

Inquiry into Elder Abuse in Queensland

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Submission to the Inquiry into Elder Abuse in Queensland

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Summary of recommendations

The National Ageing Research Institute (NARI) and La Trobe University welcome the Inquiry into Elder Abuse in Queensland and acknowledge the work and improvements that have been made in Queensland to support older individuals experiencing elder abuse.

NARI and La Trobe University welcome further changes to law and policy, and further investment in service provision and research, to improve responses to elder abuse in Queensland. We offer the following recommendations:

- Improve whole-of-community awareness of elder abuse
- Strengthen the capacity and capability of health providers to recognise and respond to elder abuse
- Reduce the impact of elder abuse by addressing inadequate housing and increasing homelessness among older people
- Address perpetrator risk factors by improving services relating to mental health and substance abuse
- Strengthen efforts to stop commercial predatory practices and scams
- Mandate appropriate certification requirements for elder mediators
- Criminalise serious forms elder abuse in Queensland
- Establish an independent adult safeguarding agency
- Invest in comprehensive research to establish effective responses to prevent and stop elder abuse.
- Improve data collection by services and state institutions

Several recommendations made may be addressed at the national level through the Second National Plan to End the Abuse and Mistreatment of Older People (2024 – 2034). Therefore, any state-based interventions should be made in consultation with national plans to minimise duplication.

Nature and extent of elder abuse

The National Elder Abuse Prevalence Study (NEAPS) suggests that around one in every 6 older Australians experience abuse(1). Elder abuse can take place in private homes, community settings, or institutional environments, and includes physical, verbal, and psychological/emotional abuse, as well as sexual abuse, financial abuse, and neglect(2–4). While the NEAPS outlines prevalence rates of various forms of elder abuse at a national level, it does not include state or territory-specific prevalence rates.

Victims and perpetrators of elder abuse

Although evidence from some studies indicates gender differences in who experiences elder abuse, global prevalence estimates indicate that elder abuse affects men and women at similar rates(1,5,6). This indicates that men are victims of elder abuse significantly more frequently than other forms of family violence. Several risk factors have been recognised as significant contributors to victimisation, such as problems with physical health or cognition, and low socio-economic status(7,8).

Perpetrators of elder abuse are most often adult children, followed by friends, partners or spouses, and acquaintances, however this pattern can vary with the type of abuse experienced(1). Perpetrators are more likely to be men (55%), however the gender distribution of perpetrators also varies by abuse type(1,6,9–11). There are a range of factors which heighten the risk of an individual perpetrating elder abuse, for example, mental health conditions, substance use disorders, and exposure to family violence during childhood(7,8).

How effectively current systems support older Queenslanders

There are several systems in place in Queensland to support older individuals experiencing elder abuse. The establishment of the Elder Abuse Prevention Unit (EAPU) and associated helpline has been a very positive development, which has seen increasingly high rates of utilisation from members of the public seeking specialised advice, information, support, and referrals for older people facing abuse^(12,13). A range of other state-based organisations and bodies also play a crucial role in supporting older adults facing abuse in Queensland, such as the Queensland Human Rights Commission, Seniors Legal and Support Service (SLASS), the Elder Abuse Prevention and Support Service (EAPSS), the Office of the Public Advocate, Aged and Disability Advocacy Australia (ADA Australia), Caxton Legal Centre, and Relationships Australia.

The criminalisation of coercive control in Queensland, since 2022, has also had important implications for addressing elder abuse in terms of improving protection for older victims and increasing awareness of coercive control generally. Other positive developments include the Queensland government's participation in awareness raising activities for World Elder Abuse Awareness Day (WEAAD), and various training and information sessions, e.g., as facilitated by ADA Law and The Gold Coast Primary Health Network and SLASS. However, there are many additional steps that can be taken to improve responses to elder abuse in Queensland. We discuss several opportunities below.

Opportunities to improve responses to elder abuse in Queensland

Recommendation: Improve whole-of-community awareness of elder abuse

Increase whole-of-community awareness, education and engagement, through a statewide campaign, to reach all communities throughout Queensland. Ensure that no communities are unfairly disadvantaged by a lack of education and awareness-raising concerning ageism, elder abuse, the importance of planning ahead for decision making in later years (including information about enduring powers of attorney and substitute decision making), and what supports are available to the community concerning elder abuse. This includes more targeted messaging for Aboriginal and Torres Strait Islanders, culturally and linguistically diverse (CALD), and LGBTQI+ communities.

Recommendation: Strengthen the capacity and capability of health providers to recognise and respond to elder abuse

Elder abuse often goes unreported and is frequently overlooked by health providers due to varying levels of understanding about it, inadequate training in recognising signs, limited access to standardised screening tools, and insufficient organisational support for reporting identified cases(14–17). Yet, health providers are a trusted source of support for older people, well placed to connect older people to specialist services(18).

It is therefore important to build the capacity of health providers, including those who come into regular contact with older people such as paramedics(19), hospital staff(20–22), and community health staff (e.g., GPs, nurses, and pharmacists(23)) by ensuring that health providers are trained in elder abuse, and by introducing routine screening for elder abuse during health service visits. Asking all older people standardised questions about abuse is one of the most effective ways to detect and respond to elder abuse(24).

Recommendation: Reduce the impact of elder abuse by addressing inadequate housing and increasing homelessness among older people

Older people sleeping rough may be particularly vulnerable to abuse. It is therefore important to address increasing rates of homelessness among older people in Queensland. This includes establishing more long-term supports for older adults experiencing elder abuse, including appropriate accommodation. This could involve increasing funding to specialised services for older people experiencing homelessness (e.g., the Footprints Housing Older Women's Support Service (HOWSS)). Homeless services broadly must also be supported to identify older people at risk of elder abuse and/or experiencing elder abuse and must be adequately resourced to meet the need of these vulnerable older adults. Limited social and affordable housing options more generally can be a significant barrier to older people experiencing abuse finding alternative safe and appropriate housing options away from a perpetrator.

Recommendation: Address perpetrator risk factors by improving services relating to mental health and substance abuse

Risk factors for elder abuse perpetration(7,8) often intersect with mental health and substance abuse. Older adults experiencing elder abuse who have previously been interviewed by NARI, including individuals from Queensland, stressed that there is not enough support for adults struggling with these issues, particularly services that are offered for adequate duration and at an appropriate frequency to

support individuals to manage mental health and ongoing sobriety. In particular, there are not enough free sessions with mental health services.

Recommendation: Strengthen efforts to stop commercial predatory practices and scams

Scams have become an increasingly prevalent issue in Queensland, with significant financial losses(25). Although not technically considered a form of elder abuse as it does not occur within a relationship of trust, commercial predatory practices and scams that target older people remain a significant point of concern for older people, advocates and service providers(26–28). Though several strategies have been proposed and implemented to combat scams, additional steps could be taken to further address this problem at a state level, including by enhancing public awareness and education and by holding technology companies accountable for scams that occur on their platforms.

Recommendation: Mandate appropriate certification requirements for elder mediators

Family dynamics can differ to other forms of family violence and may influence the actions that an older person wishes to take. For example, where the perpetrator is an adult child, an older person may prioritise maintaining the relationship rather than undertaking legal proceedings, or interventions involving police(18). As such, family mediation can be a critical avenue to address elder abuse(29,30). However, there is no national standard for accreditation of elder mediators. In lieu of this, the Queensland government could mandate appropriate certification requirements for mediators that wish to serve older clients. For example, as per the certification requirements of the Elder Mediation International Network (EMIN)(31) or the Australian Mediator and Dispute Resolution Accreditation System (AMDRAS)(32). This will improve the knowledge and capabilities of mediators working with older people, including their ability to detect and respond to elder abuse.

Recommendation: Criminalise serious forms of elder abuse in Queensland

Elder abuse in Queensland encompasses various criminal offences, however there isn't a specific offence for elder abuse in Queensland's Criminal Code(33). Frontline and advocacy organisations previously consulted by NARI highlighted the importance of criminalising the most heinous forms of abuse of older individuals. Introducing a specific crime of elder abuse across all states may further deter would-be perpetrators and improve rates of reporting.

Recommendation: Establish an independent adult safeguarding agency

We support the recommendation of the Public Advocate (Qld)(34) to establish in Queensland an independent adult safeguarding agency to receive and investigate reports of suspected abuse and respond with supportive interventions that promote the at-risk adult's right to maximum autonomy.

Recommendation: Invest in comprehensive research to establish effective responses to prevent and stop elder abuse

The abuse and mistreatment of older adults is a neglected area of research. To develop effective policy responses, it is fundamentally necessary to know more about elder abuse. Therefore, there must be greater investment into research which establishes a strong intervention evidence-base, including:

- Research that further investigates the nature and extent of elder abuse, to address gaps in knowledge.
- Research into multidisciplinary, multicomponent interventions that show effective elder abuse prevention and response strategies.

We call on the Queensland State Government to use Targeted Calls for Research on the abuse and mistreatment of older people so that this area of need is met by competitive high-quality research.

Recommendation: Improve data collection by services and state institutions

Further, as outlined in NARI's submission to the Victorian Parliamentary Inquiry into capturing data on family violence perpetrators in Victoria(35), there is a need for improvement in data collection by organisations already collecting data about elder abuse - e.g., data collected by family violence services, mediation and counselling services, health services, banks, police and the courts. This advice is relevant to all states in Australia. Three key overarching steps to improve data collection, as described in Box 1 (below) can aid prevention and intervention work, including advocacy and community education activities, and responses to elder abuse. In lieu of nationally consistent standards for the collection of data relating to elder abuse, we recommend that the Queensland state government consider how state-wide data collection can be improved. This should involve consideration of the systems and processes occurring in other states, to improve national consistency.

Box 1: Steps that may be taken to improve data collection relating to elder abuse.

- 1. Consistently collect data on elder abuse (including by upskilling service providers to ask questions about elder abuse).**

Services must ensure that staff are trained in elder abuse identification and response (including a trauma-informed approach) to identify abuse and collect necessary information. Templates and processes should be given to providers to improve consistency in data entry, interpretation, and action, and should include fields to collect data on risk factors for elder abuse, social and clinical characteristics of perpetrators, and immediate, mid-term and long-term outcomes of elder abuse.

- 2. Digitise, deidentify, and make data publicly available via a centralised data repository.**

Joined up, secure, electronic data repositories are urgently needed to standardise data collection, facilitate information-sharing in real time, enable inter- and intra-agency collaborations, and provide modelling data to monitor trends and identify 'red flags' to plan for services.

- 3. Harness the potential of artificial intelligence and machine learning.**

Too often, intervention happens at crisis point or after abuse has occurred. There is scope for AI and machine learning to analyse data, assist in identifying 'high-risk' perpetrators, and to raise 'red flags' for appropriate early intervention. There is also scope for artificial intelligence and machine learning to assist with data collection and storage, facilitate 'warm' referrals and link victims and perpetrators in with multi-disciplinary services.

These steps (in Box 1) are included among 138 findings and recommendations published by the Parliament of Victoria in Building the evidence base: Inquiry into capturing data on people who use family violence in Victoria(36).

Conclusion

Elder abuse is a significant social and public health problem carrying a wide range of consequences for individuals affected, including poor mental health, physical injury, and early death⁽³⁷⁾. State and territory governments, including the Queensland government, have many opportunities to improve responses to elder abuse in Queensland, via law, policy and service provision. Further, to develop effective policy responses, it is fundamentally necessary to know more about elder abuse, and therefore greater investment into research which establishes a strong intervention evidence-base is critical.

About

The National Ageing Research Institute (NARI)

The National Ageing Research Institute (NARI) is Australia's leading independent, non-profit medical research institute dedicated to ageing and aged care research. We specialise in translational research, accelerating change in policy and practice. For nearly 50 years, NARI has led nationally and globally significant research, making a measurable difference to health outcomes and quality of life for older people and those who care for them. Our accomplished team includes public health experts, physiotherapists, psychologists, nurses, sociologists, anthropologists, and social workers. We work with geriatricians, psychiatrists, health economists, statisticians, and other specialists.

Our work is informed by meaningful engagement with older people, policy makers, and health and aged care providers. We provide a bridge between academia, policy, and practice, translating research into accessible evidence and knowledge to enable informed decision-making by governments and practitioners. NARI is the national leader in elder abuse research and in the last 10 years has contributed significantly to the field. Notable examples include:

- Qualitative exploration of the experience of elder abuse from the point of view of people who have experienced abuse and from the point of view of residential care staff (2014-current);
- Development of an action plan for Victoria identifying the gaps and priorities for elder abuse research and service provision (2018)(38).

NARI is governed by an independent skills-based board, and funding is derived from a mix of government, non-government, philanthropic and competitive grant programs.

La Trobe University

Our vision is for La Trobe to be a leader in health, science and education, driven by technology. As a university, we remain focused on achieving impact through research, education and community engagement. We will stay true to our founding mission to expand the lifechanging opportunities afforded by higher education to under-served communities. We are proud that today over 40% of our students are the first in their family to go to university. We are ranked in the top 1% of universities in the world and will stay focused on academic excellence.

Previous work

Professor Bianca Brijnath holds a joint appointment at NARI and La Trobe University. She is a national leader in elder abuse research and advocacy, and produces evidence, tools and resources to improve health and aged care systems, influence government policies and inspire best practice in the health and aged care sector, with respect to elder abuse response and prevention. Alongside, Dr Cavuoto, Ms Muoio and a team of researchers, Prof Brijnath's contribution to elder abuse research includes:

- Scoping the evidence relating to the primary prevention of elder abuse and piloting an intergenerational primary prevention program (2019-2021)(39).
- Co-designing and piloting an elder abuse screening tool in public hospitals(40,41). This tool is now being trialed in 10 hospitals across 4 Australian 4 states through a project funded by the Medical Research Future Fund (2021-2025)(21).

- Analysis of 7 years of elder abuse data from Seniors Rights Victoria to understand service responses (2019-2020)(42).
- Co-production of short educational videos with providers, older people, and family carers to help providers know how to respond to elder abuse in the context of dementia (>2000 views) (2019-2020), <https://www.nari.net.au/elder-abuse-and-dementia>
- Reviewing elder abuse provider responses during COVID-19 in Victoria and making recommendations to the Victorian Government on how to mitigate risk in future disasters (2021-2022)(20).
- Advice on the intersection between cultural diversity and elder abuse to the National Prevalence Study(1), released December 2021 (2020).
- Evaluation of the National Elder Abuse Plan (2022-2023)(43).
- Submission to the Victorian Parliamentary Inquiry into the mechanisms for capturing data on the profile and volume of perpetrators of family violence in Victoria (2024)(35).
- Strengthening the Frontline Response to Elder Abuse: Qualitative Insights From Australian Paramedics (2024)(19).
- Advocacy through involvement in advisory panels, public lectures, government advice (ongoing).

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