

Inquiry into Elder Abuse in Queensland

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The Uniting Church in Australia
QUEENSLAND SYNOD

Moderator
Rev Bruce Moore

10 April 2025

Committee Secretary
Education, Arts and Communities Committee
Parliament House
George Street
Brisbane Qld 4000
eacc@parliament.qld.gov.au

Dear Committee Secretary,

Inquiry into Elder Abuse in Queensland

The Uniting Church in Australia Queensland Synod (Queensland Synod) and UnitingCare Queensland welcome the opportunity to provide a submission to the Education, Arts and Communities Committee for the inquiry into elder abuse in Queensland. We are committed to promoting and protecting the rights, interests and wellbeing of older people in Queensland through providing a range of services for older people and their families.

In the attached submission we provide insights into elder abuse in Queensland from our program and research data which may assist in strengthening responses to elder abuse in Queensland.

The Queensland Synod would welcome future opportunities to discuss this submission further. Should you require any more information, I can be contacted on [REDACTED].

Yours sincerely,



Rev. Bruce Moore
Moderator, Uniting Church in Australia Queensland Synod



Mr Craig Barke
CEO, UnitingCare Queensland

Submission to the inquiry into elder abuse in Queensland

Executive Summary

Introduction

- A 2017 study suggested more than 500,000 people in Queensland aged 65 years and older could experience elder abuse by 2037.
- The most recent National Elder Abuse Prevalence Study found that 14.8% of people aged 65 years and over experienced elder abuse in the preceding 12 months.
- In 2020–21, 295 victims aged 65 years and over were hospitalized in Australia due to assault at the hands of family members.

Overview of the nature and extent of elder abuse in Queensland from the EAPU Helpline

- The Elder Abuse Statistics in Queensland: Year in Review 2023/2024 report contains data about individual factors of victims and perpetrators, relationship factors, community factors, abuse presentation, impact of the abuse, and barriers to change.
- The key findings present a profile of elder abuse in Queensland that may assist in prevention, early intervention, and effective responses and interventions, including alternatives to criminal justice responses.

Key findings

- The largest group of older people experiencing abuse was aged 80–84 years, and women are more than twice as likely to be victims of elder abuse.
- First Nations peoples are over-represented as victims of elder abuse.
- Psychological abuse and financial abuse were the most often reported forms of abuse, and just over two-thirds of victims reported experiencing more than one type of abuse.
- The rate of social abuse recorded in 2023–24 was the highest ever recorded and was notably higher than the peak observed during the COVID-19 pandemic.
- The EAPU Helpline received a total of 4,458 calls in the 2023–24 financial year, comprising 2,674 abuse notifications and 1,784 enquiry calls. The number of cases is higher than the number of calls as more than one abuse relationship may be identified within a single call.
- Callers were referred to other services in 64.1 per cent of cases.
- Many victims of elder abuse are reluctant to initiate legal action against perpetrators, but some are more willing to engage when the legal and social worker model employed by the Seniors Legal and Support Services (SLASS) is described to them.
- In 2023–24, the largest group of notifiers were daughters, followed by victims themselves and workers, and aged care workers were the most common group of workers who contacted the EAPU Helpline

Abuse in close or intimate relationships, individual factors for victims

- Individual factors or life circumstances may increase an older person's vulnerability and also influence their risk of experiencing abuse.
- Dementia was the most frequently reported form of cognitive impairment for victims.

Individual factors for alleged perpetrators

- The most common age group in cases where the age of perpetrators was known and recorded, was 50–54 years.
- There were more female perpetrators than males, and in 457 cases, perpetrators were reported to have, or were suspected by notifiers to have, some form of mental illness.
- Substance misuse by perpetrators was recorded in 340 cases.

Relationships between alleged perpetrators and victims

- Family relationships accounted for 95 per cent of cases of abuse in close or intimate relationships, and sons and daughters were reported as perpetrators in almost three-quarters of cases.
- Overall, more than half of victims lived with perpetrators, and in more than two-thirds of cases in which perpetrators lived with victims, perpetrators were sons or daughters.

- In 2023–24, 22.1 per cent of perpetrators were recorded as providing informal care to victims.

Community factors

- In three regions, the number of calls increased disproportionately compared with 2022–23 data: Moreton Bay–South, Sunshine Coast, and Mackay–Isaac–Whitsunday.
- Central Queensland was the only region to record a substantial decrease in calls.

Financial abuse

- In 2023–24, 1,663 cases of financial abuse were reported to the EAPU Helpline.
- The most common methods of perpetrating financial abuse were undue influence, misuse of an enduring power of attorney, and misuse of debit and credit cards.
- The most common forms of financial abuse involved non-contribution, coercing the victim into gifting, and paying perpetrator’s bills.

Neglect

- In 2023–24, 615 cases of neglect were reported to the EAPU Helpline.
- Refusing to allow others to provide care, failing to ensure victim’s nutritional needs were met, and failing to ensure victim safety were the most frequently reported forms of neglect.

Physical abuse

- In 2023–24, 322 cases of physical abuse were reported to the EAPU Helpline.
- The most frequently reported forms of physical abuse were pushing, striking, and rough handling.

Psychological abuse

- In 2023–24, 1,943 cases of psychological abuse were reported to the EAPU Helpline.
- The most common forms of psychological abuse were pressuring, shouting, and making threats.
- The most common types of threats were threatening to harm victims, to send victims to residential aged care facilities, and to harm others.

Sexual abuse

- In 2023–24, 29 cases of sexual abuse were reported to the EAPU Helpline.
- The most frequently reported forms of sexual abuse were coercing victims to perform sexual acts, unwanted sexual comments, and rape.

Social abuse

- In 2023–24, 802 cases of social abuse were reported to the EAPU Helpline.
- In 85 cases of social abuse, enduring power of attorney misuse was recorded as the method used to perpetrate the abuse.
- Perpetrators behaving in ways that limited visitation by others, restricting visitation by others, and restricting access to a phone were the most common forms of social abuse reported in 2023–24.

Impact of abuse on victims

- Information about how abuse had affected victims was recorded in 1,722 cases (67.3%).
- Psychological, relationship, and health impacts were most frequently reported.
- The proportion of cases in which social isolation was identified was much higher in 2023–24 than in 2022–23.

Barriers to change for victims

- Barriers to change were identified in almost two-thirds of cases. The most common barriers to change for victims were protecting the perpetrator and their relationship with them, shame or stigma, and fear of further harm.

Abuse in consumer and social relationships

- In 2023–24, 523 calls about abuse in consumer and social relationships were recorded.
- The most common abuse types recorded for cases involving consumer and social relationships were psychological and financial abuse.

Opportunities to strengthen responses to elder abuse in Queensland, within the government, broader community, non-government, and private sectors

- The insights cover: areas for further research; barriers to disclosing, reporting and help-seeking; assessment; service delivery, interventions, and alternatives to criminal justice responses; training, education and awareness-raising; and legal frameworks.

Further research

- Further research into each category of abuse including neglect would be beneficial, to inform all types of responses to elder abuse, including interventions for both victims and perpetrators.
- Further research on social abuse would be beneficial, as social abuse is a form of coercive control that can be used as a means to facilitate, maintain, or hide other forms of abuse.

Barriers to disclosure, reporting and help-seeking

- Interventions that seek to address social abuse could be prioritised, given the role it plays in facilitating other types of elder abuse and its role in inhibiting reporting and help-seeking.
- Societal actors such as ageism and gender roles can contribute to the development of sexual abuse and become barriers to prevention, support and justice.
- Awareness raising campaigns targeting bystanders are likely to be more effective if they contain the information required to progress through to the final stage, taking action.

Service delivery, interventions, and alternatives to criminal justice responses

- Victims' wishes around wanting to maintain relationships may influence their willingness to pursue legal remedies.
- Increasing alternative options to criminal justice responses, such as increased awareness of existing support for informal carers of older people, and elder abuse mediation may be beneficial for victims and perpetrators than criminal justice responses to elder abuse and may increase help-seeking.
- Carers who provide substantial informal care have limited options for financial support while undertaking the role. Federal government subsidies may not cover all living expenses for a carer and may exacerbate carer stress and force cohabitation between older persons and informal carers.
- The lack of funding for home care in the federal aged care system may contribute to the complexity of elder abuse.

Service delivery, interventions

- Increasing outreach services to victims of elder abuse in generalist services such as sexual assault, financial abuse, domestic and family violence which may require the victim to attend their service in person, would be beneficial.
- The red flags identified in the research on elder abuse deaths, such as the victim living in squalor and ceasing visits to the doctor, are useful in informing assessment by services such as health services and housing and accommodation services, in order to facilitate access to support for victims and perpetrators.
- Knowledge of similarities and differences in risk factors and patterns of abuse as detailed in the research previously outlined in this submission may be useful to consider when formulating intervention strategies with clients who are experiencing elder abuse.
- Interagency guidelines on information sharing and responding to elder abuse may assist in prevention of, early intervention, and responding to elder abuse, such as existing guidelines in Queensland for responding to child abuse and domestic and family violence.
- The adult safeguarding project undertaken by the Public Advocate identified concerns from stakeholders about where adults with impaired decision-making capacity including older people, are at risk of harm in the community, how such concerns are currently addressed, and what improvements may be beneficial.

Assessment

- Knowing which types of abuse commonly co-occur could help guide questions for more effective and accurate assessment for victims and perpetrators.
- Development of an evidence informed risk assessment tool for elder abuse could be undertaken to be used by services such as police and emergency services, that recognises risk factors specific to older people.

Training

- The provision of training packages for workers in the health and community sectors in particular, such as those with regular contact with older people e.g. pharmacists and general practitioners, co-designed with older people with lived experience of abuse, could assist in identification of abuse of an older person.

Education and awareness-raising

- Education and awareness-raising efforts in Queensland may benefit from highlighting existing responses in Queensland that the general public and workers in a range of services may not be aware of. People in contact with the victim and/or perpetrator may not know which agency they report abuse to.
- Education and awareness-raising efforts may benefit from being targeted to geographic locations in Queensland where a high-concentration of older people reside upon retiring from work.
- Developing a better understanding of risk factors for victims identified as First Nations peoples and victims identified as having a CALD background, as well as of the alleged perpetrators can help to provide information to provide more targeted responses for awareness-raising activities and intervention strategies.
- Increased education and awareness-raising delivered to staff in key community touchpoints for older people and informal carers, and available at such community centres, such as churches, Retired Services League (RSL) clubs, staff working in general practitioner surgeries, hospitals, housing and accommodation services, retail services, and neighbourhood centres, may assist in prevention and early intervention efforts.

First Nations Peoples

- Education and awareness-raising information sessions, co-designed, and provided in range of First Nations languages, that is distributed to community stakeholders and community-controlled organisations may facilitate prevention and early intervention and strengthen responses to elder abuse of First Nations peoples in Queensland.

Victims with a Culturally and Linguistically Diverse (CALD) Background

- Education and awareness-raising to multicultural organisations and community groups, and the provisions of materials in a range of languages along with access to interpreters, may facilitate prevention and early intervention may strengthen responses to elder abuse of victims with a CALD background in Queensland

Legal frameworks

- National reform is currently underway concerning the possible harmonisation of financial enduring powers of attorney legislation and the development of a national register of financial enduring powers of attorney.
- Increasing the use of supported decision-making, which is provided for in the Guardianship and Administration Act 2000, may strengthen responses to elder abuse in Queensland.

Background

The Uniting Church in Australia Queensland Synod

The Uniting Church in Australia Queensland Synod (Queensland Synod) stretches from the islands of Torres Strait to Goondiwindi on the New South Wales border, from Coolangatta on the eastern coast to Mt Isa in the heartland of the Queensland outback. We come together in rural congregations and remote area ministries, as well as in large and small urban congregations. We work together in vibrant schools and colleges, in a wide range of community services, in aged care, childcare and hospitals, and in local expressions of ministry through word and service.

There are more than 150 local Uniting Church congregations and faith communities across Queensland. They are located in suburban areas, city centres, regional communities and rural townships. Each congregation reflects its own unique identity, with members of the Uniting Church committed to worshipping God together, loving and serving their local community, and sharing the good news of Jesus Christ.

Congregations and faith communities operate a range of activities alongside gathered worship and bible study groups – from men's sheds to English classes, from youth groups to craft groups, and from op-shops to community cafes. Our congregations are made up of people from many cultures, and are often vibrant, dynamic, and diverse communities.

UnitingCare Queensland

UnitingCare Queensland, an outreach of the Queensland Synod, has the great privilege of delivering health, aged care, disability, and community services to thousands of people in need every day throughout Queensland, and in the Northern Territory through Australian Regional and Remote Community Services (ARRCS).

As one of Australia's largest charities, we deliver services in more than 460 locations across Queensland including hospitals, residential aged care facilities, retirement living and family and disability services. UnitingCare Queensland proudly operates BlueCare, UnitingCare, ARRCs, Lifeline in Queensland, The Wesley Hospital, Buderim Private Hospital, St Stephen's Hospital and St Andrew's War Memorial Hospital.



Aged Care and Community Services (ACCS) delivers residential aged care and community services throughout Queensland as BlueCare. In the Northern Territory, services are delivered by ARRCs.

BlueCare provides in home and community aged care services, including:

- Generalist and specialist nursing
- Dementia care
- Allied health services
- In-Home care packages
- Personal care, social support and domestic assistance to people in their own homes
- Residential aged care services
- Respite care
- Retirement living
- Advisory service

Dementia support

Our innovative In Home Dementia Respite program and its specially trained workforce - the pioneering Dementia Squad - assists clients statewide face to face, online or by phone. This financial year, personal carers from Brisbane were able to complete dementia care training onsite with Dementia Australia, while personal carers in regional and remote areas can now upskill remotely at TAFE.



UnitingCare Family and Disability Services provides:

- Community recovery (including Farmer to Lifeline Farmer)
- Lifeline Crisis support (including 13YARN)

- Lifeline retail (shops and online)
- Counselling (for children, families, couples, and dispute resolution)
- Financial resilience and wellbeing
- Family protection including men's behavioural change programs
- Out of Home Care Services (foster and kinship care, and residential care)
- Homelessness, domestic and family violence support
- Elder Abuse Prevention Unit
- Early Childhood Approach Program
- NDIS Supported Independent Living community, social and economic participation
- Disability Employment Services including Project Search



Older Person's Programs

Seniors Enquiry Line

The Seniors Enquiry Line is a state-wide, state funded program that provides community education, and information, advice and referral to older people (over 60 years old), their families, carers and individuals. Topics covered are but not limited to, concessions, social activities, household

assistance, retirement accommodation, financial and legal matters, health, education, transport, fraud, scams and consumer protection issues and many other matters.

The Seniors Enquiry Line adheres to the Investment Specification's for Older People (version 5.2) specifically *Support – Community Support – and Information, advice and referral - Older People experiencing (or at risk of experiencing) barriers accessing the service system*. The program maintains a comprehensive telephone advice service and up-to-date online and printed information resources and a referral network, and enhanced links to appropriate services and agencies.

Time for Grandparents Program

The Time for Grandparents Program is a state-wide, state funded program that: provides respite and support through recreational activities for grandparents and their grandchildren; delivers grandfamily camps including culturally appropriate Indigenous grandfamily camps; delivers community education sessions; and coordinates support groups to facilitate community engagement and recognise the contribution of grandparent carers. The Time for Grandparents Program provides brokerage to grandparents to assist them in their role as carers for their grandchildren, as agreed upon with the funding department. To be eligible grandparent carers must be the full time primary carers of their grandchildren and are not receiving the fostering allowance and are not approved relative/kinship carers with the Department of Families, Seniors, Disability Services and Child Safety. The Time for Grandparents Program adheres to the Investment Specification's for Older People (version 5.2) specifically *Support – Community Support – and Information, advice and referral - Older People experiencing (or at risk of experiencing) barriers accessing the service system*.

Elder Abuse Prevention Unit

Elder Abuse Prevention Unit (EAPU) Helpline

UnitingCare Queensland's Elder Abuse Prevention Unit (EAPU) Helpline in Queensland is a statewide service within UnitingCare's Older Persons Programs. The EAPU Helpline is funded by the Queensland Government's Department of Families, Seniors, Disability Services and Child Safety to respond to the abuse of older people in Queensland. This is accomplished through provision of the EAPU Helpline, awareness raising activities, facilitation of network meetings and the analysis and dissemination of EAPU Helpline data. The EAPU Helpline provides information, support, and referrals to older people and those who witness or suspect that an older person is experiencing abuse or neglect. Callers to the EAPU Helpline include victims, perpetrators, other family members, workers from a wide array of professions, neighbours and other persons with concerns about an older person.

EAPU Helpline staff enter non-identifiable information from calls into the EAPU Helpline's database. Data are extracted, analysed, and reported annually. The focus of responding to EAPU Helpline calls is on providing support to the caller rather than collecting data about the abuse situation.

Consequently, callers are not asked unnecessary questions to elicit information solely to improve data collection.

After a EAPU Helpline call, staff enter non-identifiable information into the EAPU Helpline's database. The database captures data based on relationships between victims and perpetrators. In some cases, a victim may be experiencing abuse from multiple perpetrators and each abuse relationship is captured as a separate elder abuse case. The EAPU Helpline does not provide case management services and callers to the EAPU Helpline can remain anonymous.

The majority of EAPU Helpline staff are social workers, with the remainder having qualifications in psychology or counselling. Staff have received training in data entry and utilise a data dictionary with definitions and examples of operationalised variables to guide data entry and support the consistency of data entry across the team. Staff also participate in regular meetings to discuss data entry decisions in complex cases.

Other EAPU programs

Community awareness and education information sessions

The EAPU provides free community awareness and community education sessions throughout Queensland to seniors groups of all sizes, as well as workers from a range of disciplines and workplace settings. The EAPU is also present at various seniors expos and information events throughout the year.

The community awareness sessions focus on giving older people an awareness of what elder abuse is, how to recognise the signs, and where to seek help. Awareness of the issue is an important protective factor for older people to stay safe themselves, as well as in supporting others to get help. The community education sessions are suitable for community workers from a wide range of backgrounds, such as nurses, social workers, hospital staff, aged care staff, TAFE and university students. They focus on developing an informed and skilled workforce that can play a role in preventing elder abuse. It assists workers to recognise elder abuse, support people safely, and connect them to appropriate services.

The EAPU also has on their website a range of information and resources from various organisations for the community and workers to access, around topics such as: identifying and responding to elder abuse; enduring powers of attorney; understanding decision-making capacity and decision-making capacity assessment; supported decision-making; advance care planning; resources for First Nations peoples; advance care planning; financial protection; the Serious Incident Response Scheme for aged care; retirement villages and manufactured homes; elder abuse data and statistics; and wills and estates.

Community engagement

The EAPU is committed to connecting with regional, rural and remote communities to provide awareness, education and to help build capacity for local elder abuse responses. For example, through our partnership with the Department of Aboriginal and Torres Strait Islander Programs, we undertook a collaborative pilot project in 2023-2024 in Mt Isa, Doomadgee and Mornington Island around the theme of "Keeping Seniors Safe". We recognise that our work in these communities is only possible through invitation, and we respect the role of local communities in developing working relationships that best suit them and are guided by their needs.

As a result of this project, the EAPU runs a regional and remote reference panel. Panel members are from ADA Australia, ADA Law, the Public Guardian, Queensland Health, the Department of Justice, Council on the Ageing Queensland, Caxton Legal Centre, the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism, the Department of Families, Seniors, Disability Services and Child Safety, the Queensland Police Service, Wesley Mission Queensland, and 54 Reasons.

The Southern Downs Safe and Savvy Seniors Roadshow - Elder Abuse Awareness for Service Providers

The Southern Downs Safe and Savvy Seniors Roadshow - Elder Abuse Awareness for Service Providers is convened by the Southern Downs Regional Council in partnership with the Elder Abuse Prevention Unit. It shares information through free information sessions about recognising, responding and referring when supporting an older person experiencing abuse.

Ageing Diversity Project

The Ageing Diversity Project has produced eight videos including in English, Ahmaric and Italian, which have created a unique means to generate conversations about 'planning for the future' with culturally and linguistically diverse (CALD) communities. Although conversations around the video stories often touch on issues relating to family conflict and elder abuse, the stories address these issues indirectly. This method creates a safe space for these issues to be discussed.

The videos have worked well to actively engage CALD communities around topics that work to prevent elder abuse and decrease the likelihood of unnecessary engagements with complicated Government and legal systems. They form opportunities for services that work within the area of elder abuse to work together and inform the community holistically, with a consistent message: talk

about the future, plan for the future. The Public Trustee, the Queensland Government, CO.AS.IT, Cathay Community Association, Jeta Gardens, the Multicultural Communities Council Gold Coast and other services supported the Conversation Café video series.

Introduction

In 2017, a study based on population projections and estimated prevalence rates, suggested that more than 500,000 people in Queensland (aged 65 years and older) could experience elder abuse by 2037.ⁱ The number of elder abuse notifications reported to the EAPU Helpline increased by 170 percent in the past decade from 714 notifications in 2007-08 to 1,946 in the 2017-18 financial year.ⁱⁱ

The incidence of elder abuse is potentially evident in domestic violence order (DVO) application trends.ⁱⁱⁱ The number of applications for a DVO in Queensland where victims were aged 60 years or older almost doubled between 2005-06 and 2014-15.^{iv} Further analyses indicated that while the rate of DVO applications per 100,000 adults rose by 22.6% when comparing 2008–09 with 2017–18, the rate of applications with an aggrieved aged 50–59 years increased by 63.7%, and the rate of applications with an aggrieved aged 60 years or more increased by 78.3%. This shows considerably higher growth for older aggrieved applicants.^v

Recently, the National Elder Abuse Prevalence Study found that 14.8% of people aged 65 years and over experienced elder abuse in the preceding 12 months.^{vi} Based on 2024 population data and the 14.8 per cent prevalence rate from the National Elder Abuse Prevalence Study around 142,000 Queenslanders are likely to have experienced elder abuse in the last 12 months.^{vii}

In 2020–21, 295 victims aged 65 years and over were hospitalized in Australia due to assault at the hands of family members.^{viii} In 2023, there were 57 victims aged 55 years and older who were victims of family and domestic violence related homicide and related offences in Australia, which was a 159.1% increase from 2022.^{ix} Breaches of violence orders by family and domestic violence offenders aged 50 years and older have increased sharply between 2019–20 and 2022–23.^x Australia wide, the number of breaches increased by 114.2 percent: the increase in Queensland was greater than the national average, with the number of breaches increasing by 162.4 percent.^{xi} This increase is disproportionate to the 74.9 percent increase in breaches recorded against offenders who were younger than 50 years of age.^{xii}

A Guardian data analysis found that in the 10 years to 2023, nearly 200 women over the age of 55 were allegedly killed in family violence related homicides, suggesting older women could be at dual risk – from partners and from their children, especially their sons.^{xiii} The number of cases of alleged parricide – the killing of a parent – has also remained high over the past 25 years, even increasing from nine cases in 2013-14 to 16 cases in 2022-23.^{xiv} In contrast, the number of alleged intimate partner homicides fell by more than a third during that time, from 61 in 2013-14 to 38 in 2022-23.^{xv}

Overview of the nature and extent of elder abuse in Queensland from the EAPU Helpline

The *Elder Abuse Statistics in Queensland: Year in Review 2023/2024* report contains data about individual factors of victims and perpetrators, relationship factors, community factors, abuse presentation, impact of the abuse, and barriers to change.^{xvi} Further information about the data contained in this report is available in the *Elder Abuse Statistics in Queensland: Companion Document*.^{xvii}

Data entry related to abuse is based on the following definitions used by the EAPU Helpline:^{xviii}

- Financial abuse: The illegal or improper use and/ or mismanagement of a person's money, property or resources.
- Neglect: The refusal or failure of a carer or responsible person to ensure that the person receives

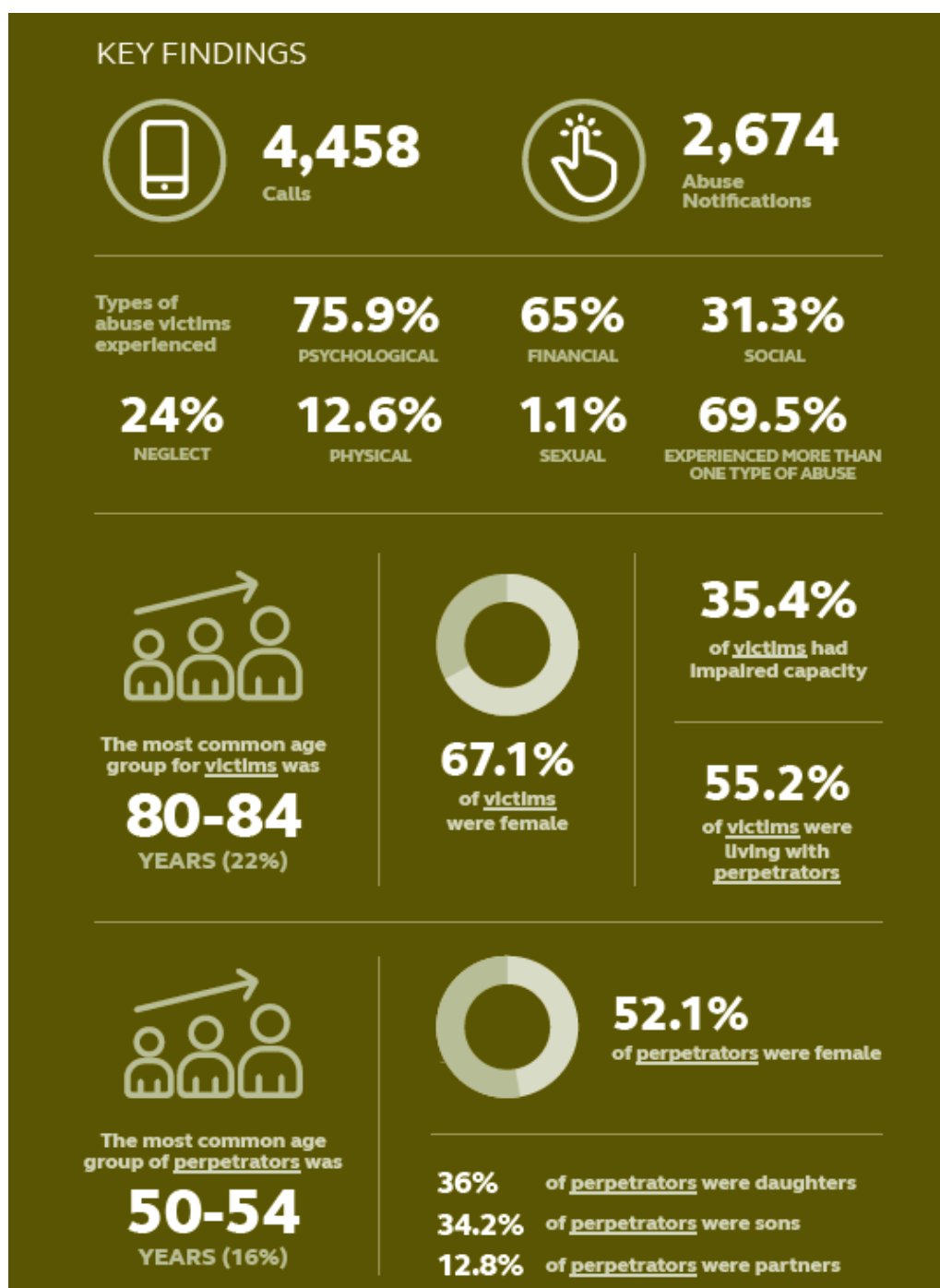
life's necessities.

- Physical abuse: The infliction of physical pain or injury, physical coercion or deprivation of liberty.
- Psychological abuse: The infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness.
- Sexual abuse: Any unwanted sexual behaviour, language or activity that makes an older person feel uncomfortable, frightened or threatened. This also includes situations where 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.
- Social abuse: The intentional prevention of an older person from having social contact with family or friends or accessing social activities of choice.

Key findings

The key findings from the *Elder Abuse Statistics in Queensland: Year in Review 2023/2024* report present a profile of elder abuse in Queensland that may assist in prevention, early intervention, and effective responses: ^{xix}

- the largest group of older people experiencing abuse was aged 80–84 years.
- women are more than twice as likely to be victims of elder abuse. Aboriginal and Torres Strait Islander people are over-represented as victims of elder abuse.
- psychological abuse and financial abuse were the most often reported forms of abuse.
- just over two-thirds of victims reported experiencing more than one type of abuse.
- sons and daughters are the perpetrators in the majority of cases of abuse and more than half of victims lived with the perpetrator.
- in 2023-24, the geographic locations where calls increased from the previous year were Moreton Bay–South, Sunshine Coast, and Mackay–Isaac–Whitsunday. Calls decreased in Central Queensland.



Notifications of elder abuse

The EAPU Helpline received a total of 4,458 calls in the 2023–24 financial year. The calls comprised 2,674 abuse notifications and 1,784 enquiry calls. An increase of 0.8 per cent ($n = 22$) in the number of abuse notifications from the previous financial year was recorded. There were 2,560 cases of abuse in close or intimate relationships and 534 cases of abuse in consumer and social relationships. The number of cases is higher than the number of calls as more than one abuse relationship may be identified within a single call.

The database used by the EAPU Helpline allows users to record what prompted the caller to phone the EAPU Helpline. 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. This information was

recorded for about half of the calls ($n = 2,299$, 51.6%). The most frequently recorded call prompt was that the caller found out about the EAPU Helpline.

Referrals

The most common referrals were to “Other Support Services”. Some examples of other support services include counselling, carer support, and interstate or international support services. The findings differed from 2022–23, when the most frequent referrals were to legal services ($n = 1,038$, 23.1%). Another notable difference from the 2022–23 findings was that the proportion of referrals for mediation increased by 146.7 per cent (2022–23, $n = 63$, 1.4%; 2023–24, $n = 154$, 3.5%). Despite this increase, the proportion of referrals remained low.

Two-thirds of referrals to legal services in 2023–24 were to the Seniors Legal and Support Services (SLASS), which provides both legal and social-work support.^{xx} Many victims of elder abuse are reluctant to initiate legal action against perpetrators, but some are more willing to engage when the legal and social worker model employed by the SLASS is described to them. Callers were referred to other services in 64.1 per cent of cases ($n = 2,857$).

Abuse in close or intimate relationships, individual factors for victims

Individual factors or life circumstances may increase an older person’s vulnerability and also influence their risk of experiencing abuse. Although these individual factors are not causal factors, they may be associated with an increased risk of experiencing victimisation. For example, victims of elder abuse 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 lifespan may contribute to an increased risk of victimisation. This next section examines the role of the following individual factors: age; gender; ethnicity; cognitive impairment; capacity; and care needs.

- Age: Victim age group was recorded in 76.7 per cent ($n = 1,964$) of cases but not for 23.3 per cent ($n = 596$). Similar to 2022–23, the most common age group was 80–84 years ($n = 432$). This group accounted for one-fifth of the total victims of known age.
- Gender: Similar to numbers in previous years, in 2023–24 there were more than twice as many female victims as male victims.
- Ethnicity: Research suggests that race, ethnicity, and culture intersect with elder abuse in multiple and complex ways.^{xxi} In particular, vulnerabilities and stressors associated with being a member of a minority or a marginalised ethnic group may increase the risk of elder abuse. In the 2023–24 reporting period, 94 victims (3.7%) identified as Aboriginal and/or Torres Strait Islander. This number is 1.5 times the number that would be expected from population statistics (i.e. 2.4% of Queenslanders aged over 50 years identify as First Nations peoples).^{xxii} During the 2023–24 reporting period, 104 victims (4.1%) were recorded as having a CALD background, which is much lower than the number expected from population data (i.e. 13.9% of Queenslanders aged over 50 years have a CALD background).^{xxiii}
- Cognitive impairment: Dementia was the most frequently reported form of cognitive impairment.^{xxiv} In 2018, it was estimated that 5.2 per cent of Australians aged 65 years and over had dementia.^{xxv} In contrast, in the EAPU Helpline data, more than double this proportion had dementia.
- Capacity: Impaired decision-making capacity (impaired capacity) was recorded for 863 victims (35.4%, where known). A further 290 (11.8%) were suspected to have impaired capacity. Note: There can be differences in assessment and interpretation of capacity due to different frameworks, assessment tools, and assessors used (e.g. medical versus legal). Data recorded in the EAPU Helpline database is largely self-reported, which likely influences what is recorded and thus findings should be interpreted with caution. Capacity status was unknown for 106 victims (4.1%).

- Care needs: Victims were reported to require support in 1,546 cases (60.4%), with domestic, meals, and transport needs the most frequently reported areas in which support was required.

Individual factors for alleged perpetrators

This section covers key demographics of alleged perpetrators, as well as individual factors that are directly or indirectly associated with an increased risk of perpetrating elder abuse. These factors are not necessarily causal. Perpetrator age, gender, and psychological health are discussed.

- Age: The age of perpetrators was unknown in 1,334 cases (52.1%), but the most common age group recorded was 50–54 years.
- Gender: There were more female perpetrators than males. Perpetrator gender was not recorded for five cases.
- Psychological health:
- Mental illness: In 457 cases (17.9%), perpetrators were reported to have, or were suspected by notifiers to have, some form of mental illness. This is a substantial increase from the 9.8 per cent recorded in 2022–23.
- Substance misuse: Substance misuse by perpetrators was recorded in 340 (13.3%) cases.

Relationships between alleged perpetrators and victims

This section examines relationships between victims and perpetrators, as well as any shared history or current factors that may influence their interactions. The section covers relationships, living arrangements, and the caring role.

Relationships

Family relationships accounted for 95 per cent ($n = 2,433$) of cases of abuse in close or intimate relationships. Sons and daughters were reported as perpetrators in almost three-quarters of cases ($n = 1,797$, 70.2%). This data includes non-biological relationships such as sons-in-law, daughters-in-law, and stepchildren. Daughters were most frequently reported as perpetrators, followed by sons. Further analysis revealed that 76 cases (3%) involved daughters-in-law and 56 cases (2.2%) involved sons-in-law. Long-term conflict between victims and perpetrators was identified in 279 (10.9%) cases.

Living arrangements

Living with perpetrators is an established risk factor for elder abuse.^{xxvi} Overall, more than half of victims ($n = 1,391$, 55.2%) lived with perpetrators (where known). In 314 of these cases, at least one non-perpetrator was also living with the victim. In more than two-thirds of cases ($n = 936$, 67.3%) in which perpetrators lived with victims, perpetrators were sons ($n = 500$, 36 %) or daughters ($n = 436$, 31.3%).

The proportion of cases in which victims and perpetrators lived together increased sharply in 2019–20. This trend continued until 2022–23, when a slight decrease was observed. The downward trend in cases involving cohabitation has continued, with a more substantial decrease recorded for the 2023–24 financial year. The proportion of cases in which victims live alone has also increased in 2023–24. Why cohabitation rates have decreased over the past two years is unknown.

The caring role

In 2023–24, 22.1 per cent ($n = 566$) of perpetrators were recorded as providing informal care to victims.

Community factors

Community factors relate to the intersection of victim and perpetrator relationships with other family, friends, community members, and potential support networks, or with features of the

community such as geographical location. This next section discusses factors related to family and community, and geography.

Notifiers

In 2023–24, the largest group of notifiers were daughters, followed by victims themselves and workers. Aged care workers were the most common group of workers who contacted EAPU Helpline, representing 32 per cent of workers ($n = 119$). Notifiers' relationships to victims were unknown for 14 cases.

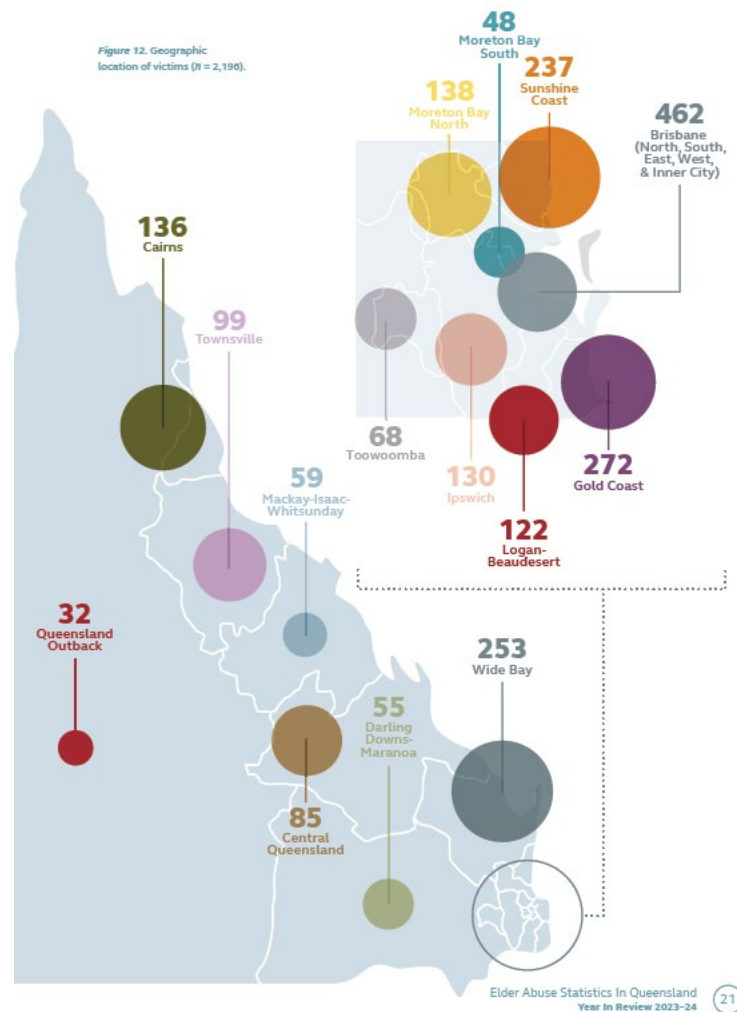
Geography

Queensland has the second-largest land area of the Australian states and territories. Over half of the population lives outside the Greater Brisbane area, making Queensland mainland Australia's most decentralised state. Geographical distance and population spread can create issues for service access in rural and remote areas.

Victim location

Victim location was known in 85.8 per cent of cases ($n = 2,196$). Figure 12 in the report displays the number of victims in each region. Data from Brisbane North, South, East, West, and Inner City were combined because EAPU Helpline workers sometimes record the suburb as Brisbane City if victims are reported to live in Brisbane without a specified suburb. This results in an over-representation of cases in the Brisbane Inner City region.

In three regions, the number of calls increased disproportionately compared with 2022–23 data: Moreton Bay–South (29.7%), Sunshine Coast (27.4%), and Mackay–Isaac–Whitsunday (20.4%). Central Queensland was the only region to record a substantial decrease in calls (–37.5%).



Geographic location of victims (n = 2,196).

Abuse data

Consistent with findings from 2022–23, the two most frequently reported types of abuse were psychological and financial abuse. Two-thirds of victims (n = 1,778, 69.5%) were reported to be experiencing more than one type of abuse. Social abuse increased substantially between 2022–23 (24.3%) and 2023–24 (31.3%). The rate of social abuse recorded in 2023–24 was the highest ever recorded and was notably higher than the peak observed during the COVID-19 pandemic. Why the rate of social abuse increased is unclear. The other abuse type that increased between 2022–23 and 2023–24 was sexual abuse, which more than doubled (2022–23, 0.5%; 2023–24, 1.1%). The rates of psychological abuse, financial abuse, neglect, and physical abuse were reasonably consistent with those found in 2022–23.

Financial abuse

In 2023–24, 1,663 cases of financial abuse were reported to the EAPU Helpline. The most common methods of perpetrating financial abuse were undue influence, misuse of an Enduring Power of Attorney (EPOA), and misuse of debit and credit cards. The most common forms of financial abuse involved non-contribution (for example, living with the victim and not contributing towards expenses such as electricity or groceries), coercing the victim into gifting, and paying perpetrator's bills.

Neglect

In 2023–24, 615 cases of neglect were reported to the EAPU Helpline. Refusing to allow others to provide care, failing to ensure victim's nutritional needs were met, and failing to ensure victim safety were the most frequently reported forms of neglect in 2023–24. These results differed from 2022–23 when failing to ensure victim safety, failing to take care of victim's medical needs, and failing to ensure victim's nutritional needs were met were the most reported forms of neglect.

Physical abuse

In 2023–24, 322 cases of physical abuse were reported to the EAPU Helpline. The most frequently reported forms of physical abuse were pushing, striking, and rough handling.

Psychological abuse

In 2023–24, 1,943 cases of psychological abuse were reported to the EAPU Helpline. The most common forms of psychological abuse were pressuring, shouting, and making threats. The most common types of threats were threatening to harm victims, to send victims to residential aged care facilities, and to harm others.

Sexual abuse

In 2023–24, 29 cases of sexual abuse were reported to the EAPU Helpline. The most frequently reported forms of sexual abuse were coercing victims to perform sexual acts, unwanted sexual comments, and rape. These results differed to 2022–23 when the most frequently reported forms were unwanted sexual comments, inappropriate touch, and unwanted touch.

Social abuse

In 2023–24, 802 cases of social abuse were reported to the EAPU Helpline. In 85 (10.6%) cases of social abuse, EPoA misuse was recorded as the method used to perpetrate the abuse. Perpetrators behaving in ways that limited visitation by others, restricting visitation by others, and restricting access to a phone were the most common forms of social abuse reported in 2023–24. These results differ from those in 2022–23, when restricting visitation by others, restricting access to a phone, and limiting the victim's ability to be alone with others were the most common forms of social abuse reported.

Impact of abuse on victims

Information about how abuse had affected victims was recorded in 1,722 cases (67.3%).

Psychological, relationship, and health impacts were most frequently reported. The proportion of cases in which social isolation was identified was much higher in 2023–24 (28.7%) than in 2022–23 (17%). This increase is likely to be a consequence of the increased number of social abuse cases observed in 2023–24.

Barriers to change for victims

EAPU Helpline operators can record data about barriers to a victim's ability or willingness to enact change regarding the abuse they are experiencing. Barriers to change were identified in almost two-thirds of cases ($n = 1,643$, 64.2%). For simplicity and clarity of reporting, the 25 barriers to change have been grouped into six categories (factors) ^{xxvii}.

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

The most common barriers to change for victims were protecting the perpetrator and their relationship with them, shame or stigma, and fear of further harm.

Abuse in consumer and social relationships

Although the Helpline focuses primarily on abuse in close and intimate relationships, it also receives calls about abuse in consumer and social relationships. Further information about abuse in consumer and social relationships can be found in the *Elder Abuse Statistics in Queensland: Companion Document*.^{xxviii}

In 2023–24, 523 calls about abuse in consumer and social relationships were recorded. Some victims were experiencing abuse in both consumer and social relationships, and thus one call may have generated two cases (one consumer abuse case and one social abuse case). Consequently, cases of abuse in consumer relationships numbered 328 and cases of abuse in social relationships numbered 206. The most common abuse types recorded for cases involving consumer and social relationships were psychological and financial abuse.

Other UnitingCare Queensland research projects on Elder Abuse

Elder abuse experiences of First Nations peoples and Culturally and Linguistically Diverse (CALD) communities in Queensland

In research conducted by UnitingCare Queensland, *Elder Abuse Experiences of First Nations Peoples and Culturally and Linguistically Diverse Communities* (2022) data collected by the EAPU Helpline was analysed to compare the types of abuse and risk factors of alleged victims identified as First Nations, having a CALD background and Other victims (non-First Nations or non-CALD backgrounds).

^{xxix}

Differences in patterns of abuse and reporting were found. Rates of trauma, income and wealth for both victims and perpetrators were found to differ as a function of ethnicity group. Differences were found relating to the economic disadvantage of victims. Victims who were identified as being First Nations were significantly less likely to own a home and more likely to be receiving income from Centrelink.^{xxx} Victims who were identified as having a CALD background were significantly more likely to be dependent on perpetrators for accommodation.

Between-group differences were also observed for alleged perpetrators with regards to age, income, wealth, substance abuse and trigger factors for the abuse. Perpetrators of abuse against victims who were identified as being First Nations peoples were younger, more likely to be economically disadvantaged, were significantly more likely to be living with victims, were significantly more likely to be living with victims, and have issues with substance misuse. Perpetrators of abuse against victims who were identified as being from a CALD background were significantly more likely to own a home and less likely to have issues with substance misuse when compared against victims who were identified being First Nations peoples and victims who were not identified as being either First Nations or from a CALD background. Significantly more extended family (e.g. grandchildren, nieces, and nephews) were perpetrators of abuse of victims who were identified as First Nations peoples.

There were some significant differences in abuse types between the three groups. High rates of psychological abuse were reported for all three groups of victims. For victims who were identified as having a CALD background and for Other victims, psychological abuse was most frequently reported. For victims who were identified as being First Nations peoples, financial abuse was most frequently reported. Victims who were identified as First Nations peoples were more likely to experience financial and physical abuse than the other two groups; and victims who were identified as being

from a CALD background were more likely to experience social abuse than the other two groups. Victims who were identified as being First Nations peoples and victims who were identified as being from a CALD background were significantly more likely than the victims who were not identified as either First Nations peoples or being from a CALD background, to be experiencing three or more types of abuse. Abuse was more likely to be occurring regularly for the victims who were identified as being First Nations peoples.

Most victims who were identified as having a CALD background and Other victims self-reported the abuse. Daughters were the most common reporters for victims who were identified as First Nations peoples but there were also significantly more extended family reporting of the abuse in this group.

Significant differences between the groups were found on five out of six barriers to change factors:

- Protecting the perpetrator and their relationship: this was identified as a barrier to change for high proportions of victims across all three groups but was significantly more likely for victims who identified as First Nations peoples.
- Fear of further harm was also significantly more likely to be identified for victims who were identified as First Nations peoples. These fears didn't just relate to concerns for their own safety but also concerns about the safety of other family members.
- Concerns about the potential impact on their relationships with their other children and grandchildren if they acted to change their situation, was significantly more likely to be identified as barrier for both victim who were identified as First Nations peoples and victims who were identified as having a CALD background.
- The financial situation of the person experiencing abuse was significantly more likely to be identified as a barrier for victims who were identified as First Nations peoples. The older person's financial situation may mean that they are unable to afford to move out of the property they share with the perpetrator, may have difficulties affording the co-payment for home care, or they may not be able to afford a solicitor to act for them.
- Shame or stigma was significantly more likely to be identified for victims who were identified as First Nations peoples and victims who were identified as having a CALD background.

Differences in risks and experiences of familial elder abuse for victims with cognitive impairments in Queensland

In the research study conducted by UnitingCare Queensland, *Differences in risks and experiences of familial elder abuse for victims with cognitive impairments* (2019) data from the EAPU Helpline was examined to ascertain whether individual risk factors, relational risk factors, abuse types and behaviours, barriers to addressing abuse, and the impact of abuse on victims differed as a function of whether the victim was reported to have cognitive impairment.^{xxxix} Sexual abuse data were excluded due to the small number of cases reported.

Victims who were identified as having a cognitive impairment had more complex support needs, were older and were more likely to be dependent on perpetrators than victims who had no cognitive impairment.^{xxxix} Victims identified as having a cognitive impairment were more likely to experience neglect and social abuse and less likely to experience physical or psychological abuse than victims not identified as having a cognitive impairment. Victims without cognitive impairment were more likely to experience physical and/or psychological abuse than victims with cognitive impairment. Victims with cognitive impairment were more likely to experience neglect and social abuse. Both groups were equally likely to experience financial abuse.

Perpetrators of abuse against victims who were not identified as having a cognitive impairment were generally younger than perpetrators of abuse against victims who were identified as having a cognitive impairment and were more likely to be identified as having a history of interpersonal

issues, mental illness and substance misuse. Inheritance impatience was more likely to be reported for perpetrators of abuse against victims who were identified as having a cognitive impairment and these perpetrators were more likely to take responsibility for their actions.

Adult sons and daughters were the most common perpetrators; however, spouses or partners were more likely to be perpetrators of abuse against victims with cognitive impairment than if against victims without cognitive impairment. Perpetrators of victims with cognitive impairment were more likely to be providing care to victims and struggling to meet their care needs than perpetrators of abuse against victims without cognitive impairment. Furthermore, victims with cognitive impairment were more likely to be dependent on perpetrators.

Familial elder abuse in Queensland: Who reports and why?

In research conducted by Uniting Care Queensland, *Familial Elder Abuse: Who Reports and Why?* (2019), four years of data from the EAPU Helpline were analysed to increase knowledge around who reports elder abuse and under what circumstances.^{xxxiii} The likelihood of notifiers reporting abuse to the EAPU Helpline differed as a function of the abuse situation, and victim and perpetrator characteristics.

Overall, the most frequent reporters of elder abuse to the EAPU Helpline were daughters, the older person themselves, and workers.^{xxxiv} Victims were significantly less likely to self-report abuse if they had a cognitive impairment, were aged 80 years or older, the perpetrator was a carer, or they lived with the perpetrator. Victims were significantly more likely to self-report psychological or sexual abuse. Victims who self-reported abuse were most likely to have contacted the EAPU Helpline after being referred by Queensland police or ambulance services, aged care service providers, or after receiving promotional materials (usually from Queensland Government awareness raising campaigns). For other types of notifiers, the most frequently recorded referral source was the Internet.

Sexual abuse of older women in Queensland

In research conducted by UnitingCare Queensland *Sexual Abuse of Older Women* (2024) five years of EAPU Helpline data were analysed.^{xxxv} The Helpline data consisted of 9,958 cases of elder abuse that had occurred in close or intimate relationships. Sexual abuse was reported in 82 cases (0.8%), with 67 cases (81.7%) involving female victims. The data discussed are comprised of these 67 cases.

The data shows that most victims (62.1%) of sexual abuse were aged between 70 and 84 years of age. Almost half (47.8%) of victims were reported to have impaired decision-making capacity. Almost all perpetrators were male (91%). The age groups of perpetrators ranged from 20–24 years to 95–99, with two-thirds (64.6%) aged between 55 and 84 years of age. Perpetrators were reported to be experiencing mental illness in 16.4 per cent of cases. Substance misuse was reported as an issue for 14.9 per cent of perpetrators. Half of the perpetrators were spouses or partners, and 19.4% were sons.

Self-reports of sexual abuse only accounted for one-quarter of reports. Workers were the most frequent notifiers, with health workers such as social workers, nurses, and doctors represented as the largest group of workers who reported the abuse.

The most frequently reported sexual abuse behaviours were rape, coercing victims into sexual acts, sexual comments, and inappropriate or unwanted touch. In cases involving rape, the perpetrators were spouses/partners 64.3%, brothers (14.3%), sons (7.1%), their family (7.1%), and friends (7.1%).

Sexual abuse rarely occurred in isolation, with 85.1 per cent of victims of sexual abuse reported to also be experiencing other types of abuse. On average, victims were experiencing three types of abuse simultaneously; however, some victims were reported to be experiencing as many as six types of abuse. Three-quarters of victims were reported to be experiencing psychological abuse, and half were experiencing financial abuse.

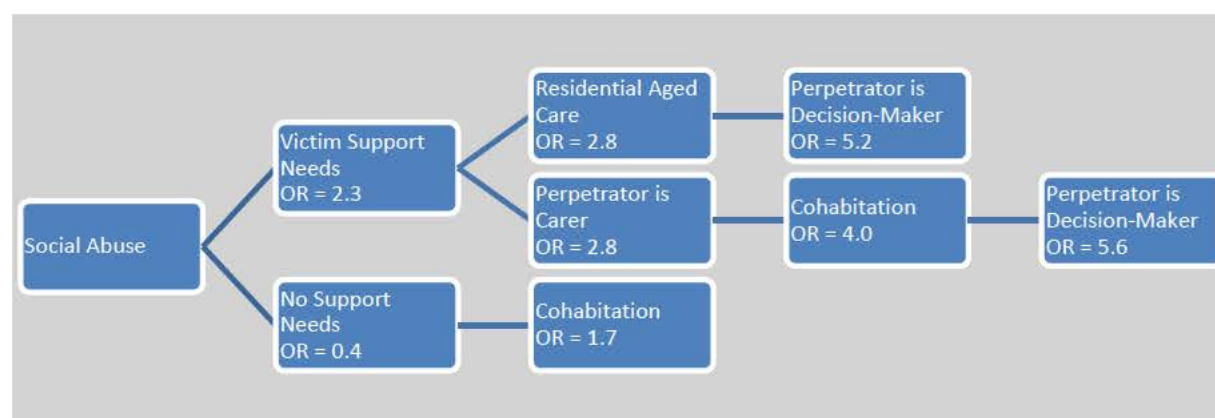
The most common barriers to change for victims of sexual abuse were a fear of further abuse, victims having impaired capacity, and concern about the impact on perpetrators if the police became involved.

Ageism was identified in one-third of cases as a societal factor contributing to the abuse. Ageism was most frequently identified as a factor in cases where the perpetrators were sons. Gender roles were identified as a factor for victims in half (49.2%) of the cases, with the most common scenario involving cases where perpetrators were spouses or partners. This often presents as a perceived responsibility to fulfil their husband's sexual needs. Gender roles were also identified as a factor for perpetrators in 44.8 per cent of cases, with all cases involving male perpetrators.

Social abuse as a form of elder abuse in Queensland

In research conducted by UnitingCare Queensland *Social Abuse as a Form of Elder Abuse* (2020), 20 months of data from the EAPU Helpline was used to examine social abuse and the situations in which it was most likely to occur.^{xxxvi} Logistic regression was used for statistical analysis and to create a predictive model. Factor analysis showed that psychological and social abuse are two separate constructs.^{xxxvii} Social abuse was rarely reported to occur in isolation – only 6.1% of cases of social abuse did not have a co-occurring type of abuse identified. Neglect was most strongly correlated with social abuse. Particular factors were found to be associated with an increased likelihood of social abuse being reported as occurring. The diagram below shows the odds ratios for victims for social abuse.

The diagram shows that victims with support needs were 2.3 times as likely as victims without support needs to experience social abuse. If victims had support needs and lived in residential aged care, they were 2.8 times as likely to experience social abuse. If victims had support needs, lived in residential aged care, and the perpetrator was a decision-maker (enacted EPoA or a guardian or administrator appointed by the Queensland Civil and Administrative Tribunal (QCAT), the odds of experiencing social abuse was 5.2 times higher.



Using abuse behaviours to predict other types of abuse in Queensland

In research conducted by UnitingCare Queensland, *Using Abuse Behaviours to Predict Other Types of Abuse* (2022), cases of abuse in close or intimate relationships that were reported to the EAPU Helpline were used to examine whether specific abuse behaviours could be used to predict co-occurring types of elder abuse. Sexual abuse excluded due to the small sample size. ^{xxxviii}

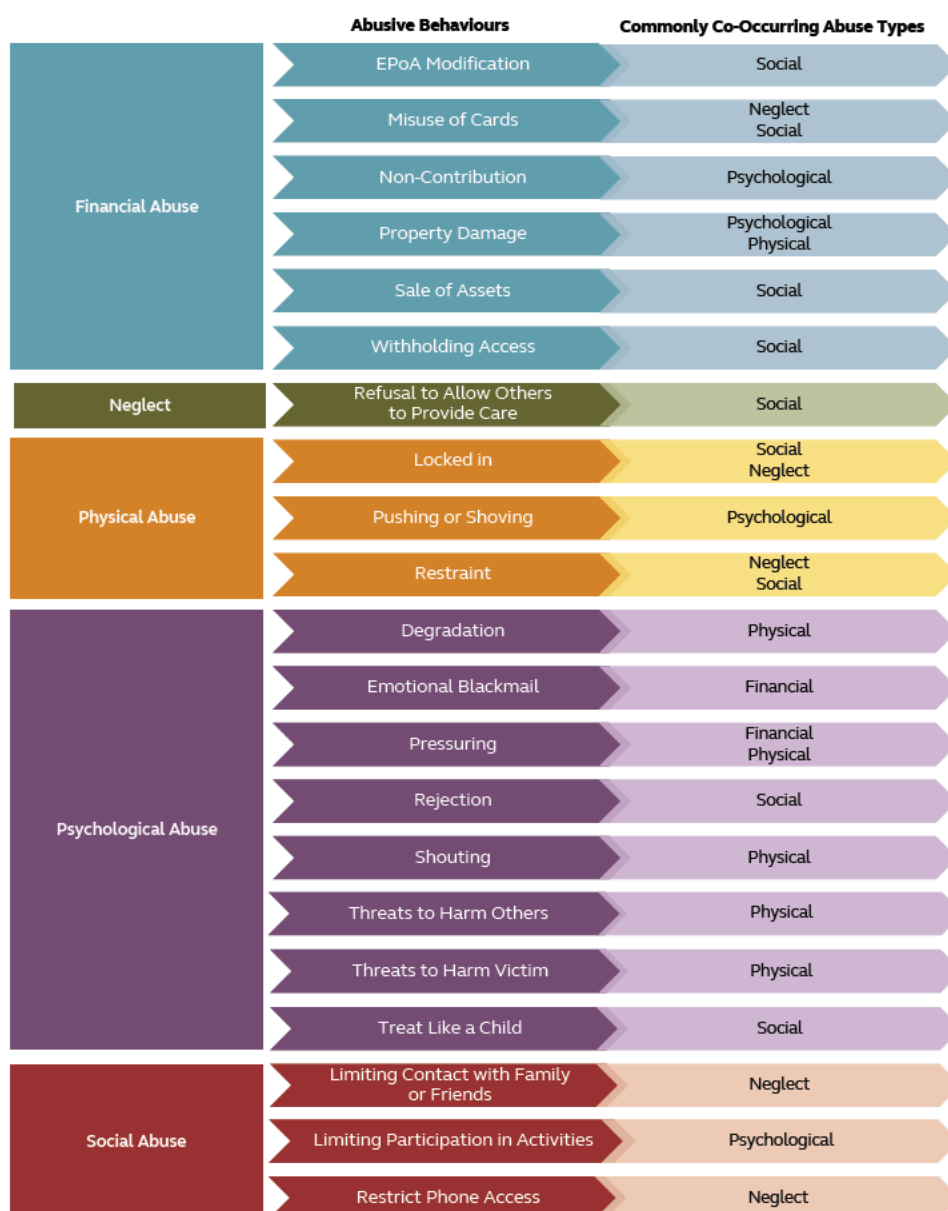
Results indicated that numerous abuse behaviours could be used to predict the likelihood of victims simultaneously experiencing other types of abuse, for example, if a victim was being degraded (psychological abuse behaviours) by a perpetrator, they were 2.6 times as likely to experience co-occurring physical abuse at the hands of the same perpetrator. ^{xxxix} Models for all abuse types were statistically significant at the $p = .000$ level and the more abuse behaviours that were present, the greater the likelihood of the co-occurring abuse type being present. The financial abuse model was the weakest, and the physical abuse model was the strongest.

More than one type of abuse was recorded in just over two-thirds (67.8%) of cases. ^{xl} Social abuse had the highest percentage of co-occurring abuse identified, with the majority (93.9%) of cases having at least one other type of abuse reported. Financial abuse was least likely to have co-occurring abuse, but co-occurring abuse was still identified in 81.2% of cases. The strongest positive relationship found between abuse types was between social abuse and neglect. If social abuse was identified, neglect was 2.2 times as likely to be reported. The next strongest positive relationship was between physical and psychological abuse. If physical abuse was reported, psychological abuse was 2.1 times as likely to be reported.

Commonly Co-Occurring Abuse Types—Elder Abuse (CCAT–EA) Guide

The CCAT-EA guide, which was developed from the research described above, provides information about abusive behaviours that may be associated with an increased likelihood of experiencing co-occurring types of elder abuse. ^{xli}

If the following abuse behaviours are identified, consideration of exploring whether the older person is also experiencing the commonly co-occurring types of abuse should occur.



Familial elder abuse: Victim impacts and barriers to addressing abuse in Queensland

In research conducted by UnitingCare Queensland, *Familial Elder Abuse: Victim Impacts and Barriers to Addressing Abuse* (2019) EAPU Helpline data was used to examine the impact of elder abuse on victims and barriers to change for victims.^{xliii} Further analyses were undertaken to ascertain whether the impact or barriers to change differed as a function of abuse type.^{xliiii} Negative health impacts were more likely to be reported when a victim was experiencing neglect, physical, and/or psychological abuse. Homelessness was more likely if physical abuse was occurring. The barriers to change (factors) differed as a function of the type of abuse. A fear of further harm was significantly more likely to be identified as a barrier in cases involving physical, psychological, and/or social abuse. Protecting the perpetrator was significantly more likely to be identified as a barrier for victims of financial or psychological abuse. Shame or stigma was significantly more likely to be identified as a barrier when victims were experiencing financial abuse.

Barriers to change for older victims of domestic and family violence in Queensland

Research by UnitingCare Queensland was conducted on *Barriers to Change for Older Victims of Domestic and Family Violence* (2021).^{xliv} This study used data collected about abuse in close or intimate relationships from the EAPU Helpline to examine barriers to addressing the abuse. Data consisted of 967 cases of elder abuse in close or intimate relationships reported to the EAPU Helpline during the 2018-19 financial year. All victims were aged 50 years and older, 69.9% were female and 30.1% male. Daughters (36.0%), sons (35.8%) and spouse/partners (10.6%) were the most common perpetrators. It was found that the most common barriers related to victims focusing on protecting the perpetrator and their relationship, fears of further harm, and individual vulnerabilities. The barriers were also found to differ as a function of the type of abuse.

Elder abuse-related deaths in Australia

An Australia-wide research study conducted by UnitingCare Queensland, *Contextual Factors in Elder Abuse-Related Deaths* (2024) is not publicly available, however some of the details are provided here.^{xlv} Data were mined from court documents, and media reports were used to supplement data. Criteria for inclusion in the research was:

- Victims aged 55 years or older
- Perpetrators were family members, intimate partners, or informal carers
- Death occurred between 1 January 2000 and 31 December 2017
- Death occurred in any state or territory within Australia.

The data consisted of 70 incidents with 74 victims and 74 perpetrators. 7 incidents were multiple fatality events. Three key abuse situations were identified within the data: Intimate Partner Violence; Neglect; and Other elder abuse. The most common methods of death were assault (33.3%); shooting (18.1%); stabbing (18.1%); and neglect (12.5%).

Victims were between 55–88 years of age, and 77% of victims were female. Perpetrator characteristics included:

- Aged between 19 and 88 years
- 79.7% were male
- 52 were experiencing mental illness
- 35 were misusing substances
- 24 had known criminal histories

The most common perpetrators were: sons (33.3%); spouse/partners (26.9%); daughters (11.5%); and ex-spouse/partners (11.5%). The most frequent motives identified in elder abuse cases of intimate partner violence were: fight or anger (46.7%); relationships breakdown (36.7%); psychosis or mental illness (33.3%); and money (23.3%). The most frequent motives identified in elder abuse cases of neglect were carer stress (33.3%) and money (16.7%). The most frequent motives identified in other elder abuse cases were: fight or anger (37.5%); psychosis or mental illness (34.4%); and money (28.1%).

The most common red flags identified in elder abuse cases of intimate partner violence were: recent or imminent separation (33.3%); perpetrator history of violent crimes (26.7%); perpetrator psychosis and/or delusions (26.7%). The most common red flags identified in elder abuse cases of neglect were: squalor (77.8%); victim weight loss (77.8%); refused assistance (66.7%); and doctor visits ceased (66.7%).

The most common red flags identified in elder abuse cases of Other elder abuse were: perpetrator substance misuse (67.7%); perpetrator dependence on victim for accommodation (35.5%); and perpetrator psychosis and/or delusions (35.5%).

The above research could assist with the design and delivery of outreach responses to prevent elder abuse and to respond to elder abuse before it escalates resulting in deaths. In particular, the red flags identified in this research on elder abuse deaths are useful in informing health services and workers, and housing and accommodation services and workers, in order to facilitate access to support for victims and perpetrators.

Differences in risk factors and abuse patterns in familial elder abuse

In the research *Differences in Risk Factors and Abuse Patterns in Familial Elder Abuse* (2018), data collected by the EAPU Helpline was analysed to compare risk factors and patterns of abuse where the abuse was perceived to be related to carer stress (CS group), intimate partner violence (IPV group) or other elder abuse (Other).^{xlvi} While all three groups reportedly experienced high levels of psychological abuse, the findings revealed the following differences in patterns of abuse:

- older people in the CS group were reported as experiencing much higher rates of neglect;
- psychological, social and sexual abuse was reported more frequently for older people in the IPV group;
- financial abuse was most common in the Other group.

Between-group differences were also found for victim gender, age, capacity impairment and dependence rates, and the duration of the abuse.

The types of abuse reported differed significantly between models. Across all three models, the highest proportion of victims were aged 80-84 years but IPV rates were much lower for those aged 85+. Females were over-represented as victims in all models.

Overall, daughters, victims and workers were the most common notifiers. Neighbours were more likely to report in Carer Stress cases and victims were less likely to self-report in Carer Stress cases. Across all models, victims were less likely to self-report if the perpetrator lived with them. It's important to explore the relationships between perpetrators and victims, as for example it should not be assumed that cases of abuse involving spouse/partners relate to long-term intimate partner violence. Only 29 per cent were reported to involve long-term intimate partner violence. In many cases, perpetrators were caring for victims and carer stress was identified as a factor.

Elder abuse and COVID-19 in Queensland

Research has also been conducted by UnitingCare Queensland on the impact of COVID-19 and elder abuse (*Elder Abuse and COVID, 2021* and *COVID-19 and Elder Abuse, 2020*). These studies used EAPU Helpline data to examine how factors related to COVID-19 may have increased the risk of particular types of abuse for older people.^{xlvii}

From 30 March 2020, the EAPU Helpline began collecting data about whether COVID-19 was identified as contributing to elder abuse. The higher call volumes to the Helpline from March 2020 onward, coupled with increased rates of cohabitation and victim dependence in 2019–20, indicate that COVID-19 did increase vulnerability and risk of elder abuse. COVID-19 was identified as contributing to the abuse in 44.0% of cases in the Lockdown group and 10.4% in the Post-Lockdown group.

Average monthly call numbers increased in the early COVID period and remained high during the lockdown and post lockdown periods. ^{xlviii} Two events are likely to account for increased call volumes:

- COVID-19. Increase in calls in March coincided with an increased focus from health officers and media on older people self-isolating.
- Queensland Government's elder abuse awareness campaign. From May to August 2020, the Queensland Government implemented a digital elder abuse awareness campaign which encouraged older people experiencing abuse and third parties who suspected elder abuse to call the EAPU Helpline.

Financial abuse, psychological abuse, and neglect were reported at significantly higher rates in the early COVID period cases when compared against the pre-COVID cases. There was a sharp increase in cases of financial abuse reported during early COVID. ^{xlix} Financial dependence of perpetrators on victims also increased during this early COVID period. Financial abuse decreased during lockdown and the proportion remained lower than pre-COVID. Financial dependence of perpetrators on victims decreased and the post-lockdown rate was less than half what it was during the pre-COVID period. During the lockdown period psychological abuse increased and social and financial abuse decreased. Economic measures such as the financial support provided in the form of the Coronavirus Supplement, payments for small businesses, the ability to access superannuation, and the option to pause repayments on mortgages were posited as having contributed to decrease in financial abuse reports.

Opportunities to strengthen responses to elder abuse in Queensland, within the government, broader community, non-government, and private sectors

Insights into elder abuse in Queensland

The insights in the next section are based on the research detailed above, anecdotal evidence from service delivery, and other referenced sources. The insights cover the following for strengthening responses to elder abuse in Queensland: areas for further research; barriers to disclosing, reporting and help-seeking; assessment; service delivery, interventions, and alternatives to criminal justice responses; training, education and awareness-raising; and legal frameworks. These insights are consistent with research, consultation and reports that have been published previously such as by: the Australian Law Reform Commission; the Australian Human Rights Commission; the House of Representatives Standing Committee on Legal and Constitutional Affairs; the Standing Council of Attorneys-General; the Parliamentary Joint Committee on Corporations and Financial Services; the Public Advocate; the Queensland Law Reform Commission; and the Queensland Law Society. ⁱ

Further research

- Further research into each category of abuse including neglect would be beneficial, to inform all types of responses to elder abuse, including interventions for both victims and perpetrators.
- Particularly, further research on social abuse would be beneficial, as social abuse is a form of coercive control that can be used as a means to facilitate, maintain, or hide other forms of abuse. The substantial increase in social abuse in 2023–24 is of concern given the role it plays in facilitating all abuse types and inhibiting reporting and help-seeking behaviour by victims. ⁱⁱ
- The proportion of cases in which neglect is reported has increased over the last 6 years. The National Elder Abuse Prevalence Study also identified that neglect had the second-highest prevalence. ⁱⁱⁱ Despite this, little research into neglect occurring in the community has been done.
- Further research into facilitators and inhibitors of reporting and help-seeking would be beneficial for prevention, early intervention, and assessment of elder abuse. Many victims do

not contact the EAPU Helpline until they reach breaking point. Gaining knowledge about facilitators and inhibitors of help-seeking would be of great assistance. Increased knowledge of potential barriers may help workers in a range of services to ask more targeted questions for assessment and to consider a wider range of issues that may inhibit the likelihood of victims being able to seek support. Another benefit would be the potential for earlier intervention if the barriers were removed for the victim. In addition, less complexity would need to be addressed through interventions, as people may seek help before the situation becomes dire and complex to address. As an example, being able to intervene before homelessness occurs or loss of financial means.

Barriers to disclosure, reporting and help-seeking

- Interventions that seek to address social abuse could be prioritised, given the role it plays in facilitating other types of elder abuse and its role in inhibiting reporting and help-seeking. ^{liii}
- Callers rarely contact the EAPU Helpline to report sexual abuse. Disclosures about sexual abuse generally occur after trust is built during discussions about other abuse being perpetrated on the victim. Societal factors such as ageism and gender roles can contribute to the development of sexual abuse, and become barriers to prevention, support and justice. Ageist perceptions of older people as being asexual, unattractive, and having dementia can inhibit reporting, and means that victims may not be believed if they do report it. It may also mean that the behaviour of perpetrators is minimised. Increased education, training and awareness-raising in the community and with workers in a variety of sectors such as in the sexual assault and domestic and family violence sectors may assist victims to disclose, report and seek help.
- The bystander model is useful for understanding what facilitates or inhibits reporting by people other than victims. Deciding whether to intervene requires a bystander to negotiate 5 stages:
 1. Noticing the event;
 2. Defining the event as an emergency;
 3. Deciding whether to take personal responsibility;
 4. Knowing how to intervene; and
 5. Taking action.

To progress through the stages, bystanders need to be able to identify elder abuse, recognise that abuse is harmful, recognise that elder abuse isn't "family business" and that everyone has a responsibility to act and know what to do. Awareness raising campaigns targeting bystanders may be more effective if they contain the information required to progress through to the final stage, taking action.

- The reporting of elder abuse in Queensland from workers and the community may benefit from the development of a decision-support tool that could be provided online, such as the existing online Queensland Child Protection Guide (CPG) that exists for suspected child abuse, provided by the Department of Child Safety, Youth and Women. ^{liv} The CPG helps professionals decide to report to the Department of Child Safety, Youth and Women or refer to other service providers, to help families receive appropriate supports and services in a timely manner. The CPG consists of decision trees to guide users through a range of questions in order to provide recommendations on whether and how to report and/or refer. Such an online decision-support guide for elder abuse could be based on the existing Elder Abuse Suspicion Index © (EASI) developed by my academics at McGill University in Canada. ^{lv} The EASI was developed to help family physicians detect those in their practices who are victims of elder abuse. EASI is available in multiple languages.

Service delivery, interventions, and alternatives to criminal justice responses

Alternatives to criminal justice responses

- Reluctance by the older person to seek help could be influenced by the complex interplay of different factors inherent in elder abuse situations, such as not wanting to see their family member incarcerated as a result of a criminal justice response. Increasing options for non-criminal justice and non-punitive responses, such as increased support for informal carers of older people, education about available options for support such as respite care for carers, and mediation and monitoring may be beneficial for notifiers, victims and perpetrators and may increase help-seeking. Increased support for perpetrators may also increase the incidence of older people seeking assistance. Older people often seek help because they want services and support for the perpetrators when they are their adult children. Increased carer support for older people caring for children or grandchildren with mental illness may also be beneficial in addressing elder abuse. Recently, the Coroners Court of Victoria made a recommendation that pilot programs of integrated response models of care specifically for both victim survivors and perpetrators of elder abuse be established, given the barriers to engage with support for this type of family violence.^{lvi}
- In addition, increasing the range of non-criminal justice, non-punitive responses to First Nations peoples, and preferably delivery by First Nations communities and/or community-controlled organisations may assist in disclosure, reporting and help seeking as well as prevention and early intervention.
- The EAPU Helpline has as one of its referral options, referral to mediation services that have mediators who specialise in elder abuse. This could be used by the proposed adult safeguarding commissioner, as a more suitable alternative to a criminal justice response for some elder abuse situations, and may encourage disclosure and help seeking by victims, due to reluctance to see family member entering the criminal justice system.

As stated by the Public Advocate in the Education, arts and communities committee's public hearing for the Inquiry into elder abuse in Queensland held on the 21st of February:^{lvii}

However, the paradigm in elder abuse scenarios is often different to the paradigm in domestic and family violence, where you will typically have a person wishing to end a relationship, often a woman. In elder abuse, it will typically be an adult child who commits the abuse, and oftentimes the victim will be unwilling to report it for the reasons you specify—because they will want the abuse to end but they will want the relationship somehow to continue. That makes an unwilling victim.

Victims wishes around wanting to maintain relationships influence their willingness to pursue legal remedies and demonstrates the need for support options to extend beyond typical criminal justice interventions for domestic violence.

Mediation can be a useful preventative approach when conflict arises at any stage of the caring process.^{lviii} Elder mediation is a voluntary, cooperative process with a professionally trained elder mediator who helps facilitate discussions between everyone involved. They also develop a range of possible options or outcomes that help the participants manage the many changes and stresses that often occur throughout the family life cycle. Discussions are confidential and held in a private, safe setting. Any agreement reached must be acceptable to all participants. The mediation process provides a non-adversarial model of communication and opportunities for therapeutic and practical discussions, meetings and interventions. In this approach, everyone can contribute their concerns and ideas freely and without prejudice, with the intention of protecting the safety, rights, wishes and preferences of the older person and maintain family, carer and other culturally relevant supportive relationships.

Recognised elder mediators in Australia:

- have completed the required mediation accreditation

- have completed additional training in ageing and age-related issues (including ageism, elder abuse, capacity, elder law and intergenerational family dynamics) with an Elder Mediation International Network (EMIN) Certified trainer.
- Carers who provide substantial informal care have limited options for financial support while undertaking the role, which may involve round-the-clock care for an older person. The current subsidies such as the Carer Payment and Carer Allowance provided by the federal Department of Social Services may not cover all living expenses for a carer and may exacerbate carer stress and force cohabitation between older persons and informal carers.
- An additional safeguard could be data matching undertaken by the Department of Social Services with Medicare for people receiving Care Payments and/or the Care Allowance, to determine if an older person has been seen by a GP in the preceding 12 months. If there is no record of the older person being seen by a GP, an automatic process should be triggered that requires the carer to present the older person to a GP. This would provide an opportunity for GP's to identify abuse or risk factors. Such a process was recommended from the Queensland Coroner at the inquest into the death of Cynthia Thoresen.^{lix}
- The lack of funding for home care in the federal aged care system is one factor that contributes to the complexity of elder abuse. In-home care workers can sometimes be the only outside visitor to an isolated older person living in the community who may be a victim of elder abuse by a family member. The lack of funding also results in a greater reliance on family members for care, which could also increase carer stress/burnout if appropriate levels of support from home care services are not available.

Service delivery, interventions

- Increasing outreach services to victims of elder abuse in generalist services such as sexual assault, financial abuse, domestic and family violence which may require the victim to attend their service in person, would be beneficial. Help-seeking for a victim of elder abuse is difficult if, for example, an older person is not able to access transport to a service location. Generalist services would also need to increase their knowledge and experience in working with elder abuse.
- The red flags identified in the research on elder abuse deaths, such as the victim living in squalor and ceasing visits to the doctor, may be useful in informing assessment by services such as health services and housing and accommodation services, in order to facilitate access to support for victims and perpetrators.
- Knowledge of similarities and differences in risk factors and patterns of abuse as detailed in the research previously outlined in this submission may be useful to consider when formulating intervention strategies with clients who are experiencing elder abuse. The research findings suggest that a one-size-fits all approach to intervention is not appropriate. Individual circumstances should be considered when formulating interventions.
- As stated, one of the most common barriers to help-seeking is related to victims wanting to protect the perpetrator and their relationship. As shown in the practice examples below, this should be considered by services and workers as part of the assessment process and when formulating interventions:^{lx}
 1. A victim of psychological and physical abuse may express that they want their adult son (alleged perpetrator) to move out of their house. The victim has asked her son to leave but her son has been unwilling or unable to find alternative accommodation and she does not want to take action for fear of her son becoming homeless and cutting contact with her. In this scenario, intervention may involve sourcing alternative accommodation for the son and supporting the victim to take out a domestic violence order (DVO) with an ouster condition.
 2. A victim is experiencing psychological abuse from her daughter. The victim has spoken to her daughter about the abuse but the abuse has continued. The victim is unwilling to take out a DVO as her daughter works as a teacher and the victim is concerned that her daughter would lose her

job. In this situation, the worker may explain that a DVO is a civil order so it will not appear on the daughter's criminal history unless she breaches the order as breaching a DVO is a criminal matter.

3. An older man is experiencing psychological abuse and neglect from his daughter, who is also his carer. The older man is reluctant to take action as he is concerned that he would have to move to a nursing home if his daughter does not provide care. The victim wants to talk to his daughter about the abuse and neglect but is afraid that the abuse may increase. The worker suggests family mediation and the victim is willing to try this. The worker supports the older man through the mediation. During the sessions, the daughter discloses that she is struggling to manage his care needs and is feeling stressed and overwhelmed. Another daughter who participated in the family mediation has agreed to help to provide care for her father. The worker also helps the older man to apply for a home care package.

- Increasing access to free legal advice and free financial advice for older people who are considering financial arrangements such as 'assets for care' arrangements, providing large loans to family members, and transferring their property to a family member may be beneficial in preventing elder abuse.
- The adult safeguarding project undertaken by the Public Advocate from 2021 to 2022 identified concerns from stakeholders about where adults with impaired capacity including older people, are at risk of harm in the community, how such concerns are currently addressed, and what improvements may be needed.^{lxi} The project identified a range of options for strengthening support and safeguarding, such as establishing an adult safeguarding agency such as an adult safeguarding Commissioner with information-gathering and information-sharing powers, to investigate reports of suspected and actual harm against all at-risk adults including older people and people without impaired decision-making capacity, and to coordinate appropriate support for at-risk adults in these situations. This would be done with the consent of the at-risk adult, except where the at-risk adult would be at risk of serious harm.

The Public Advocate, in line with a similar recommendation for the Australian Law Reform Commission, recommended that the adult safeguarding agency should be able to do any of the following in relation to an at-risk adult:^{lxii}

- a) coordinate legal, medical and other services for the adult;
 - b) meet with relevant government agencies and other bodies and professionals to prepare a plan to stop the abuse and support the adult;
 - c) report the abuse to the police;
 - d) apply for a court order in relation to the person thought to be committing the abuse (for example, a violence intervention order); or
 - e) decide to take no further action.
- An adult safeguarding agency could also coordinate support services for perpetrators. Supporting the perpetrator by providing support and access to services such as housing and accommodation, alcohol and other drugs, and mental health services will reduce the risk of further elder abuse and increase the likelihood of victims being willing to seek and accept support. An adult safeguarding agency could also provide mediation services as an alternative to a criminal justice response to elder abuse.
 - The establishment of local adult safeguarding networks in regions throughout Queensland was also suggested by the Public Advocate. In large urban areas networks could also be established in relation to particular sub-groups, such as for First Nations peoples and people from CALD communities, with appropriate stakeholders.^{lxiii} The networks could consist of local service providers, advocates, relevant health services, emergency services, agencies with regulatory roles, other local area social care experts, and people who have experience of being at-risk. Similar networks with accompanying information-sharing arrangements already exist in Queensland for addressing child abuse. The Gold Coast Elder Abuse Response Panel is an

example of an existing adult safeguarding network, which brings together government and community representatives via an online platform, to respond to complex elder abuse cases. Currently the panel is chaired by ADA Law.

In addition, the Southern Downs Safe and Savvy Seniors Roadshow - Elder Abuse Awareness for Service Providers is convened by the Southern Downs Regional Council in partnership with the EAPU. It shares information through free information sessions about recognising, responding and referring when supporting an older person experiencing abuse.

As mentioned previously in this submission, EAPU has also established a Regional and Remote Reference Panel. Panel members are from ADA Australia, ADA Law, the Public Guardian, Queensland Health, the Department of Justice, Council on the Ageing Queensland, Caxton Legal Centre, the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism, the Department of Families, Seniors, Disability Services and Child Safety, the Queensland Police Service, Wesley Mission Queensland and 54 Reasons.

- Interagency guidelines on information sharing and responding to elder abuse may assist in prevention of, early intervention, and responding to elder abuse, such as exists in Queensland for responding to child abuse and domestic and family violence. This could highlight existing legislative provisions relating to information sharing. It could also be advantageous to include existing and future adult safeguarding networks as organisations that are classified as either a prescribed entity, specialist domestic and family violence service provider, or support service provider under Queensland's Domestic and Family Violence Protection Act 2012, for the purposes of information sharing.
- In the Education, Arts and Communities committees public hearing for the Inquiry into elder abuse in Queensland Transcript of proceedings, held on the 21st of February, the Health Ombudsman suggested the creation of a special advice service on providing communication support to victims of elder abuse with cognitive impairment and in assisting with assessment to investigate alleged cases of abuse of older people. The Health Ombudsman stated:
That kind of service would fit really well within a broader adult safeguarding commission, because it would provide that specialist support that is needed by offices like ours. It would also assist services when they are faced with a scenario where they have had a report of a potential abuse or assault and they feel they cannot get the evidence directly from the person.

Assessment

- Knowing which types of abuse commonly co-occur could help guide questions for more effective and accurate assessment for victims and perpetrators. The resource developed by UnitingCare Queensland, the *Commonly Co-Occurring Abuse Types–Elder Abuse (CCAT–EA) Guide* provides an easy-to-read visual representation of the types of abuse that are significantly more likely if a specific abuse behaviour is present.
- Development of an evidence-informed risk assessment tool for elder abuse could be undertaken to be used by services such as police and emergency services, that recognises risk factors specific to older people.

Training, education and awareness-raising

Training

- Staff in a variety of sectors that come into contact with older people don't always have the skills to identify signs and may not ask the right questions. The provision of training packages for workers in the health and community sectors in particular, such as those with regular contact with older people e.g. pharmacists and general practitioners, co-designed with older people with lived experience of abuse, could assist in identification of abuse of an older person. The Gold Coast Centre Against Sexual Violence has developed a training package that is targeted at staff who work with older people, "Recognising and Responding to Elder Sexual Abuse", that has a

specific focus on older people. The Older Persons Advocacy Network's (OPAN) "Ready to Listen Project" training also focuses on the sexual abuse of older people. OPAN also has free online training on abuse of an older person, including the topic of coercive control, and how to respond, "Abuse of the Older Person".

- Greater community education around the potential for abuse through misuse of an EPOA may strengthen responses to elder abuse. Guidance such as the Victorian Public Advocate's "You Decide Who Decides" originally created in 2019 on behalf of the Australian Guardianship and Administration Council is a helpful resource aimed at improving awareness and understanding of enduring powers of attorney (EPOAs). Financial abuse, particularly through the misuse of EPOAs, is a significant issue.

Education and awareness-raising

- A national education and awareness-raising campaign with accompanying resources about enduring powers of attorney has been raised by both the Public Advocate and the Age Discrimination Commissioner.^{lxiv} Existing mainstream services such as sexual abuse services, domestic and family violence services, and financial counselling services could also be highlighted in education and awareness raising efforts on elder abuse. An ageism awareness-raising campaign would also likely assist in elder abuse awareness-raising efforts.
- Education and awareness-raising efforts in Queensland may benefit from highlighting existing responses in Queensland that the general public and workers in a range of services may not be aware of. For example, the Public Guardian's powers to: investigate current and former EPOAs where there is evidence of financial abuse and the principal lacks decision-making capacity; suspend EPOAs for three months while investigations are undertaken; and apply to QCAT for a warrant to remove someone from their environment where there is an immediate and significant risk of harm. In addition, regardless of whether an adult lacks decision-making capacity, the police may investigate and prosecute allegations of fraud or other criminal offences under existing laws. It may also be useful in education and awareness-raising efforts to highlight existing remedies at common law or statutes for financial abuse arising from improper or inappropriate dealing with a person's assets. Existing compensation pathways and financial resources may be available, depending on the nature of the abuse or conduct.
- Education and awareness-raising efforts may benefit from being targeted to geographic locations in Queensland where a high-concentration of older people reside upon retiring from work. In addition, targeting education and awareness-raising efforts to retirement facilities, manufactured home and caravan parks, and seniors organisations may be appropriate.
- Developing a better understanding of risk factors for victims identified as First Nations peoples and victims identified as having a CALD background, as well as of the alleged perpetrators may help to provide more targeted responses in awareness-raising activities and intervention strategies.
- Increased education and awareness-raising delivered to staff in key community touchpoints for older people and informal carers, and available at such community centres, such as churches, Retired Services League (RSL) clubs, staff working in general practitioner surgeries, hospitals, housing and accommodation services, retail services, and neighbourhood centres, may assist in prevention and early intervention efforts.
- People in contact with the victim and/or perpetrator may not know which agency they report abuse for or may hold concerns that the victim will have no one to provide informal care, if they notify an agency of the abuse. Help-seeking and reporting of elder abuse could be facilitated with increased education and awareness raising in the community. Highlighting existing services such as elder abuse mediation could also assist.

Particular cohorts of victims

First Nations Peoples

- Education and awareness-raising material, co-designed, and provided in range of First Nations languages, that is distributed to community stakeholders and community-controlled organisations may facilitate prevention and early intervention. Further consultation and research with First Nations communities may also be beneficial to informal design of responses and to facilitate help-seeking behaviour.

In addition, elder abuse mediation models co designed and delivered by First Nations workers, communities and/or community-controlled organisations may assist in prevention and early intervention.

Research has been conducted in First Nations communities in Queensland on First Nations people's interaction with the guardianship and administration system and the cultural relevance of the legal notion of impaired capacity, which provides some insights on elder abuse and for elder abuse responses for First Nations people and for First Nations communities.^{lxv} The insights from the research highlight the differences between individualistic decision-making models and First Peoples cultural practices that may include collective decision-making. Supported decision-making emerged as a promising practice to support the self-determination of First Nations peoples. Supported decision-making may result in First Nations peoples being able to retain more control over their decisions while still receiving support with decision-making when necessary.

Family and community decision-making is both commonly undertaken in Aboriginal and Torres Strait Islander cultures.

There was misunderstanding and confusion in First Nations communities around the roles of QCAT, the Public Trustee and the Public Guardian. Information sessions that explain legal concepts, agency functions and available support and reporting functions, delivered by First Nations staff or community-controlled organisations, to community members and staff working with First Nations peoples and communities may be a more effective communication tool than print resources.

It was suggested by the research that the greatest need for education for First Nations peoples and communities was on the topics of EPoAs, and advanced health directives.

The Aged Care Quality and Safety Commission has recently published twelve storyboards that visually represent how different topics from the Aged Care Quality Standards apply in day-to-day aged care settings for First Nations peoples. These resources focus on rural and remote contexts to help: older people understand their rights; aged care staff and providers apply the standards; and community members engaging with aged care services.^{lxvi}

Development of similar resources on elder abuse may strengthen elder abuse prevention and early intervention for First Nations peoples.

As stated by UnitingCare Queensland in the Education, arts and communities committee's public hearing for the Inquiry into elder abuse in Queensland, held on the 28th of February:^{lxvii}

One of our success stories is out in the First Nations areas of regional Queensland, out past Mount Isa. What we have noticed in our research is that many First Nations people do not contact the helpline. We took an initiative and self-funded to send our workers out to the rural and remote regions of Queensland and work closely with First Nations communities as a short pilot project.

We asked them what they needed from elder support and what we could do better. A lot of the information that came back was that people in rural and remote communities, particularly First Nations peoples, do not feel comfortable using a helpline or have limited access to technology and that face-to-face support is really desirable and needed in those communities. Picking up the phone is very challenging. Once we put a First Nations worker who went out and around talking, we heard lots more stories and got a lot more information about the

support we could provide to First Nations peoples.

Victims with a Culturally and Linguistically Diverse (CALD) Background

- Education and awareness-raising to multicultural organisations and community groups, and the provisions of materials in a range of languages along with access to interpreters, may facilitate prevention and early intervention. Further consultation and research into suitable responses to elder abuse for CALD communities would be beneficial, to encourage help-seeking behaviour and to inform design of responses. Highlighting existing alternatives to criminal justice responses, such as elder abuse mediation services, may also assist in prevention and early intervention.

Legal frameworks

Enduring powers of attorney legislation national harmonisation

- National reform is currently underway concerning:^{lxviii}
 - the possible harmonisation of financial enduring powers of attorney legislation (every state and territory currently has its own legislation on this topic); and
 - the development of a national register of financial enduring powers of attorney.

In addition, the Public Advocate has undertaken work on harmonisation of Australia's various financial enduring powers of attorney laws, specifically on a model financial enduring powers of attorney law with proposed core provisions that could form the basis of nationally harmonised state and territory financial enduring powers of attorney laws.^{lxix} The model law has been endorsed by the Queensland Law Society, the Law Institute of Victoria, the former Age Discrimination Commissioner, Kay Patterson, the current Age Discrimination Commissioner Robert Fitzgerald, and the former Victorian Public Advocate, Colleen Pearce. The draft is consistent with the Queensland and Victorian human rights legislation and international human rights obligations.

The recent draft National Plan to Respond to the Abuse of Older Australians also includes as a priority, under focus area two, work on the harmonisation of financial enduring powers of attorney.^{lxx} As the Public Advocate notes, the benefits of harmonised financial enduring powers of attorney laws in combatting elder abuse are four-fold:

1. Greater knowledge and certainty would exist throughout the country on enduring powers of attorney creation, usage and safeguards.
2. Meaningful national education on enduring powers of attorney could occur, including on the responsibilities of attorneys.
3. Increased consistency and efficiency would be achieved in the practices and expectations of institutions which deal with enduring powers of attorney (such as banks and other financial services providers).
4. The forthcoming national register of enduring powers of attorney would be optimally effective.

Strengthening the guardianship and administration system, including increasing the use of supported decision-making

- In the Education, arts and communities committees public hearing for the Inquiry into elder abuse in Queensland Transcript of proceedings, held on the 21st of February, the Public Advocate tabled a proposal for a Queensland Adult Support and Safeguarding Act.^{lxxi} This proposed legislation would replace the Guardianship and Administration Act 2000, and seek consequential amendments to other Queensland legislation, such as the Powers of Attorney Act 1988, the Public Guardian Act 2014, the Public Trustee Act 1978, and the Queensland Civil and Administrative Tribunal Act 2009. The proposed legislation would:^{lxxii}
 - Enable the personal appointment, and tribunal appointment, of supporters, who would be able to access otherwise confidential information about a person in supporting them to make their own decisions.

- Specify two criteria for the appointment by QCAT of decision-making representatives, in relation to personal and/or financial matters:
 1. The person has significantly impaired decision-making ability such that they are unable to understand, weigh up, retain and communicate information relevant to the particular matter; and
 2. There is a need for the appointment (without which there will be a significant risk to the person's health, welfare or property).
- Require decision-making representatives and attorneys to support people to make their own decisions wherever possible, and to use a substituted judgement (will and preferences) approach when making decisions on a person's behalf.
- Specify default position in relation to QCAT hearings that information identifying parties may be published unless an order is made otherwise.
- The use of supported decision making in the community is not widespread, despite Queensland's Guardianship and Administration Act 2000 being a leading legislative example in Australia of incorporating supported decision-making. For example, section 5 provides:

This Act acknowledges the following—

- (a) an adult's right to make decisions is fundamental to the adult's inherent dignity;
- (b) the right to make decisions includes the right to make decisions with which others may not agree;
- (c) the capacity of an adult to make decisions may differ according to—
 - (i) the type of decision to be made, including, for example, the complexity of the decision to be made; and
 - (ii) the support available from members of the adult's existing support network;
- (d) the right of an adult with impaired capacity to make decisions should be restricted, and interfered with, to the least possible extent;
- (e) an adult with impaired capacity has a right to adequate and appropriate support for decision-making.

The General Principles in section 11b, also provide under principle 8:

8 Maximising an adult's participation in decision-making

- (1) An adult's right to participate, to the greatest extent practicable, in decisions affecting the adult's life must be recognised and taken into account.
- (2) An adult must be given the support and access to information necessary to enable the adult to make or participate in decisions affecting the adult's life.
- (3) An adult must be given the support necessary to enable the adult to communicate the adult's decisions.
- (4) To the greatest extent practicable, a person or other entity, in exercising power for a matter for an adult, must seek the adult's views, wishes and preferences.
- (5) An adult's views, wishes and preferences may be expressed orally, in writing or in another way, including, for example, by conduct.
- (6) An adult is not to be treated as unable to make a decision about a matter unless all practicable steps have been taken to provide the adult with the support and access to information necessary to make and communicate a decision.

A recently released paper, *Supported decision-making to promote the human rights of people living with dementia*, outlines how implementing supported decision-making across Australia would help to protect the human rights of older people, in turn preventing elder abuse by substitute decision-makers such as EPoAs. ^{lxxiii}

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