

Elder Abuse Prevention Unit

Year in Review 2019–20

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Elder Abuse Prevention Unit

Year in Review 2019–20

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Executive Summary

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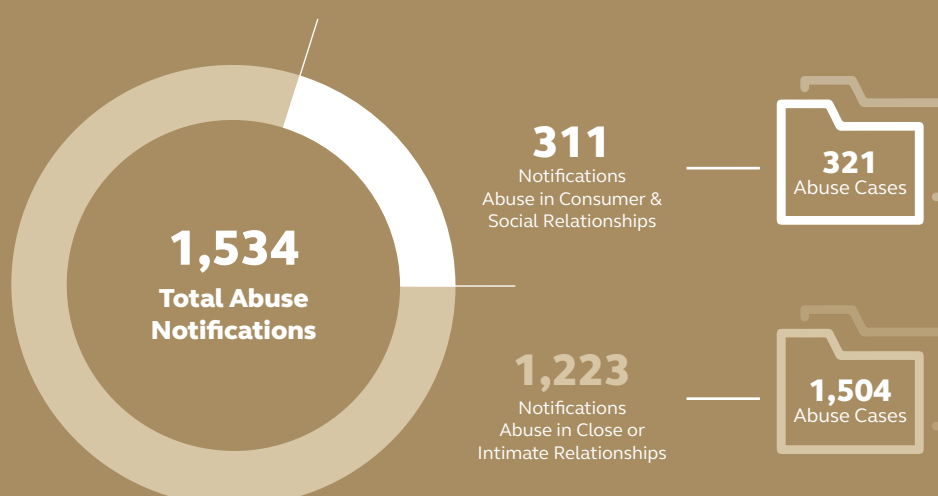
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EXECUTIVE SUMMARY

The Elder Abuse Helpline is funded by the Queensland Department of Communities, Disability Services and Seniors to provide information, support, and referrals for older people and those who witness or suspect the abuse or neglect of an older person. Information collected from calls to the Helpline is entered into a database and analysed annually. The *2020 Year in Review* reports on data collected during the 2019–20 financial year.

Main Statistics

The total number of calls to the Helpline during the 2019–20 financial year was 2,810. This included 1,534 abuse notifications and 1,276 enquiry calls. The number of abuse notifications was 13.8 per cent lower than the 1,780 recorded in 2018–19. However, this number is unlikely to reflect lower rates of elder abuse.



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Abuse in Close or Intimate Relationships

Individual Factors: Victims

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

- The largest group of victims was aged 80–84 years (25.9%).
- Females were over-represented as victims (67.6%).
- A large proportion (47.6%) of victims' (marital) partners had died, which is more than four times this proportion in people aged 50 years and over living in Queensland (11.2%).
- One-third of victims (33.1%) had impaired capacity.
- Half (51.0%) of victims were reported to have care needs, with only one-third (33.1%) of these victims receiving formal support.
- Formal decision-making arrangements were recorded in 35.1 per cent of cases. In more than two-thirds (69.2%) of these cases, one or more decision makers were alleged to be perpetrating elder abuse against victims. Decision makers had acted to protect victims in only 26.7 per cent of these cases.

Individual Factors: Alleged Perpetrators

Individual vulnerabilities for perpetrators may not have direct or causal associations with elder abuse, but are important to consider when formulating responses. However, the 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 (21.3%).
- Perpetrators were slightly more likely to be male (52.7%) than female (47.1%).
- Regarding health, 15.4 per cent of perpetrators were reported to have mental illness and 16.2 per cent to have issues with substance misuse. Co-occurring mental illness and substance misuse was reported in 5.8 per cent of cases.
- Problematic behaviour appeared to be long-standing for some perpetrators, who had a history of controlling behaviour (45.1%), aggression (29.8%), and conflictual relationships (28.5%).
- A sizable proportion of perpetrators (13.4%) was reported to have a history of criminal behaviour, with 71 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 occurred within family relationships (96.1%).
- The most common perpetrators were sons and daughters (including in-laws), who represented 70.9 per cent of cases.
- Poor family relationships were reported in 25.0 per cent of cases.
- A much higher proportion of victims and perpetrators were living together in 2019–20 than in 2018–19. This occurred in more than half (53.4%) of cases.
- In 357 (23.7%) cases, perpetrators were providing care to victims. In 41.5 per cent of these cases, caregiving was reported to be financially motivated; 33.9 per cent of perpetrators were struggling to meet victims' care needs.
- In 26.9 per cent of cases, victims were dependent on perpetrators.
- Perpetrators were dependent on victims in 24.9 per cent of cases.

Community

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

- Victims were recorded as experiencing social connectedness in only one-quarter (26.9%) of cases. Social connectedness is defined as experiencing feelings of belongingness and closeness based on social appraisals and the value placed on the relationship by the person.¹
- The largest proportion of victims lived in the Brisbane region (25.8%). This finding was expected due to the large number of Brisbane residents aged over 50 years.
- Geographic locations where the proportion of victims was higher than expected given population data were Moreton Bay North, Toowoomba, and Townsville.

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

Society

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

- Ageism was identified in almost half (48.9%) of cases.
- Gender stereotypes were reported to have influenced the decisions and behaviour of victims (primarily female) in 29.1 per cent of cases.
- Sexism and gender roles were reported to have influenced the behaviour of perpetrators (primarily males) in 21.3 per cent of cases.

Abuse Data

- The most common types of abuse were psychological (75.6%) and financial (68.5%) abuse.
- In more than one-third (36.9%) of cases, abuse occurred daily.
- In almost two-thirds of cases (59.9%), abuse had occurred for less than 2 years.
- Of concern was that 18.7 per cent of victims had been experiencing the abuse for 10 years or more.

Impact of Abuse

Abuse had most commonly affected victims' mental health, but also affected their physical health and financial situation.

Barriers to Change

The most common barriers to change for victims related to concerns about protecting the perpetrator and the victim's relationship with them, fear of further harm, and shame or stigma.

Abuse in Consumer and Social Relationships

The proportion of calls relating to abuse in consumer and social relationships (20.3%) was similar to that in 2018–19. Of the 324 cases of abuse in consumer and social relationships, 25.3 per cent related to abuse involving aged care services, 29.9 per cent concerned abuse in other consumer relationships, and 44.8 per cent involved abuse in social relationships. Key findings:

- Victims were predominantly female.
- In cases of abuse in aged care services, perpetrators were more likely to be female, whereas in social relationships males and females were equally represented.
- Abuse in aged care services most commonly involved

psychological and physical abuse.

- Abuse in social relationships commonly involved psychological and financial abuse.
- Psychological abuse was most common in consumer relationships.

Future Directions

This report identifies a number of areas that warrant further consideration and research:

- the influence of COVID-19 on rates of elder abuse, including precipitating factors and impacts on victims
- the over-representation of females as victims
- the higher-than-expected proportions of Aboriginal and Torres Strait Islander peoples recorded as victims
- perpetrator factors associated with elder abuse, and development of evidence-based perpetrator programs.



Section 1

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The Elder Abuse Prevention Unit (EAPU) is a statewide service within UnitingCare's Older Persons Programs. The EAPU is funded by the Queensland Government Department of Communities, Disability Services and Seniors to respond to the abuse of older people in Queensland. The EAPU provides an elder abuse helpline, raises awareness of elder abuse (through information sessions for community members and training sessions for service providers and students), facilitates network activities, and analyses and disseminates Helpline data.

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

"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

Although this definition is used extensively, contention exists about what types of relationships have an expectation of trust and about the age at which a person is considered an "older person". Based on the findings of the EAPU Research Subgroup,³ the EAPU defines such relationships as those in which the perpetrator is a family member, informal carer, or close friend who is "acting as family". In contrast, relationships with aged care services and workers are professional relationships managed by a consumer contract and, as such, the worker is in a "position of trust" rather than a "relationship of trust".⁴ The EAPU also classifies relationships with neighbours, housemates, and strangers as relationships without the same expectation of trust unless, for example, the neighbour or housemate is also a close friend who "acts as family".

The EAPU collects anonymous data about all call types; however, only cases involving a victim who is aged 50 years or older are analysed. Differences have been found⁵ between abuse that occurs when there is an expectation of trust and abuse that occurs within other types of relationships. Hence, this report analyses these cases separately. Section 3 presents cases of abuse in close or intimate relationships in which there is an expectation of trust. Section 4 presents cases of abuse that occur within position-of-trust arrangements or general social and community relationships.

There have been unprecedented challenges in the 2019–20 financial year due to the COVID-19 crisis. The impacts of COVID-19 have been widespread and extend beyond simple health concerns. Although all Australians have been affected, the pandemic has differentially affected older people, who have experienced higher mortality rates. Section 3.5 provides further information about COVID-19 and its impact on older people. The pandemic has also affected call volumes and service delivery (see Section 2). At the time of writing this report, COVID-19 is continuing to spread across the globe. It is likely that health and economic impacts will be experienced into the future.

² World Health Organization (2002).

³ EAPU (2015).

⁴ Dixon et al. (2010).

⁵ EAPU (2018).

Section 1.1

Elder Abuse Helpline

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

Types of Calls

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

● Enquiries

Examples are requests for general information, requests for information or training sessions, and follow-up calls made by EAPU.

● 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.



SECTION 1.1

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 pressured into taking action against their wishes.

Helpline Practice Framework

Under the Helpline practice framework, Helpline calls follow a standardised procedure 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, which is acknowledged in Helpline calls.

The EAPU adheres to the United Nations Principles for Older Persons⁶ 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 in which 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 have 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.⁷ 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.⁸

The Helpline is neither a crisis service nor a counselling

service; it is funded to provide support, information, and referral. Because the EAPU has the dual roles of providing emotional support and providing information and expertise, it takes a collaborative approach to problem solving in Helpline calls. This approach involves asking questions related to the problem (including precipitating events, if relevant), uncovering resources and potential supports, exploring options, and providing referrals. Although more directive than approaches that emphasise active listening, collaborative problem solving occurs within a context of client-centred and strengths-based approaches to practice, and should never be construed as “telling a caller what to do”.

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

Stages of Helpline Calls

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.

6 United Nations (1991).

7 Nerenberg (2008).

8 Kenny (2006).

SECTION 1.1

Case Study⁹

Jessie is a woman aged 75 years who lives with her son (Dan) aged 47 years. Dan moved in with her 2 years ago after he and his wife decided to divorce. Jessie is independent and has always had a busy social life; however, Jessie has started to cancel engagements at the last minute. The last time Jessie met with her friends for coffee, her card was declined, and she became quite upset. Jessie's friend Amy was worried about her and went to see her unannounced. Jessie didn't want to let Amy in but Amy was persistent.



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

Jessie told Amy that she went to the bank after her card was declined and asked for statements for her account. The statements showed many large sums of money had been transferred to Dan's account. Jessie had agreed to set up internet banking so that Dan could pay some of her bills online, but didn't agree that he could transfer money to his account. Jessie thinks around \$60,000 is missing. Jessie asked Dan about it and he got angry, shouted at her and stormed out, knocking her to the floor as he passed. Jessie thinks Dan is gambling again and is also worried about drugs as he has been short-tempered lately and she knows he sometimes doesn't sleep for days. Jessie is distraught and doesn't know what to do because she doesn't want Dan to get into trouble. Amy consoled her friend but didn't know how to help.

Amy spoke to her counsellor about the situation and was advised to contact the EAPU Helpline. Amy spoke to EAPU and visited Jessie again. After Dan left the house, Amy called EAPU and handed the phone to Jessie so that she could speak to the Helpline worker.

When Jessie finished the call, she thanked Amy and said she was relieved to be able to speak to someone who understood what she was experiencing. Jessie told Amy that she was going to go to the bank to cancel her internet banking and have her credit card replaced. Jessie was worried about how Dan would react so she asked to stay with Amy for a few nights. Jessie doesn't want to get the police involved because she is worried about what will happen to Dan, but she wants to feel safe in her home. Jessie has decided she is going to contact the Seniors Legal and Support Service to ask about applying for a protection order.



⁹ Note: This case study is not a real case, but rather a composite of many cases in order to illustrate the types of elder abuse cases reported to the Helpline.

Section 1.2

About the Data

This section presents information on various aspects of the data collected by the EAPU, including:

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

Reasons for Data Collection and Dissemination

There is a paucity of knowledge about elder abuse in Australia.^{10,11,12} However, the current national research program will help to increase the evidence base and fill some of the gaps. Elder abuse is largely a hidden problem; victims are often reluctant to report the abuse or to take action due to concerns about losing their relationship with the perpetrator, feelings of shame or guilt, fear of retaliation, concern that the abuser may get into trouble, a lack of capacity, or reliance on the perpetrator for care. An ageing population and increased longevity highlights the need to develop a better understanding of elder abuse.

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

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

Data Collection

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

Call staff enter this non-identifiable information into PEARL (Prevention of Elder Abuse Record List), the EAPU's new, purpose-built database. The information forms the basis of the *Year in Review*. The 2020 *Year in Review* contains a range of descriptive statistics and analyses of Helpline data collected during the 2019–20 financial year.

Data Handling

Before data were analysed, basic data cleaning was undertaken.

- Three cases were removed from the Abuse in Consumer and Social Relationships dataset because victims were aged under 50 years.
- Two cases were removed from the Abuse in Close or Intimate Relationships dataset because they involved self-neglect rather than elder abuse.
- Where multiple responses were recorded for a single variable (e.g. several types of abuse can be selected simultaneously), data was dummy-coded into binary variables (Yes or No).

Data were cleaned and analysed using Stata® [StataCorp LLC] statistical software.

¹⁰ Australian Institute of Health and Welfare (2018a).

¹¹ Kaspiew, Carson, & Rhoades (2016).

¹² Lacey (2014).

SECTION 1.2

Key Terms

Victim

The victim is the person who has experienced abuse.¹³

Perpetrator

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

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, perpetrators, or abuse cases.

Abuse in Close or Intimate Relationships

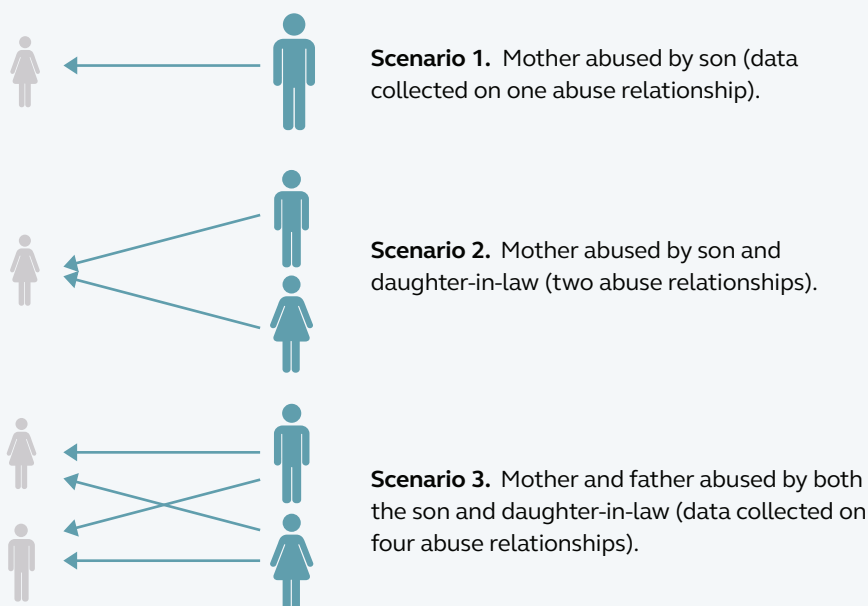
This descriptor refers to abuse when the perpetrator is a family member, ex-family member, informal carer or close friend who is viewed as “acting as family”.

Abuse in Consumer and Social Relationships

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

Cases

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



The abuse and vulnerability factors may vary across cases, even for the same victim or perpetrator. For example, in Scenario 3, the son may be financially abusing his father but may be perpetrating physical and financial abuse against his mother. EAPU data collection and analysis focuses on better understanding these relationships and concurrent vulnerabilities.

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

Limitations of EAPU Data

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

- Calls received do not necessarily reflect elder abuse prevalence, patterns, and characteristics in the community.
- Accuracy: Data are collected through voluntary disclosure by notifiers and may be subjective, incomplete, or inaccurate. Calls are not scripted; therefore, Helpline operators may not collect data for every variable. Thus, the current dataset likely underrepresents the prevalence of factors and may lack the consistency provided by structured interviews or surveys.
- Sampling: Information collected depends on what notifiers report and thus may not represent the population. Particular forms of abuse and abuse involving victims who lack capacity may be reported directly to other services. Further, most notifications are not made by victims, who may perceive their situation differently.
- Other issues relate to operationalisation of the variables and the consistency of ratings among Helpline operators. The report includes caveats where particular concerns exist with data.



Section 2

Total Call Data

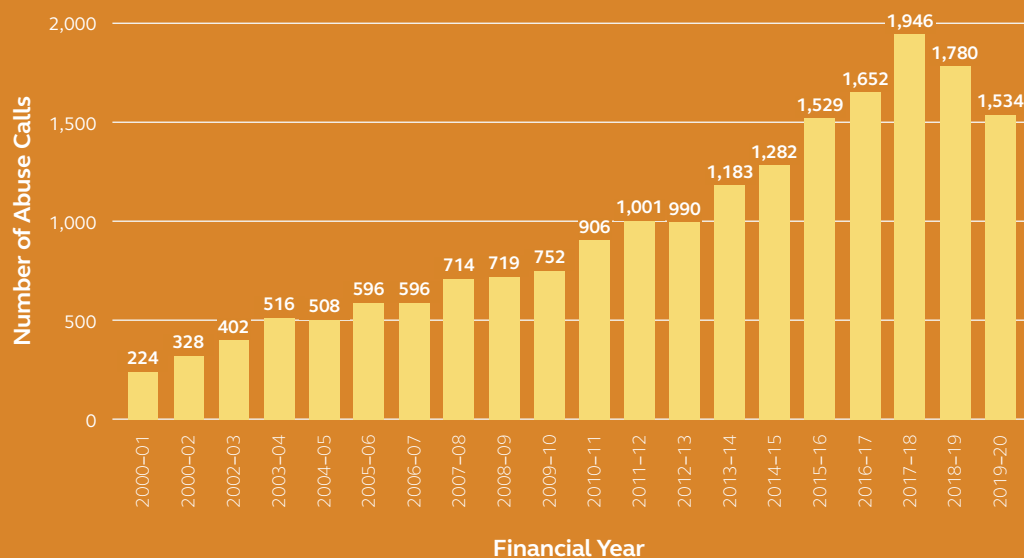
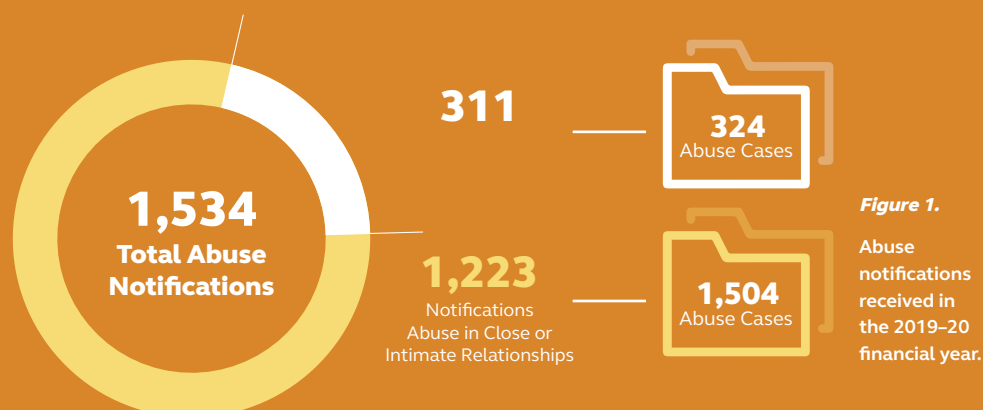
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This section describes

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

Notifications

The Helpline received 2,810 calls during the 2019–20 financial year, which was 308 (9.9%) fewer calls than in the 2018–19 financial year. Calls comprised 1,534 abuse notifications and 1,276 enquiry calls. Abuse notifications comprised 1,223 related to abuse in close or intimate relationships and 311 related to abuse in consumer and social relationships (Figure 1). In total, 246 (13.8%) fewer abuse notifications occurred in 2019–20 than in 2018–19 (Figure 2). The data do not explain why total call numbers and abuse notifications were lower in 2019–20. However, lower numbers are unlikely to reflect lower rates of elder abuse because an ageing population means that there are increasing numbers of older people in Australia.



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Although the overall call volume and number of notifications was lower in 2019–20, this was not consistent throughout the year: there was a large increase in total call numbers from March to June 2020 (Figure 3). In January and February 2020, the average number of monthly calls was 201. In March and April 2020, the average increased by almost one-fifth (19.7%) to 240.5. The average monthly calls for May and June increased to 306, which represented an additional 52.2 per cent on the average for January and February 2020.

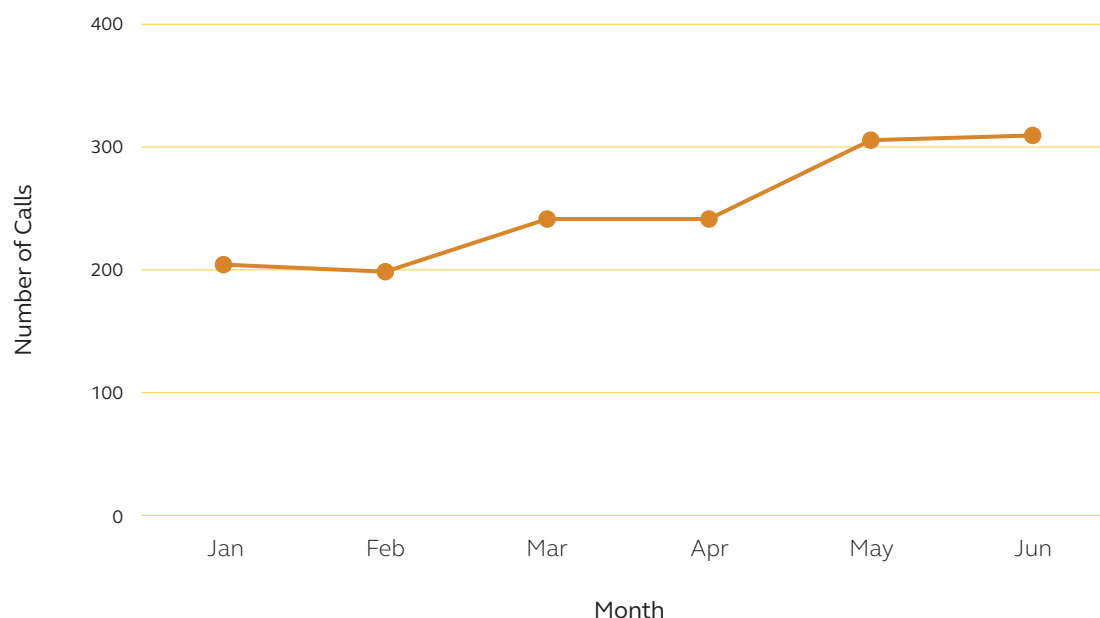


Figure 3.
Call volume
January–June
2020.

Two events likely, or at least partially, account for increased call volumes from March to June 2020:

- COVID-19. The increase in calls in March coincided with an increased focus on older people self-isolating at the onset of the COVID-19 pandemic as a means of reducing their risk of catching the virus. Social distancing restrictions were also implemented in March, as directed by the Queensland Chief Health Officer. These factors probably resulted in victims spending more time with perpetrators, particularly if they live together.
- Queensland Government's elder abuse awareness campaign. During May and June 2020, the Queensland Government implemented a communication campaign to both raise awareness of the increased risk of elder abuse in the pandemic environment and assure Queenslanders that specialist support services were continuing to operate. Delivered mainly through social media and other digital channels, the campaign encouraged third parties who suspect elder abuse (e.g. family members, friends, neighbours, and community groups) and older people experiencing abuse to call the Elder Abuse Helpline for confidential advice, support, and referrals. Target audiences were also encouraged to visit the elder abuse website. The website provides information about signs and behaviours associated with elder abuse, and about available support services, in particular, the Elder Abuse Helpline.



SECTION 2

How Notifiers Discovered the EAPU

The internet was the most common referral source, with 428 callers recorded as contacting the EAPU after finding information on the internet (Table 1). The most common internet sources were Google, the EAPU website, and Queensland Government websites. The referral source was not recorded for 1065 (37.9%) calls.

Table 1.
Referral Source
(All Call Types)

Referral Source	Number ¹⁴
Internet	428
Professional knowledge	314
Previous caller	313
Emergency services	123
Friends	97
Government agency	87
Information service	83
Community service – other	75
Promotional material	48
Aged care service	41
Health worker	41
Media	31
National helpline – 1800 ELDERHelp	30
Legal practitioner	29
Family	28
Domestic and Family Violence (DFV) service	11
Bank	4
Other	4

What Prompted the Call?

The PEARL database allows users to record what prompted the caller to phone the EAPU.¹⁵ The most commonly reported prompt was concerns about escalating abuse (Figure 4).

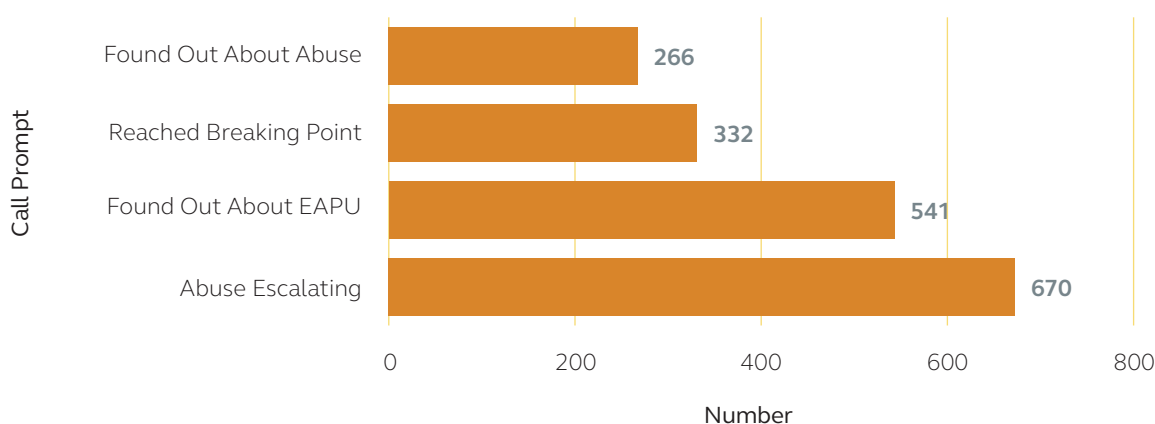


Figure 4.
What prompted callers to contact EAPU.

¹⁴ Note. A call may be represented more than once in this table. For example, a nurse may suggest calling the EAPU and hand a victim an EAPU brochure. In this situation, Health Worker and Promotional Material would both be selected.

¹⁵ 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 2

Referrals

The most common referrals in 2019–20 were to legal services, which represented 20.0 per cent of all referrals (Figure 5). However, 533 of the referrals to legal services were referrals to the Seniors Legal and Support Services (SLASS), which provides both legal and social work support.

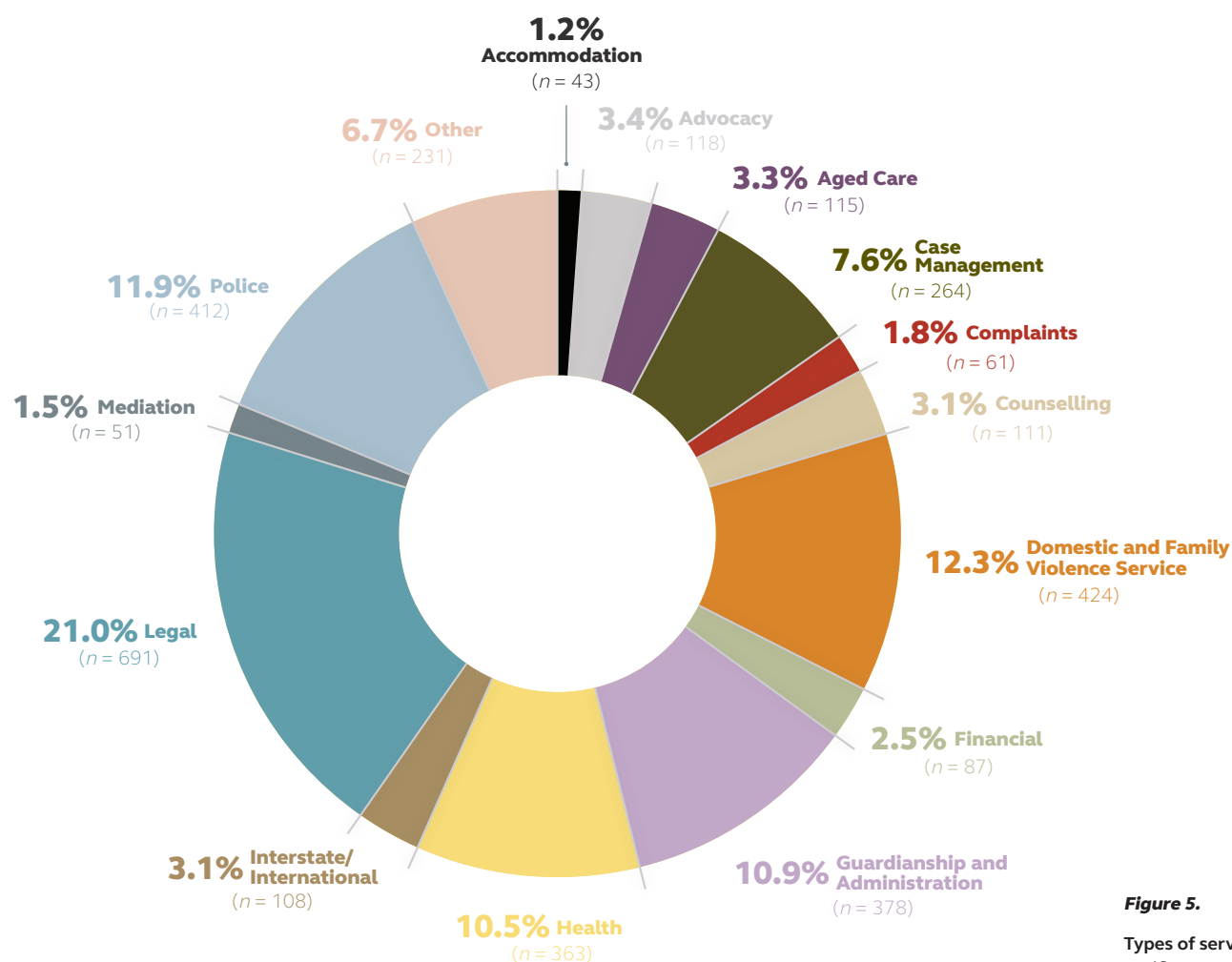


Figure 5.
Types of services
notifiers were referred
to.

Section 3 Abuse in Close or Intimate Relationships

The Ecological Model

Bronfenbrenner's ecological model¹⁶ 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 Gans¹⁷ used a bifocal approach to extend the ecological model through simultaneously focusing on both victim and perpetrator. The *Year in Review* uses this bifocal ecological framework to situate the risk factors for elder abuse within four interconnected systems.

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.

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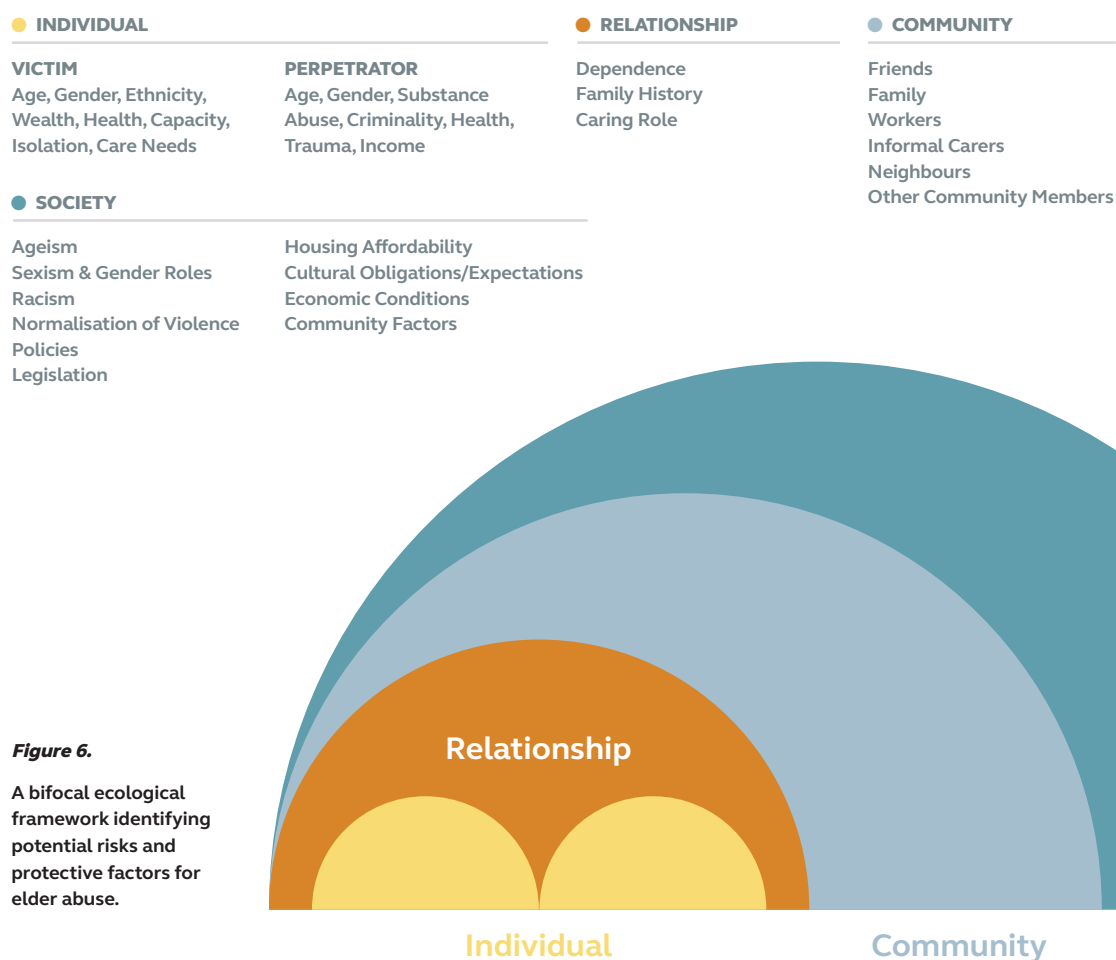
APPENDICES

¹⁶ Bronfenbrenner (1979).

¹⁷ Schiamberg & Gans (1999).

SECTION 3

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





Section 3.1

Individual Factors for Victims

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

This section examines the role of the following individual factors:

- age
- gender
- ethnicity
- relationship status
- accommodation
- financial situation
- health
- psychological health
- capacity
- care needs
- communication issues
- decision-making arrangements
- trauma history
- social isolation
- other individual victim characteristics

Age

Victim age group was recorded in 86.7 per cent ($n = 1,304$) of cases but not for 13.3 per cent ($n = 200$). In nine of the cases for which victim age was not recorded, the victim was recorded as deceased. The most common age group was 80–84 years ($n = 338$), with this group accounting for a quarter of the total victims of known age (Figure 7).

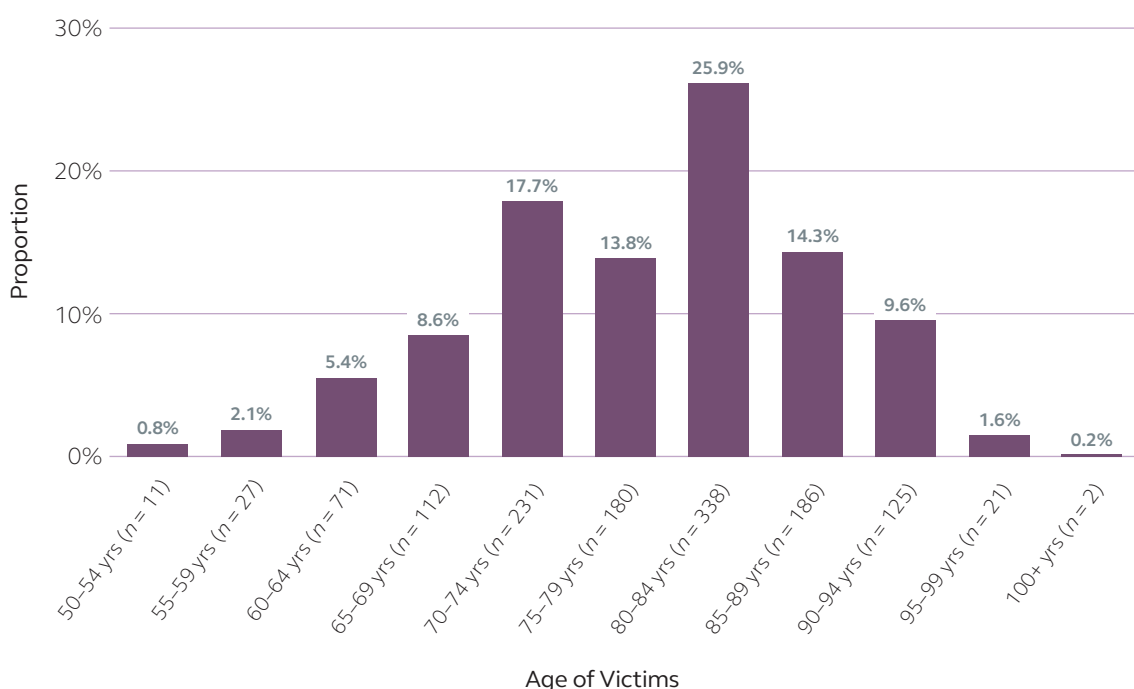


Figure 7.
Age of victims
($n = 1,304$).

SECTION 3.1

Gender

Similar to numbers in previous years, in 2019–20 there were more than twice as many female victims as male victims (Figure 8). Gender was unknown for four victims. The over-representation of female victims in our data is consistent with findings from other studies.^{18,19}

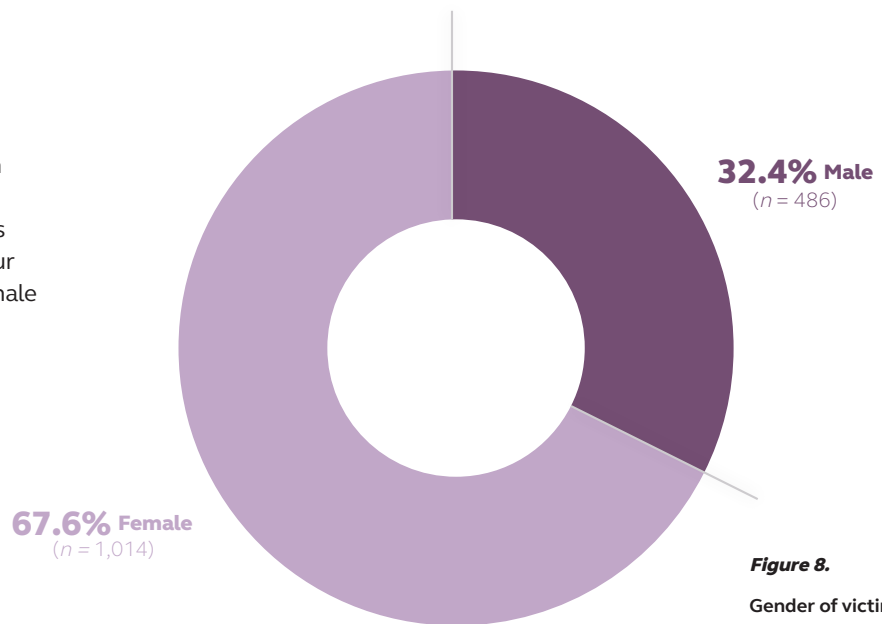


Figure 8.
Gender of victims
(n = 1,500).

The Relationship of Age and Gender

Female victims outnumbered male victims in all age groups (Figure 9). Data shows female victims are over-represented in elder abuse, which is often attributed to females living longer than males.^{20,21,22}

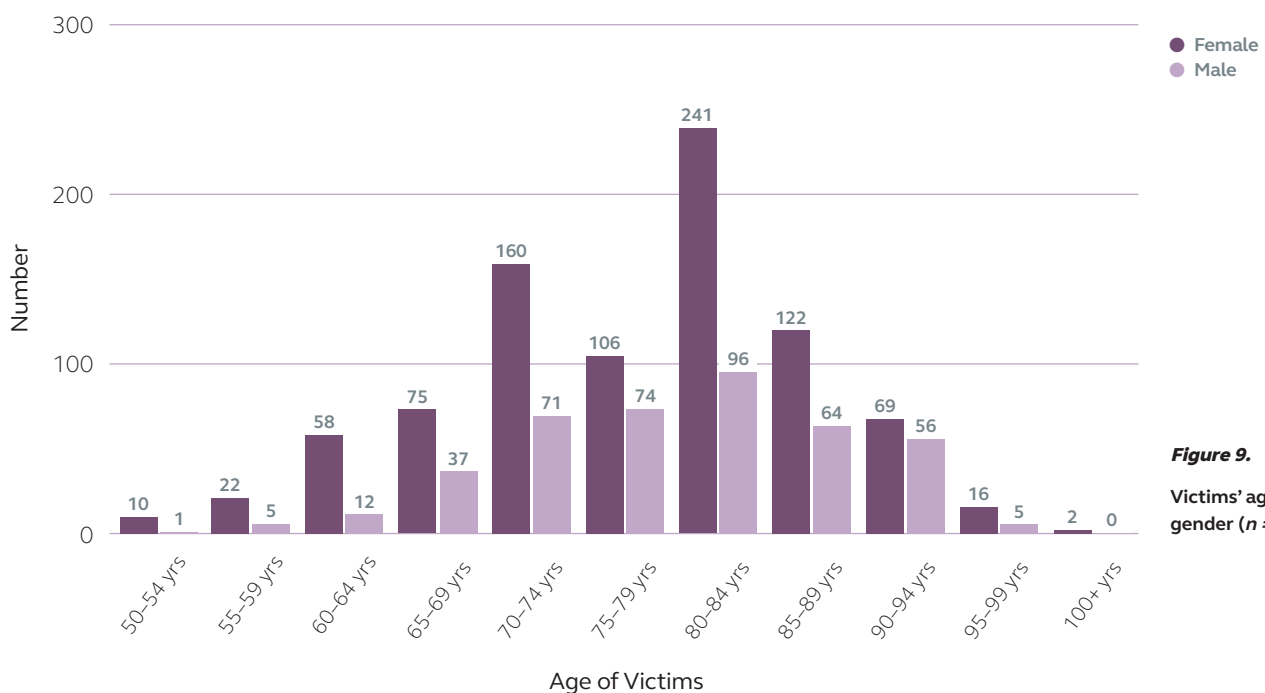


Figure 9.
Victims' age and
gender (n = 1,302).

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

SECTION 3.1

Figure 10 compares proportions of female (orange line) and male (yellow line) victims in each age group with population data. The purple and blue lines represent the proportions of females and males, respectively, in 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. Because the proportion of females is higher than expected in the younger age groups, female longevity does not adequately 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}

The only exception to female over-representation as victims occurred in the 90–94 years age group, in which the proportion of female victims (55.2%) is lower than the proportion of females in the population data (65.7%). Consequently, in this age group, males are over-represented as victims. This is reasonably consistent with the findings in 2018–19, when the proportion of males in the 90–94 years age group was almost identical to the proportion of males in the population.

The over-representation of males in the 90–94 years group raises interesting questions about why this has occurred. Possibly, males in this age group have additional vulnerabilities that either increase the risk of elder abuse or increase the likelihood of abuse being reported by bystanders. Some support for this interpretation is that a greater proportion of males ($n = 15$, 26.8%) in the 90–94 years age group experienced neglect than the proportion of females ($n = 11$, 15.9%). It is important to note that the absolute numbers ($n = 26$) in the 90–94 years age group are low; however, this area warrants further investigation.

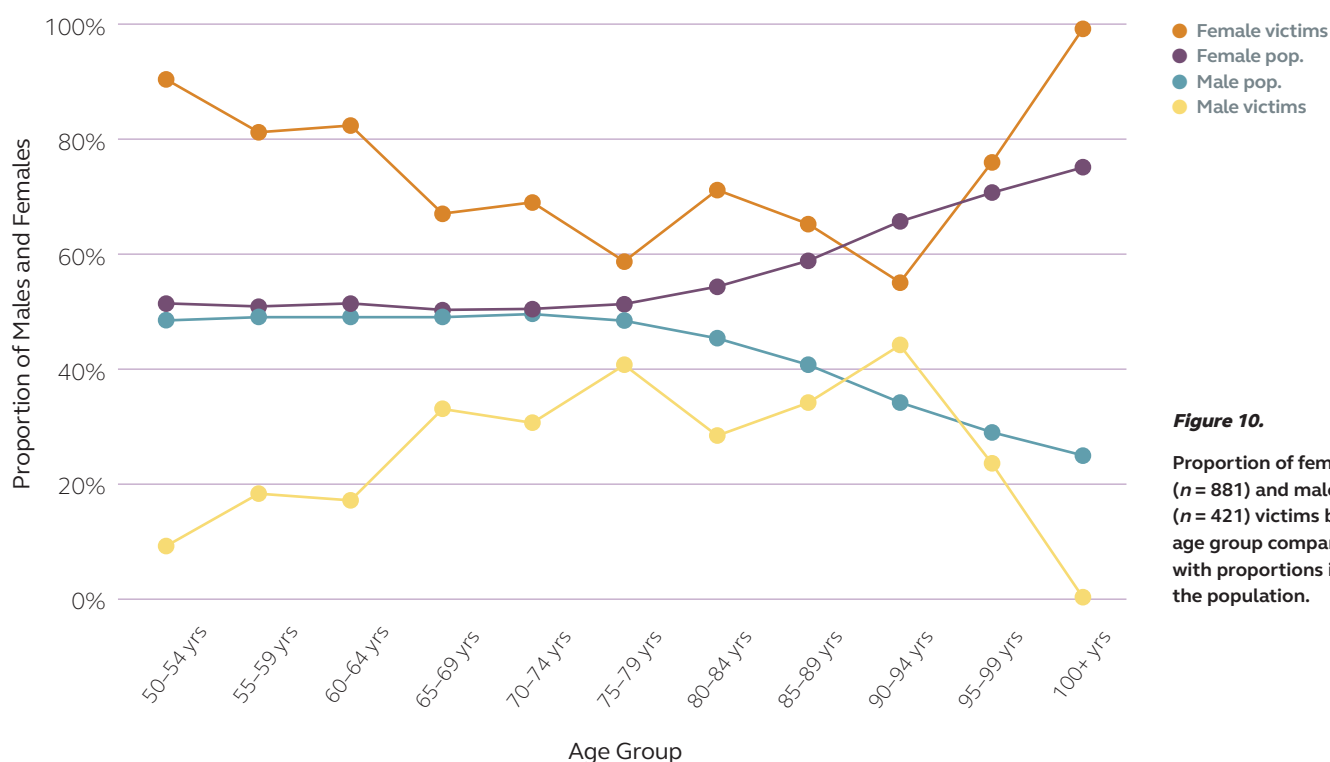


Figure 10.

Proportion of female ($n = 881$) and male ($n = 421$) victims by age group compared with proportions in the population.

²³ Australian Bureau of Statistics (2016).

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 self-reporting abuse, or perceptions of females as more vulnerable influencing the likelihood of others reporting abuse against them to the Helpline.

²⁵ Dong, Simon, Rajan, & Evans (2011).

²⁶ Santos, Nunes, Kislaya, Gil, & Ribeiro (2019).

SECTION 3.1

Ethnicity

Research suggests that race, ethnicity, and culture intersect with elder abuse in multiple and complex ways.^{27,28,29,30} In particular, specific vulnerabilities and stressors associated with being a member of a minority or a marginalised ethnic group may increase the risk of elder abuse. Conversely, belonging to a minority or marginalised ethnic group may help protect against elder abuse, as discussed below.^{31,32}

Aboriginal Peoples and Torres Strait Islander Peoples

In the 2019–20 reporting period, 87 victims (5.8%) were recorded as being of Aboriginal and Torres Strait Islander descent (58 Aboriginal, 1 Aboriginal and Torres Strait Islander, 15 Torres Strait Islander, 13 identified as Aboriginal or Torres Strait Islander). This number is higher than expected from the population statistics of the 2016 Census data³³ (i.e. 1.9% of Queenslanders aged ≥ 50 years are of Aboriginal and/or Torres Strait Islander descent).

It is unclear whether the overrepresentation 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. Of note, however, is that the proportion of Aboriginal and Torres Strait Islander victims recorded in the Helpline data in 2019–20 is higher than that in previous years (4.3% in 2018–19, 3.4% in 2017–18).

Reliable information on the prevalence and risk of elder abuse for Indigenous Australians is not available; however, Indigenous Australians experience higher rates of family violence, assault, sexual assault, and murder than their non-Indigenous counterparts.^{34,35,36} Given their over-representation as victims in statistics on personal violence, Aboriginal and Torres Strait Islander peoples likely have an increased risk of elder abuse. However, being of Aboriginal or Torres Strait Islander descent is not a risk per se; rather, a complex interplay of individual, relational, community, and societal factors is at work. The society level is particularly important in this context because of the intergenerational effects of colonisation, governmental policy, and societal attitudes on Aboriginal and Torres Strait Islander peoples.

Within Aboriginal culture, several protective factors may mitigate the risk of elder abuse. In traditional Aboriginal culture, Elders, elderly family members, and grandparents are highly respected and even revered. In addition, the collectivist

kinship system and broad concept of family enmeshed in Australian Aboriginal culture may result in a larger family to help support and care for an older person. Nevertheless, a Western Australian investigation into elder abuse in Aboriginal communities found that abuse was occurring and was a major issue for Aboriginal people. Some community members reported that abuse of older people had become normalised within their communities.³⁷ The study identified financial abuse as particularly common, with younger generations appearing to take advantage of a cultural obligation to share money with relatives. In many cases, the broader definition of family in Indigenous culture exacerbated this problem.

Culturally and Linguistically Diverse (CALD) Communities

The EAPU uses the Australian Bureau of Statistics definition of culturally and linguistically diverse (CALD) communities. In this definition, a person born in a country in which English is not the predominant language comes from a CALD background. During the 2019–20 reporting period, 109 victims (7.3%) had a CALD background, which is lower than expected from the 2016 Census data (i.e. 13.4% of Queenslanders aged ≥ 50 years from a CALD background³⁸). Australian research around elder abuse in CALD communities has found that prevalence is similar to or higher than population estimates.³⁹ Underreporting of elder abuse within CALD communities may be due to factors such as lack of awareness, shame, guilt, cultural norms around privacy and “family business”, and language barriers. The Helpline receives notifications from third parties who state that the victim will not disclose or talk to anyone about the abuse, even through a translator, because they believe it will bring shame on their family and community. Victims may also experience pressure from other community members who try to prevent them from disclosing the abuse.

27 Horsford, Parra-Cardona, Post, & Schiarnberg (2011).

28 Schiarnberg & Gans (1999).

29 Australian Law Reform Commission (2017).

30 World Health Organization (2015).

31 Peri, Fanslow, Hand, & Parsons (2008).

32 Horsford et al. (2011).

33 Australian Bureau of Statistics (2016).

34 Australian Bureau of Statistics (2014).

35 Parliament of Australia (2014).

36 Australia's National Research Organisation for Women's Safety (2016).

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

38 Australian Bureau of Statistics (2016).

39 Office of the Public Advocate, Western Australia (2006).



The highest numbers of reported victims with a CALD background in the Helpline data were born in Italy ($n = 23$, 1.5% of total victims), India ($n = 15$, 1.0%) and China ($n = 9$, 0.6%). Census data from 2016 show that Germany, the Netherlands, and the Philippines were the most commonly reported countries of birth for people with CALD backgrounds aged 50 years and over in Queensland.⁴⁰ The differences between the population statistics and the Helpline data on country of birth may reflect different levels of awareness of elder abuse within CALD communities and service providers. The EAPU has long-term links with Co.As.It Community Services, which actively works to raise awareness of elder abuse in the Italian community and may explain the prominence of people from Italian backgrounds in the Helpline data.



Relationship Status

The relationship status of the victim was recorded in 1,118 (74.3%) cases. Of these cases, the most common relationship status for victims was widowed⁴¹ ($n = 532$, 47.6%), followed by partner relationships ($n = 394$, 35.2%). The proportion of victims who were widowed is more than four times that expected given that the proportion of widowed people aged 50 years and older in Queensland is 11.2 per cent.⁴² Further, the total proportion of victims who were not in partner relationships was 64.6 per cent, which is also much higher than the 39.8 per cent found in the Census data. The over-representation of victims who are widowed or not in a couple relationship suggests that this status is a likely risk factor for elder abuse, which is consistent with other research.^{43,44}

Accommodation

Of the cases for which residence type was known, most victims of abuse in close or intimate relationships lived in a house or unit ($n = 1,162$, 84.4%) (Table 2). The residence type was unknown for 127 cases.

Table 2.
Victim Residence
Type (where known)

Residence Type	Number	Per Cent
House/unit	1,162	84.4%
Aged care facility	133	9.7%
Retirement village	39	2.8%
Granny flat	20	1.4%
Other	18	1.3%
Caravan	5	0.3%
Total	1,377	100.0%

The PEARL database also allows staff to record previous residence types if victims have changed residences due to elder abuse, which was recorded in 214 (15.5%) cases. In most cases ($n = 135$), victims had moved to another house or unit. However, in 51 cases victims who lived in a house or unit had moved into aged care because of elder abuse. In 77 cases, victims had become homeless because of abuse. In one case, the victim had been living in an aged care facility before the abuse occurred but went to live with the perpetrator and subsequently experienced homelessness.

40 Australian Bureau of Statistics (2016).
41 Note: The term widowed is used to denote situations where both male and female victims' marital partners have died.
42 Australian Bureau of Statistics (2017a).
43 Byles et al. (2010).
44 Burnes et al. (2015).

SECTION 3.1

Financial Situation

Home Ownership

Before the elder abuse, 901 (81.2%) victims were reported to own or co-own a home (where ownership was known).⁴⁵ In 88 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 101 recorded cases, victims no longer owned a home because of abuse.

Income

Income source for victims was known in 994 (66.1%) cases, with Centrelink most commonly reported (Figure 11). In the general population of Australians, 66 per cent of people aged 65 years and over receive the Age Pension.⁴⁶ In the Helpline data, 80.4 per cent ($n = 732$) 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.^{47,48}

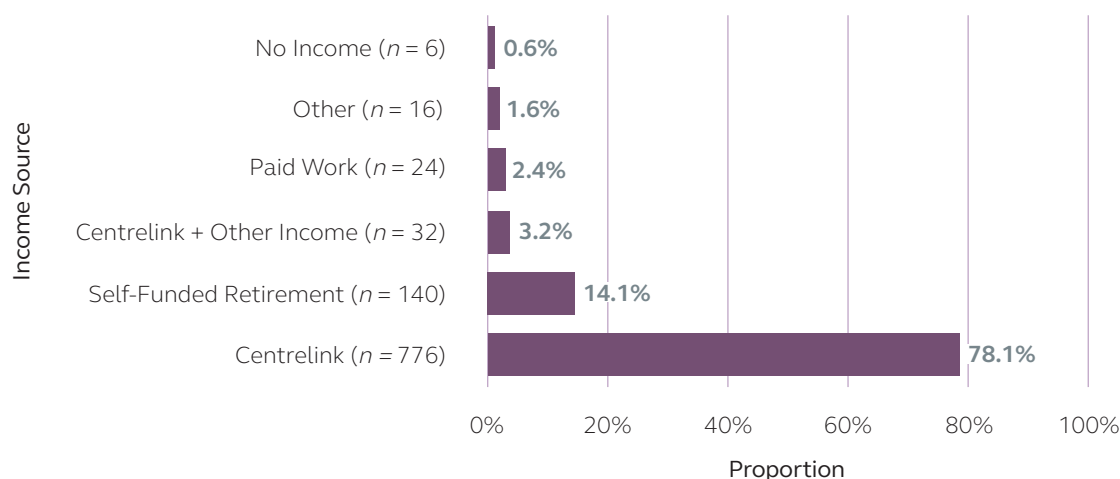


Figure 11.
Income source for
victims ($n = 994$).

Health

Health issues were identified for 772 (51.3%) victims. Chronic illnesses (e.g. diabetes or heart conditions) were most common (Table 3).

Table 3.

Health Issues
Experienced by
Victims

Health Issue	Number	Per Cent
Illness (chronic)	438	29.1%
Frailty	219	14.6%
Illness (acute)	105	7.0%
Chronic pain	61	4.1%
Physical disability	52	3.5%
Neurological	50	3.3%
Illness (terminal)	40	2.7%
Arthritis	39	2.6%
Substance misuse	32	2.1%

45 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.

46 Australian Institute of Health and Welfare (2018b).

47 Burnes et al. (2015).

48 Naughton et al. (2012).



Psychological Health (Mental Illness)

In 101 cases (6.7%), victims were identified as having long-term mental health conditions that were present before elder abuse began.⁴⁹

Cognitive Impairment

Cognitive impairment of victims was recorded in 391 (26.0%) cases. Dementia was the most commonly reported form of cognitive impairment, affecting 349 (16.2%) victims. In 2011, it was estimated that 9 per cent of Australian people aged 65 years and over had dementia.⁵⁰ In contrast, Helpline data showed that almost twice this proportion (16.9%, *n* = 236 victims of similar age, where age was known) had dementia. Possibly the numbers reported to the Helpline are influenced by self-report, but this is unlikely to account for the disparity. Further, the Helpline data probably underrepresent the actual frequencies because notifiers may not possess this information. More likely, living with dementia increases vulnerability and, therefore, the risk of abuse, particularly as previous research has found cognitive impairment is associated with an increased risk of elder abuse.^{51,52,53}

Capacity

Impaired capacity was recorded for 498 victims (33.1%). A further 135 were suspected to have impairment (Table 4).⁵⁴ Research consistently finds impaired capacity is a risk factor for elder abuse.^{55,56}

Capacity	Number	Per Cent
Impairment (assessed)	494	32.8%
Impairment (suspected)	135	9.0%
Impairment (temporary)	4	0.3%
No Impairment	809	53.8%
Unknown	62	4.1%
Total	1,504	100.0%

Table 4.
Victim Capacity

49 Note. Section 3.8 discusses victims diagnosed with a mental health issue believed to be related to the abuse.
50 Australian Institute of Health and Welfare (2012).
51 Von Heydrich, Schiamborg, & Chee (2012).
52 Australian Law Reform Commission (2017).
53 Kaspiew, Carson, & Rhoades (2015).
54 Note. There can be differences in assessment and interpretation of capacity due to different assessment frameworks (e.g. medical versus legal). Data recorded in PEARL is largely self-reported, which likely influences what is recorded; thus findings should be interpreted with caution.
55 World Health Organization (2015).
56 Jackson & Hafemeister (2013).

SECTION 3.1

Care Needs

The PEARL database allows workers to record whether victims require support across six types of care needs: domestic, transport, meals, personal care, mobility, and communication. Victims were reported to require support in 767 cases (51.0%) (Table 5). Of these, most needed help with more than one care type and almost three-quarters (where known; $n = 496$, 74.5%) required support in three or more types (Figure 12). In 101 cases, information about the care types for which support was required was not recorded.

Care Needs	Number	Per Cent
Domestic	588	39.1%
Transport	546	36.3%
Meals	465	30.9%
Personal care	435	28.9%
Mobility	285	18.9%
Communication	171	11.4%
Unknown	101	6.7%

Table 5.

Care Needs for Which Victims Required Support ($n = 1,504$)

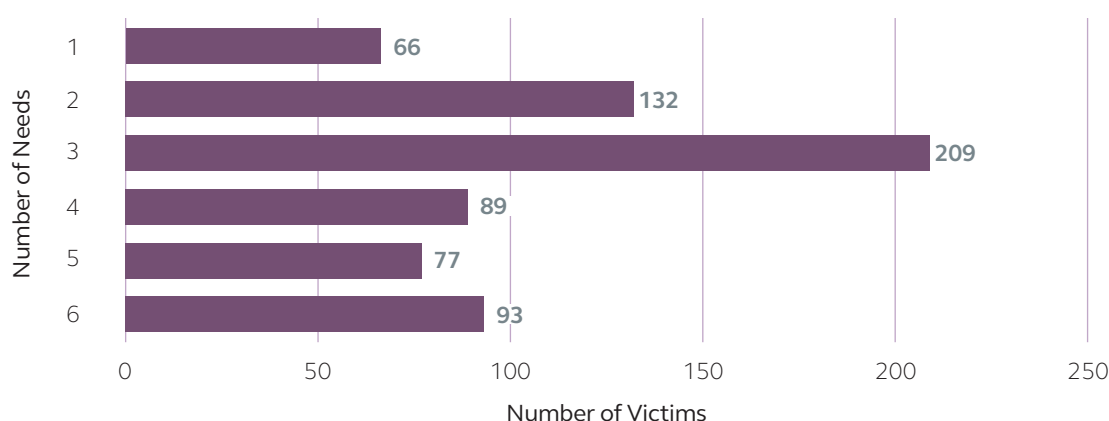


Figure 12.

Number of types of care needs for victims ($n = 666$).

Of the 767 victims identified with care needs, only 33.1 per cent ($n = 254$) were recorded as receiving formal care. In 133 cases, the formal support was provided by residential aged care providers; a further 121 victims were receiving community aged care services. A lack of formal care may increase the risk of becoming a victim of elder abuse.^{57,58}

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

- 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.

⁵⁷ Johannesen & LoGiudice (2013).

⁵⁸ National Research Council (2003).

SECTION 3.1

A common situation reported to the Helpline involves perpetrators refusing to allow services into the home. In many of these cases, victims have been receiving some in-home support but the perpetrator cancels the services or refuses entry to the staff. Receiving home care services can lessen the risk of abuse.⁵⁹ Refusal of support may reflect several motivations:

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

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

Communication Issues

The new database also allows workers to collect more detailed information about victims’ communication issues. Communication issues were identified in 171 (11.4%) cases. However, more detailed information was recorded for only 115 cases. The most common issues related to hearing and language (Figure 13).

Communication difficulties can affect a person’s ability to make and act on life decisions, access services, self-advocate, and disclose or report abuse.⁶⁰ Research has identified communication difficulties as risk factors for elder abuse⁶¹ and other forms of domestic and family violence.⁶²

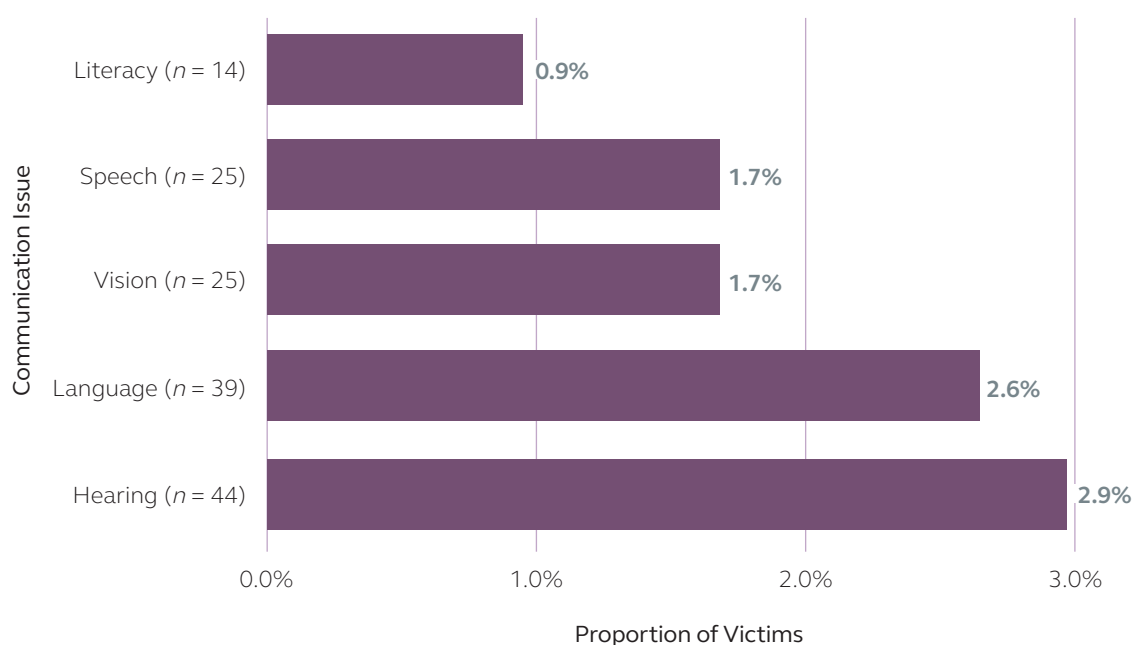


Figure 13.
Proportion of victims
experiencing issues
with communication.

59 National Research Council (2003).

60 Speech Pathology Australia (2016).

61 Roberto & Teaster (2017).

62 Australia's National Research Organisation for Women's Safety (2018).



Decision-Making Arrangements

Formal decision-making arrangements can both protect and empower an older person; however, there is also a risk of misuse.^{63,64}

Formal decision-making arrangements were recorded for 528 (35.1%) cases.⁶⁵ In 428 (81.1%) of these cases, victims were recorded as having impaired capacity. In 19 (3.6%) cases, decision makers were appointed by the Queensland Civil and Administrative Tribunal (QCAT). In some cases, victims may have capacity but enact an Enduring Power of Attorney (EPoA) for financial matters, which was recorded for 100 (18.9%) cases.

In more than half (60.3%) of cases in which a decision maker was appointed, only one person was appointed (Table 6). In 502 (95.1%) cases, further information was available about the types of decisions made, with 122 (24.3%) cases involving only financial decisions and 380 (75.7%) cases involving both financial and personal and health decisions.

In more than two-thirds ($n = 330$, 69.2%) of cases in which a formal decision-making arrangement was in place, one or more decision makers were recorded as perpetrators (where known).

Total Decision Makers Appointed	528
One Person	292
Perpetrator	191
Non-Perpetrator	91
Public Trustee	10
Multiple Appointees	192
All Perpetrator/s	78
All Non-Perpetrators	56
Both Perpetrator/s and Non-Perpetrator/s	49
Office of the Public Guardian and Public Trustee	9
Unknown	44
Perpetrator/s	12
All non-perpetrators	32

Table 6.
Appointed Decision
Makers

63 DeLiema & Conrad (2017).
64 Tilse, Wilson, Rosenman, Morrison, & McCawley (2011).
65 Note. This is only recorded if an EPoA has been enacted or if decision makers were appointed by the Queensland Civil and Administrative Tribunal (QCAT).

SECTION 3.1

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 141 (26.7%) cases, it was recorded that decision makers had acted to protect victims. The most common actions were contacting the EAPU and the victim's bank (Table 7).

Information about why decision makers failed to act was recorded for 291 (55.1%) cases. The most common reasons given were that decision makers were perpetrators, that they believed victims had capacity to manage the matter, and that they were unaware of having a duty to act to protect the victim's interests (Table 8).

Who Decision Maker Has Contacted	Number
Elder Abuse Prevention Unit	98
Bank	53
Doctor	41
Solicitor	41
Police	37
Aged care	26
Queensland Civil and Administrative Tribunal	19
Office of the Public Guardian	10
Other	8

Table 7.Protective Actions of
Decision Makers

Why Decision Maker Failed to Act	Number
Decision maker is perpetrator	245
Believe victim has capacity for matter	40
Unaware of duty	27
Fear of consequences for self	25
Fear of consequences for victim	8
Other	4
Unaware of abuse	2

Table 8.Why Decision Makers
Failed to Act to
Protect Victims

Trauma History

A history of victim trauma was identified in 7.5 per cent of cases ($n = 113$). Previous domestic violence victimisation was the most commonly reported form of trauma ($n = 102$, 6.8%). Historical child abuse was recorded for 18 (1.2%) cases, with two-thirds of victims of child abuse ($n = 12$, 66.7%) also recorded as experiencing domestic violence as an adult.



SECTION 3.1

Social Isolation

In 2019–20, 13.6 per cent ($n = 205$) of victims were recorded as socially isolated. In 74 cases, victims were also recorded as experiencing loneliness. Longstanding research confirms social isolation is a risk factor for elder abuse.^{66,67,68} 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 and, subsequently, loneliness. This not only increases vulnerability and risk of elder abuse but may also affect whether the abuse is reported.^{69,70,71} In some situations, perpetrators are the victim's only social connection; in spite of the abuse, they may be reluctant to do anything to jeopardise the relationship.

Other Individual Factors

The PEARL database can capture information about other individual factors that may increase vulnerability. The most commonly recorded factors were an unsupported belief in others, low self-esteem, and a history of conflictual relationships (Table 9).

Other Victim Characteristics	Number	Per Cent
Unsupported belief in others ⁷²	178	11.8%
Low self-esteem	66	4.4%
History of conflictual relationships	65	4.3%
Grief/loss	64	4.3%
Extreme independence ⁷³	59	3.9%
Behavioural issues – dementia	55	3.7%
Lack of independent living skills	29	1.9%
History of violence	15	1.0%
External locus of control ⁷⁴	10	0.7%
Gambling	14	0.3%

Table 9.
Other Individual
Characteristics of
Victims That May
Increase Vulnerability

66 National Research Council (2003).

67 Australian Law Reform Commission (2017).

68 Johannesen & LoGiudice (2013).

69 DeLiema & Conrad (2017).

70 Chen & Dong (2017).

71 Podnieks & Thomas (2017).

72 Note. Refers to a pattern of maintaining positive beliefs about a person/s despite evidence to the contrary.

73 Note. Refers to an extreme need to rely on oneself and avoid seeking help from others.

74 Note. A pattern of attributing negative events to external causes outside the person's control. This manifests as blaming other people or circumstances and not taking responsibility for one's behaviour.

Section 3.2

Individual Factors for Alleged Perpetrators

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

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

Age

The age of perpetrators was unknown in 583 cases, but the most common age reported was 50–54 years (Figure 14). Changes to the PEARL database made from 1 July 2019 enabled collection of additional information about the age of perpetrators in the age group of 0–19 years. Of the 19 cases in which perpetrators were categorised into this age group, 4 perpetrators were aged 10–14 years and 15 were aged 15–19 years.

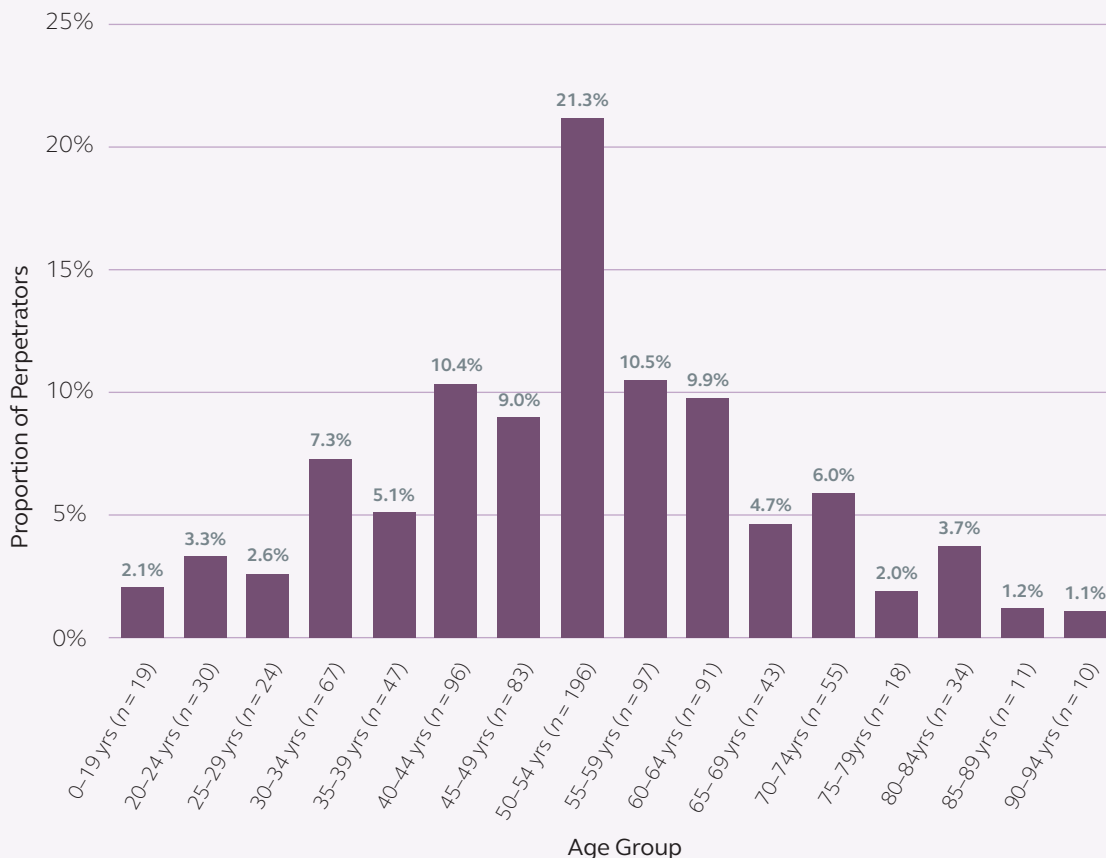


Figure 14.
Age of perpetrators
(n = 921).

SECTION 3.2

Gender

There were more male perpetrators ($n = 791$) than female perpetrators ($n = 707$) in 2019–20 (Figure 15). This differs from 2017–18 and 2018–19, when female perpetrators marginally outnumbered male perpetrators. In two cases, the gender of the perpetrator was recorded as non-binary; in four cases, gender was not recorded.

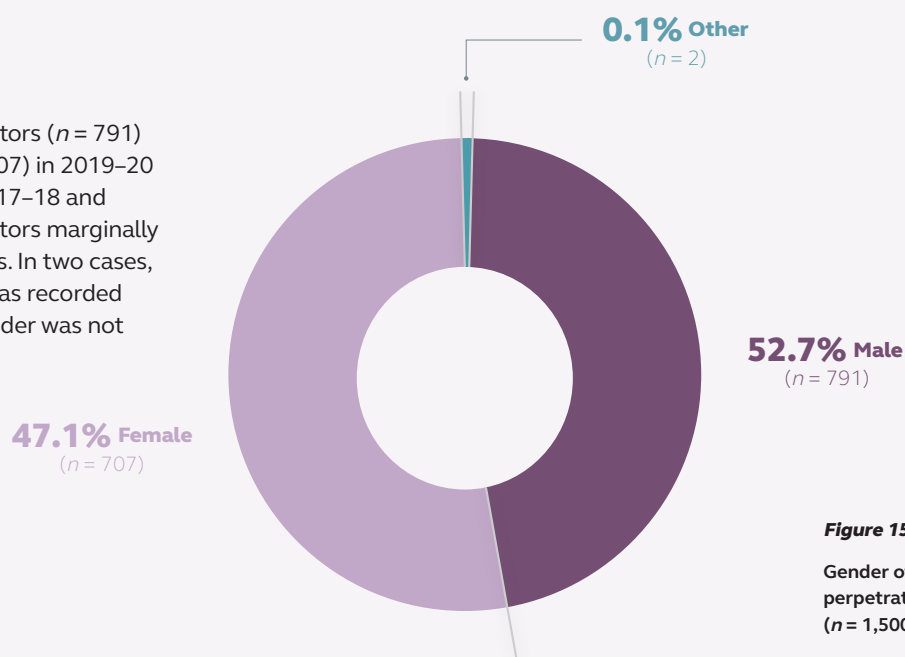


Figure 15.
Gender of perpetrators
($n = 1,500$).

Ethnicity

Sixty-five (4.3%) perpetrators were identified as of Aboriginal and Torres Strait Islander descent and 52 (3.5%) were from a CALD background. India was the most common country of origin recorded among CALD perpetrators ($n = 12$, 23.1%).⁷⁵

Relationship Status

The relationship status of the perpetrator was recorded in 916 (60.9%) cases. Of these cases, more than half of the perpetrators were recorded as in a couple relationship (53.9%), 28.6 per cent were single (further information not available), 16.8 per cent were divorced or separated, and 0.7 per cent were widowed.

Financial Situation

Home Ownership

The home ownership status of perpetrators was recorded in 798 (53.1%) cases. In 45.2 per cent ($n = 361$) of these cases, perpetrators owned or co-owned a house or unit.⁷⁶ In 30 cases, perpetrators owned more than one property.

The proportion of perpetrators who owned a home was significantly lower than the 62.2 per cent of Queenslanders who either own or are paying off their home.^{77,78} This figure is also significantly lower than the 78.0 per cent of victims who were home owners.⁷⁹

Income

Perpetrator income source was recorded in 873 (58.0%) cases. More than half of perpetrators were receiving some form of payment from Centrelink (Figure 16). Of these, 154 were receiving a Carer Payment, Carer Allowance, or both. Perpetrators were doing some form of paid work in more than one-third of cases.

⁷⁵ Note. The low number of cases in which ethnicity of perpetrators is captured means that these findings should be interpreted with caution.

⁷⁶ 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.

⁷⁷ Queensland Government Statistician's Office (2019).

⁷⁸ $Z = -12.54, p = .000$.

⁷⁹ $Z = -15.93, p = .000$.

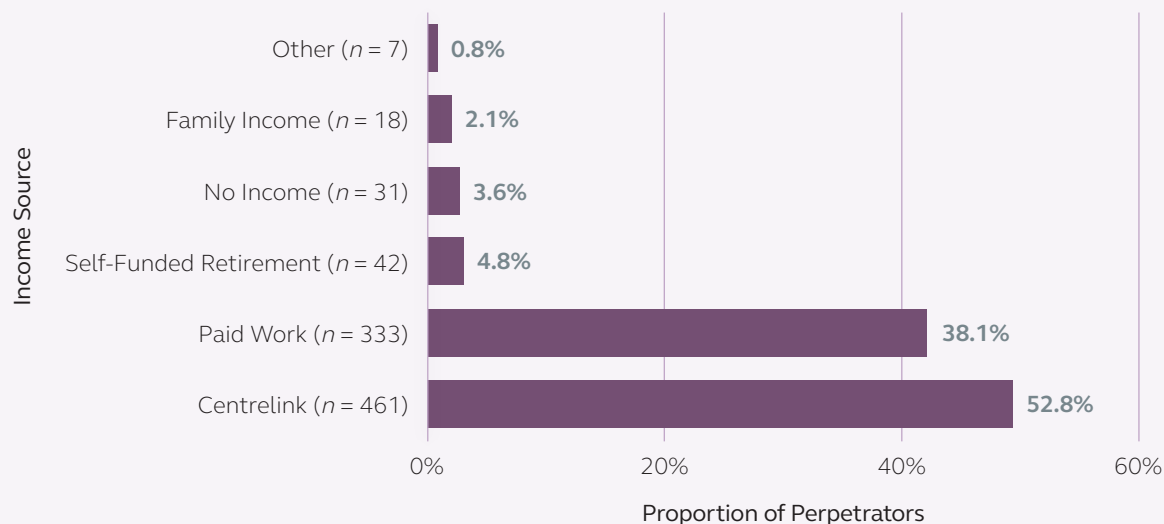


Figure 16.
Income sources of perpetrators.

Health Issues

Physical Health

Physical health issues were recorded for perpetrators in 22 (1.5%) cases. Issues included cancer, heart problems, chronic pain, and other similar issues.

Psychological Health (Mental Illness)

In 231 (15.4%) cases, perpetrators were reported to have, or were suspected to have, some form of mental illness. Literature on elder abuse regularly reports mental illness in perpetrators as a risk factor for elder abuse.^{80,81,82} The frequency of mental illness reported in the Helpline data is lower than national estimates that 20 per cent of the population will experience symptoms of a mental health disorder within any 12-month period.⁸³ However, Helpline data must be interpreted cautiously as mental illness is probably underreported because notifiers often lack this information.

Substance Misuse

Perpetrators' substance misuse was recorded in 243 (16.2%) cases. Research consistently recognises such misuse in perpetrators as a risk factor for elder abuse.^{84,85,86,87} Substance misuse and mental illness frequently co-occur,⁸⁸ as reported for 87 (5.8%) perpetrators.

Gambling

Gambling was reported as an issue for 38 (2.5%) perpetrators.

Capacity

Thirty-five perpetrators (2.3%) reportedly had some form of capacity impairment.

Trauma History

A history of trauma was identified for 77 (5.1%) perpetrators. The most common types of trauma were domestic and family violence (DFV) and child abuse or neglect.

In 42 cases, perpetrators were identified as previous victims of DFV. In addition, 57 perpetrators were identified as witnessing DFV in their family of origin. In 42 cases, perpetrators reportedly had experienced child abuse or neglect, and 5 had experienced other forms of trauma.⁸⁹ Research has identified a history of traumatic events, particularly in childhood, as a risk factor for perpetrating elder abuse.^{90,91}

80 Kaspiew et al. (2016).
81 Australian Law Reform Commission (2017).
82 Peri et al. (2008).
83 Australian Bureau of Statistics (2007).
84 Jackson & Hafemeister (2013).
85 Joosten, Dow, & Blakely (2015).
86 Peri et al. (2008).

87 Australian Law Reform Commission (2017).
88 Commonwealth of Australia (2009).
89 Note. Perpetrators may have experienced more than one form of trauma and thus are recorded in more than one trauma category.
90 Kaspiew et al. (2018).
91 Peri et al. (2008).

SECTION 3.2

Criminal History

A criminal history was recorded for perpetrators in 201 (13.4%) cases. The most commonly recorded issue was “known to police” ($n = 103$, 6.8%), which is recorded when perpetrators have been arrested or questioned but never convicted of an offence (Table 10). In 35 (2.3%) cases, perpetrators were recorded as having been jailed for offences.

Criminal History	Number	Per Cent
Known to police	103	6.8%
DVO respondent	71	4.7%
Jailed for offences	35	2.3%
Other	4	0.3%

Table 10.

Criminal History of Perpetrators

“DVO respondent” is recorded when perpetrators have been a respondent on a Domestic Violence Order (DVO), irrespective of whether they have been convicted of breaching the order. Of the 71 (4.7%) such cases, in 46 cases the DVO related to abuse of an older person reported to the Helpline as a victim of elder abuse, 19 related to another family member and 15 related to the perpetrator’s spouse or partner.⁹² In nine of these cases, the perpetrator was listed as respondent on more than one DVO. In six cases in which the perpetrator was recorded as the respondent, they had also been jailed for offences. However, whether these perpetrators were jailed for breaching the DVO or for unrelated offences remains unknown.

Other Individual Factors

Additional individual factors were recorded in 924 (61.4%) cases. In over one-third of cases, perpetrators had a history of controlling behaviour. In more than one-quarter of cases, histories of aggression and conflictual relationships were recorded for perpetrators (Figure 17).

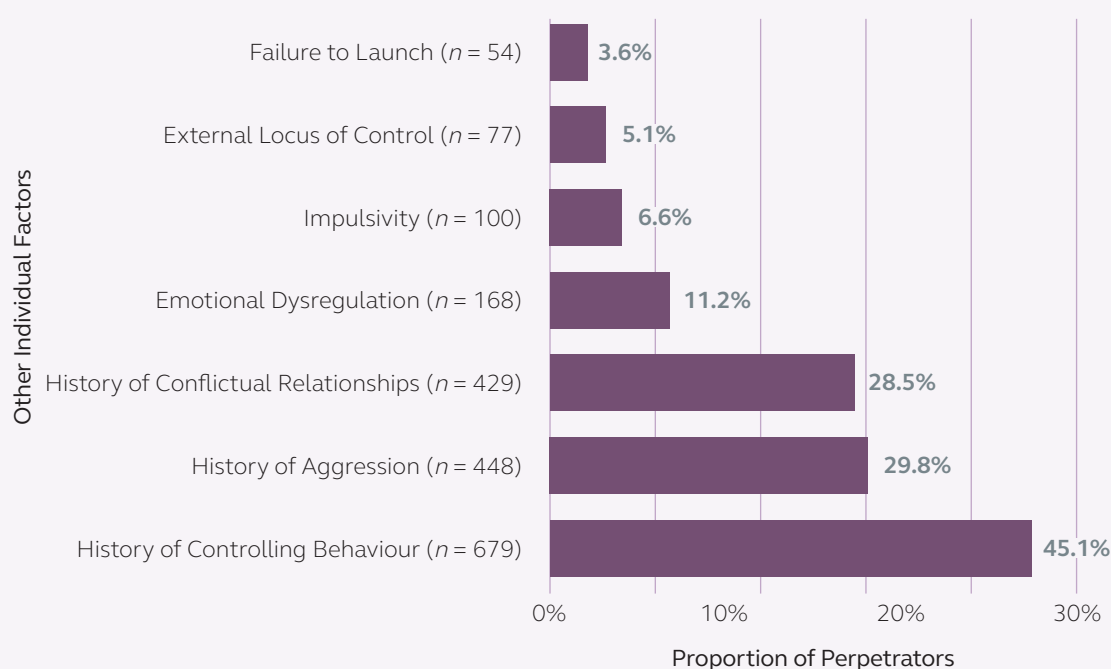


Figure 17.

Other individual factors for perpetrators ($n = 1,504$).

⁹² Note. Spouse/partner is only recorded in cases in which the aggrieved person is not recorded as a victim of elder abuse.

Section 3.3

Relationships Between Alleged Perpetrator and Victim

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

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

Relationships

Family relationships accounted for 96.1 per cent ($n = 1,445$) of cases of abuse in close or intimate relationships. Sons and daughters were reported as perpetrators in 70.9 per cent ($n = 1,067$) of cases (Figure 18, Table 11).⁹³ Spouses or partners were the next most common perpetrators.

Overall, sons represented 37.0 per cent of perpetrators and daughters 34.0 per cent. The proportions of relationship types are similar to those in 2018–19; the notable difference is that more sons (37.0%) than daughters (34.0%) were identified as perpetrators in 2019–20. In 2018–19, more daughters (37.5%) were identified as perpetrators than sons (34.5%).

Long-term conflict between victims and perpetrators was identified in 241 (16.0%) cases.

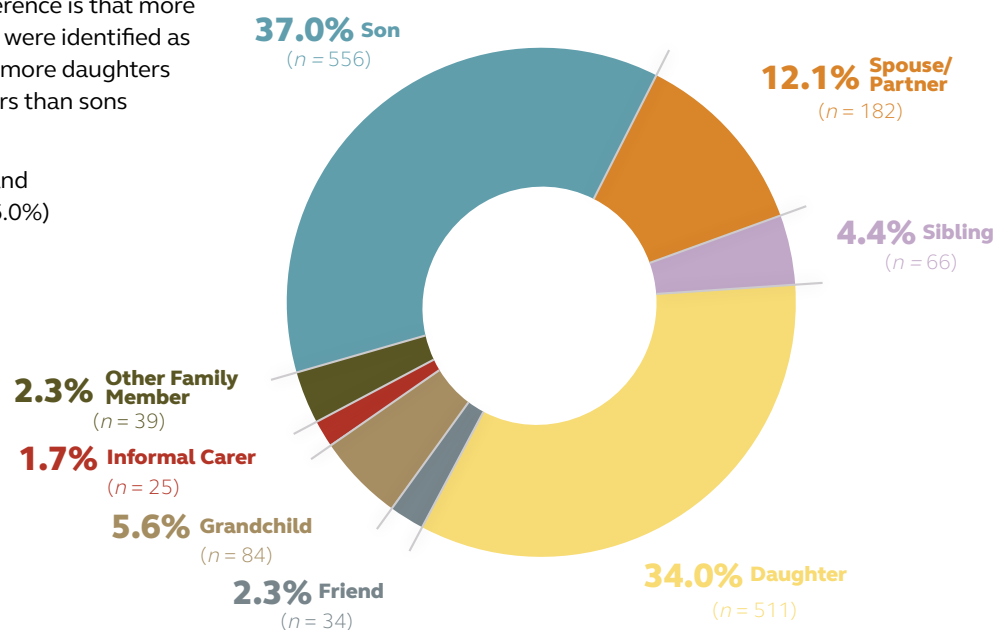


Figure 18.
Relationships
between perpetrator
and victim ($n = 1,504$).

⁹³ Note. This data includes non-biological relationships such as sons-in-law, daughters-in-law, and stepchildren.

SECTION 3.3

Relationship	Number
Sons (n = 556)	
Son	492
Son-in-law	52
Stepson	9
Adoptive son	3
Daughters (n = 511)	
Daughter	439
Daughter-in-law	51
Stepdaughter	12
Adoptive daughter	9
Spouse/partners (n = 182)	
Spouse/partner	146
Ex-spouse/partner	36
Grandchildren (n = 84)	
Grandson	51
Granddaughter	33
Siblings (n = 66)	
Sister	38
Brother	16
Sister-in-law	6
Brother-in-law	4
Adoptive sister	2
Non-familial relationships (n = 59)	
Friend	34
Informal carer	25
Other family members (n = 46)	
Nephew	21
Niece	17
Other family	8
Total	1,504

Table 11.
Types of Perpetrator
Relationships with
Victims



SECTION 3.3

Family Context

The PEARL database can capture information about shared family context for victims and perpetrators, which was recorded for 480 (31.9%) cases. The most commonly reported factors were poor family relationships, sibling rivalry, and shared experiences of domestic and family violence (Table 12).

As discussed in Section 3.2, perpetrators were listed as respondents for DVOs for 46 victims. PEARL collects further information about the status of DVOs in the relationship section. In 2019–20, 21 victims had current Protection Orders against perpetrators, 10 of the Protection Orders had expired, and the status of 5 was unknown. A further five victims had applied for Protection Orders and were awaiting court hearings.

Table 12.

Shared Family Context Factors

Family Context	Number	Per Cent
Poor family relationships ⁹⁴	376	25.0%
Sibling rivalry	180	12.0%
Domestic and family violence ⁹⁵	57	3.8%
Death of victim's spouse	32	2.1%
Blended family	29	1.9%
Mutual aggression	28	1.9%

Living Arrangements

Living with perpetrators is an established risk factor for elder abuse.^{96,97,98} In 2019–20, data were recorded about victims' living arrangements in 1,374 (91.4%) cases; living arrangements were unknown for 130 (8.6%) cases. The proportion of victims who lived alone was lower in 2019–20 (23.7%) than in 2018–19 (34.9%). Victims were most frequently living with perpetrators, with victims and perpetrators cohabitating in 803 (53.4%) cases (Figure 19). This proportion is much higher than the 37.6 per cent recorded in 2018–19; however, this figure may still underrepresent the situation because cohabitation reduces the likelihood of engaging with support services.⁹⁹

Several factors may contribute to the increased rates of cohabitation recorded in 2019–20:

The PEARL database went live on 1 July 2018. The 2018–19 *Year in Review* was based on the first year of data collection. Staff data entry probably improved as their familiarity with PEARL increased. A lack of familiarity and potential for underrepresentation in the data was noted as a limitation in the 2018–19 *Year in Review*.

Analysis of EAPU data found increased rates of perpetrator and victim cohabitation from March 2020. This increase coincides with the beginning of the COVID-19 pandemic in Queensland and may have increased the overall rate for 2019–20.

Further analysis of the 2019–20 data provides some support for the notion that the COVID-19 pandemic and the introduction of public health measures to combat the virus might have increased some of the risks associated with elder abuse. The fourth quarter of the financial year (April–June 2020) accounted for one-third ($n = 503$, 33.4%) of abuse cases for the 2019–20 reporting period. A logistic regression analysis found that cohabitation between victims and perpetrators was significantly more likely in cases recorded in the April–June 2020 quarter.¹⁰⁰

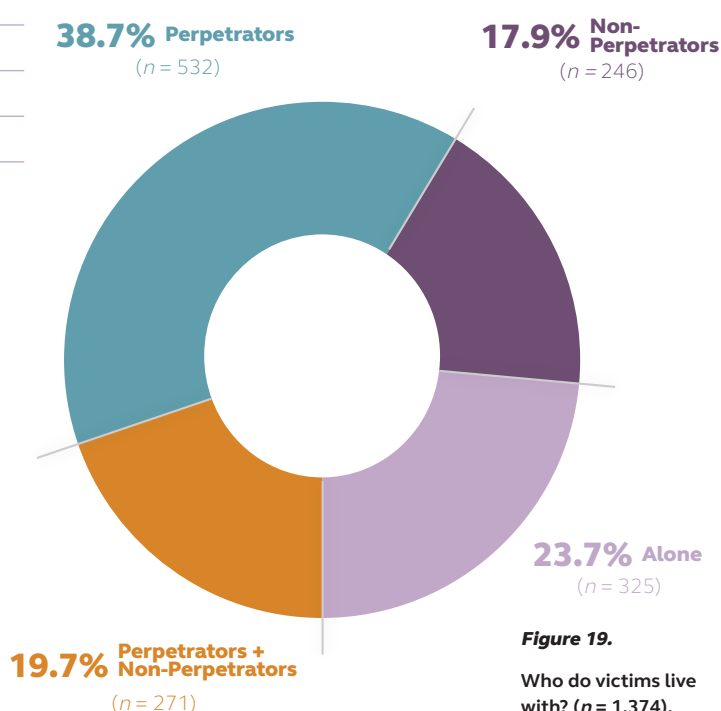


Figure 19.

Who do victims live with? ($n = 1,374$).

94 Note. This is selected in cases in which it is identified that longstanding conflict and poor relationships exist among multiple family members and are not associated with the elder abuse.

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

96 Australian Law Reform Commission (2017).

97 Kaspiew et al. (2018).

98 World Health Organization (2015).

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

100 $\chi^2(1) = 4.09, p = .043$.

SECTION 3.3

In 480 (59.8%) of the cases in which perpetrators lived with their victims, perpetrators were biological sons ($n = 287$, 35.7%) or biological daughters ($n = 193$, 24.0%). Of note, 60.7 per cent ($n = 51$) of grandchildren who perpetrated elder abuse lived with victims. The proportion of granddaughters was particularly high, with more than half ($n = 23$, 69.7%) of granddaughter perpetrators residing with victims.

The PEARL database can also record data about household changes related to elder abuse. In 2019–20, household changes occurred in 311 (20.7%) cases. In 113 (36.3%) cases, victims changed from living alone to living with perpetrators.¹⁰¹ In a further 51 (16.4%) cases, victims moved into aged care facilities.

The Caring Role

The ageing process and associated physical or cognitive decline can result in loss of independence for an older person. For an adult child or other family member, taking on the role of carer can lead to difficulties in managing stress, physical strain, competing demands, and financial hardship associated with the role.^{102,103} Carers can feel overloaded and experience reduced capacity to cope, which may affect the relationship between the caregiver and care recipient.^{104,105} 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.^{106,107,108,109}

In 2019–20, 23.7 per cent ($n = 357$) of perpetrators were recorded as providing informal care to victims. This proportion is higher than the 19.6 per cent ($n = 338$) of perpetrators recorded in 2018–19. The new database collects information about any issues identified in situations in which perpetrators are providing care to victims. At least one issue was identified in 299 (83.8%) such cases. The most common issues were that the provision of care was financially motivated and that perpetrators were struggling to meet victims' care needs (Figure 20).

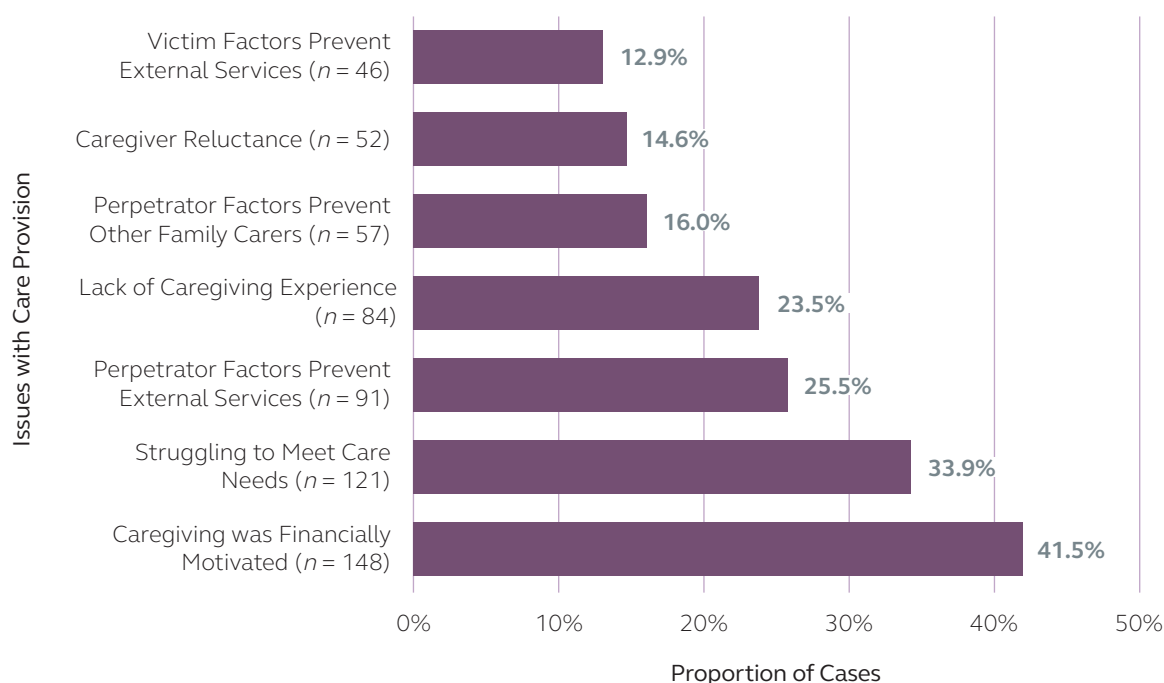


Figure 20.
Issues in cases in which perpetrators provide care ($n = 357$).

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

102 Brandl & Raymond (2012).

103 MacArthur Foundation (2012).

104 Son et al. (2007).

105 Chen & Dong (2017).

106 Schiamberg & Gans (1999).

107 Von Heydrich et al. (2012).

108 World Health Organization (2015).

109 Kohn & Verhoek-Oftendahl (2011).

SECTION 3.3

Dependence

Research shows dependence is a risk factor for elder abuse.^{110,111,112} 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-quarter ($n = 405$, 26.9%) of cases. This percentage is higher than the 21.6 per cent ($n = 373$) recorded in 2018–19.

Victims most often depended on perpetrators for support with decision making and care (Figure 21). The proportion of victims recorded as being dependent on perpetrators for decision making was almost triple the 6.7 per cent ($n = 116$) observed in 2018–19. It is unclear why this has occurred. Increased familiarity with the database is likely to account for some of the rise; however, this is unlikely to explain an increase of this size.

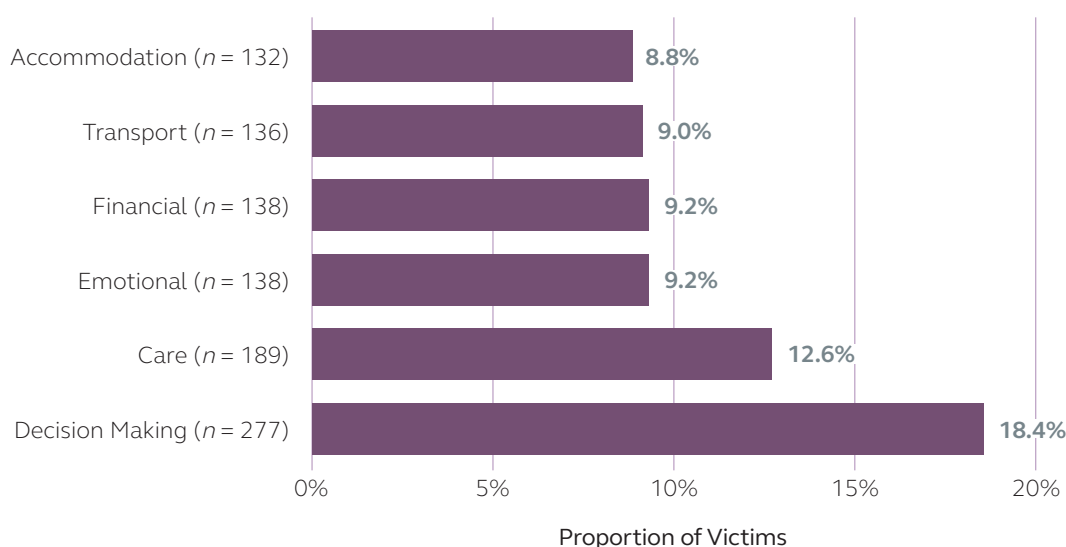


Figure 21.

Proportion of victims dependent on perpetrators ($n = 1,504$).

Perpetrator Dependent on Victim

Perpetrators were recorded as dependent on victims in one-quarter ($n = 374$, 24.9%) of cases. This proportion is higher than the 18.7 per cent of cases recorded in 2018–19. Perpetrators most often depended on victims for accommodation and financial support (Figure 22). The proportions of perpetrators dependent on victims for accommodation and financial support are higher than the 13.7 per cent ($n = 236$) and 11.2 per cent ($n = 194$) observed in 2018–19.

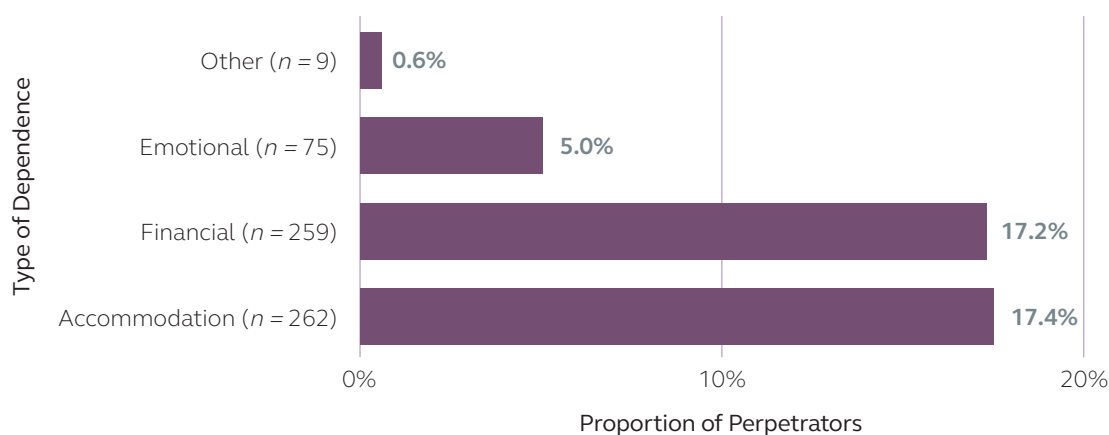


Figure 22.

Proportion of perpetrators dependent on victims.

Emotional Co-Dependence

Emotional co-dependence between victims and perpetrators was recorded in 30 (2.0%) cases.

¹¹⁰ Roberto & Teaster (2017).

¹¹¹ Schiamberg & Gans (1999).

¹¹² Horsford et al. (2011).



Financial Relationships

In 323 (21.5%) cases, financial relationships existed between victims and perpetrators. The most common relationships included a history of perpetrators borrowing from victims ($n = 222$, 14.8%), perpetrators having authorised access to victims' financial assets ($n = 63$, 4.2%), and co-ownership of property by victims and perpetrators ($n = 36$, 2.4%).

Precipitating Factors

PEARL allows Helpline operators to capture data on events in victims' and 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 497 (33.0%) cases. The most common factors were victim ill-health and perpetrators and victims beginning cohabitation (Table 13). In 2019–20, perpetrators moving in with victims or victims moving in with perpetrators was recorded in 14.0 per cent ($n = 210$) of cases, which is higher than the 9.1 per cent recorded for the 2018–19 financial year.

Precipitating Factors	Number	Per Cent
Perpetrator		
Perpetrator moved in with victim	145	9.6%
Perpetrator financial difficulties	61	4.1%
Perpetrator became EPoA for victim	55	3.7%
Perpetrator ill-health	47	3.1%
Perpetrator spousal separation	22	1.5%
Victim		
Victim ill-health	171	11.4%
Victim bereavement	65	4.3%
Victim moved in with perpetrator	65	4.3%
Other		
Other	11	0.7%

Note. EPoA = Enduring Power of Attorney.

Table 13.
Precipitating Factors for
Victims and Perpetrators

Perpetrators and victims may cohabit for a number of reasons. For example, a perpetrator was evicted from their rental property or lost their job and was unable to meet financial obligations. Other events such as spousal separation, victim bereavement, or victim ill-health may also result in perpetrators and victims living together.

SECTION 3.3

In 2019–20, the COVID-19 pandemic and subsequent economic impacts may have increased the likelihood of adult children moving in with their parents. In times of economic uncertainty, family members are more likely to cohabit, which, coupled with other stressors, may lead to increased violence.^{113,114} A survey undertaken by St George Bank in early April found that the COVID-19 pandemic had led to adult children moving back in with their parents.¹¹⁵ This result was supported by a May survey of 1,000 Australians conducted by Finder that found about one in four adult children had moved in with their parents; in 21 per cent of these cases, the move was due to COVID-19.¹¹⁶ A study conducted by the Australian Institute of Family Studies found that 66 per cent of people aged 50 years and over had experienced changes in living arrangements (i.e. who they were living with) during the pandemic.¹¹⁷ Further, many people aged under 30 years reported moving back home with their parents.

A logistic regression analysis found significantly more cases in which perpetrators moving in with victims was recorded as a precipitating factor in March 2020 than in the other months of the 2019–20 financial year (Figure 23).¹¹⁸ Social-distancing restrictions came into place in March 2020 and the largest COVID-related decrease in wages and jobs for Queensland in the 2019–20 financial year occurred between 14 March 2020 and 4 April 2020.¹¹⁹ Hence, it is likely that COVID-19 and the subsequent economic impacts contributed to the significantly higher proportion of cases in March 2020 in which perpetrators moving in with victims was recorded as a precipitating factor.

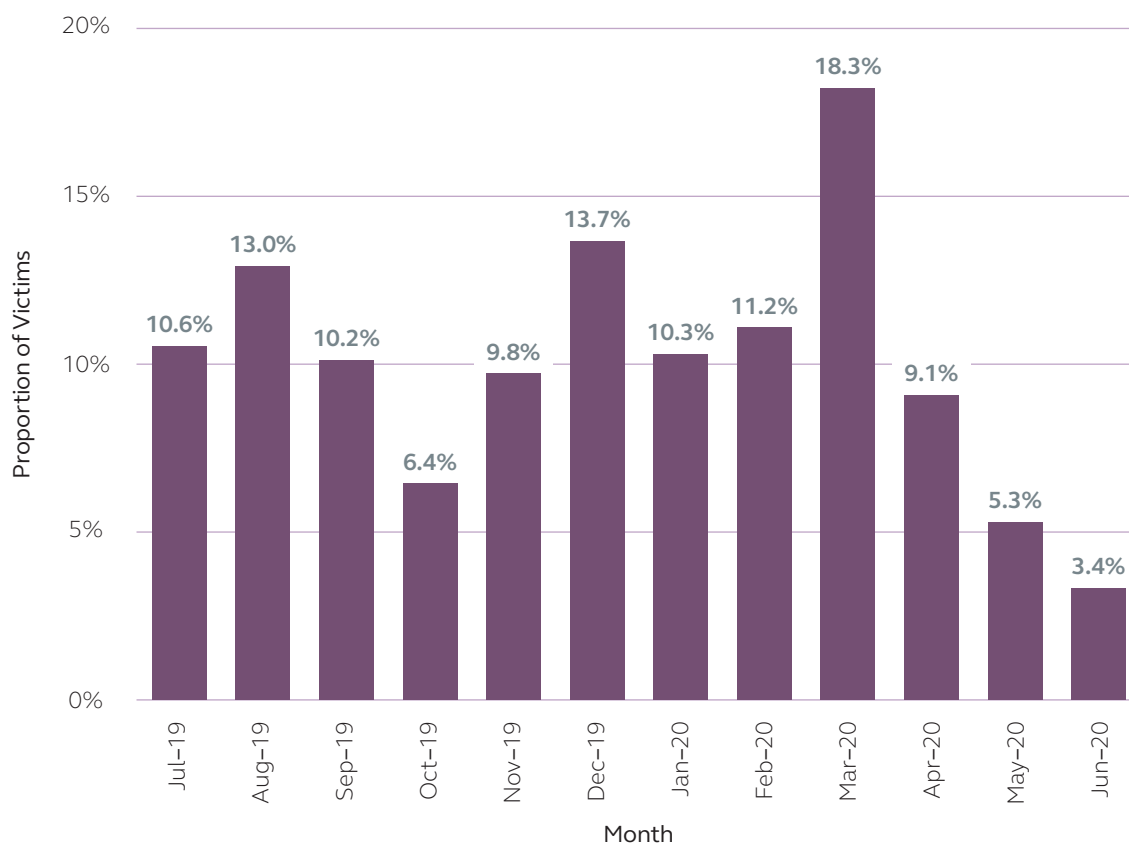


Figure 23.

Monthly proportion of cases in which perpetrator moved in with victim was identified as a precipitating factor.

113 Maxwell & Stone (2012).

114 Soares et al. (2010).

115 Burke (2020).

116 Razaghi (2020).

117 Hand, Baxter, Carroll, & Budinski (2020).

118 $\chi^2(11) = 28.48, p = .0027$.

119 Australian Bureau of Statistics (2020).



Section 3.4

Community Factors

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

Family and Community

Notifiers

In situations in which the person who contacted the Helpline is not the victim, notifiers may be other family or community members who are trying to support or protect the victim. In 2019–20, just over three-quarters of notifiers ($n = 1,150$, 76.5%) were concerned third parties and half ($n = 759$, 50.5%) were family members (Table 14). The largest group of notifiers was daughters, followed closely by victims themselves.

Notifiers	Number	Per Cent
Daughter	402	26.7%
Self	354	23.5%
Son	188	12.5%
Worker	186	12.4%
Friend	119	7.9%
Neighbour	58	3.9%
Grandchild	56	3.7%
Other family member	52	3.5%
Sibling	43	2.9%
Other community member	24	1.6%
Spouse/partner	18	1.2%
Unknown	3	0.2%
Informal carer	1	0.1%
Total	1,504	100.0%

Table 14.
Notifier's Relationship
to Victim



SECTION 3.4

Workers were the fourth most common group of notifiers (Table 14). Helpline operators can record workers' industries (recorded in 121 cases). Where industry was specified, health, community services, and aged care workers were the most frequent notifiers (Table 15). The most frequent kinds of workers from the health field were social workers ($n = 26$), nurses ($n = 18$), and doctors ($n = 14$).

Type of Worker	Number
Health worker	72
Community services worker	27
Aged care worker	12
Bank worker	5
Legal worker	3
Police	2
Total	121

Table 15.
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 404 (26.9%) cases.¹²⁰ Social connectedness is defined as experiencing feelings of belongingness and closeness, based on social appraisals and the value placed on the relationship by the person.¹²¹ As a concept, social connectedness extends beyond who interacts with victims and examines the quality of the relationships and their importance to victims.

The most common types of social connections recorded were with family, friends, and service providers (Table 16). In almost half ($n = 199$, 49.3%) of cases in which social connections were identified, victims were recorded as experiencing more than one type of connection.

Helpline workers only select the "Service providers" option when the victim feels socially connected to them. For example, the victim regularly sees their GP and values this relationship. Strong social relationships can help support and empower victims to speak out if they are being abused.¹²²

Social Connections	Number	Per Cent
Family	302	20.1%
Friends	162	10.8%
Service providers	46	3.1%
Neighbours	4	0.3%

Table 16.
Social Connections
Experienced by
Victims ($n = 404$)

Non-Perpetrators Residing with Victims

A change was made to the PEARL Database for the 2019–20 financial year that enabled staff to collect information about situations in which people not identified as perpetrators were living with victims. This information was recorded in more than one-third (34.4%) of cases. In 271 cases, a non-perpetrator was residing with both the victim and the perpetrator; in 246 cases, the victim was residing solely with non-perpetrators.

¹²⁰ Note. Social connectedness is probably underreported because notifiers may not have this information.

¹²¹ Van Bel, Smolders, Ijsselstein, & De Kort (2009).

¹²² Podnieks & Thomas (2017).

SECTION 3.4

Support Services

Another potential source of community support is services victims may be accessing. Victims were recorded as receiving support from service providers in 368 (24.5%) cases. Support services included aged care services (aged care facility, $n = 133$; community care, $n = 121$), medical services ($n = 150$), and psychological or counselling services ($n = 65$).

Information regarding barriers to service access can also be recorded. In 22 (1.5%) cases, a lack of available services in the area was identified as affecting victims. In 16 (1.1%) cases, victims were recorded as unable to access the services they required. Inability to access services is selected if there are services available but the victim is unable to access them. Factors such as physical accessibility, finances, language barriers, geographical location, and transport issues can influence access.

Geography

Queensland is the second largest state in Australia and over half of the population lives outside Brisbane's greater metropolitan area. Geographical distance and population spread can create issues with 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.^{123,124,125} Further, rates of domestic and family violence are often higher in rural, regional, and remote areas.¹²⁶ Nevertheless, living in a small community can be protective too; people are more likely to know their neighbours and other community members. Often a strong sense of community exists and members are more likely to check on their neighbours and thus realise abuse is occurring.^{127,128} However, additional challenges may arise in reporting abuse and accessing support in small communities:

- The sense of community and of everyone knowing each other can stop older people speaking out from shame and the importance placed on protecting the family name.^{129,130}
- The interrelatedness of community members may also reduce the likelihood of victims and workers reporting abuse. Often dual relationships exist, for example, the perpetrator may be a friend of the only police officer, psychologist, or doctor in the community.
- A lack of services may also leave workers without referral options.

In the 2019–20 financial year, living in a small community contributed to elder abuse issues for victims in 26 (1.7%) cases.¹³¹

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



123 Australian Law Reform Commission (2017).
124 Office of the Public Advocate, Western Australia (2005).
125 Peri et al. (2008).
126 Campo & Tayton (2015).
127 Horsford et al. (2011).
128 Tilse et al. (2006).
129 Peri et al. (2008).
130 Horsford et al. (2011).
131 Note. This figure probably underrepresents the true situation because notifiers may not know or report this information.

SECTION 3.4

Victim Location

Victim location was known in 91.4 per cent ($n = 1,374$) of cases. Figure 24 displays the number of victims in each region.¹³²

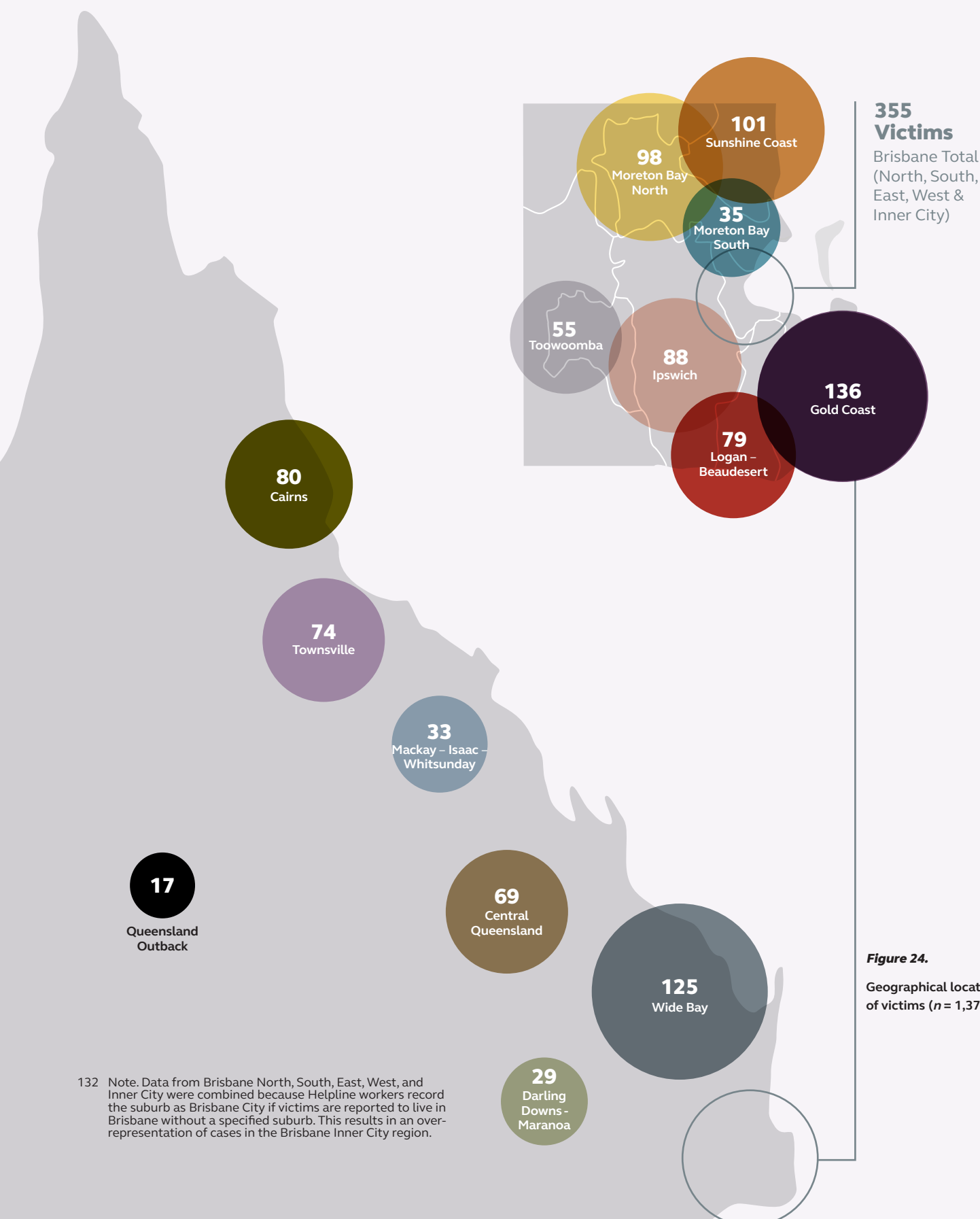


Figure 24.

Geographical location of victims ($n = 1,374$).

¹³² Note. Data from Brisbane North, South, East, West, and Inner City were combined because Helpline workers record the suburb as Brisbane City if victims are reported to live in Brisbane without a specified suburb. This results in an over-representation of cases in the Brisbane Inner City region.

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

To compensate for the variations in distribution of the Queensland population across regions, a standardised difference statistic was calculated to enable accurate comparison between regions.¹³³ In a number of regions, the proportion of reported victims was above or below expectations (Table 17, Figure 25). The most notable changes from 2018–19 were the lower proportion of victims from the Gold Coast region, and higher proportions from the Brisbane and Central Queensland regions.

Table 17.

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

SA4 Region	Population	Proportion of Victims	Difference	Standardised Difference
Brisbane	22.8%	25.8%	3.0%	13.3%
Cairns	5.4%	5.8%	0.4%	7.8%
Central Queensland	4.5%	5.0%	0.5%	11.6%
Darling Downs – Maranoa	3.1%	2.1%	–1.0%	–31.9%
Gold Coast	12.5%	9.9%	–2.6%	–20.8%
Ipswich	7.4%	6.4%	–1.0%	–13.5%
Logan – Beaudesert	5.9%	5.7%	–0.2%	–2.5%
Mackay – Isaac – Whitsunday	3.4%	2.4%	–1.0%	–29.4%
Moreton Bay – North	5.7%	7.1%	1.4%	25.1%
Moreton Bay – South	3.5%	2.5%	–1.0%	–27.2%
Queensland – Outback	1.5%	1.2%	–0.3%	–17.5%
Sunshine Coast	9.1%	7.4%	–1.7%	–19.2%
Toowoomba	3.3%	4.0%	0.7%	21.3%
Townsville	4.6%	5.4%	0.8%	17.1%
Wide Bay	8.4%	9.1%	0.7%	8.3%

133 Note. A negative standardised difference statistic shows the proportion of victims in the area was lower than expected based on population data; a positive value signifies more victims than expected. For example, the Cairns region is home to 5.4 per cent of Queensland's 50+ population, so 5.4 per cent of reported victims should live in this region. This would equate to 74.2 victims; however, 80 victims (5.8% of victims where location was known; $n = 1,374$) lived in the region. Consequently, the proportion of victims reported for Cairns was 0.4 per cent higher than expected. This difference equates to a standardised difference of 7.8 per cent, showing that there were 7.8 per cent (or 5.8) more victims in this region than expected.

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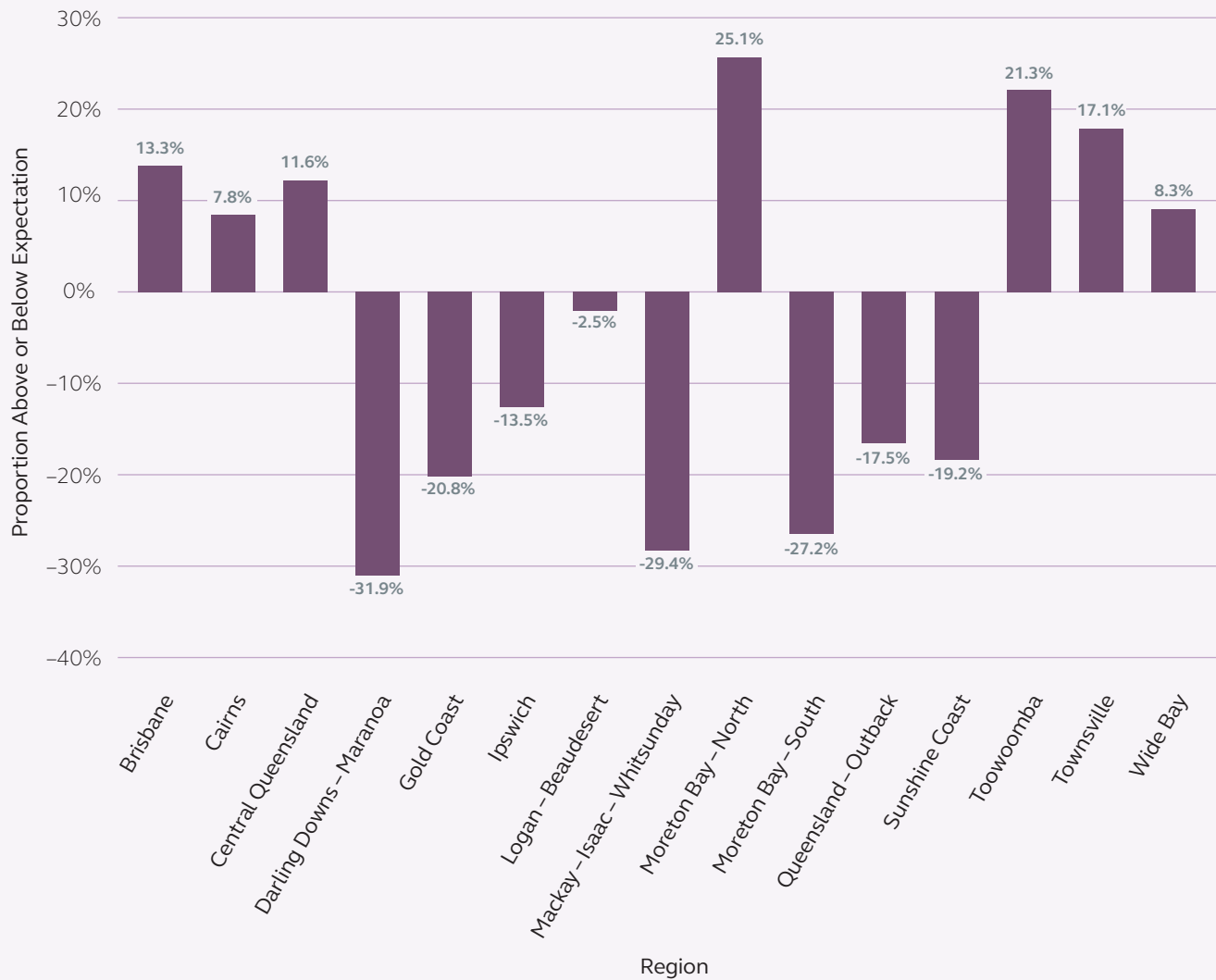


Figure 25.

Proportion of cases above or below that expected by region.

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

Section 3.5

Societal Factors

The societal level of analysis concerns the ideologies held by victims and perpetrators and the sociocultural context within which they live. Many societal factors contribute to a climate in which elder abuse more likely occurs. This section examines four areas:

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

Culture and Social Norms

Social norms are rules of behaviour based on internalised schemas to which community members are expected to conform.^{134,135} 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.¹³⁶ 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.¹³⁷ Stereotypes evoke category-based expectations about a person and influence behaviour, which may be prejudicial or discriminatory. Prejudice and discrimination can affect not only individual and societal attitudes toward particular groups of people, but also policy and legislation. Negative schemas around age, gender, and race are associated with an increased risk of elder abuse.

Ageism

Ageism refers to stereotyping and discriminating against individuals or groups based on their age. Ageism takes many forms, including prejudicial attitudes, discriminatory practices, and institutional policies and practices that perpetuate stereotypical beliefs.^{138,139} These attitudes and beliefs can become self-fulfilling if they are internalised by older people.

The Australian Human Rights Commission found that ageism is widespread in Australia,¹⁴⁰ which is concerning because research consistently shows ageism is a risk factor for elder abuse.^{141,142,143,144} 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.¹⁴⁵ The media plays a substantial role in perpetuating these stereotyped views of older people. A crime is more likely to be reported in the media if the victim is older, and car accidents involving older drivers often receive more media attention than those involving younger drivers. Ageism in the media can be subtle; for example, underrepresentation of older people in advertisements leads to reports of feeling invisible.¹⁴⁶

134 World Health Organization (2009).

135 National Academies of Sciences, Engineering, and Medicine (2018).

136 Vaughan & Hogg (2005).

137 McCauley, Stitt, & Segal (1980).

138 World Health Organization (n.d.).

139 Australian Human Rights Commission (2010).

140 Australian Human Rights Commission (2013).

141 Australian Law Reform Commission (2017).

142 Kaspiw et al. (2018).

143 Peri et al. (2008).

144 World Health Organization (2015).

145 Australian Human Rights Commission (2013).

146 Australian Human Rights Commission (2013).

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In a broad sense, ageism increases vulnerability, exacerbates abuse, decreases the likelihood of reporting, and inhibits effective responses to elder abuse.^{147,148,149} The PEARL database enables Helpline operators to record when ageism is identified in a call, which occurred in almost half ($n = 735$, 48.9%) of cases.¹⁵⁰ Helpline operators select “Ageism” if callers make comments that suggest older people are all the same, older people are incapable, or older people should or should not do something simply because of their age.

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

Sexism and Gender Roles

Gender roles relate to expectations about what males and females should do (e.g. in the household, community, and workplace) in a given society.¹⁵¹ Gender stereotypes underlie these roles. Social constructions of gender and the roles and norms associated with gender affect both victims and perpetrators.¹⁵² Society has gradually shifted away from traditional patriarchal paradigms in which financial matters were always handled by males. Despite this shift, the EAPU still receives reports about older females who struggle to cope with managing finances after their husband’s death because they lack experience in such matters. In these cases, family members may take responsibility for the financial management, thereby increasing opportunities for financial abuse.¹⁵³

The database enables workers to record if gender stereotypes toward victims have influenced their decisions or behaviour. This was identified in 438 (29.1%) cases; most victims were

female ($n = 355$, 81.1%).¹⁵⁴ Sexism and gender roles also affect perpetrators. Gender stereotypes reportedly influenced perpetrators’ behaviour in 320 (21.3%) cases; three-quarters of these perpetrators were male ($n = 242$, 75.6%).

Racism

Experiences of racism likely increase the vulnerability of an older person. Historical experiences of segregation, exclusion, and oppression have led to intergenerational trauma for Aboriginal and Torres Strait Islander peoples in Australia. These experiences have affected the physical, psychological, socioeconomic, and cultural health of this population, leading to poorer outcomes.^{155,156} Experiences of racism among older people can also cause them to mistrust service providers and reporting bodies, and increase their sense of shame. Together, these factors may reduce the likelihood that victims will report abuse.¹⁵⁷ Racism can also become internalised and reduce a victim’s self-efficacy, leading to increased vulnerability and risk of abuse, and further reduce the likelihood of reporting. Racism and intergenerational trauma can also affect perpetrators and further increase the risk of abuse.¹⁵⁸

Care Obligations and Expectations

Obligations and expectations around who will provide care for an older person can create tension within families. Some cultures and communities regard it as the “duty” of a particular child (e.g. the oldest daughter) or children to provide care for their elderly parents. To not fulfil this obligation can lead to shame and stigma for both the older person and the child or children.^{159,160} Feeling obligated to provide care can lead to resentment and conflict, increasing the likelihood of carer burnout and the risk of elder abuse. Differences in cross-generational expectations about the care of an older person can also increase conflict within families.^{161,162} As discussed in Section 3.3, caregiver reluctance was noted for 52 cases in which perpetrators were providing care to victims.

147 Australian Human Rights Commission (2013).

148 Australian Law Reform Commission (2017).

149 World Health Organization (2015).

150 Note. This figure is much higher than last year and is likely due to additional training that was provided on ageism and the way it manifests in calls, along with increased staff familiarity with the database. (This field was not included in the previous database.)

151 World Health Organization (2011).

152 Peri et al. (2008).

153 Kaspiew et al. (2018).

154 Note. This figure is much higher than last year and is likely due to additional training that was provided on gender roles

and stereotypes and how these manifest in calls, along with increased staff familiarity with the database. (These fields were not included in the previous database.)

155 Australian Institute of Health and Welfare (2015).

156 Australian Institute of Health and Welfare (2018c).

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

158 Horsford et al. (2011).

159 Peri et al. (2008).

160 World Health Organization (2015).

161 Kaspiew et al. (2018).

162 Peri et al. (2008).



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.¹⁶³ An Australian study found that 93 per cent of respondents believed they should make provisions for children or stepchildren when dividing assets.¹⁶⁴ 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.¹⁶⁵

Farming families may experience additional complexities from an existing level of co-ownership or sharing of assets and a reluctance to divide the farm.^{166,167,168} Perhaps one (or several) of the children have a house on the farmland owned by their parents and are actively working the farm. They may perceive that the farm and any assets already belong to them.

Competing interests among parents and children are more likely when a perception of entitlement exists and children view the transfer of parental assets as their right.¹⁶⁹ The parents may want to spend their money on holidays or aged care but face pressure from children who want to preserve their inheritance. Calls to the Helpline often reflect this premise: “Aged care is a waste of money; I will move in and care for you.” This perception of

entitlement is particularly problematic when the child holds an Enduring Power of Attorney (EPOA) for their parent/s.

In 2019–20, a perception of entitlement was identified in more than half ($n = 915$, 60.8%) of cases reported to the Helpline. This proportion is much higher than the 19.1 per cent recorded in 2018–19. This increase is probably due – at least partially – to increased staff knowledge of where to record this information in the PEARL database. Previously, staff recorded a perception of entitlement under “Financial Risk Factors” in the Elderline database. This was changed in the PEARL database due to increased recognition that a perception of entitlement may also be associated with other types of abuse. Additional training about this was provided to staff as part of the regular data-entry meetings, which has probably contributed to increased recording of a perception of entitlement.

Inheritance impatience likely compounds the increased risk of financial abuse in situations in which a sense of entitlement exists. The term “inheritance impatience” denotes situations in which “family members deliberately or recklessly prematurely acquire their ageing relatives’ assets that they believe will, or should, be theirs one day”.¹⁷⁰ 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.¹⁷¹ Inheritance impatience was recorded in one quarter ($n = 232$, 25.4%) of cases in which a perception of entitlement was identified.

163 Australian Law Reform Commission (2017).

164 Tilse, Wilson, White, Rosenman, & Feeney (2015).

165 Setterlund, Tilse, Wilson, McCawley, & Rosenman (2007).

166 Tilse, Wilson, White, Rosenman, & Feeney (2015).

167 Setterlund, Tilse, Wilson, McCawley, & Rosenman (2007).

168 Tilse et al. (2006).

169 Kaspiew et al. (2018).

170 Miskovski (2014).

171 Australian Institute of Health and Welfare (2018d).

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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.^{172,173} This presumption arises irrespective of the child's age and independence. The presumption of advancement reverses evidentiary responsibility and requires the parent to prove (on balance of probabilities) that the transfer was not a gift. This requirement 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 an older person from taking legal action to recover these assets.¹⁷⁴

A common situation reported to the Helpline in which the presumption of advancement is relevant involves “family agreements” between the older person and a family member or other trusted person.¹⁷⁵ Usually the older person has transferred the title of their house or the proceeds from the sale of their house to the trusted person, who promises to provide care, housing, or both in exchange for the transfer.¹⁷⁶ In many cases, the older person does not seek legal advice before entering into family agreements.

In 2019–20, family agreements were recorded in 71 cases of abuse reported to the Helpline.¹⁷⁷ Victims were recorded as experiencing financial abuse in all 71 cases. Victims also experienced other co-occurring types of abuse, with psychological abuse experienced by more than three-quarters of victims ($n = 56$, 78.9%).

Only 11 of the agreements (15.5%) were recorded as formal agreements (with legal documentation). A further 46 (64.8%) were informal agreements, and the type of agreement was unknown for the remaining 14 (19.7%). In many cases, the older person is not listed on the Title Deed, or their full contribution to the property is not recorded. If no formal family agreement exists, the older person becomes vulnerable if the relationship sours. In addition, victims often fail to realise that 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 notional income may result in victims losing all or part of their Centrelink payments.

By the time many victims contact the Helpline, the relationship with their child has deteriorated; they may have been instructed by their child to leave the property, and are at risk of homelessness. In this situation, the options

available for the older person to recover their money are limited, particularly as their financial resources have already been depleted. Victims were reported to have become homeless because of elder abuse in 12 (16.9%) cases in which a family agreement was in place. In a further three cases, a fear of becoming homeless was a barrier affecting victims' ability to address the abusive situation.

Welfare Payments

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

As at 2 August 2019, the maximum payment on Newstart Allowance (single, no children, less than 60 years of age) was \$564.50 per fortnight (including Energy Supplement).¹⁷⁸ The maximum payment for carers receiving Carer Payment was \$926.20 per fortnight (including Energy Supplement and Pension Supplement), plus a yearly Carer Supplement of \$600. People who receive Carer Payment also receive Carer Allowance, which is a further \$129.80 per fortnight, with another yearly Carer Supplement of \$600. Hence, by claiming Carer Payment a person received almost double (approximately \$546.45 extra per fortnight) the rate of those receiving Newstart. Other benefits of receiving Carer Payment include no requirement to look for work and eligibility for a Pensioner Concession Card, which provides more discounts and rebates than a Health Care Card.

On 20 March 2020, recipients of Newstart Allowance were automatically transferred onto the newly created Jobseeker Payment. As at 2 August 2020, the Jobseeker Payment rate (per fortnight) was \$565.70 for a single person with no children and aged under 60 years. However, from late April 2020, people on Jobseeker Payment began receiving a temporary Coronavirus Supplement of \$550 per fortnight. The Coronavirus Supplement reduced to \$250 on 25 September 2020 and will cease on 31 December 2020.¹⁷⁹ The addition of the \$550 Coronavirus Supplement has meant that recipients of Jobseeker Payment have been receiving slightly higher fortnightly payments than those receiving both Carer Payment and Carer Allowance. Although this may temporarily reduce the incentive to claim Carer Payment and Carer Allowance, this effect is unlikely to continue due to the temporary nature of the Coronavirus Supplement.

172 Blundell, Clare, Moir, Clare, & Webb (2017).

173 Gillbard (2018).

174 Gillbard (2018).

175 Australian Law Reform Commission (2017).

176 Somes & Webb (2016).

177 Note. This figure probably underestimates the number of family agreements.

178 All data relating to Centrelink payments was obtained from the Department of Human Services website (<https://www.humanservices.gov.au/>) and was current at 2 August 2019. This is general information only and may not reflect individual circumstances.

179 Note. This information was accurate as at 12 August 2020; however, the coronavirus situation is continuing to evolve and this information may change. For up-to-date information, consult the Services Australia website (<https://www.servicesaustralia.gov.au/>).

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Aged Care

A further policy change that may have affected the risk of elder abuse is the aged care reforms that began in 2012. As part of these reforms, the Australian Government introduced means testing, along with changes to the payment arrangements for aged care. Helpline operators often receive calls about situations in which perpetrators cancel home care services or attempt to prevent their parents from moving into an aged care facility because they do not want their parents to spend “their inheritance” on aged care.

A shortfall in aged care services may also increase the risk of elder abuse. Funding for additional home care packages was announced in 2019 and the number of people waiting to receive appropriate home care packages decreased by 25,439 between the third quarters in 2018–19 and 2019–20. However, as at 31 March 2020, 103,599 people were waiting to receive appropriate home care packages in Australia.¹⁸⁰ In 2018–19, median wait times to receive an offer of a home care package (offer may be for a lower-level package than was approved) in Australia ranged from 7 months to 34 months.¹⁸¹

Difficulties navigating the aged care system can also create barriers for older people who require support. The interim report of the Royal Commission into Aged Care Safety and Quality described the aged care entry system as frightening, confronting and confusing for older people.¹⁸² Older people who manage to overcome this challenge 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.¹⁸³

An inability to access services increases the likelihood of victims needing to depend on family members to care for them. Although this lack of access increases the risk of carer stress, it also allows family members without the older person’s best interests at heart to move in under the guise of caring for the older person. Dependence, cohabitation, and social isolation are all risk factors for elder abuse; an inability to access services can increase the likelihood of these factors occurring. In addition, when these factors coexist, the risk of elder abuse further increases.

Contemporary Conditions: COVID-19

On 11 March 2020 the World Health Organization characterised the COVID-19 outbreak as a pandemic after more than 118,000 cases and 4,291 deaths were reported across 114 countries.¹⁸⁴ Queensland’s first case was confirmed on 28 January 2020;¹⁸⁵ by 30 June 2020, the number of

confirmed cases had grown to 1,067.¹⁸⁶ Older people have faced particular difficulties because of the pandemic, which is likely to have increased the risk of experiencing elder abuse. The pandemic and subsequent public health restrictions resulted in many older people becoming socially isolated and dependent on others for support. In March 2020, the higher mortality rates from COVID-19 in older populations led to recommendations that older people self-isolate. Social-distancing restrictions were also introduced for the whole community.

Self-isolation meant that many older people who had previously not required support suddenly needed assistance, for example, to obtain groceries and medications. In many cases, this resulted in older people depending on support from family members. In addition, older people were less likely to be out in the community, providing less opportunity for others to notice potential abuse. Dependence and social isolation are both associated with an increased risk of elder abuse.

Older people were not the only group directly affected by the COVID-19 pandemic. Social-distancing restrictions had flow-on economic effects, including substantial job losses. In times of economic uncertainty, family members are more likely to cohabit, which, coupled with other stressors, may lead to increased violence.^{187,188} A survey undertaken by St George Bank in early April 2020 found that the COVID-19 pandemic had led to adult children returning to live their parents.¹⁸⁹ This result was supported by a May 2020 survey of 1,000 Australians conducted by Finder. This survey found that about one in four adult children had moved in with their parents and that, in 21 per cent of cases, the move was due to COVID-19.¹⁹⁰ A study undertaken by the Australian Institute of Family Studies between 1 May 2020 and 9 June 2020, found that 66 per cent of people aged 50 years and over had experienced changes in whom they lived with during the pandemic.¹⁹¹ Further, many people aged under 30 years reported moving back home with their parents. The higher call volumes to the Helpline from March 2020 onward, coupled with increased rates of cohabitation and victim dependence in 2019–20 (see Section 3.3), suggest that COVID-19 did increase vulnerability and the risk of elder abuse.

On 30 March 2020, the EAPU began collecting data about whether COVID-19 was contributing to elder abuse. The highest proportion of cases in which COVID-19 was identified as a factor was recorded in April (41.6%). In May, COVID-19 was identified as a factor in 33.8 per cent of cases, which dropped to 12.3 percent in June. Although the number of cases in which COVID-19 is identified as a factor has decreased, COVID-19 will likely continue to affect risk factors for elder abuse; however, it may be more difficult to identify the effects.

180 Department of Health (2020).

181 Steering Committee for the Review of Government Service Provision (2020).

182 Royal Commission into Aged Care Quality and Safety (2019).

183 Hobbs (2020).

184 World Health Organization (2020).

185 Australian Broadcasting Commission (2020).

186 Queensland Government (2020).

187 Maxwell & Stone (2012).

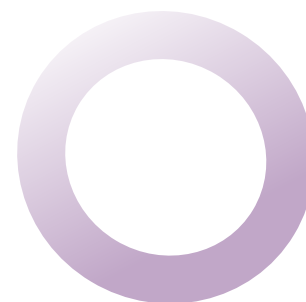
188 Soares et al. (2010).

189 Burke (2020).

190 Razaghi (2020).

191 Hand, Baxter, Carroll, & Budinski (2020).

SECTION 3.5



Economic Factors

A number of economic factors, including low interest rates, unemployment, house prices, increased longevity, and low superannuation balances, can increase the likelihood of elder abuse. Low interest rates have affected the superannuation balances, savings, and retirement income of older people.¹⁹² Increased longevity has compounded this effect, with many older people now concerned whether their superannuation and savings will last for their lifetime. In the Australian population, 66 per cent of people aged 65 years and over receive the Age Pension.¹⁹³ Women form the largest proportion of recipients.¹⁹⁴ They typically have lower superannuation balances¹⁹⁵ 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 (1989–2019), median house prices in Brisbane increased by 450 per cent, from \$96,000 (1989)¹⁹⁶ to \$530,000 (2019).¹⁹⁷ In comparison, wages have increased by only 235 per cent over the same period in Queensland: the average weekly wage increased from \$469.40 to \$1,575.60.¹⁹⁸ The widening gap between average incomes and house prices, coupled with rising rental costs, makes it more difficult to save for a home deposit and manage mortgage repayments. Consequently, home ownership rates have declined, particularly for people aged under 65 years.¹⁹⁹ Consistent with this decline, identified home ownership in perpetrators in 2019–20 (45.2% owned at least one home) was below the Queensland rate of ownership (62.2%).²⁰⁰

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 toward 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.

In 2017, the “Bank of Mum and Dad” was the fifth-largest home loan lender, providing \$65.3 billion in loans to help children buy houses.²⁰¹ In 2019–20, 77 (7.5%) financial abuse cases involved titles on assets that were transferred to perpetrators, 43 (4.2%) cases involved victims contributing money toward perpetrators’ properties, and 191 (18.5%) cases related to failing to repay loans.



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

197 Australian Bureau of Statistics (2019).
198 Queensland Government Statistician's Office (n.d).
199 Geck & Mackay (2018).
200 Queensland Government Statistician's Office (2019).
201 Emmerton (2017).

Section 3.6

Abuse Data

Consistent with findings from 2018–19, the three most commonly reported types of abuse were psychological, financial, and social abuse. More than two-thirds of victims experienced psychological or financial abuse (Figure 26). In 791 cases, psychological and financial abuse co-occurred (57.5% of total cases of both psychological and financial abuse).

The proportions of victims experiencing the different types of abuse in 2019–20 differed from those in 2018–19. The most notable difference is the higher proportion of victims experiencing psychological abuse in 2019–20 (75.6%) than in 2018–19 (69.9%). An analysis of whether rates of psychological abuse varied across quarters of the financial year found that the proportion of cases of psychological abuse reported in April–June 2020 (76.7%) was only slightly higher than the average across the prior quarters (75.0%). However, an analysis of monthly data found a substantially higher proportion of victims experienced psychological abuse in April (84.4%). COVID-19 and the subsequent social-distancing requirements ordered by Queensland’s Chief Health Officer under the *Restrictions in Private Residences Direction*, which took effect at 11:59 pm on 27 March 2020, likely resulted in victims spending more time with perpetrators – the highest rates of cohabitation between victims and perpetrators were reported for March–April 2020.

Another interesting finding was that the proportion of financial abuse cases was significantly lower in the April–June 2020 quarter (63.8%) than the average for the other quarters (70.8%; logistic regression analysis).²⁰² Given the economic impacts of COVID-19, this finding seems counterintuitive. However, there are several possible explanations:

- Economic response to COVID-19. The Australian Government introduced a number of measures such as the Economic Support Payment, Coronavirus Supplement, and JobKeeper Payment, along with access to up to \$20,000 of superannuation. In addition, the Queensland Government provided tax breaks to small and medium businesses.
- Social-distancing restrictions may have made access to older people more difficult and provided fewer opportunities to commit some forms of financial abuse. These restrictions also reduced access to gambling facilities and some retail stores, thereby reducing options for spending.
- Financial abuse may have been harder to identify. An older person may not have accessed the bank or ATM as frequently due to self-isolation.
- Perpetrators may have been at home more often due to restrictions or losing their job, thus reducing opportunities for older people to report abuse. Other notifiers may also have been less likely to report financial abuse because this form of abuse is more difficult to identify than physical and psychological abuse or neglect.

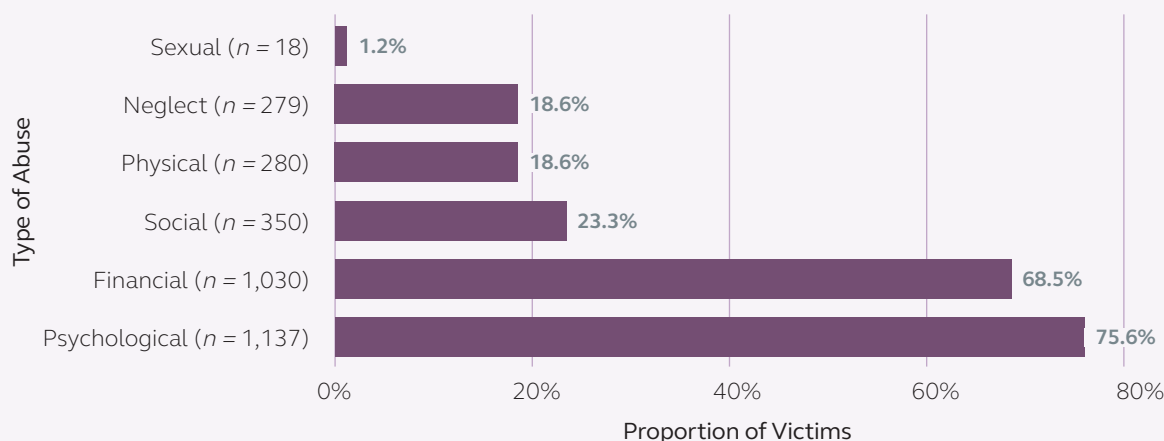


Figure 26.
Proportion of victims by abuse type.

²⁰² $\chi^2(3) = 8.62, p = .0348$.

SECTION 3.6

The PEARL database captures additional information about behaviours associated with each type of abuse.

Financial Abuse

In 2019–20, 1,030 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 the older person access to their money, pressuring the victim to sign over their house or car to the perpetrator, using the victim’s credit card without permission, and misusing an EPoA.

The PEARL database also 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), which are consistent with findings in 2018–19. Internet banking was recorded as the method used in almost half ($n = 64$, 47.8%) of cases in which funds transfer was recorded.

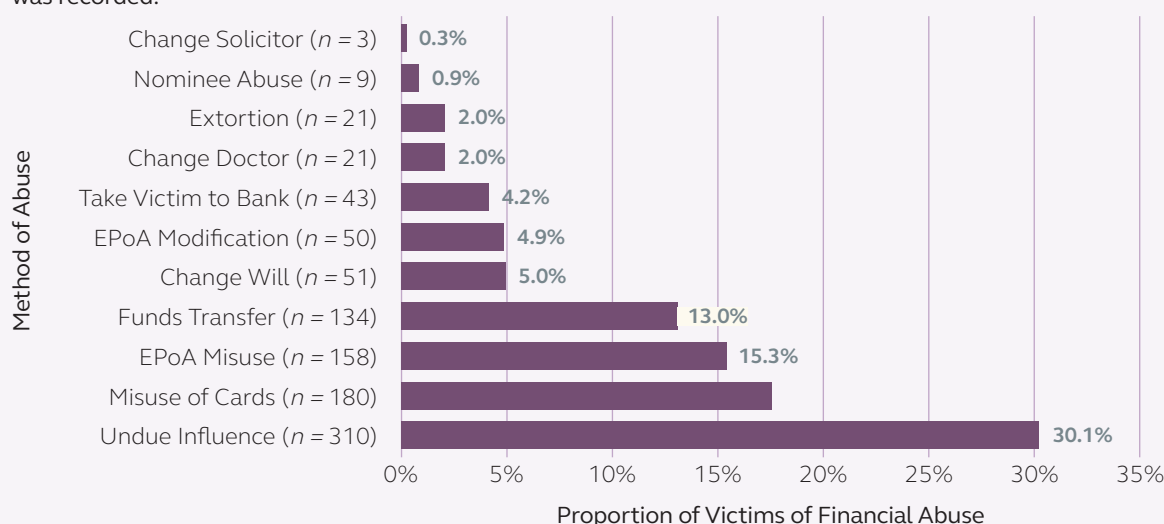


Figure 27.
Methods of
perpetrating financial
abuse ($n = 1,030$).

Forms of Financial Abuse

The most common forms of financial abuse were non-contribution (for example, living with the victim and not contributing toward expenses such as electricity or groceries), coercing the victim into gifting, and failure to repay loans (Figure 28). Coercion to gift is a new item that was added to the database on 1 July 2019.

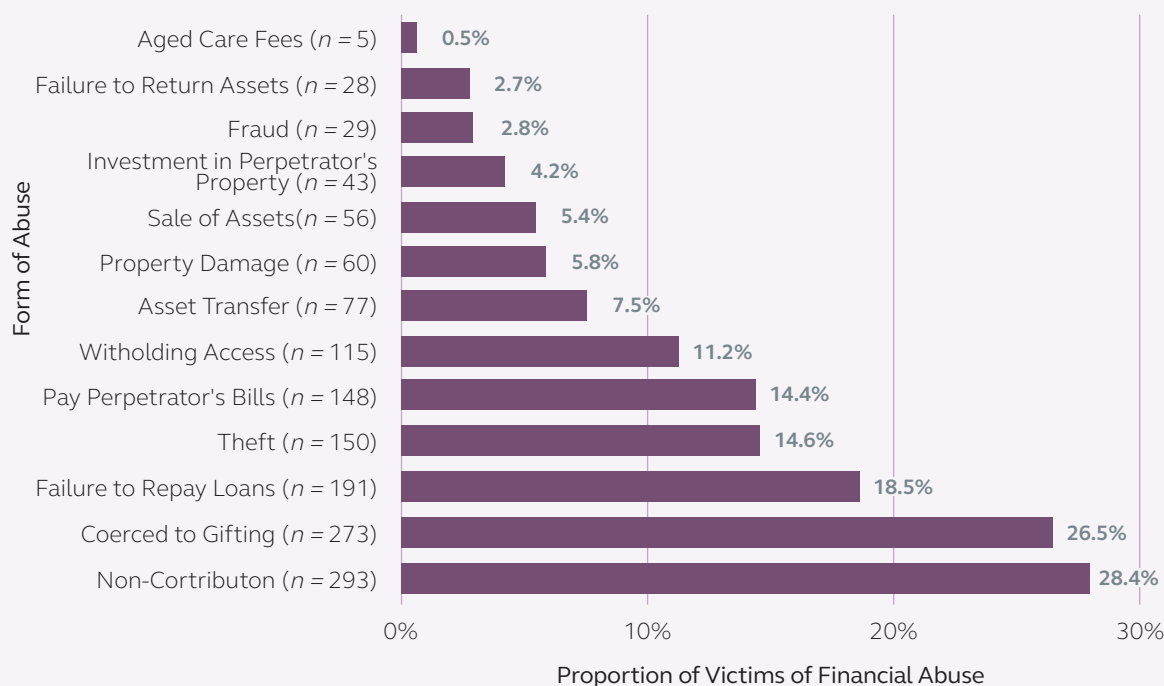


Figure 28.
Forms of financial
abuse ($n = 1,030$).



Neglect

In 2019–20, 279 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 failure to provide physiological necessities such as adequate nutrition and accommodation, in addition to ensuring safety. Neglect also includes situations in which an EPoA cancels home care services if the cancellation results in the older person not getting the care they require.

Refusal to allow others to provide care, a lack of supervision (where required for safety), and failing to take care of victims’ medical needs were the most commonly reported forms of neglect in 2019–20 (Figure 29). As noted previously, 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 the older person’s needs and was not allowing others to provide care.

A lack of supervision (where required for safety) was identified in 40.1 per cent of cases in 2019–20, which is higher than the 31.9 per cent recorded in 2018–19.

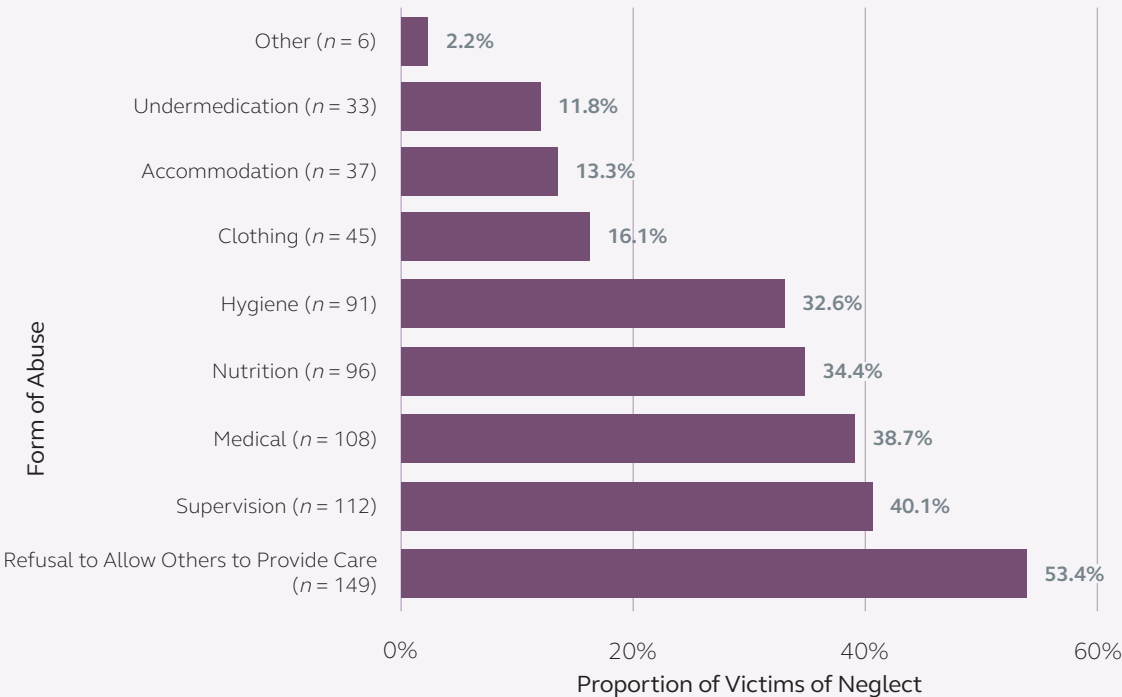


Figure 29.
Forms of neglect
(n = 279).

Physical Abuse

The EAPU defines physical abuse as “The infliction of physical pain or injury, physical coercion, or deprivation of liberty.” Examples are hitting, slapping, pushing, rough handling, or using restraint (physical or chemical).

In 2019–20, 280 cases of physical abuse were reported to the Helpline. Consistent with findings in 2018–19, the most commonly reported forms of physical abuse were pushing, striking, and rough handling (Figure 30).

Although strangulation and stabbing/cutting were recorded in only 17 (6.1%) cases of physical abuse,²⁰³ the level of violence and risk of death associated with these acts is of particular concern.

203 In two cases, strangulation and stabbing/cutting were both recorded.

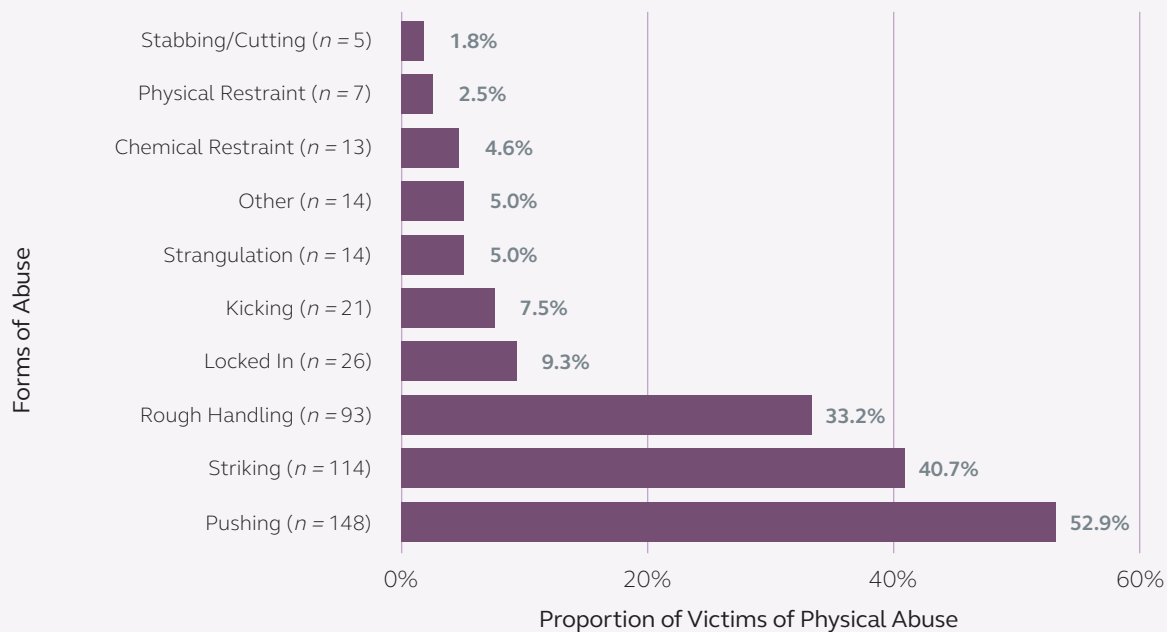


Figure 30.
Forms of physical
abuse (n = 280).

Psychological Abuse

In 2019–20, 1,137 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. Consistent with findings from 2018–19, the most common forms of psychological abuse were pressuring, shouting at, and degrading victims (Figure 31).

The most common types of threats were to harm victims, harm others, and send victims to residential aged care facilities.

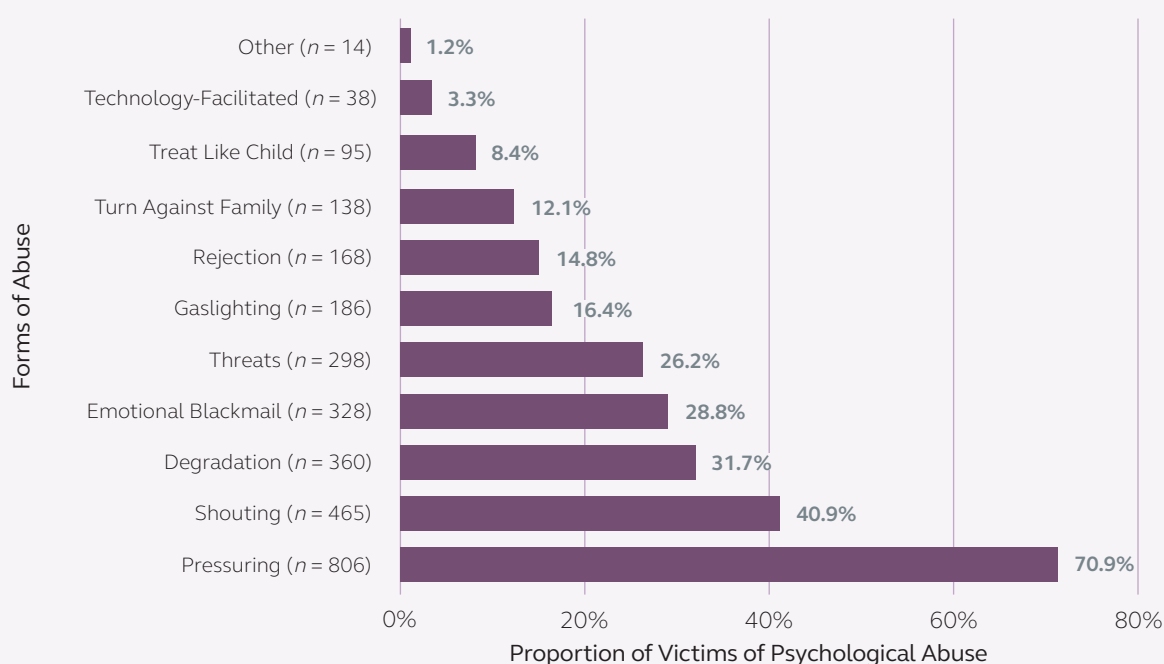


Figure 31.
Forms of
psychological abuse
(n = 1,137).

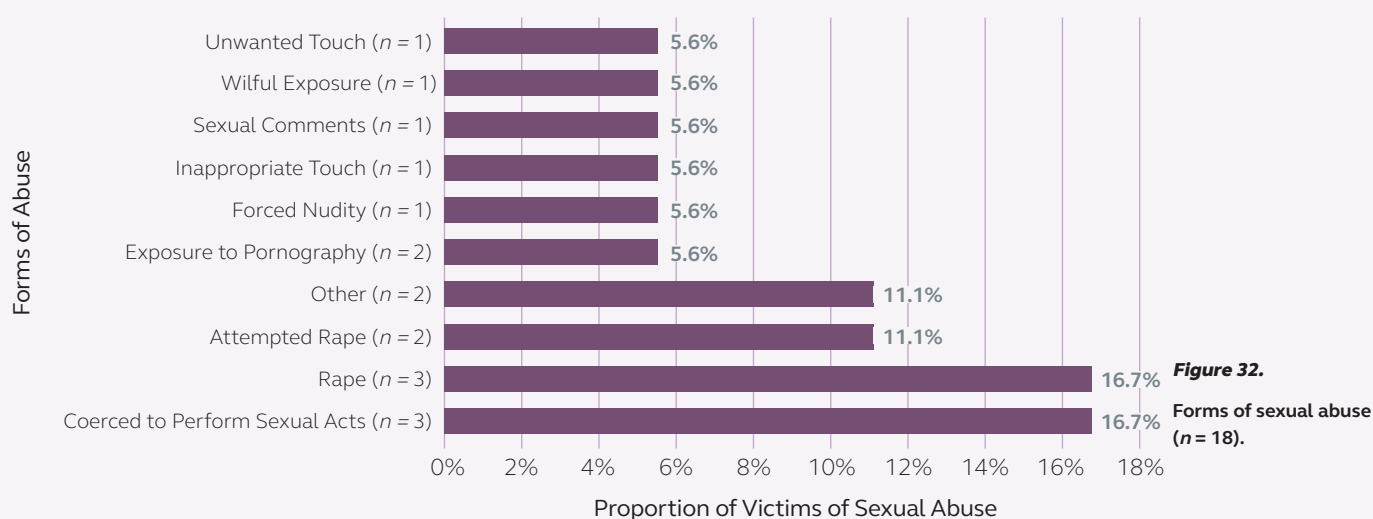
SECTION 3.6

Sexual Abuse

In 2019–20, 18 cases of sexual abuse were reported to the Helpline. Sexual abuse is any unwanted sexual behaviour, language, or activity that makes an older person feel uncomfortable, frightened, or threatened.^{204,205} This form of abuse includes situations in which a person is coerced into unwanted sexual activity or is unable to give consent due to intoxication, being unconscious or asleep, or not having the cognitive capacity to consent.²⁰⁶

In 2018–2019, forms of sexual abuse were captured for only 42.9 per cent ($n = 6$) of sexual abuse cases. This may reflect the narrow range of sexual abuse types listed in the database. To improve data capture on sexual abuse, changes were made to the PEARL database on July 1 2019. In 2019–2020, data about the types of sexual abuse were collected in 72.2 per cent ($n = 13$) of sexual abuse cases. In a further 16.7 per cent of cases ($n = 3$), it was noted that callers had reported sexual abuse but had not provided further information about the type of sexual abuse.

The most common forms of sexual abuse were being coerced to perform sexual acts and rape (Figure 32).



Social Abuse

In 2019–20, 350 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 are situations where the perpetrator moves the victim away from their friends, other family members, or partners, with all contact refused; the perpetrator places the victim in an aged care facility and instructs staff not to allow certain people to visit; and the perpetrator moves in with the victim and keeps visitors away, or prevents the victim from leaving the house. In some cases, perpetrators take away victims’ phones or monitor phone calls. The PEARL database allows Helpline operators to collect data on the methods used to perpetrate social abuse, along with the forms of social abuse.

Methods Used to Perpetrate Social Abuse

In 29 (8.3%) cases of social abuse, EPoA misuse was recorded as the method of perpetrating abuse, which is lower than the 16.2 per cent ($n = 76$) recorded in 2018–19. This difference may be due to COVID-19 restrictions that restricted visitation at residential aged care facilities. The restrictions may have meant that perpetrators did not need to use the EPoA to restrict access. Due to the small number of cases, further analysis was not possible.

204 Mann, Horsley, Barrett, & Tinney (2014).

205 Gold Coast Centre Against Sexual Violence Inc. (n.d.).

206 Krug, Dahlberg, Mercy, Zwi, & Lozano (2002).

SECTION 3.6

Forms of Social Abuse

Consistent with findings from 2018–19, limiting contact with family and friends, restricting phone access, and limiting participation in activities were the most commonly reported forms of social abuse (Figure 33).

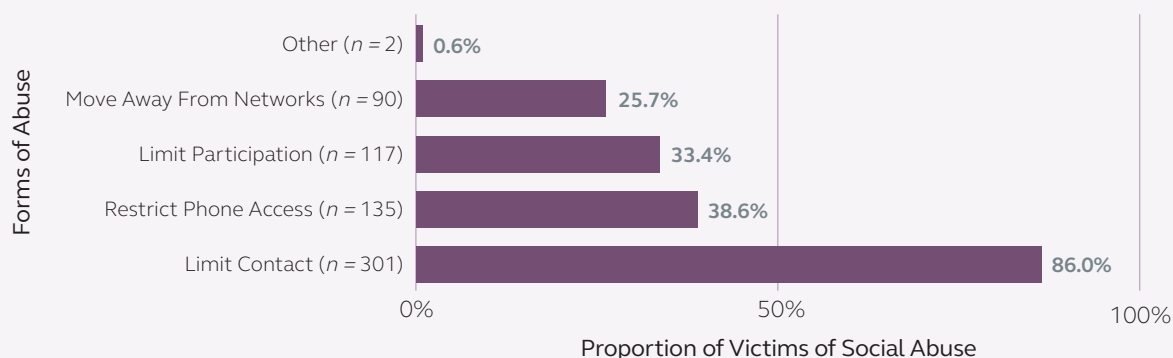


Figure 33.
Forms of social abuse
(n = 350).

Frequency of Abuse

The PEARL database captures data about the frequency of abuse, which was recorded for 445 (29.6%) cases. In more than one-third (36.9%) of these cases, victims were abused daily (Figure 34). This is lower than the 43.0 per cent of cases for which daily abuse was reported in 2018–19.

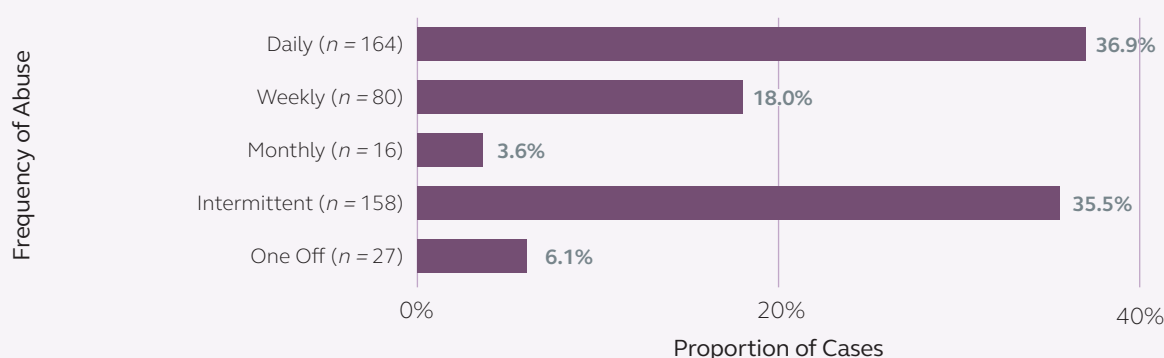


Figure 34.
Frequency of abuse
(n = 445).

Duration of Abuse

The database captured the duration of abuse in 664 (44.1%) cases. Of these cases, more than half of victims had been experiencing abuse for under 2 years (Figure 35). A further breakdown within this 2-year timeframe showed that 51 victims had been experiencing elder abuse for less than 3 months, 65 for 3–5 months, 148 for 6–12 months, and 134 for 1–2 years. In 18.7 per cent of cases, victims had been experiencing the abuse for more than 10 years. This is higher than the 13.7 per cent (n = 103) recorded in 2018–19.²⁰⁷

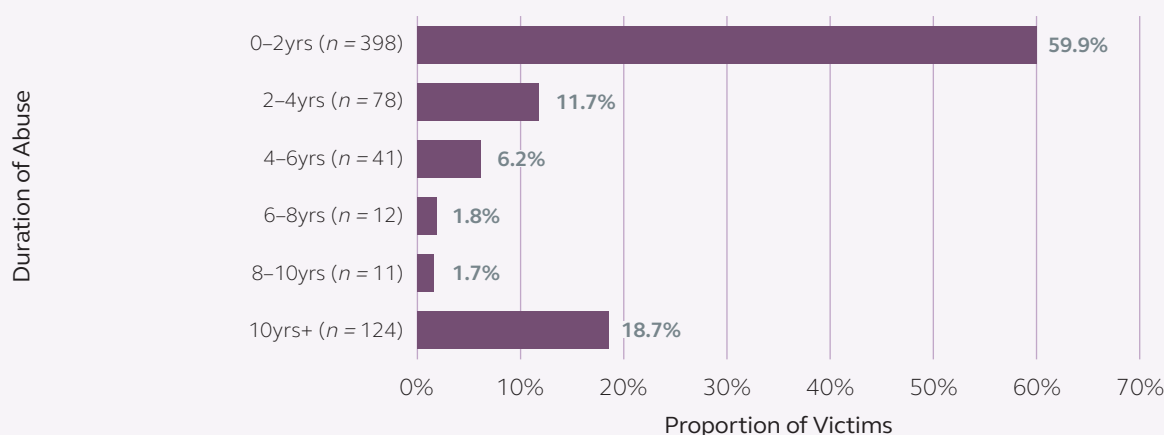


Figure 35.
Duration of abuse
(n = 664).

207 Note. This information was inadvertently omitted from the 2018–19 Year in Review.

Section 3.7

Impact of Abuse on Victims



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

Information about how abuse had affected victims was recorded in 1,154 (76.7%) cases. Consistent with findings from 2018–19, psychological, health, and financial impacts were most frequently reported (Figure 36). Of the total cases, 73.2 per cent involved impacts on victims' psychological functioning. Stress was the most commonly reported psychological impact, followed by anxiety (diagnosed or suspected), and depression (diagnosed or suspected) (Figure 37). Although reports of loss of the will to live and suicidal ideation or suicide attempts were less frequent (Figure 37), these cases are concerning in that victims could potentially die as a consequence of elder abuse.

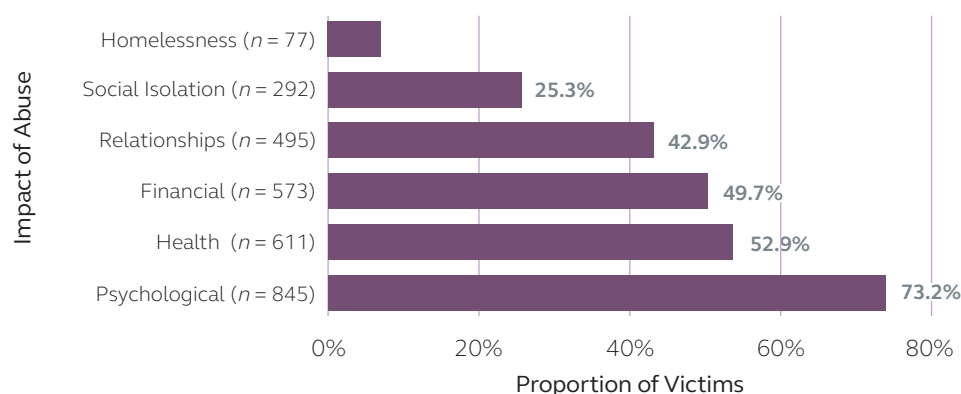


Figure 36.
Impact of elder abuse on victims (*n* = 1,154).

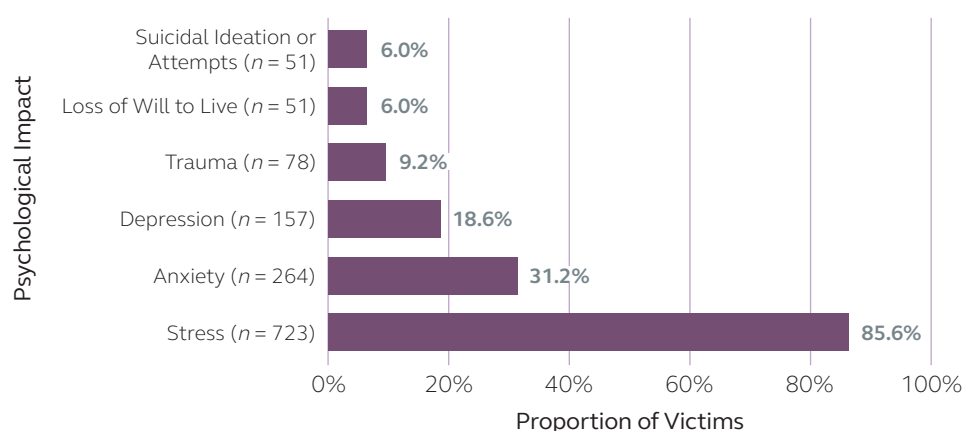


Figure 37.
Psychological impact of abuse (*n* = 845).

208 Podnieks & Thomas (2017).
 209 Podnieks & Thomas (2017).
 210 Santos et al. (2017).
 211 Dong, Chen, Chang, & Simon (2013).
 212 Amstadter et al. (2010).
 213 Cross, Purser, & Cockburn (2017).
 214 Webb, E. (2018).



Section 3.8

Barriers to Change for Victims

Helpline operators can record data about barriers to a victim's ability to enact change regarding the abuse they are experiencing. Barriers to change were identified in almost two-thirds of cases ($n = 992$, 66.0%) of cases.

For simplicity and clarity of reporting, a principal factor analysis with oblique (oblimin) rotation was used to group the 22 barriers to change. Six factors were retained:

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

Protecting the perpetrator and their relationship, fear of further harm, and shame or stigma were the most common barriers to change for victims (Figure 38). Despite experiencing elder abuse, victims often report a reluctance to act because they love their adult children and are reluctant for them to experience negative consequences. In many cases, they simply want their child to access support and stop the abusive behaviour.

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

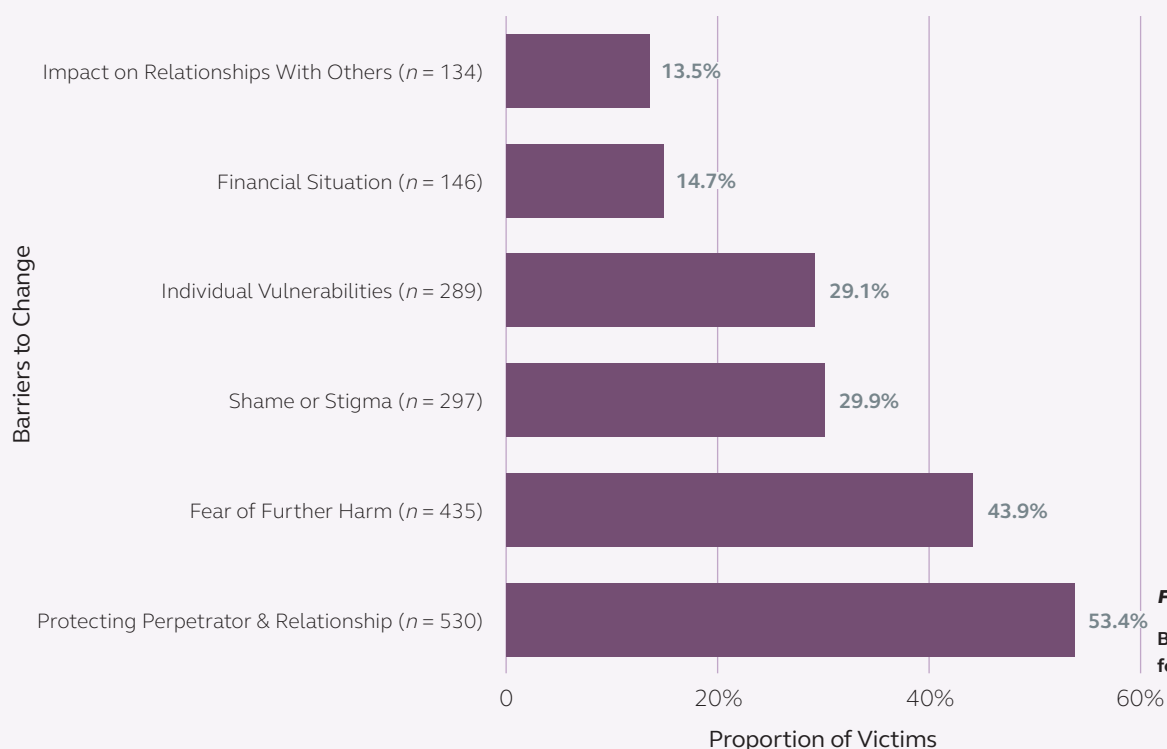


Figure 38.
Barriers to change
for victims ($n = 992$).

Section 4 Abuse in Consumer and Social Relationships

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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 older person and an aged care service provider or a retailer.

This section briefly reports on the 324 cases in 2019–20 that involved abuse perpetrated within the context of social and consumer relationships. These cases are analysed separately from the 1,504 cases of abuse in close or intimate relationships because the patterns of abuse in relationships within these contexts differ. Therefore, interventions may also need to differ.

The Helpline received 311 notifications of abuse in consumer and social relationships in 2019–20, which was lower than the 372 received in 2018–19. Abuse in consumer and social relationships represents 20.3 per cent of the total notifications, which is similar to the 20.9 per cent recorded in 2018–19. Hence, the lower number of notifications this year appears proportionate to the overall decrease in abuse notifications.

Some victims were experiencing abuse in both consumer and social relationships, and thus one call may generate two cases (one consumer abuse case and one social abuse case). Consequently, cases of abuse in consumer relationships numbered 179 and cases of abuse in social relationships numbered 145.

Abuse Types

Patterns of abuse differed according to the type of relationship (Figure 39). Neglect, physical abuse, and sexual abuse were reported at markedly higher rates in cases involving aged care services. Psychological abuse was more commonly reported for abuse in social relationships. Social abuse was reported at higher rates in social relationships. Financial abuse was more common in other consumer relationships.

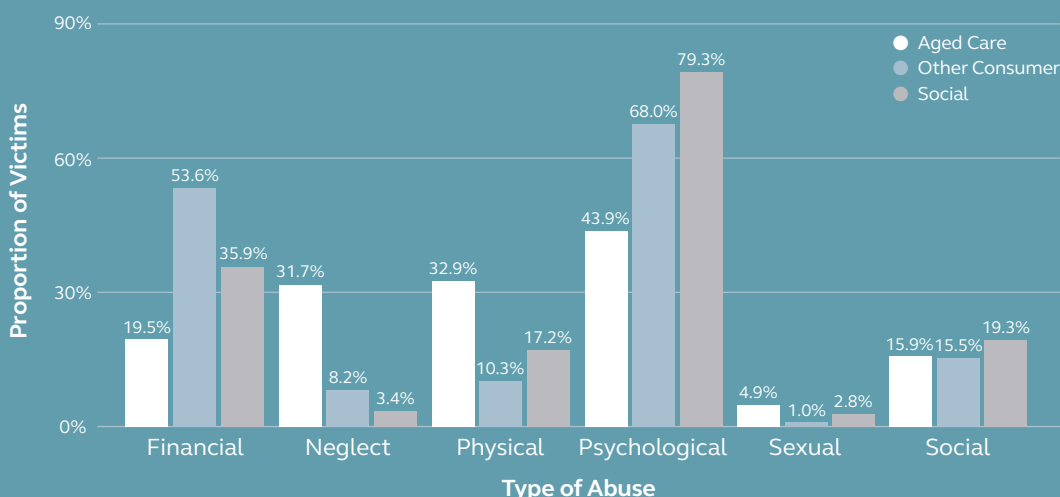


Figure 39.

Comparison of abuse types among aged care services (n = 82), other consumer situations (n = 97), and social relationships (n = 145).

Section 4.1

Abuse Involving Aged Care Services

Abuse involving aged care services was reported in 82 cases, a 27.4 per cent reduction on the 113 cases recorded in 2018–19. The reasons for such a large decrease in these notifications are unclear: the Royal Commission into Aged Care Quality and Safety and subsequent media attention has continued in 2019–20. In addition, outbreaks of COVID-19 in many residential aged care facilities have focused media attention on conditions in these facilities. Despite this, the highest number of reported cases was in the July–September 2019 quarter.

In 10 (12.2%) cases, it was noted that multiple victims were experiencing the abuse.²¹⁵

Abuse related to aged care services includes complaints about aged care facilities and providers of home care services, resident-to-resident violence, and complaints about individual workers in a community or residential setting.

More than three-quarters ($n = 68$, 82.9%) 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 10 cases identifying individual workers as perpetrators. In three of these cases, both an individual aged care worker and the aged care facility were reported as perpetrating abuse (Figure 40). For example, a facility worker abuses an older person and the response by those managing the facility is also considered abusive.

Less than one-fifth ($n = 14$, 17.1%) of cases involving aged care services related to home care services. In 13 cases, individual workers were identified as perpetrators and one case involved a complaint about the home care agency (Figure 40).

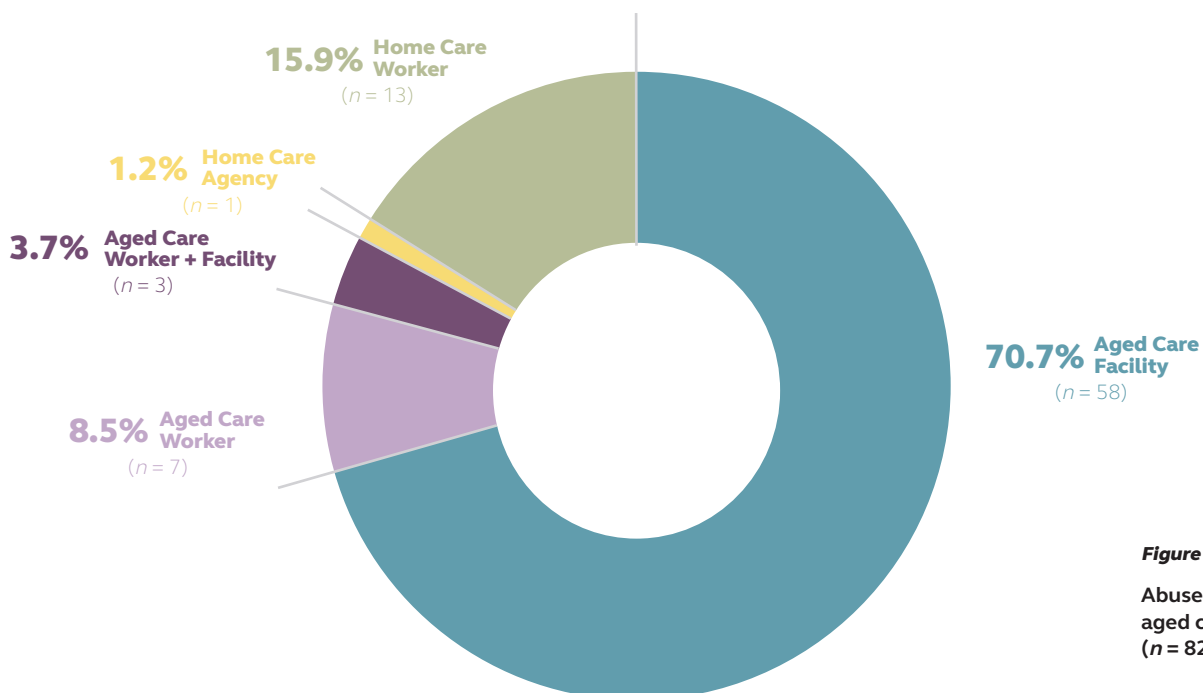


Figure 40.
Abuse involving
aged care services
($n = 82$).

²¹⁵ Note. Where multiple victims are identified regarding abuse in consumer or social relationships, details are only captured as one record (case).

SECTION 4.1

Additional information about issues experienced by victims was recorded for 89.0 per cent (residential aged care facilities, $n = 61$; home care, $n = 12$; total, $n = 73$) of cases of abuse involving aged care services.

Within residential aged care facilities, 90.2 per cent ($n = 55$) of reported issues related to the quality of the care provided. Attention to personal needs (e.g. not being bathed often enough or waiting a long time for support with toileting) was identified as the most common concern about the quality of care (Figure 41). The food being provided was the next most common quality issue, followed by concerns about safety (e.g. patients given the wrong medications or being safe from abuse from other residents or workers). In some cases, multiple issues were recorded. For example, an older person who waited a long time for support with toileting (attention to personal needs) may report that this occurred due to inadequate staffing levels.

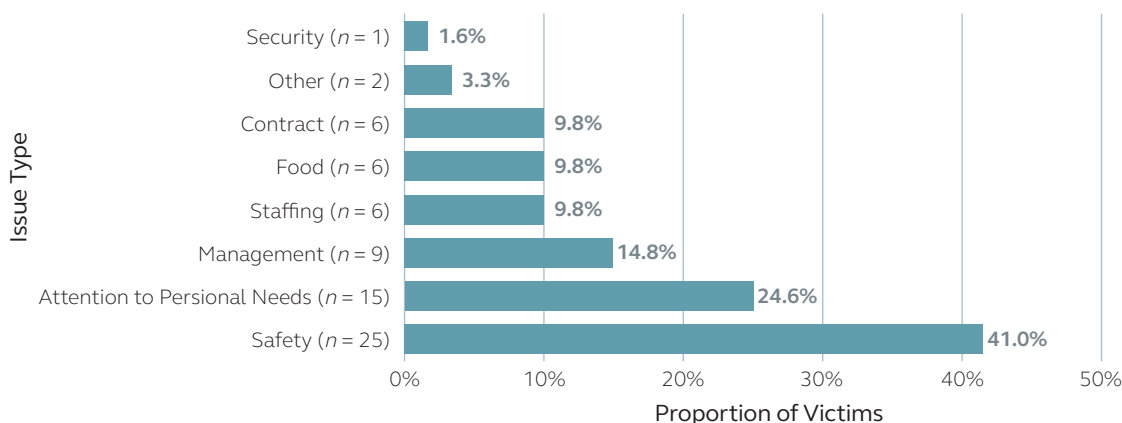


Figure 41.

Issues in aged care facilities ($n = 61$).

The most common issues identified with regard to home care services also related to quality of care ($n = 8$, 66.7%). Other issues included concerns about management ($n = 2$, 16.7%), security ($n = 2$, 16.7%), and contracts ($n = 1$, 8.3%).

COVID-19 was identified as a factor in five (6.1%) cases of abuse involving aged care services, with quality of care identified as an issue in four (80.0%) of these cases.

Victim Age

Victim age was recorded in 57 (83.8%) cases of abuse involving aged care services. The most common age groups were 80–84 years and 90–94 years (Figure 42).

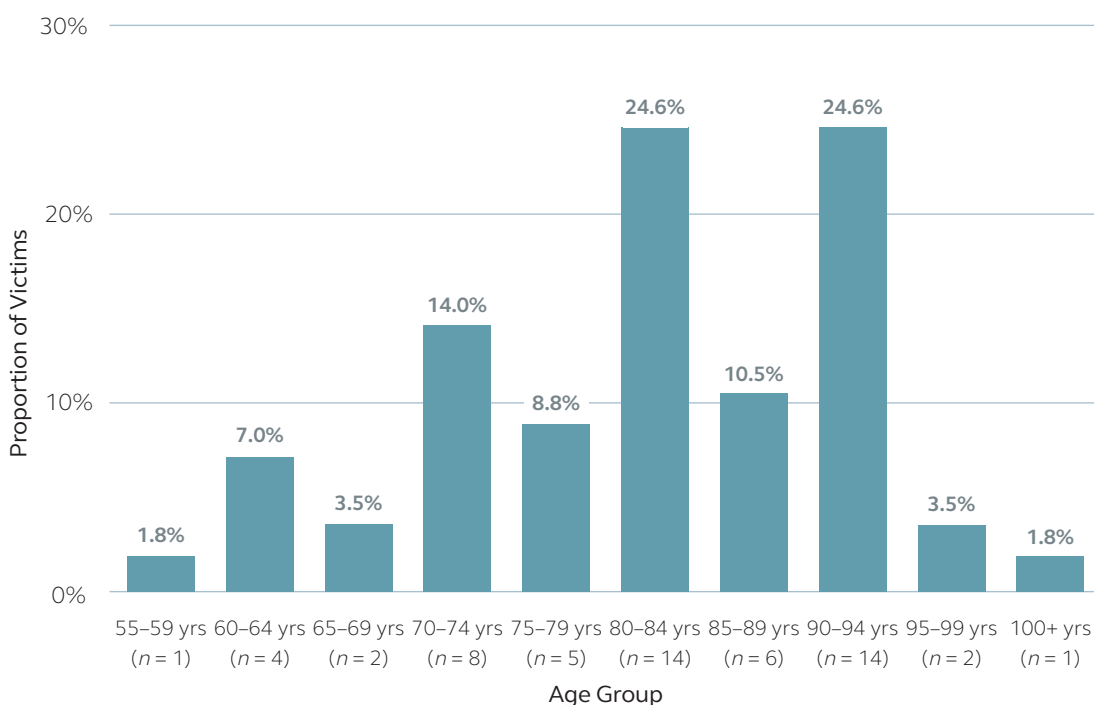


Figure 42.

Age of victims in abuse related to aged care services ($n = 57$).

SECTION 4.1

Victim Gender

Gender was recorded for 63 (76.8%) victims, but was unknown for 9 (11.0%) victims. In a further 10 (12.2%) cases, multiple victims were affected and thus no specific gender was recorded. Of the cases where gender was recorded, over half of victims were female (Figure 43). The proportion of female victims was lower in cases of abuse involving aged care services (57.1%) than in close or intimate relationships (67.6%).

Figure 43.

Gender of victims in abuse involving aged care services ($n = 63$).

42.9% Male
($n = 27$)

57.1% Female
($n = 36$)

Victim Capacity

Impaired capacity was recorded in 41 (50.0%) cases, no impairment was recorded in 28 (34.1%) cases, and capacity was unknown in 13 (15.9%) cases.

Perpetrator Gender

Perpetrator gender was recorded in 24 (29.2%) cases; more than half of perpetrators were female (Figure 44).²¹⁶

Figure 44.

Gender of perpetrators in abuse related to aged care services ($n = 24$).

41.7% Male
($n = 10$)

58.3% Female
($n = 14$)

Abuse Types

Psychological abuse and physical abuse were the most commonly reported types of abuse (Figure 45). 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.

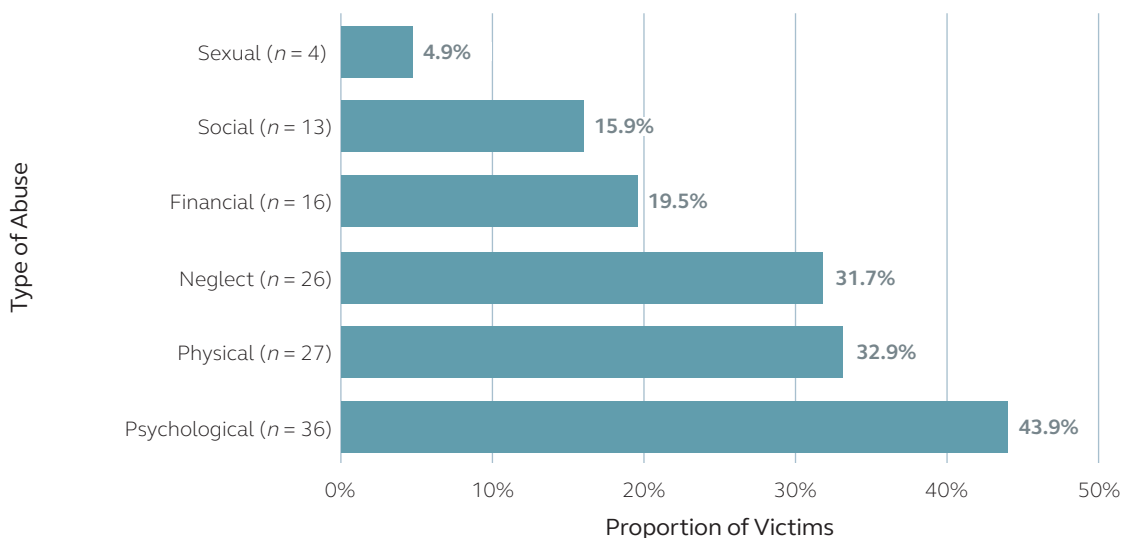


Figure 45.

Proportion of victims by abuse type in cases related to aged care services ($n = 82$).

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

Section 4.2

Abuse in Other Consumer Relationships

Abuse in other consumer relationships was reported for 97 cases in 2019–20, an increase of 10.2 per cent on the number of cases reported in 2018–19. This increase may indicate a higher prevalence or may relate to improved recording of cases as staff have become more familiar with the PEARL database. In 2018–19, the number of cases increased due to changes in the types of cases recorded in the new PEARL database. If cases of abuse in other consumer relationships continue to increase, this area would benefit from further research.

More than half of the cases in this category related to accommodation services (Figure 46). Of the 58 complaints about accommodation services, 30 (51.7%) involved retirement villages and 15 (25.9%) involved public housing properties. Neighbourhood bullying was reported as a concurrent issue in 16 (27.6%) cases (4 cases in retirement villages, 14 in public housing). In these cases, safety, abusive behaviour from management, and failing to adequately deal with behaviour of other tenants were listed as issues.

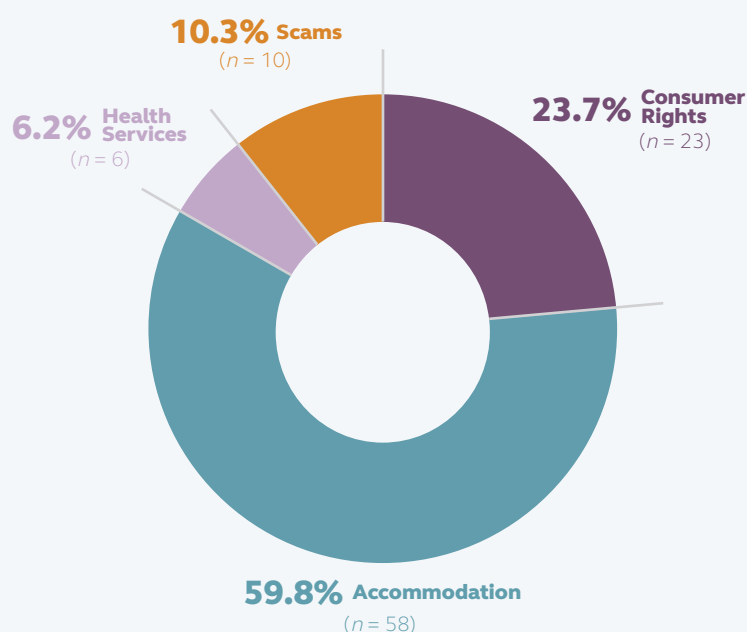


Figure 46.

Abuse in other consumer relationships (n = 97).

Additional information about issues experienced by victims was recorded for 85.6 per cent (n = 83) of cases of abuse in other consumer relationships. The most common issues related to contracts, management, and quality of services being provided (Figure 47).

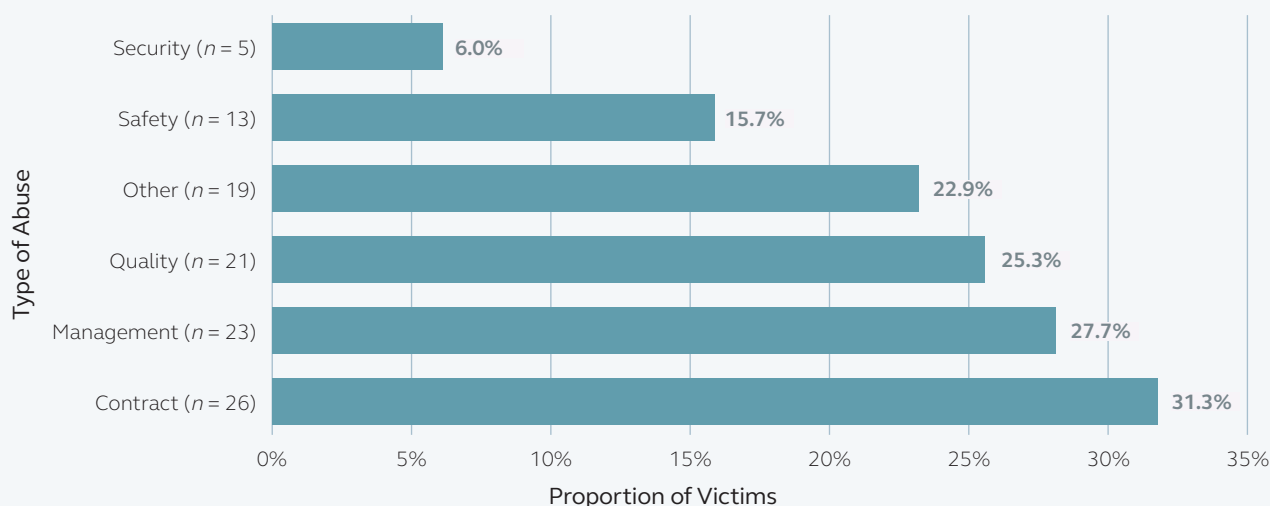


Figure 47.

Issues experienced in other consumer relationships (n = 83).

SECTION 4.2

Victim Age

Victim age was recorded for 67 (69.1%) victims and unknown for the remaining 30 (30.9%). Multiple victims were recorded in 15 (15.5%) cases. The most common age group was 80–84 years (Figure 48).

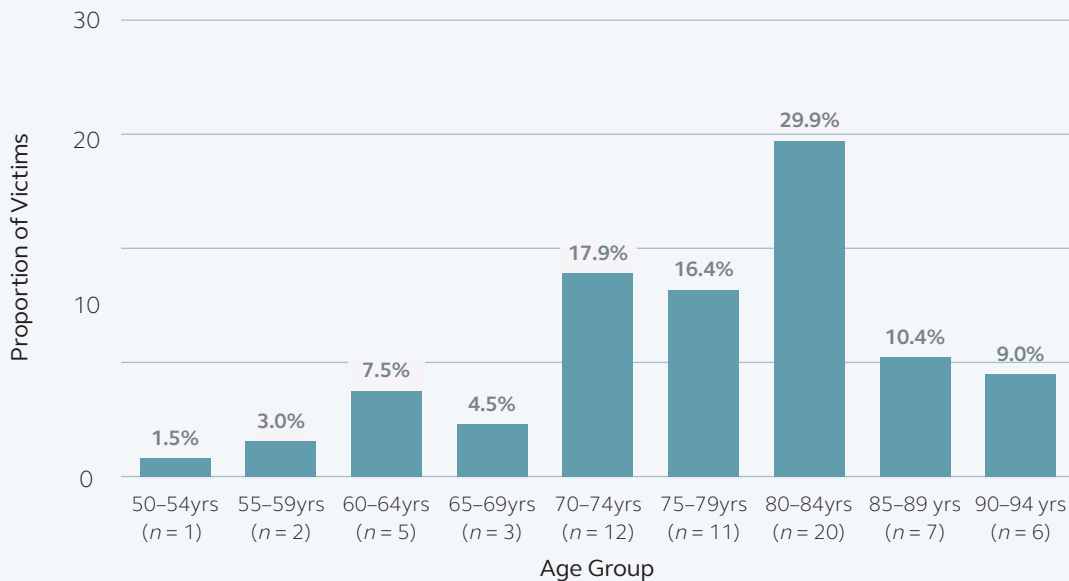


Figure 48.

Age of victims in cases involving other consumer relationships (n = 67).

Victim Gender

Gender was recorded for 71 (73.2%) victims and unknown for the remaining 26 (26.8%). The number of male and female victims was similar (Figure 49). The proportion of male victims in these cases is higher than in cases of abuse in close or intimate relationships or abuse involving aged care services.

Figure 49.

Gender of victims in cases involving other consumer relationships (n = 71).

50.7% Female
(n = 36)

49.3% Male
(n = 35)

Perpetrator Gender

Perpetrator gender was recorded in 44 (45.4%) cases; more than half of perpetrators were male (Figure 50).²¹⁷

Figure 50.

Gender of perpetrators in cases involving other consumer relationships (n = 44).

43.2% Female
(n = 19)

56.8% Male
(n = 25)

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

Abuse Types

The most common types of abuse in these relationships were psychological and financial abuse (Figure 51).

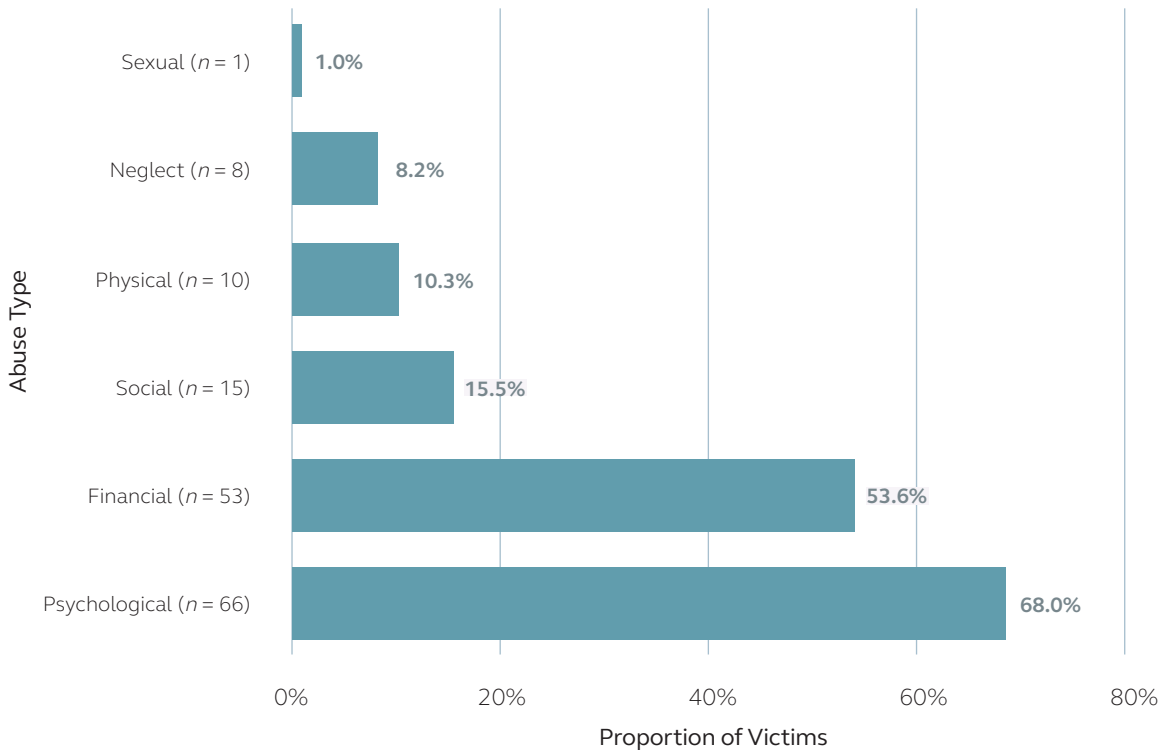


Figure 51.
Proportion of victims by abuse type in cases involving other consumer relationships.



Section 4.3

Abuse in Social Relationships

There were 145 cases of abuse in social relationships reported in 2019–20, a decrease of 27.5 per cent from the 200 cases reported in 2018–19.

Neighbourhood bullying was the most commonly reported issue (Figure 52).

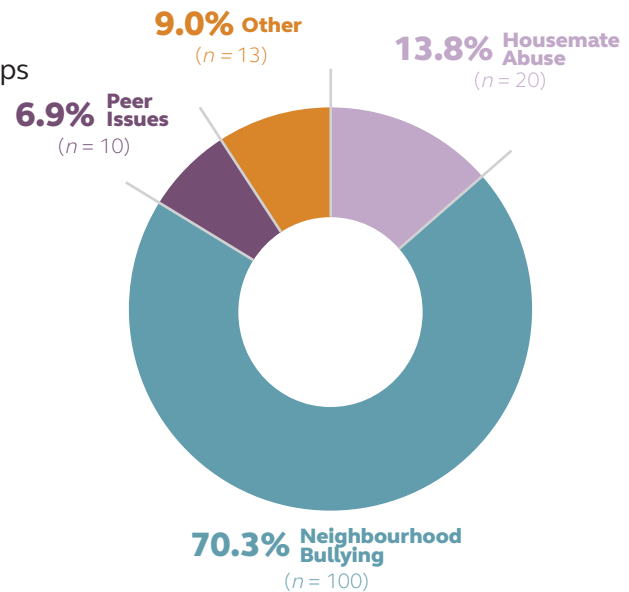


Figure 52.

Abuse in social relationships
(n = 145).

Victim Age

Victim age was recorded for 124 (85.5%) victims and was unknown for 21 (14.5%). The most common age of victims was 80–84 years (Figure 53). This differs from 2018–19, when the most common age group for victims was 70–74 years.

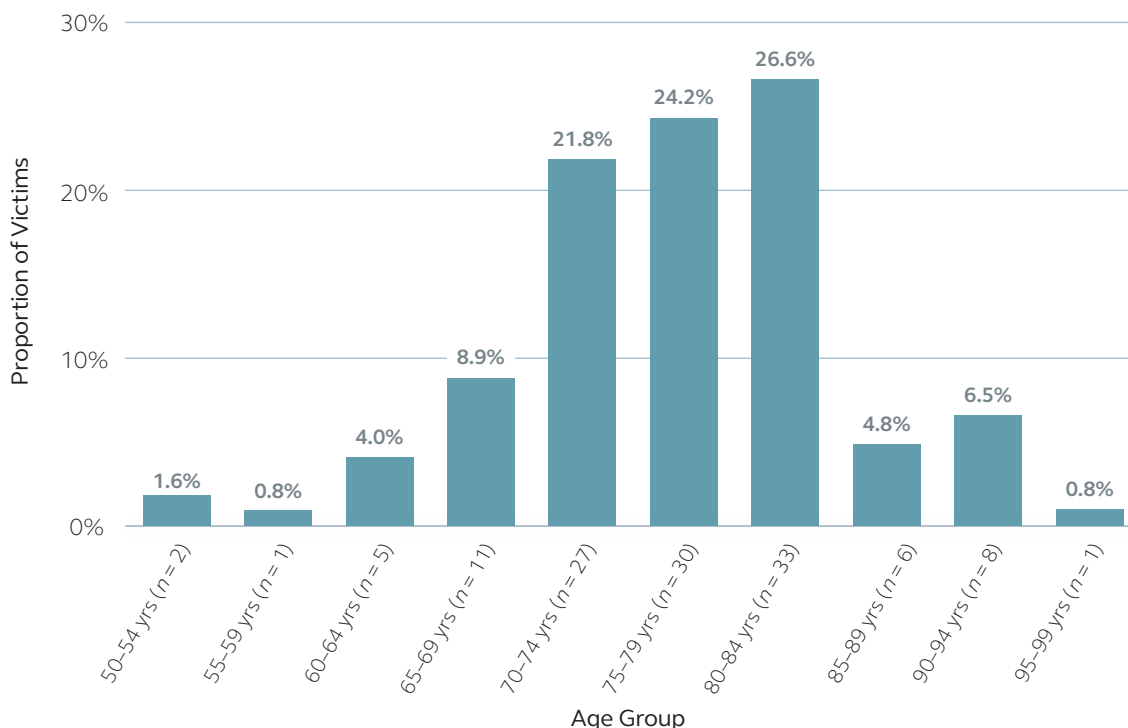


Figure 53.

Age of victims in abuse cases involving social relationships
(n = 124).

SECTION 4.3

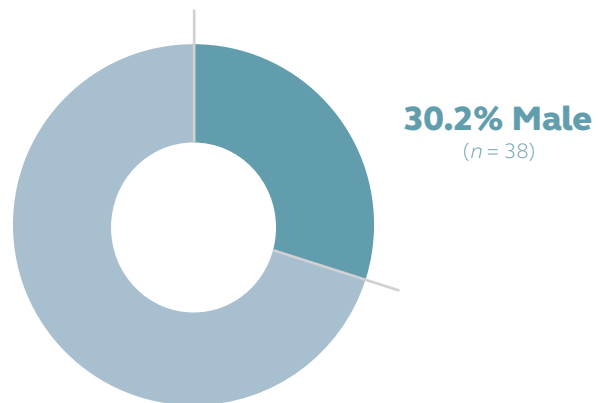
Victim Gender

Victim gender was recorded for 126 (86.9%) victims and gender was unknown in 19 (13.1%) cases. Females comprised more than two-thirds of victims (Figure 54).

Figure 54.

Gender of victims in abuse cases involving social relationships ($n = 126$).

69.8% Female
($n = 88$)



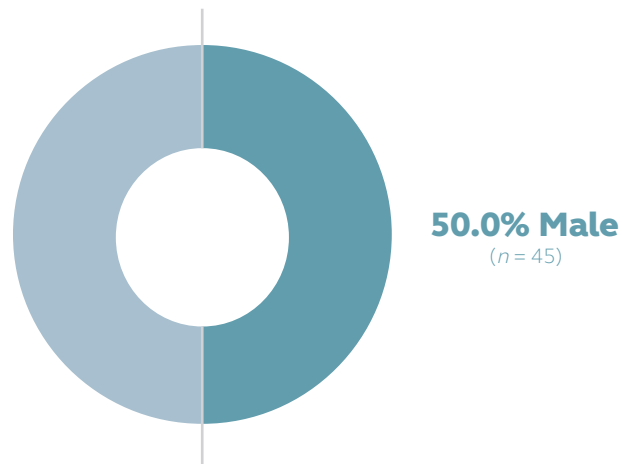
Perpetrator Gender

The gender of perpetrators was recorded for 90 (62.1%) cases and unknown for a further 55 (37.9%). Equal numbers of males and females were identified as perpetrators (Figure 55).

Figure 55.

Gender of perpetrators in abuse cases involving social relationships ($n = 90$).

50.0% Female
($n = 45$)



Abuse Types

Psychological abuse and financial abuse were most commonly reported in cases of abuse in social relationships (Figure 56).

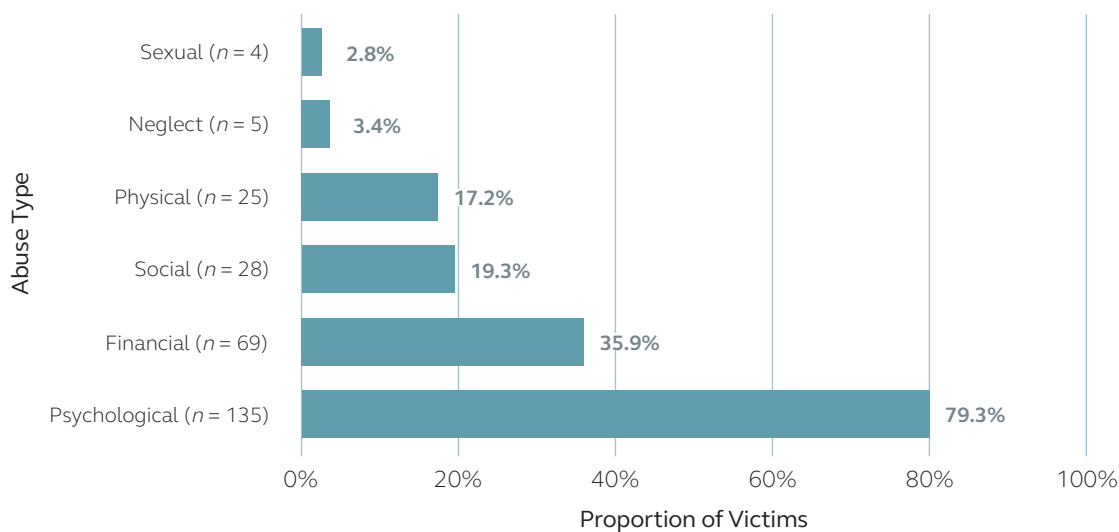


Figure 56.

Proportion of victims by abuse type in cases involving social relationships ($n = 145$).

Future Directions

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

- The influence of COVID-19 on rates of elder abuse, as well as precipitating factors and victim impacts, need examination.
- Females are over-represented as victims of elder abuse, which is not fully accounted for by female longevity.
- Males in the 90–94 years age group are over-represented as victims.
- Aboriginal and Torres Strait Islander peoples are over-represented as victims of elder abuse in the Helpline data. Further work is required to determine whether older Aboriginal and Torres Strait Islander peoples are experiencing higher rates of elder abuse than the general population of older people. Examining Aboriginal and Torres Strait Islander perspectives on elder abuse and help-seeking behaviours would support the development of culturally appropriate services.
- There is currently a dearth of Australian research into perpetrator factors associated with elder abuse. In addition, very little intervention work is carried out with perpetrators. Consideration should be given to developing an evidence-based perpetrator program, followed by analysis of the efficacy of the program.

Elder abuse is a complex social issue, but filling these evidence gaps may contribute to effective interventions and the prevention of abuse.

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Appendix A

Barriers to Change Factors

Table 18. Barriers to Change Factors and Frequencies

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