minister for Aged Care and Senior Australians, & Minister for the National Disability Insurance Scheme (2019).
188 Royal Commission into Aged Care Quality and Safety (2021).

Despite the expected shortfall in funding, the wait times between approval for and gaining access to a Home Care Package at the appropriate level have decreased markedly in the past 12 months. In March 2021, the wait times for people who were assessed as medium priority ranged from 3 to 6 months for a Level 1 package to 9 to 12 months for Level 2–4 packages.[189] In March 2022, the wait times had reduced to 3–6 months across all four levels of packages.[190] The number of people waiting to receive an appropriate Home Care Package has also reduced substantially (33.1%) over this 12-month period, from 87,162 in March 2021 to 58,282 in March 2022. Although these improvements are a positive step forward, more investment is required to further decrease wait times and to ensure that the number of available packages keeps pace with Australia's ageing population.

Difficulties navigating the aged care system can also create barriers for older people who require support. The Interim Report of the Royal Commission described the aged care entry system as frightening, confronting, and confusing for older people.[191] 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.[192]

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. When these factors coexist, the risk of elder abuse further increases.

Economic Factors

A number of economic factors, including low interest rates on savings, 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, 67 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, rising rental costs, and interest rate increases make 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 (48.5 % owned at least one home) was substantially below the Queensland rate of ownership (63.5%).[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 current economic climate and housing affordability are also concerning for many older people. The proportion of Australians who hold a mortgage at retirement age has tripled between 2001 and 2021.[202] Consequently, recent interest rate rises will likely affect more older people. In some cases, this may lead to older people inviting, or agreeing to, other family members moving in so that they can meet the rising costs of mortgage repayments and other household bills.

189 Department of Health (2021).
190 Department of Health (2022).
191 Royal Commission into Aged Care Quality and Safety (2019).
192 Hobbs (2020).
193 Australian Law Reform Commission (2017).
194 Australian Institute of Health and Welfare (2021).
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 (2022).
202 Clun (2022).

Abuse Data

Consistent with findings from 2020–21, the three most frequently reported types of abuse were psychological, financial, and social abuse (Figure 25). More than two-thirds of victims (n = 1,580, 68.7%) were reported to be experiencing more than one type of abuse and one-quarter (n = 587, 25.5%) were experiencing three or more types of abuse (Figure 26). The types of reported abuse that were most likely to co-occur were sexual (94.4%), physical (92.7%), and social (90.1%).
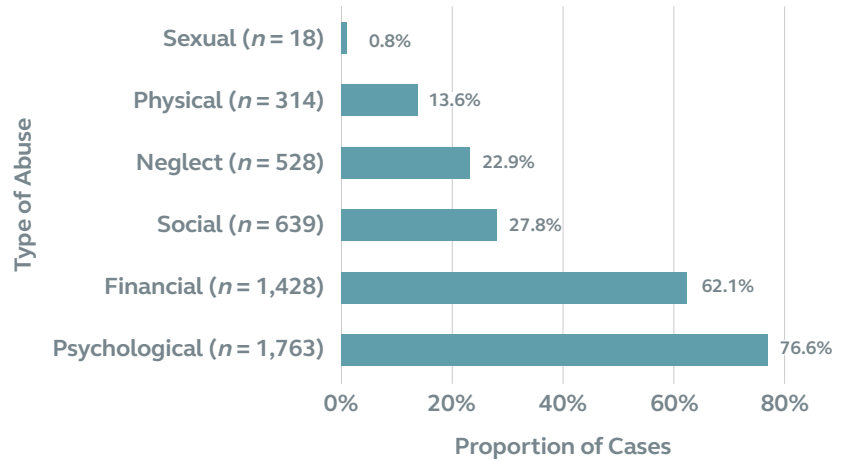
Figure 25.

Proportion of victims by abuse type.
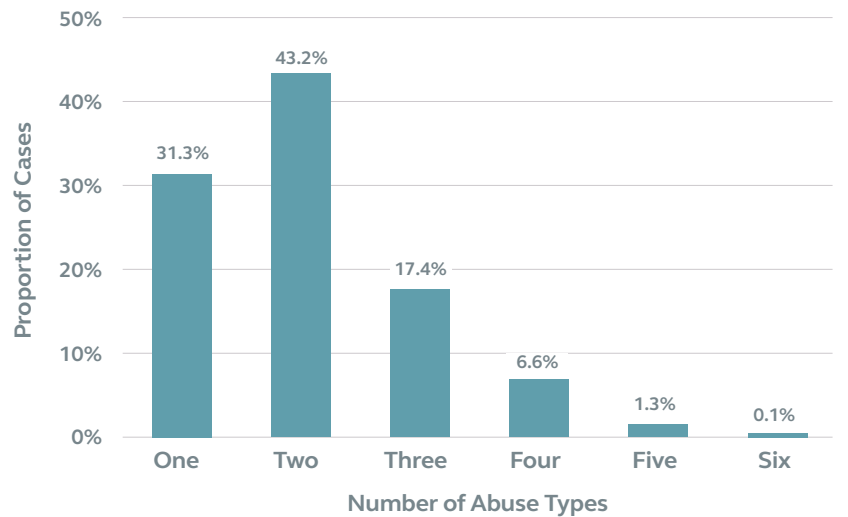
Figure 26.

Number of abuse types reported.

Financial Abuse

In 2021–22, 1,428 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 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 debit and credit cards, and misuse of an EPoA (Figure 27). This differed slightly from 2020–21, when misuse of an EPoA occurred more frequently than misuse of debit and credit cards.
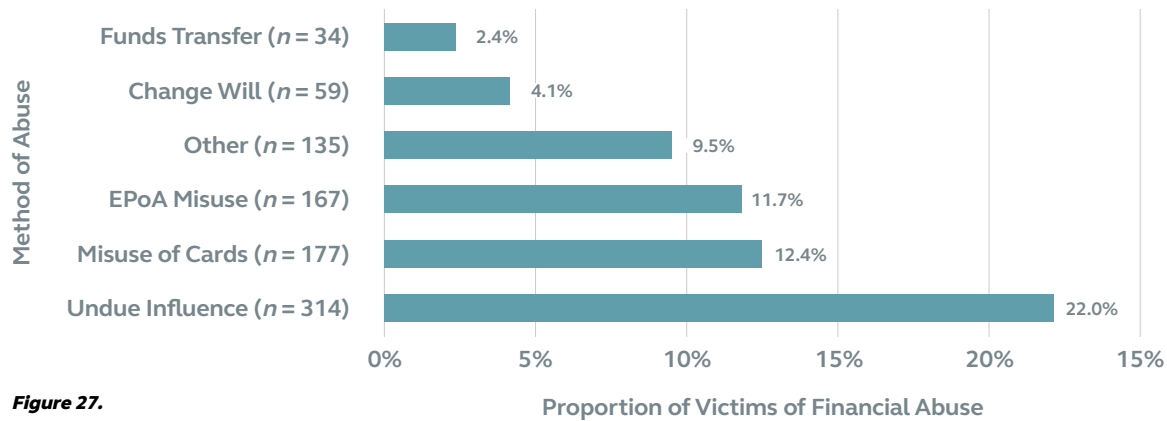
Figure 27.

Methods of perpetrating financial abuse (*n* = 1,428).

Forms of Financial Abuse

The most common forms of financial abuse were non-contribution (for example, living with the victim and not contributing towards expenses such as electricity or groceries), paying perpetrator's bills, and coercing the victim into gifting (Figure 28). The proportions of cases in which non-contribution and paying perpetrators bills were recorded had increased and in 2021–22 had overtaken coercing the victim into gifting as the most frequently reported forms of financial abuse. Increased rates of cohabitation during this period probably explain the increase in cases in which non-contribution was recorded. Victims and perpetrators were also cohabiting in three-quarters of cases (*n* = 247, 78.7%) in which victims were reported to be paying perpetrator's bills.
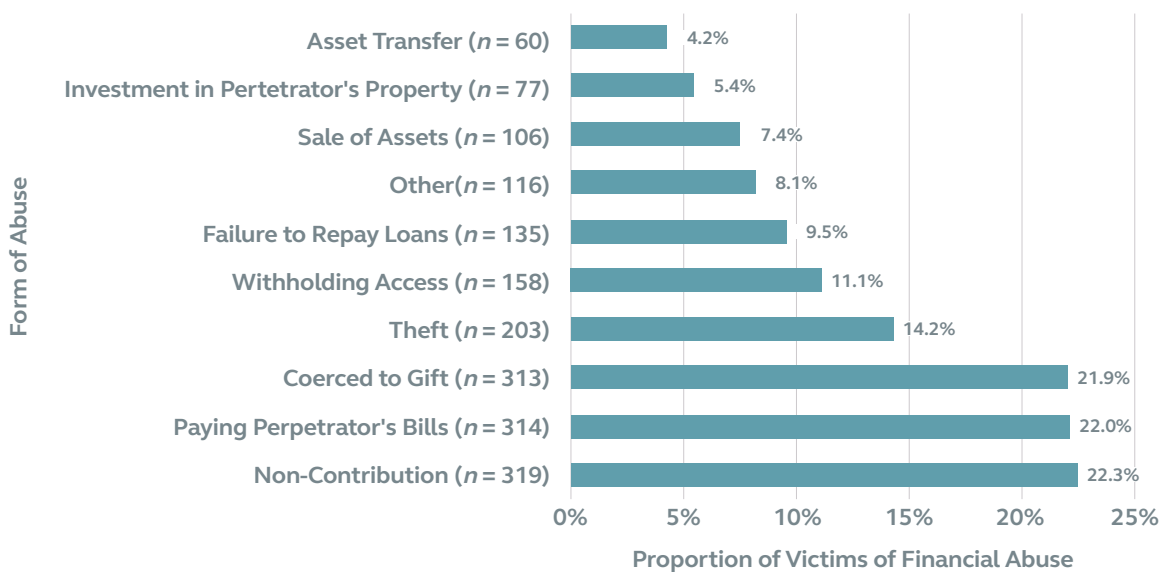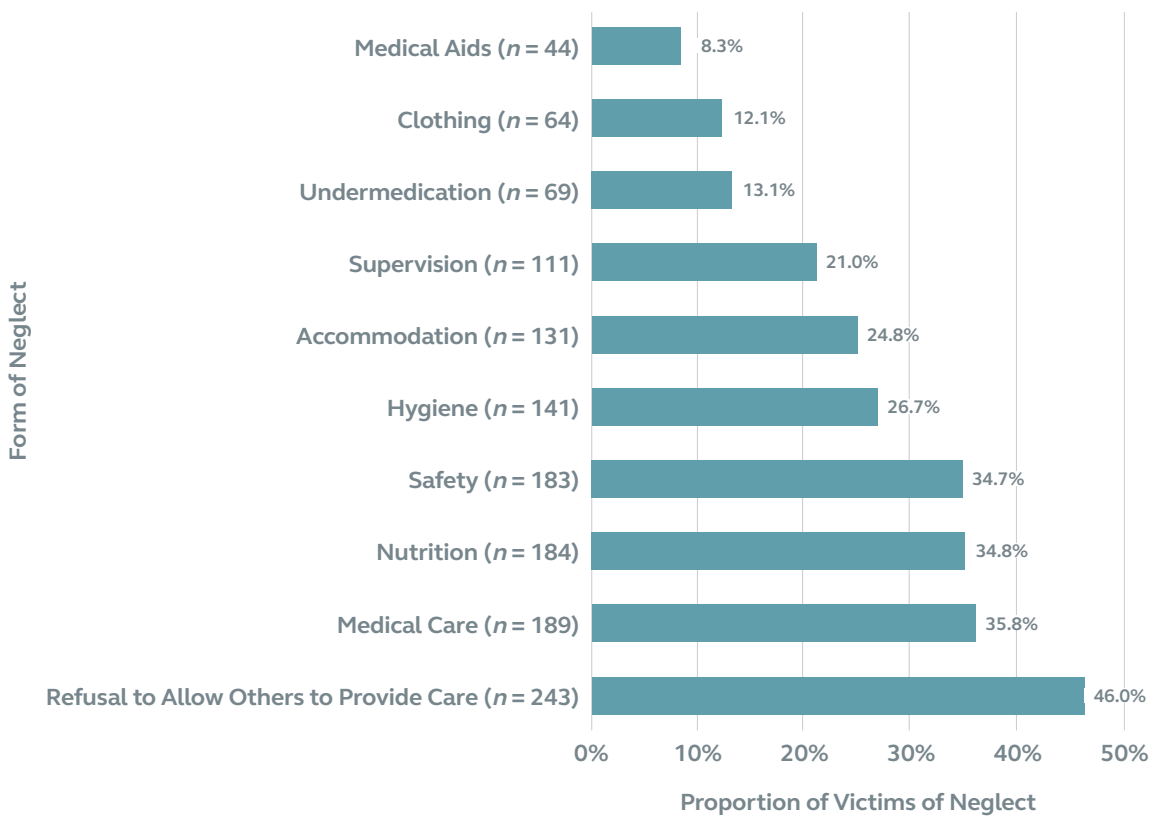
Figure 28.

Forms of financial abuse (*n* = 1,428).

Neglect

In 2021–22, 528 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.

Refusing to allow others to provide care, failing to take care of victims' medical needs, and failing to ensure victims' nutritional needs were met were the most frequently reported forms of neglect in 2021–22 (Figure 29). As noted above, a refusal to allow others to provide care was selected as a form of neglect only in cases in which the perpetrator was not adequately meeting these needs and was not allowing others to provide care.

The findings differed from those in 2020–21, when failing to ensure victims' nutritional needs were met was the most frequently reported form of neglect. However, the proportion of cases in which nutritional needs were not being met was similar in 2021–22 (34.8%) and 2020–21 (34.2%). Rather, a sharp increase in the proportion of cases in which refusal to allow others to provide care was reported accounted for the difference (2020–21, 33.4%; 2021–22, 46.0%).
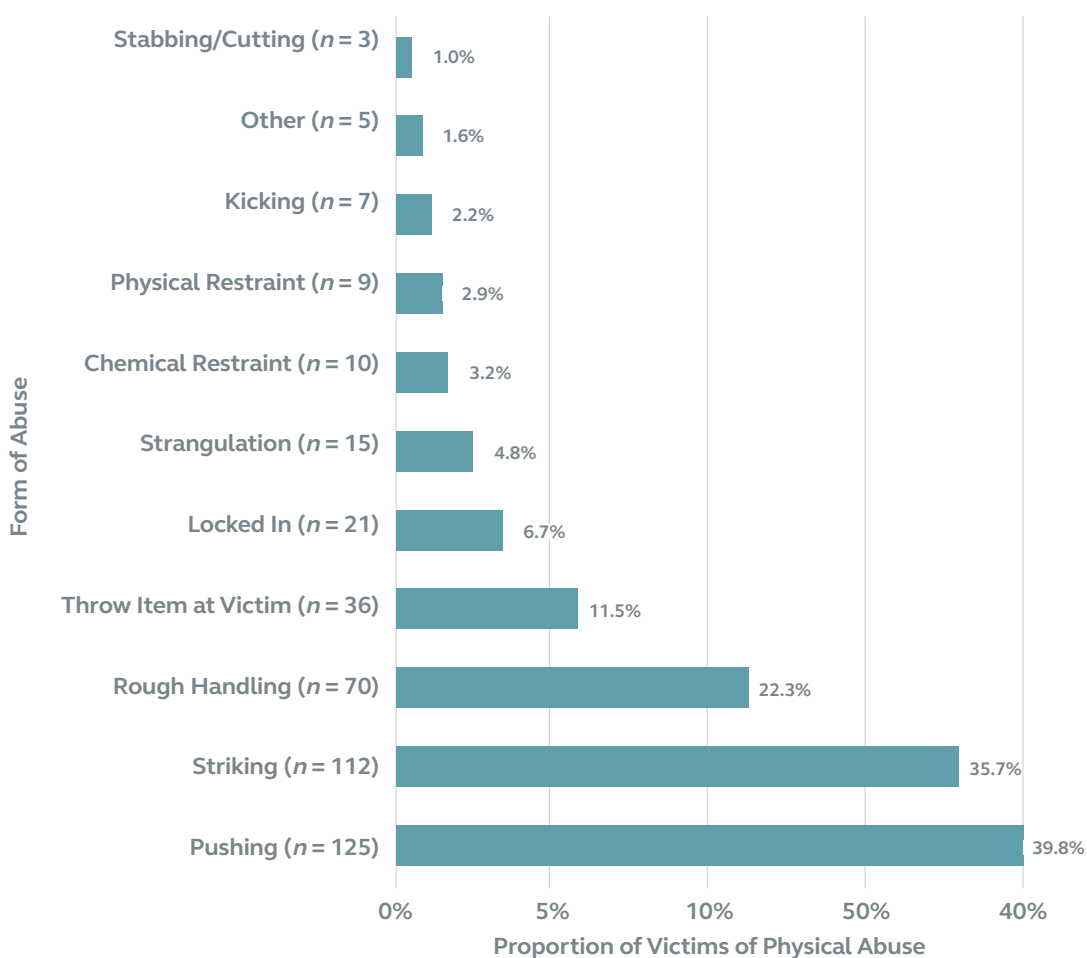

Figure 29.

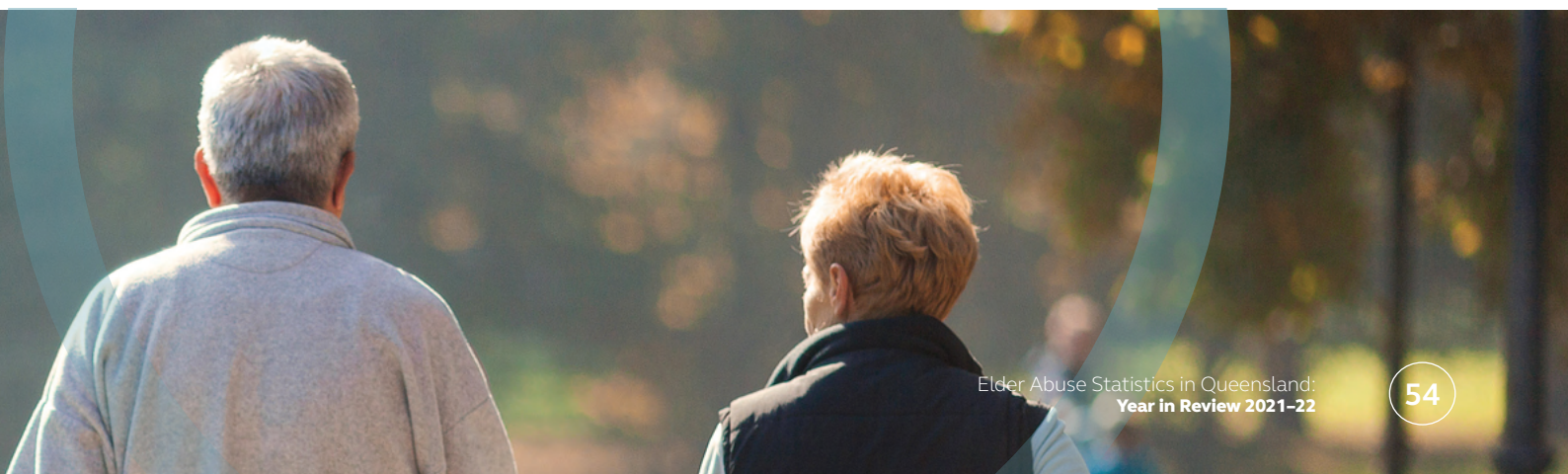**Forms of neglect (*n* = 528).**

Physical Abuse

In 2021–22, 314 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 pushing, striking, and rough handling (Figure 30). These findings differed slightly from last year's findings, when striking was reported more often than pushing.

Although strangulation and stabbing/cutting were only recorded in 18 (5.7%) cases of physical abuse, the level of violence and risk of death associated with these acts is greatly concerning. Another particularly concerning case recorded as "Other" involved a victim being deliberately run into using a car.
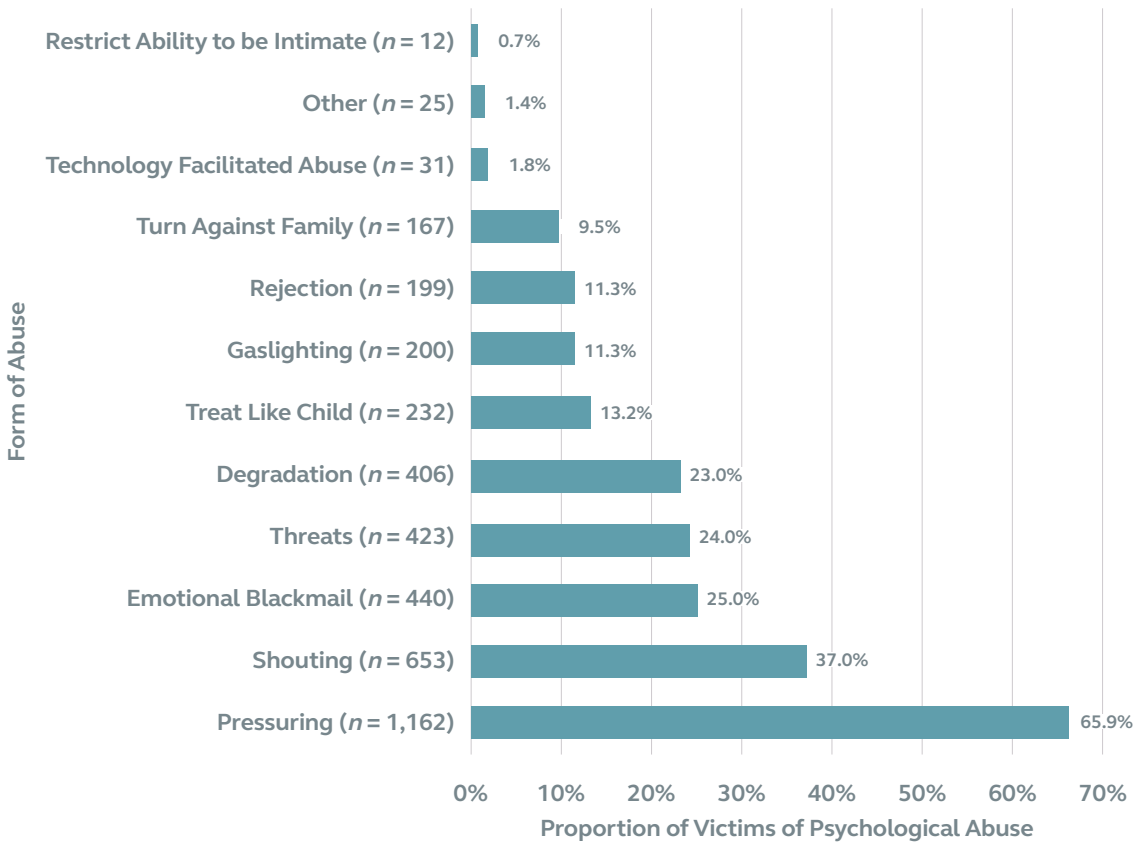

Figure 30.

Forms of physical abuse (*n* = 314).
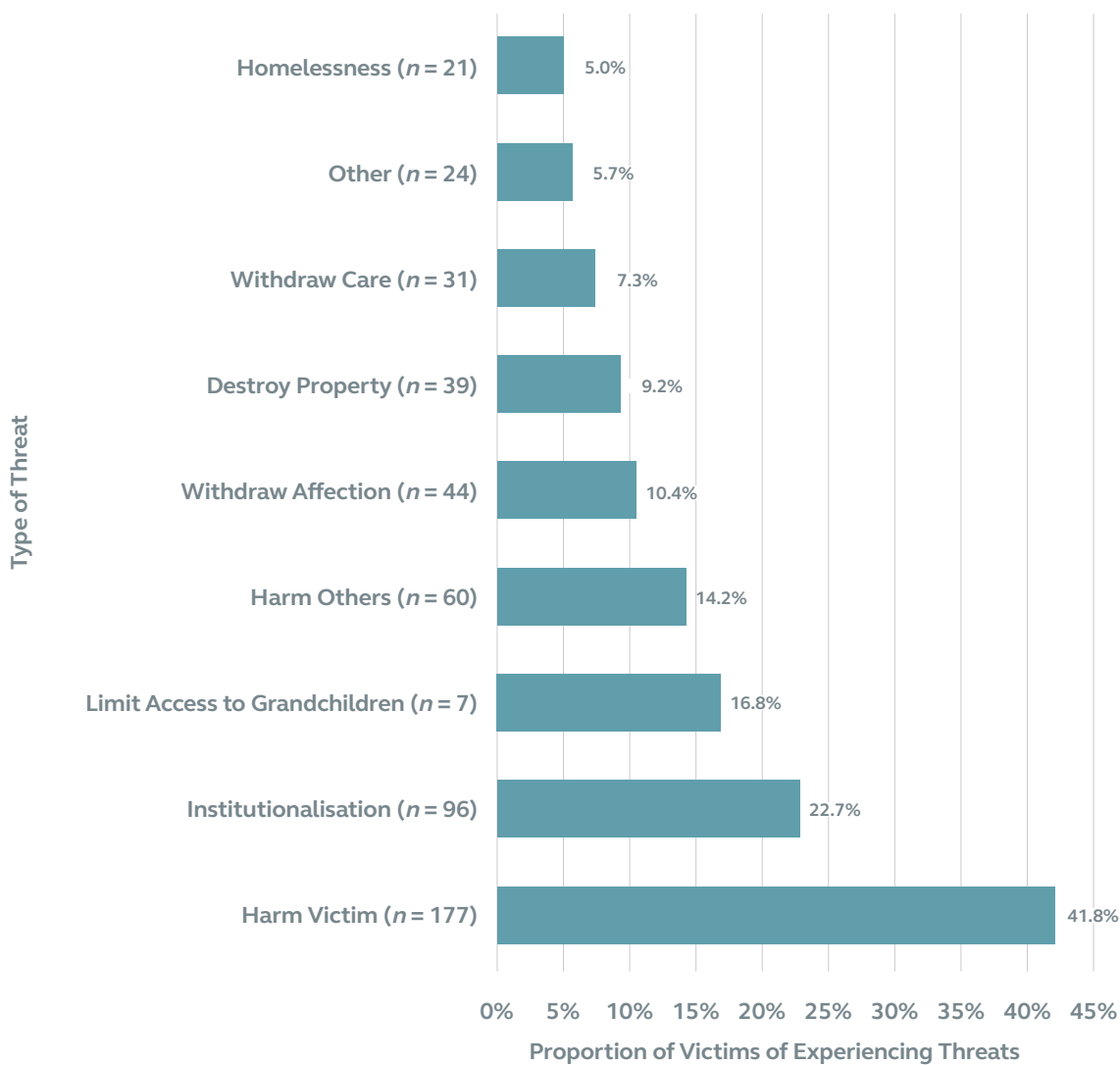
Psychological Abuse

In 2021–22, 1,763 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 emotional blackmail (Figure 31).

Figure 31.

Forms of psychological abuse (*n* = 1,763).

Chart: Proportion of Victims of Psychological Abuse (Form of Abuse)

- Restrict Ability to be Intimate (*n* = 12): 0.7%
- Other (*n* = 25): 1.4%
- Technology Facilitated Abuse (*n* = 31): 1.8%
- Turn Against Family (*n* = 167): 9.5%
- Rejection (*n* = 199): 11.3%
- Gaslighting (*n* = 200): 11.3%
- Treat Like Child (*n* = 232): 13.2%
- Degradation (*n* = 406): 23.0%
- Threats (*n* = 423): 24.0%
- Emotional Blackmail (*n* = 440): 25.0%
- Shouting (*n* = 653): 37.0%
- Pressuring (*n* = 1,162): 65.9%

The most common types of threats were threatening to harm victims, to send victims to residential aged care facilities, and to limit access to grandchildren (Figure 32).


Type of Threat

Homelessness (*n* = 21)	5.0%
Other (*n* = 24)	5.7%
Withdraw Care (*n* = 31)	7.3%
Destroy Property (*n* = 39)	9.2%
Withdraw Affection (*n* = 44)	10.4%
Harm Others (*n* = 60)	14.2%
Limit Access to Grandchildren (*n* = 7)	16.8%
Institutionalisation (*n* = 96)	22.7%
Harm Victim (*n* = 177)	41.8%

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

Proportion of Victims of Experiencing Threats

Figure 32.

Types of threats experienced by victims (*n* = 423).

Sexual Abuse

In 2021–22, 18 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.[203,204] 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.[205]

In 2021–22, the most frequently reported forms of sexual abuse were rape, unwanted sexual comments, and wilful exposure (Figure 33). This differed from 2020–21 when coercion to perform sexual acts was most frequently reported.
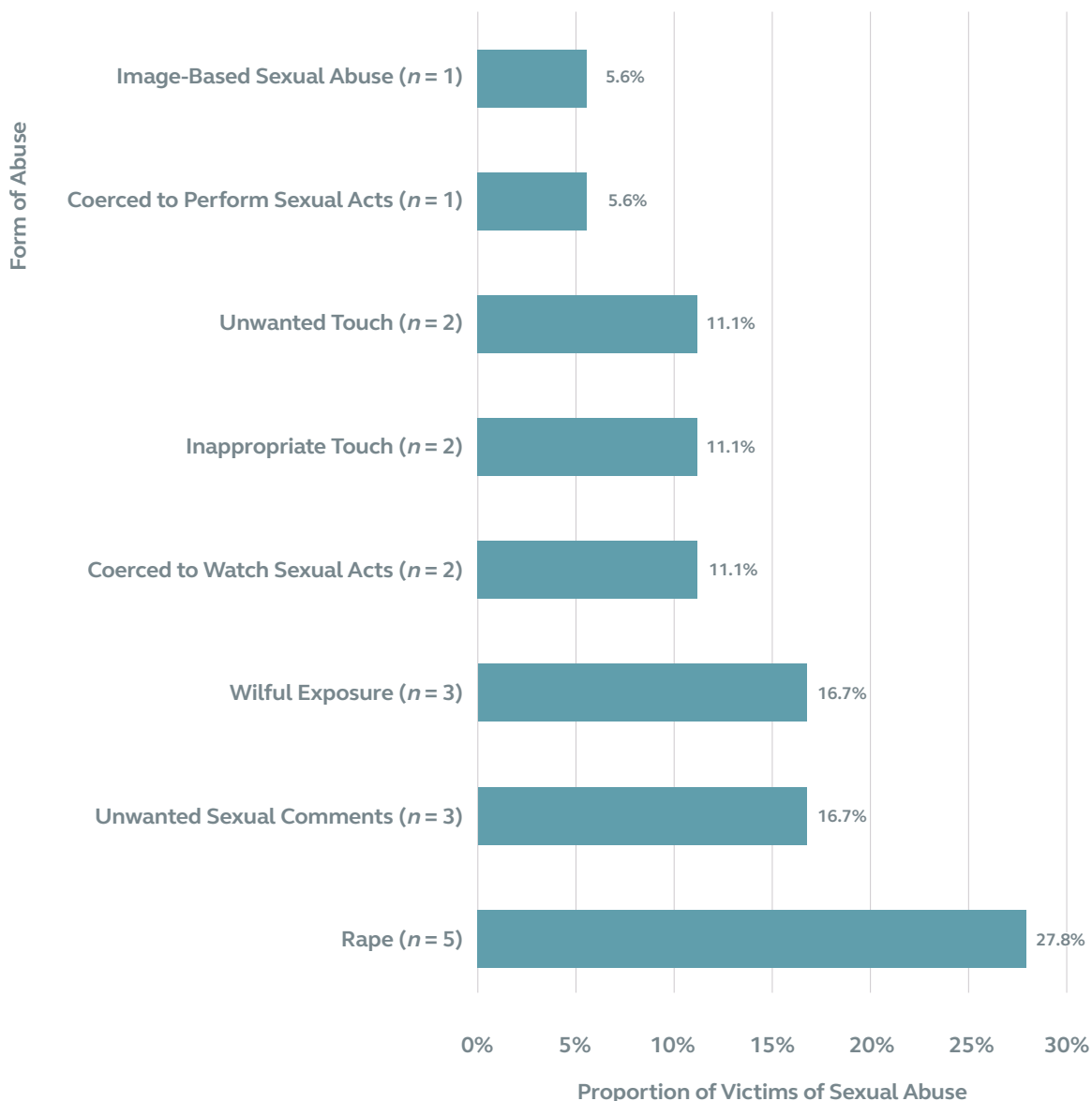
Figure 33.

Forms of sexual abuse (n = 18).

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

Social Abuse

In 2021–22, 639 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 in which 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 62 (9.7%) cases of social abuse, EPoA misuse was recorded as the method used to perpetrate the abuse.

Forms of Social Abuse

Restricting visitation by others, deliberately behaving in a way which limited other people visiting, and restricting access to a phone were the most common forms of social abuse reported in 2021–22 (Figure 34). These findings are similar to those in 2020–21.
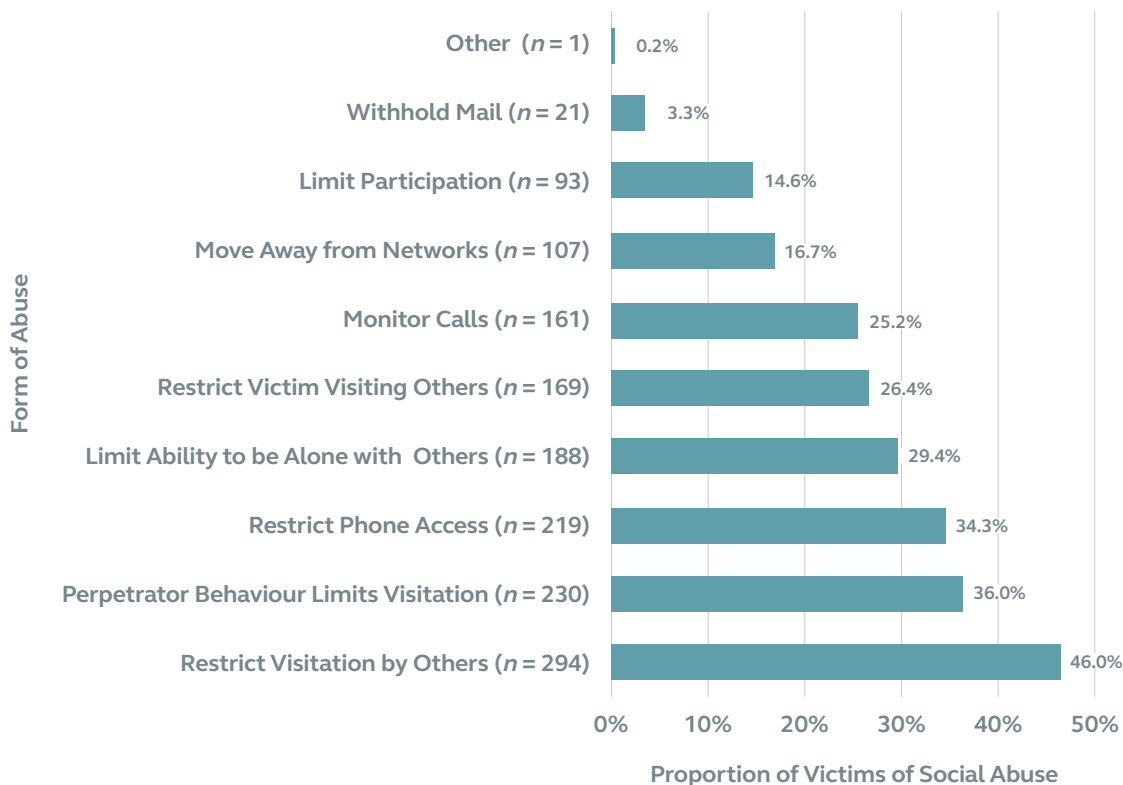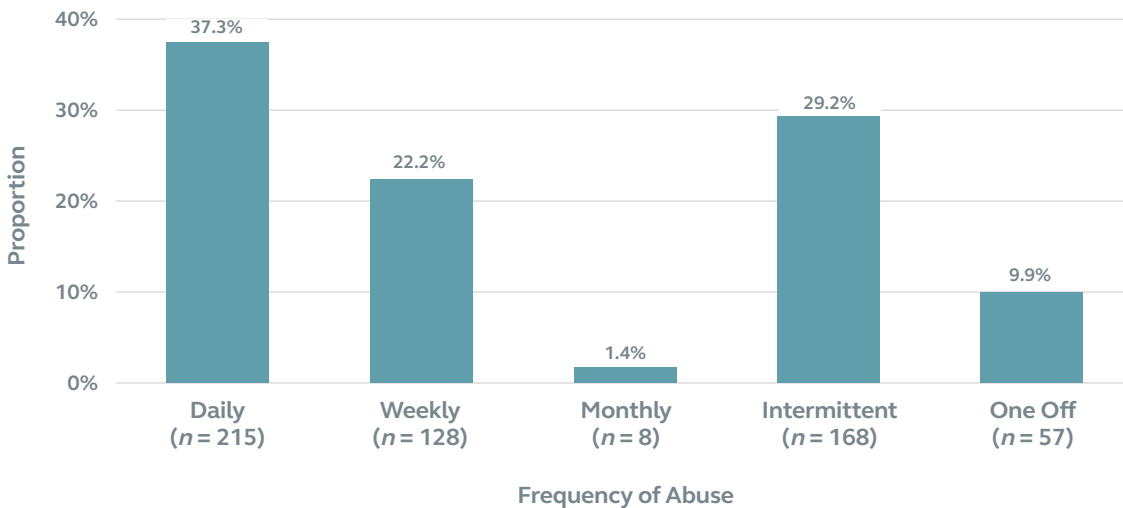

Figure 34.

Forms of social abuse (*n* = 639).

Frequency of Abuse

The database captures data about the frequency of abuse, which was recorded in a quarter of cases ($n = 576$, 25.0%). In more than one-third of these cases ($n = 215$, 37.3%), victims were abused daily (Figure 35).

The most common frequency recorded for all abuse types was daily. Of abuse types, neglect had the highest proportion of cases of daily abuse, with 57.6 per cent ($n = 80$) of cases (where known).

Duration of Abuse

The database captured the duration of abuse in one-third of cases ($n = 760$, 33.0%). Of these cases, more than half of victims ($n = 466$, 61.3%) had been experiencing abuse for under two years (Figure 36). A further breakdown within this two-year timeframe showed that 91 victims had been experiencing elder abuse for less than three months, 84 for 3–5 months, 147 for 6–11 months and 144 for 1–2 years. In 19.6 per cent of cases ($n = 149$), victims had been experiencing abuse for more than 10 years. These findings are similar to those in 2020–21.
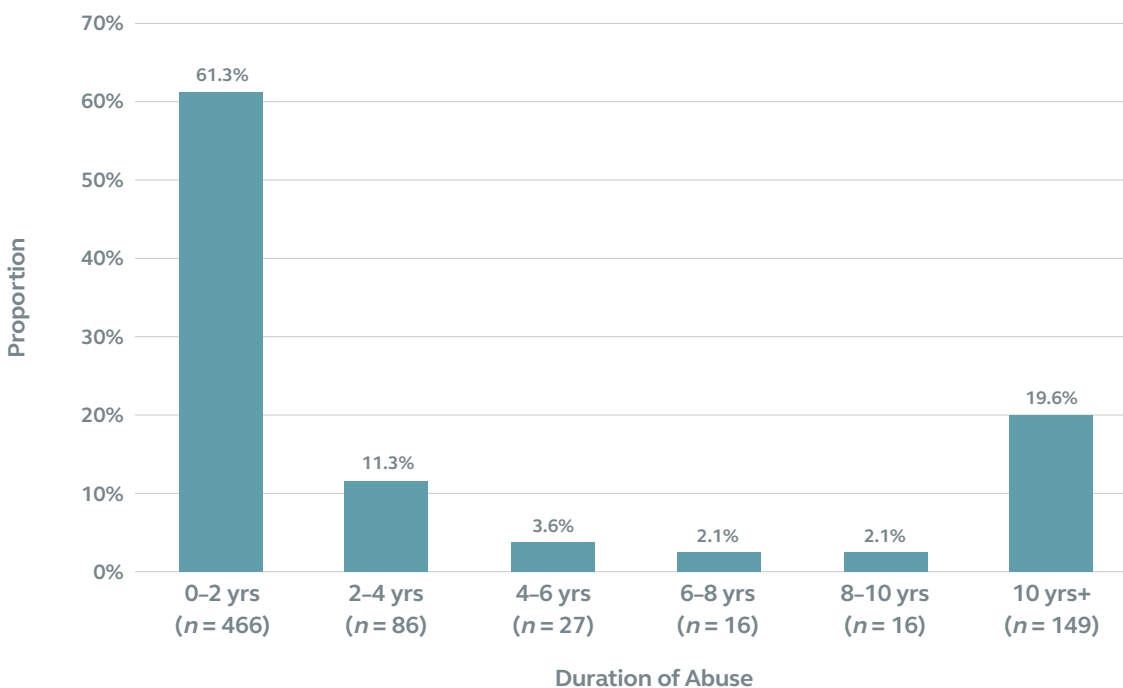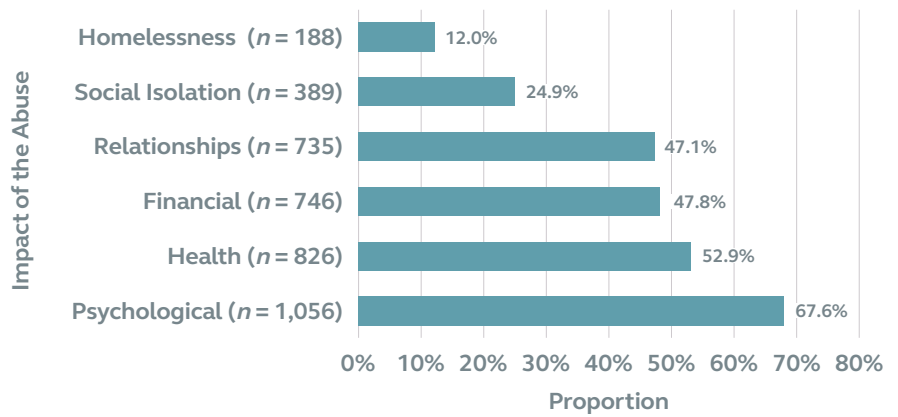

Figure 36.

Duration of abuse ($n = 760$).

Impact of Abuse on Victims

Experiencing elder abuse has serious physical, health, and emotional consequences, and in some cases even results in death.[206] Victims of elder abuse are likely to experience psychological distress, depression, anxiety, and trauma.[207,208,209] Psychological and physical elder abuse also predict poor health.[210] Further, elder abuse often affects a victim's relationships,[211] financial situation, and security of tenure.[212]

Information about how abuse had affected victims was recorded in 1,562 cases (67.9%). Psychological, health, and financial impacts were most frequently reported (Figure 37). Findings differed slightly from last year: psychological impacts were reported for a greater proportion of victims in 2021–22 (67.6%) than in 2020–21 (60.1%). Health impacts were also reported more frequently than financial impacts in 2021–22, whereas in 2020–21 financial impacts were reported more often.

Figure 37.

Impact of elder abuse on victims (*n* = 1,562).

Of 1,562 cases for which impacts were recorded, 67.6 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 38).
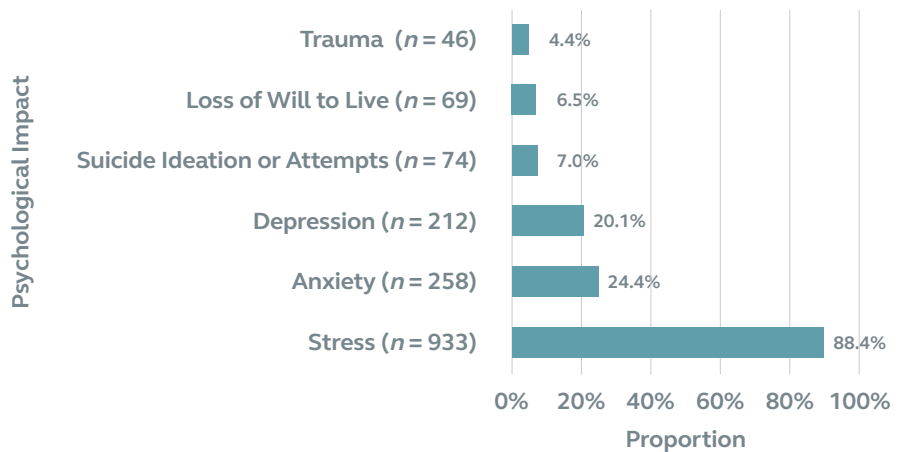
Figure 38.

Psychological impact of abuse (*n* = 1,056).

206 Podnieks & Thomas (2017).
207 Podnieks & Thomas (2017).
208 Santos et al. (2017).
209 Dong et al. (2013).
210 Amstadter et al. (2010).
211 Cross et al. (2017).
212 Webb (2018).
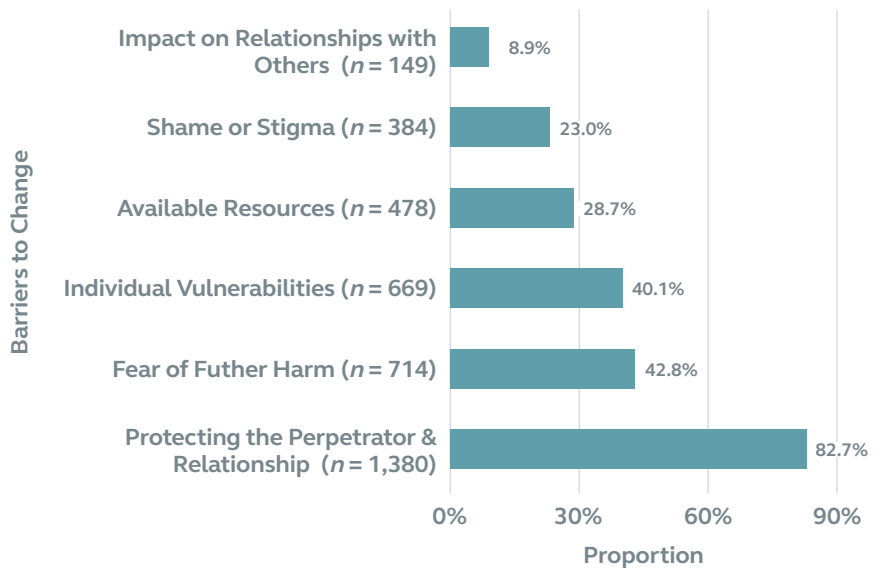
Barriers to Change for Victims

For simplicity and clarity of reporting, the 25 barriers to change have been grouped into six categories.[213]

- Protecting perpetrator and relationship
- Fear of further harm
- Impact on relationships with others
- Available resources
- Shame or stigma
- Individual vulnerabilities

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 almost three-quarters of cases (n = 1,668, 72.5%).

The most common barriers to change for victims were protecting the perpetrator and the relationship with them, fear of further harm, and individual vulnerabilities (Figure 39). These barriers to change factors are not directly comparable with 2020–21 due to a small change to the factor structure and addition of three new barriers to change.

See Appendix B for a full breakdown of factors and frequencies for the 25 data points.

Figure 39.

Barriers to change for victims (n = 1,668).

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213 Note. The factors were identified using a principal factor analysis with oblique (oblimin) rotation for the 2021–22 report. These factors have changed slightly from the six factors reported in the 2020–21 report. The addition of three new barriers to change (fear – forced intervention, fear – not be believed, fear – moved into aged care) may account for the change in the factors. The two existing barriers to change that moved to different factors were guilt/self-blame (moved to Factor 5 – Shame or Stigma) and lack of knowledge (moved to Factor 4 – Practical Needs).

Section 4

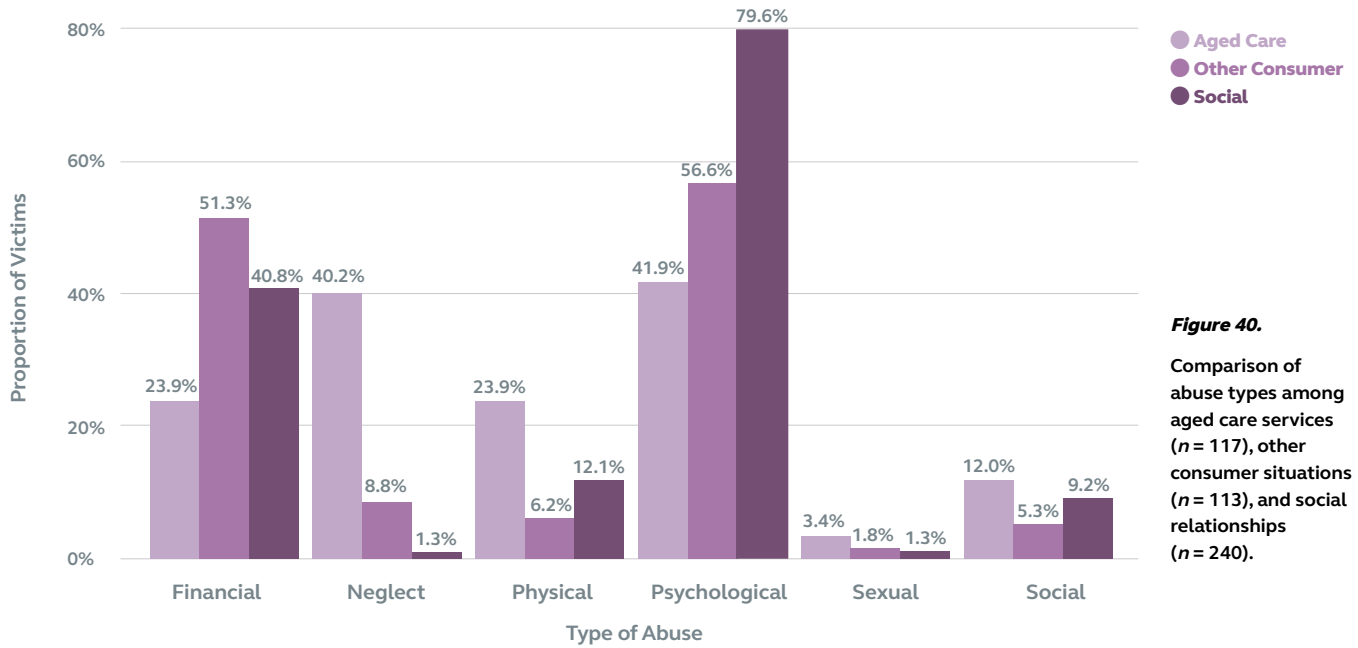# Abuse in Consumer and Social Relationships

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

This section briefly reports on the 470 cases in 2021–22 that involved abuse perpetrated within the context of social and consumer relationships. These cases are analysed separately from the 2,301 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 230 and cases of abuse in social relationships numbered 240.

Abuse Types

Patterns of abuse differed according to the type of relationship (Figure 40). Neglect, physical abuse, and sexual abuse were reported in markedly higher proportions in cases involving aged care services. Psychological abuse was more commonly reported for abuse in social relationships. Financial abuse was more common in other consumer relationships.

Figure 40.

Comparison of abuse types among aged care services (*n* = 117), other consumer situations (*n* = 113), and social relationships (*n* = 240).

Legend:
- Aged Care
- Other Consumer
- Social

Chart data (Proportion of Victims by Type of Abuse):

Type of Abuse	Aged Care	Other Consumer	Social
Financial	23.9%	51.3%	40.8%
Neglect	40.2%	8.8%	1.3%
Physical	23.9%	6.2%	12.1%
Psychological	41.9%	56.6%	79.6%
Sexual	3.4%	1.8%	1.3%
Social	12.0%	5.3%	9.2%

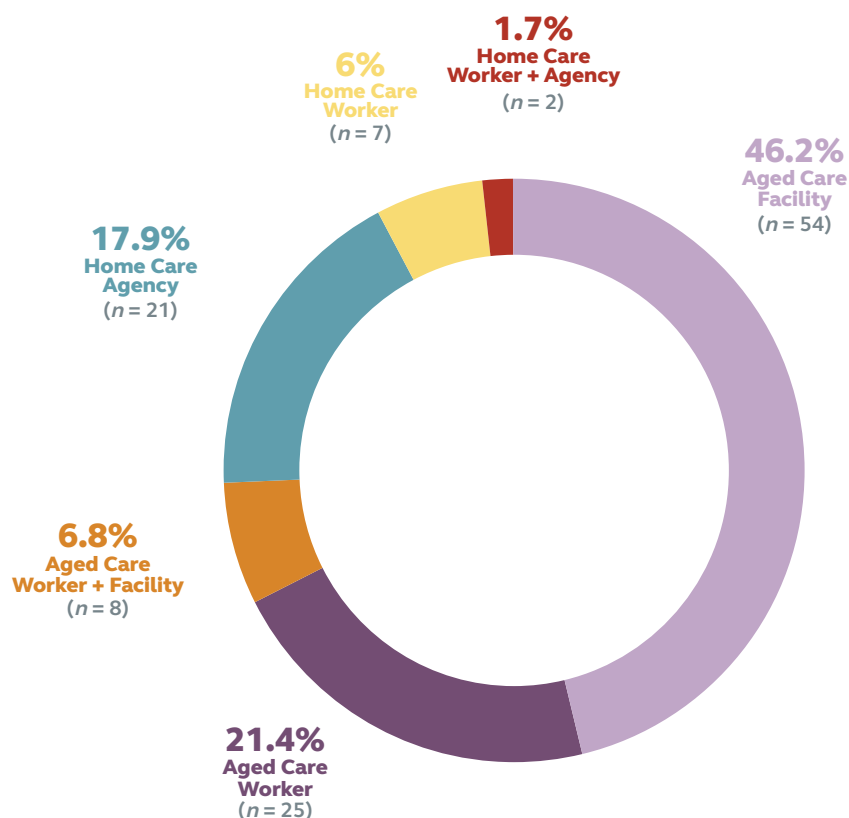# Abuse Involving Aged Care Services

There were 117 cases of abuse involving aged care services, which represents a 19.4 per cent increase on the 98 cases recorded in 2020–21. This increase is proportionate to the overall increase in these cases (5.0% of abuse notifications in 2021–22 vs 4.8% in 2020–21).

In 19 (16.2%) cases, it was reported that multiple victims were experiencing the abuse.[214]

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.

Three-quarters (n = 87, 74.4%) 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 33 cases identifying individual workers as perpetrators. In eight of these cases, an individual aged care worker, along with the aged care facility, were reported as perpetrating abuse (Figure 41). For example, a facility worker abuses a resident and the response by those managing the facility is also considered abusive.

One-quarter (n = 30, 25.6%) of cases involving aged care services related to home care services. Most complaints were about home care agencies rather than individual workers (Figure 41).

1.7%
Home Care Worker + Agency
(n = 2)

6%
Home Care Worker
(n = 7)

46.2%
Aged Care Facility
(n = 54)

17.9%
Home Care Agency
(n = 21)

6.8%
Aged Care Worker + Facility
(n = 8)

21.4%
Aged Care Worker
(n = 25)

Figure 41.

Abuse involving aged care services (n = 117).

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

Additional information about issues experienced by victims was recorded for 95.7 per cent of cases of abuse involving aged care services (residential aged care facilities, *n* = 83; home care, *n* = 29; total, *n* = 112).

Within residential aged care facilities, 91.6 per cent (*n* = 76) 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 (*n* = 46). In 12 cases in which safety was identified as a concern, resident-to-resident violence was also noted as a concern. 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 (*n* = 17), followed by concerns about use of restraints (*n* = 6).

Additional issues that did not relate to the quality of care being provided included concerns about management (*n* = 15, 18.1%) and contracts (*n* = 4, 4.8%).

The most common issues identified with home care services also related to quality of care (*n* = 25, 86.2%). Other issues included concerns about contracts (*n* = 8, 27.6%) and management (*n* = 7, 24.1%).

Victim Age

Victim age was recorded in 60 (51.3%) cases. The most common age groups (where known) were 70–74 years (*n* = 13, 21.7%) and 80–84 years (*n* = 13, 21.7%).

Victim Gender

Gender was recorded for 94 cases (80.3%). Of these, almost two-thirds of victims were female (*n* = 59, 62.8%).

Victim Capacity

Capacity information was recorded for 86 (73.5%) victims. In 39 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 42). This frequency pattern differs from that of abuse in close or intimate relationships, in which psychological, financial, and social abuse were the most common types.
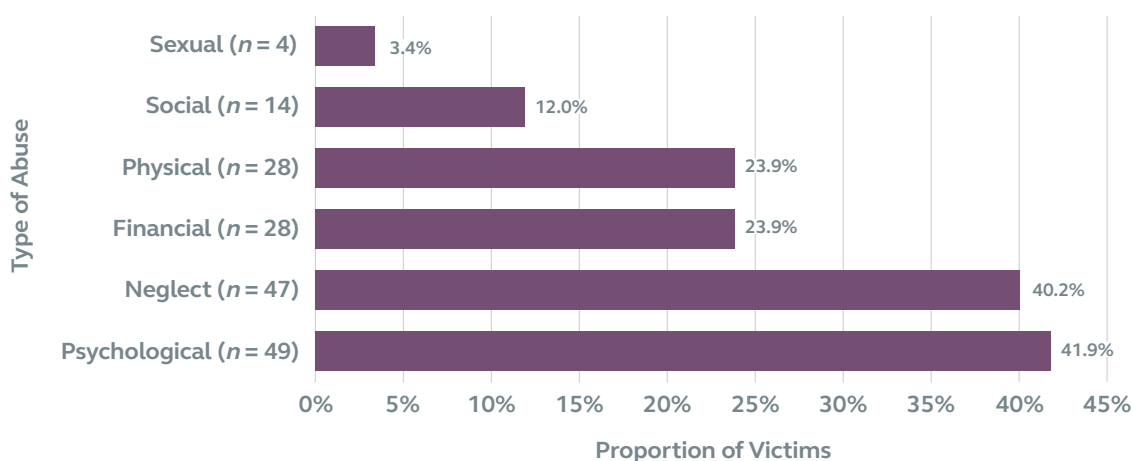
Figure 42.

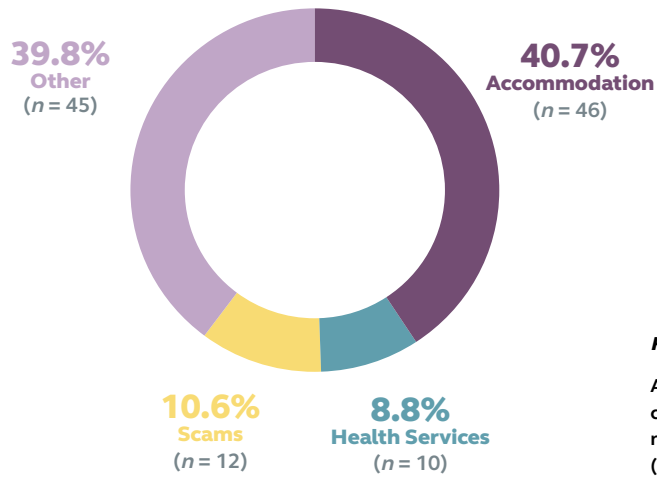**Proportion of victims by abuse type in cases related to aged care services (*n* = 117).**

Abuse in Other Consumer Relationships

Abuse in other consumer relationships was reported for 113 cases in 2021–22. More than one-third of cases of abuse in these relationships related to accommodation services (Figure 43). Of the 46 complaints about accommodation services, 28 (60.9%) involved retirement villages.

There were 45 (39.8%) cases that were categorised as "Other". These cases included complaints about tradespeople, various government departments, banks, and other service providers.

39.8%
Other
(*n* = 45)

40.7%
Accommodation
(*n* = 46)

10.6%
Scams
(*n* = 12)

8.8%
Health Services
(*n* = 10)

Figure 43.

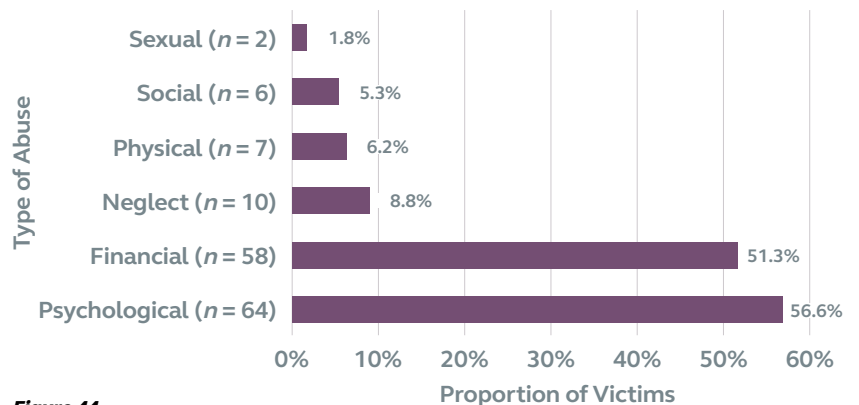**Abuse in other consumer relationships (*n* = 113).**

Victim Age

Victim age was recorded for 80 (70.8%) victims. The most common age group (where known) was 70–74 years (*n* = 21, 26.3%).

Victim Gender

Gender was recorded for 98 (86.7%) victims. There were more female victims (*n* = 65, 66.3%) than male victims (*n* = 33, 33.7%).

Abuse Types

The most common types of abuse in other consumer relationships were psychological and financial abuse (Figure 44).
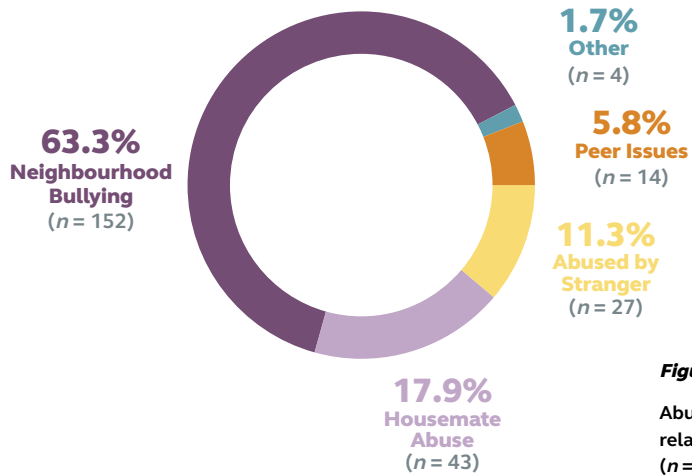

Sexual (*n* = 2) 1.8%
Social (*n* = 6) 5.3%
Physical (*n* = 7) 6.2%
Neglect (*n* = 10) 8.8%
Financial (*n* = 58) 51.3%
Psychological (*n* = 64) 56.6%

Type of Abuse

0% 10% 20% 30% 40% 50% 60%
Proportion of Victims

Figure 44.

Proportion of victims by abuse type in cases involving other consumer relationships (*n* = 113).

Abuse in Social Relationships

There were 240 cases of abuse in social relationships reported in 2021–22. Neighbourhood bullying was the most frequently reported issue (Figure 45).

1.7%
Other
(*n* = 4)

5.8%
Peer Issues
(*n* = 14)

11.3%
Abused by Stranger
(*n* = 27)

63.3%
Neighbourhood Bullying
(*n* = 152)

17.9%
Housemate Abuse
(*n* = 43)

Figure 45.

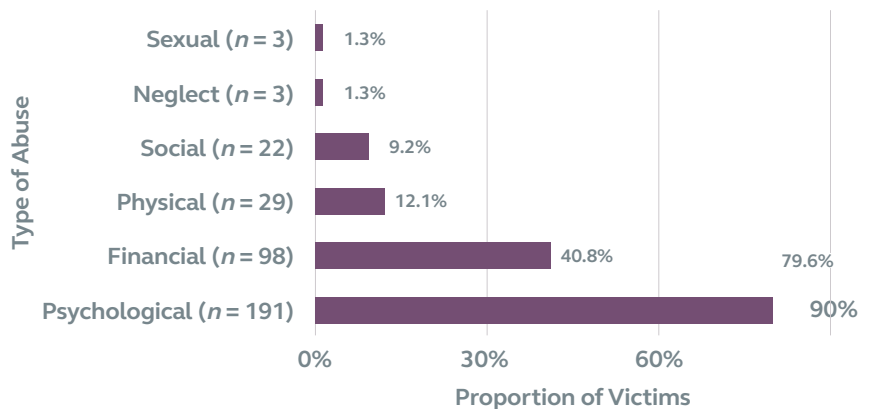Abuse in social relationships (*n* = 240).

Victim Age

Victim age was recorded for 190 (79.2%) victims. The most common age of victims was 70–74 years (*n* = 42, 22.1%).

Victim Gender

Victim gender was recorded for 203 (84.6%) victims. Females (*n* = 131, 64.5%) were reported as victims more frequently than males (*n* = 72, 35.5%).

Abuse Types

Psychological and financial abuse were most frequently reported in cases of abuse in social relationships (Figure 46).

Sexual (*n* = 3) 1.3%
Neglect (*n* = 3) 1.3%
Social (*n* = 22) 9.2%
Physical (*n* = 29) 12.1%
Financial (*n* = 98) 40.8% 79.6%
Psychological (*n* = 191) 90%

Type of Abuse

0%   30%   60%

Proportion of Victims

Figure 46.

Proportion of victims by abuse type in cases involving social relationships (*n* = 240).

Recommendations

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 following areas warrant further consideration and research.

- The National Elder Abuse Prevalence Study (NEAPS) found that 6 in 10 victims of elder abuse did not seek help or advice, even from family or friends.[215] Although Helpline data provide some insight into barriers to change, no information is available about what facilitates help-seeking. Research with older people to better understand facilitators and inhibitors of help-seeking would be beneficial.

- Increasing numbers of victims were fearful of becoming homeless or had already experienced homelessness because of 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. Examining the suitability and availability of existing crisis accommodation and referral pathways, 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.

- People from culturally and linguistically diverse backgrounds are under-represented in the Helpline data. The NEAPS found a slightly higher prevalence of elder abuse among participants from culturally and linguistically diverse backgrounds. Research could examine barriers to reporting for this population and provide insight into how to increase reporting.

- There is a dearth of Australian research into perpetrator factors associated with elder abuse, and little intervention work with perpetrators. Developing and monitoring the effectiveness of an evidence-based perpetrator program should be considered.

- 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.

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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215   Qu et al. (2021).

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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[216] 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.[217] 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.[218]

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

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

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.

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

Appendix B

Barriers to Change Factors

Table 8. Barriers to Change Factors and Frequencies (*n* = 1,668).

Factor 1 - Protecting the Perpetrator and Relationship

Fear - forced intervention	101
Fear - lose relationship with perpetrator	253
Fear - safety of perpetrator	56
Impact on perpetrator - financial	287
Impact on perpetrator - health/mental health	108
Impact on perpetrator - homelessness	212
Impact on perpetrator - lose relationships with others	222
Impact on perpetrator - police involvement	248

Factor 2 - Fear of Further Harm

Fear - not be believed	19
Fear - further abuse	259
Fear - safety of self	142
Fear - safety of others	20

Factor 3 - Impact on Relationships with Other

Fear - lose relationship with other children	9
Fear - lose relationship with grandchildren	72
Fear - lose other relationships	18

Factor 4 - Available Resources

Fear - homelessness (self)	61
Lack of knowledge	140
Financial situation	79

Factor 5 - Shame or Stigma

Cultural factors	33
Denial	87
Guilt/self-blame	127
Shame or stigma	85

Factor 6 - Individual Vulnerabilities

Lack of capacity	113
Fear - moved into aged care	25
Support needs	105

UnitingCare