

## **Inquiry into Elder Abuse in Queensland**

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# Inquiry into Elder Abuse in Queensland

April 2025

Joint submission between  
University of the Sunshine Coast  
and Relationships Australia Qld

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## 1. Introduction

The University of the Sunshine Coast (UniSC) and Relationships Australia QLD (RAQ) welcomes the Queensland Parliament's Inquiry into Elder Abuse in Queensland<sup>1</sup> and is pleased to provide a submission.

UniSC and RAQ would welcome the opportunity to elaborate on any aspect of our submission. If this is of interest, please contact Dr Emily Moir, Senior Lecturer in Criminology and Justice, at [REDACTED]

### 1.1 About UniSC

Since opening our doors in 1996, UniSC has grown to be a vibrant and globally recognised institution founded on the idea of servicing its regions and transforming lives through learning and knowledge. We have achieved remarkable success in equity, diversity, and inclusion, and have had a significant impact in our regions, generating productivity, innovation, educational participation, and incredible social and economic benefit.

Today, our award-winning facilities span five campuses across South East Queensland, an area of unique geographical importance. UniSC is the world's only university with campuses on three connecting UNESCO biosphere reserves, including the World Heritage Listed K'gari. At the end of 2024, UniSC also opened a new campus in Adelaide, in partnership with a leading education provider, offering students an expanded choice of study locations and further enhancing the University's national presence.

Our vision, to create a better tomorrow, expresses a sincere and long-standing commitment to making a positive difference in the lives of others. Our purpose, to transform lives through learning and knowledge in every place we operate and with every community we serve, describes our focus on genuine collaboration with our communities, taking a place-based approach that appreciates the unique character of our own university campuses and their social, cultural, and environmental landscape.

We are proud to be Queensland's leading public university for undergraduate overall educational experience, and number two in Australia for postgraduate teaching quality. The Good Universities Guide 2024/25 awarded us five-star ratings in key areas including teaching quality, overall educational experience, learning resources, skills development, social equity, student support and learner engagement.

UniSC has also become a global champion for sustainability, recognised by the Times Higher Education Impact Ranking as the top-ranked Queensland university. UniSC ranked first place in Queensland in categories – Zero Hunger and Climate Action – and among the top four percent of universities around the world for impact. We are committed to driving meaningful progress toward the United Nations' Sustainable Development Goals (SDGs).

Our partner engagement and research focus is on sustainability, social and environmental justice, addressing global challenges, expanding strategic partnerships, deepening connections in the Asia-Pacific, and enhancing our global reputation through key strategies. Over the next ten years, we aspire to be globally recognised as a leader in applied research addressing key challenges to ensure healthy people and a healthy planet to improve lives, communities and the environment.

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<sup>1</sup> <https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=269&id=4455>

## 1.2 About RAQ

RAQ has been working with families in all their diversity and across generations, including during periods of crisis, for 75 years. We understand the benefits on individuals of improving family relationships and resolving family conflict and preventing harm from abuse. In the case of older persons, strong and healthy family relationships it can prevent social isolation and loneliness and may lead to a reduction in likelihood of elder abuse with the increased number of persons acting as a 'watchful eye'. Recognising that elder abuse often occurs within complex family dynamics, we champion research into, and adoption of, evidence-based interventions that both support and enhance the safety of the older person, and also invite the person using violence or abuse to identify and learn safer ways to interact with the older person. RAQ prides themselves on their systemic practice approach which recognises that supporting individuals includes understanding and intervening in the systems that support the individual, which can include their family relationships, close friends, and wider support system - factors critical to ensuring long-term, positive outcomes for all parties.

As an experienced provider of a range of specialist services for older persons in Queensland, inclusive of Elder Abuse Prevention Support Services, Elder Mediation and Support Services, Senior Financial Protection Service, Senior's Social Isolation Services, and Men's DFV Behaviour change Programs we are embedded elder abuse and DFV prevention providers. We currently offer services for older Australians in over seven state-wide locations and DFV behaviour change services in three locations with mature relationships across a wide network of agencies and stakeholders in both sectors.

## 1.3 Our Expertise

[Dr Emily Moir](#) is a Senior Lecturer in Criminology and Justice in the School of Law and Society at UniSC. She is a crime analyst specialising in how certain environments and situations enable opportunities for crime. Emily's research focuses on guardianship and citizen-led crime control, exploring how regular people not involved in law enforcement and the criminal justice system can help to detect, respond to, and prevent crime. Emily has researched elder abuse for almost a decade, with projects exploring the prevalence and characteristics of elder abuse in Queensland, barriers for older people reporting abuse, elder abuse in rural and remote communities, financial abuse using Enduring Power of Attorney documents, applying crime prevention frameworks to elder abuse, and perpetrator interventions. Overall, Emily has received over \$1 million in research funding and has consulted with a variety of state and local agencies on projects related to elder abuse, community safety, crime trends, and project evaluations. Emily is a member of the Editorial Board for the Security Journal.

[Dr Vinathe Sharma-Brymer](#) is a Lecturer in Social Work in the School of Law and Society at UniSC and a core member of the Indigenous and Transcultural Research Centre (ITRC). Vinathe is an experienced practitioner in human and community welfare services (England, UK), community development (India), and natural disaster management (Australia). Trained as a context-responsive generalist practitioner, she is concerned with bringing about social justice by addressing barriers to achieving a better quality of life. Vinathe has worked with children, women, older adults, families, and communities, enabling them to enhance their welfare and wellbeing. She collaborates with multidisciplinary scholars and human development practitioners, conducting research that progresses the United Nations Sustainable Development Goals. Vinathe is an editorial board member of the Journal of Adventure Education & Outdoor Learning.

[Jessica Lockitch](#) is a PhD candidate with the Sexual Violence Research and Prevention Unit at the University of the Sunshine Coast, specialising in prevention of institutional sexual violence and abuse of vulnerable populations across the lifespan. More specifically, her research focuses on how staff in youth-serving and residential aged care institutions act as guardians to prevent and intervene in sexual

violence and abuse of children and young people, and older adults. Her research explores factors that influence intervention decision-making and behaviour, and explores staff perspectives for enhancing future safeguarding in institutional contexts. Jessica's research aims to strengthen institutional and staff capabilities and willingness in preventing, intervening, and responding to institutional child sexual abuse, and institutional sexual violence and abuse of older people. She has contributed to various research activities, including elder abuse projects, and has presented her research at criminology and elder abuse conferences.

[Madeline Lee](#) is a PhD Candidate with the Sexual Violence Research and Prevention Unit at the University of the Sunshine Coast, specialising in sexual violence against older adults. Her research focuses on how environmental criminology perspectives can inform prevention and response efforts, with a particular focus on the situational dynamics of these offences. Through exploration of the opportunity structures that enable sexual offending against older people, Madeline's research aims to bridge critical knowledge gaps around how these crimes unfold to identify opportunities for proactive, evidence-based prevention. Madeline has also explored public perceptions of sexual assault, and its prevention, in residential aged care facilities, and has contributed to projects on calls for service in aged care facilities, perpetrator interventions, and female-perpetrated child sexual abuse.

Noah Vickery is an Honours student at the University of the Sunshine Coast, specialising in the abuse and neglect of older adults. His current research focuses on education, experience and willingness to work with older adults and their relationship with the capacity to identify abuse. Noah's research explores higher education's preparation of future health and allied health practitioners. Noah aims to emphasise the need for health programs to steer resources towards educating professionals about the needs of Australia's ageing population and design materials specific to elder abuse. Noah is also an experienced researcher regarding sexual abuse material and community interventions and prevention through environmental design.

Dr Jemima Petch is Head of Practice at RAQ, previously Head of Research, an adjunct researcher at the University of Queensland and a clinical psychologist. She completed her PhD in Clinical Psychology in 2006 which involved developing and testing in a randomized controlled trial the effects of a couple relationship intervention at the transition to parenthood on couple, individual and parenting outcomes. She was also the chair of the RA National Research Network between 2011-2014. She has led two major National counselling effectiveness studies, and a National Family Dispute Resolution national effectiveness study as well as numerous state-based intervention studies. Dr Petch has presented 17 times at National and International conferences and authored 17 peer reviewed journal articles, 3 book chapters and 1 book. Five of these publications (34%) are first authored. All but one of these articles is included in the ERA 2018 journal list. As Head of Practice Dr Jemima Petch oversees RAQ clinical learning needs and initiatives, collaborates with all levels of management in implementing, monitoring, and reviewing organisational strategy, practice standards, evidence-based interventions and professional expectations, policy, organisational improvement initiatives and client risk management processes. During the research partnership with Uni SC researchers, Dr. Jemima Petch oversaw the research work that produced the UniSC stakeholder interview findings and literature review results for Elder abuse interventions and DFV interventions, ensuring the finding informed a model of practice which could address elder abuse.

#### 1.4 Acronyms

Acronym	Meaning	Acronym	Meaning
<b>CALD</b>	Culturally and Linguistically Diverse	<b>UofA</b>	User of Abuse
<b>DFV</b>	Domestic and Family Violence	<b>UniSC</b>	University of the Sunshine Coast
<b>RAC</b>	Residential Aged Care	<b>RAQ</b>	Relationships Australia Queensland

## 2. Key findings and future directions

UniSC and RAQ's joint submission outlines the following key findings and directions for future policy and practice. These are contextualised in Section 3 of this submission against the terms of reference for the Inquiry into Elder Abuse in Queensland.

### Inquiry Terms of Reference

*1a. nature and extent, including for vulnerable cohorts, of:*

- i. forms of neglect and abuse, such as physical, sexual, psychological, emotional and financial;*
- ii. relationships where elder abuse occurs, including family and kinship relationships;*
- iii. risk and protective factors, and barriers and enablers for people to access support.*

Key findings and future directions:

1. Elder abuse is a growing problem in Queensland.
2. Elder abuse is commonly perpetrated by adult children.
3. Reducing shame and increasing education and awareness may lower barriers to reporting.

*1b. effectiveness and cohesiveness of responses to elder abuse, including Queensland laws, policies, programs and services, in preventing, safeguarding, identifying and responding to elder abuse*

Key findings and future directions:

4. The elder abuse sector in Queensland is diverse and complex.
5. Reducing social isolation for older people and organisational information sharing are important in elder abuse services and responses
6. There are limited prevention and intervention programs targeting perpetrators of elder abuse in Queensland.
7. Current family mediation models could be used to engage perpetrators of elder abuse in programs and services.
8. Current domestic and family violence programs could be adapted for the treatment of perpetrators of elder abuse

*1c. opportunities to improve responses to elder abuse in Queensland, within the government, broader community, non-government, and private sectors, including ensuring responses are trauma informed and culturally appropriate.*

9. Effective elder abuse perpetrator programs include education, conflict resolution, and mental health support.
10. Elder abuse prevention programs should be multifaceted and target individuals and families.
11. Programs should be co-designed and delivered with First Nations communities to ensure culturally safe responses to elder abuse.
12. A case management model could be used to address elder abuse perpetration.
13. Primary prevention of elder abuse in Queensland could be enhanced by focusing on specific harms.



### 3. Response to selected Inquiry Terms of Reference

UniSC and RAQ's joint submission outlines the following key findings from our collective research against selected terms of reference for the Inquiry into Elder Abuse in Queensland. Overall, our research recognises that elder abuse is a significant and growing problem in an aging society, and our submission focuses on:

- The barriers for older people to report their experiences of abuse and strategies to enable help-seeking in older adults,
- Current strengths and gaps in service provision around elder abuse in Queensland,
- Effective intervention strategies for Users of Abuse<sup>2</sup> (UoFA; i.e. perpetrators) of older people,
- Opportunities to strengthen primary prevention of elder abuse in Queensland.

#### TERM OF REFERENCE 1A: NATURE AND EXTENT OF ELDER ABUSE

##### 1. Elder abuse is a growing problem in Queensland

We direct the Committee to consider these relevant prevalence studies which provide recent data on the scope of elder abuse in the community. Due to issues around under-reporting and barriers to help-seeking, the actual prevalence of abuse is likely to be higher (Blundell et al., 2017).

Table 1. Recent prevalence studies on elder abuse in Queensland and Australia

Year	Author	Title	Link
2024	Uniting Care Queensland Elder Abuse Prevention Unit	<i>Elder Abuse Statistics In Queensland: Year in Review 2023-24</i> <i>Note: All previous reports are available via link</i>	<a href="#">Research   Elder Abuse Prevention Unit</a>
2023	Qu et al.	<i>Elder abuse prevalence among older people living in the community in Australia</i>	<a href="#">Elder Abuse Prevalence Among Older People Living in the Community in Australia</a>
2023	Queensland Government's Statistician's Office	<i>Insights into the abuse of older Queenslanders</i>	<a href="#">Insights into the abuse of older Queenslanders</a>
2021	Australian Government	<i>National Elder Abuse Prevalence Study: Final Report</i>	<a href="#">National Elder Abuse Prevalence Study: Final Report</a>

##### 2. Elder abuse is commonly perpetrated by adult children

Research from a Queensland based prevalence study of elder abuse (Blundell et al., 2017), and an UniSC and RAQ joint research project on best practice perpetrator interventions in programs in elder abuse' (Moir et al., 2024). has shown that elder abuse is commonly perpetrated within family relationships, with adult children (i.e., daughters, sons, daughters-in-law, sons-in-law) found to be responsible most often.

Motivations for abuse vary, however, adverse life circumstances were found to be a prominent influence, seeing adult children turning to their older parents for financial assistance and housing

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<sup>2</sup> In this submission we use the term 'User of Abuse' (UoFA) when referring to perpetrators.



when faced with hardship (Moir et al., 2024). Resultingly, 'inheritance impatience' was seen as a key contributor to abuse, wherein adult children have a sense of entitlement to their older parent's finances and take steps to exploit funds for personal gain. However, stakeholders in our study recognised that people in other trusting relationships also perpetrate abuse against older people, including intimate partners, friends, grandchildren, and those providing informal care.

Crucially, stakeholders across our research studies understood and emphasised that initial intentions are not always malicious, but can progress from well-meaning behaviours to abusive (Blundell et al., 2017; Moir et al., 2024). Caregiving can evolve into more hostile behaviours as the older person's autonomy and decision-making capacities are removed, depicting a benevolence-to-malevolence continuum. A lack of education and understanding around Enduring Power of Attorney (EPoA) documents has been highlighted, creating opportunities for unintentional mismanagement and financial abuse (Moir et al., forthcoming(a)). Importantly, this suggests that people who engage in abusive behaviours toward an older person may not in all cases be aware that their actions constitute mistreatment and raising awareness of what constitutes abuse is important.

### *3. Reducing shame and increasing education and awareness may lower barriers to reporting*

Our research has identified core barriers and facilitators to the reporting by victims and professionals (Blundell et al., 2017; Blundell et al., 2020; Moir et al., 2024, Moir et al., forthcoming(b)). Barriers to reporting concerning victims and family members included:

- Shame and fear of retribution and consequences where perpetrators were a family member or carer the older person depended on,
- A lack of awareness of abuse and reporting options and perceptions of support services, such as their reliability and availability,
- Individual mental and physical capacity regarding an older adult's ability to recognise and report abuse,
- Language and cultural barriers, with inconsistent culturally and linguistically diverse supports,
- Geographical factors with rural areas significantly under-resourced,
- Generational stigma around reporting abuse and ageism regarding how seriously reports of elder abuse are taken.

There are barriers for front-line staff who work directly with older people in community settings in identifying and to reporting abuse. Some of these key barriers included:

- Complex system protocols and bureaucracy and inconsistent state legislation,
- Organisational procedures were often unclear,
- A lack of interagency collaboration and information sharing,
- A lack of appropriate resources for staff and adequate opportunities for capacity-enhancing including educational awareness around risk factors for elder abuse
- Potential retribution for whistleblowing.

It is also important to consider elder abuse that occurs in institutional settings, such as residential aged care (RAC). In a study of documents from the Aged Care Quality and Safety Commission, Lockitch et al. (2024) identified a range of factors influencing staff intervention in sexual abuse of older people in RAC settings. This study found that individual contextual factors played a significant role in impeding staff intervention including:

- The physical environment impacting staff supervision over residents, making it harder to identify and intervene in potentially concerning situations,
- Poor organisational culture, governance, policies, and procedures,
- Low staffing levels and capabilities,
- Ageist and dismissive attitudes towards older people,
- Uncertainty about concerns, staff perceptions of responsibility, and concerns for consequences if staff report abuse.

Collectively, our research highlights two essential factors in enabling older people and staff to report elder abuse:

- 1) Social networks and community groups: Participants across our research studies expressed that social engagement could increase awareness of elder abuse among older adults and provide support for reporting (Blundell et al., 2017; Moir et al., 2024).
- 2) Staff training and protocols: Strengthening staff knowledge around abuse, confidence, and willingness to detect, identify, and report concerns would help staff be able to identify risk factors and vulnerabilities related to abuse and understand the policies and procedures around reporting (Blundell et al., 2017; Lockitch et al., 2024). Elder abuse protocols can help provide staff with examples, organisational policies and definitions of abuse, and ‘how to’ steps on reporting (Blundell et al., 2020).

#### TERM OF REFERENCE 1B. EFFECTIVENESS AND COHESIVENESS OF RESPONSES TO ELDER ABUSE

##### 4. *The elder abuse sector in Queensland is diverse and complex*

A service map was created as part of our research into the prevalence and characteristics of elder abuse in Queensland (Blundell et al., 2017) and UoFA interventions (Moir et al., 2024). Although this list is not exhaustive, it provides an overview into the diversity and complexity of the sector and identified key statutory, support and advocacy services, organisations responsible for policy and strategy, and other referral and allied supports.

Table 2. Elder abuse services in Queensland

Category	Nature of service and activities	Example services and agencies
<b>Primary Prevention focuses on stopping or deterring abuse before it happens. This is done by removing the cause of abuse or preventing risk factors from developing.</b>		
Education and screening	Focused on universal and targeted information campaigns, proactive screening, and community education.	<ul style="list-style-type: none"> <li>- 60 and Better, Mens Sheds, and Healthy Ageing programs</li> <li>- Queensland Government state-based campaigns such as ‘<i>There’s no excuse for elder abuse,</i>’ and ‘<i>Some things never grow old.</i>’</li> <li>- Home and community care and home support services</li> </ul>
Policy and strategy	The prevention of elder abuse as a whole-of government and community responsibility, focused on reducing social isolation and ageism, and enhance community support	<ul style="list-style-type: none"> <li>- <i>The Queensland Seniors Strategy 2024-2029</i> from the Department of Families, Seniors, Disability Services and Child Safety</li> </ul>

Secondary prevention involves an immediate response to the abuse to stop the risk of abuse escalating or continuing.		
Support	Provide initial support and guidance for situations where a senior is subjected to neglect, abuse or exploitation, and can assist seniors through a crisis period. Supports include: <ul style="list-style-type: none"> <li>• Financial support</li> <li>• Telephone hotlines</li> <li>• Legal advice and services</li> <li>• Safety planning</li> <li>• Mediation and counselling</li> </ul>	<ul style="list-style-type: none"> <li>- Elder Abuse Prevention Unit</li> <li>- Seniors Legal and Support Services</li> <li>- Relationships Australia Queensland's Elder abuse prevention services, Senior Financial Protection Services and Senior Mediation services</li> <li>- Relationships Australia's Men's Behaviour Change programs</li> </ul>
Advocacy and information	Provided by organisations with a strong focus on advancing the rights and promoting the safety of seniors at risk of elder abuse	<ul style="list-style-type: none"> <li>- Aged and Disability Advocacy Australia</li> <li>- Council on the Ageing</li> </ul>
Tertiary prevention takes place after abuse has occurred and seeks to deal with the consequences of abuse. It also looks to stop the abuse from recurring.		
Statutory	Empowered under legislation to protect older people subjected to neglect, abuse, and exploitation. Agencies have different functions and powers, including: <ul style="list-style-type: none"> <li>• Investigation</li> <li>• Prosecution/penalisation of offenders</li> <li>• Determination of capacity</li> <li>• Appointment of substitute decision makers</li> </ul> Substitute decision-making services	<ul style="list-style-type: none"> <li>- Anti-Discrimination Commission Queensland</li> <li>- Office of the Public Guardian</li> <li>- Public Trustee of Queensland</li> <li>- Office of the Public Advocate</li> <li>- Queensland Civil and Administrative Tribunal</li> </ul>

##### *5. Reducing social isolation for older people and organisational information sharing are important in elder abuse services and responses*

Our research found the following gaps and issues in the service context in elder abuse responses in Queensland (see Blundell et al., 2017; Blundell, Moir, & Warren, 2022; Moir et al., 2024):

- Staff felt there was a need to standardise policies, procedures, and education around elder abuse across the sector.
- Staff generally felt that there were limited responses to elder abuse, either through legal or non-legal avenues. Staff felt there were few consequences for UoFA of elder abuse.
- Difficulties in service resourcing, particularly in rural and remote areas. This meant that the availability of services in rural and remote areas were limited, and available services had lengthy wait-lists.
- Difficulties in and for organisational capacity to work with diverse and vulnerable groups, including language barriers. Staff recognised the importance of building cultural knowledge

and networks and the time required to do this well, however, organisations expressed concerns about their lack of expertise in working with First Nations communities.

Staff who worked with older people throughout Queensland also identified what was working well in identifying and responding to elder abuse (Blundell et al., 2017). Key strategies included:

- Staff spoke about the importance of face-to-face contact and home visits in the assessment and support of older people who may be at risk of abuse. In-home support workers could build rapport with an older person and be able to detect and provide early intervention to suspected or potential abuse.
- Community groups were perceived as a positive strategy to reduce social isolation and risks of abuse. Older people could develop friendships, could look out for the wellbeing of others, and provide information and support around abuse. Staff spoke about the importance of organisations being sufficiently resourced to provide pick-up and drop-off services. This was perceived to be particularly important for older people who may be more vulnerable to abuse (such as those with cognitive or physical impairments), and in rural and remote areas.
- Staff expressed positive views about interagency networks and collaborations. These sorts of initiatives for front-line workers could provide peer support and share information about policies and strategies.

#### *6. There are limited prevention and intervention programs targeting perpetrators of elder abuse in Queensland*

As part of one of our research projects (Moir et al., 2024), we conducted interviews and focus group with relevant stakeholders working in elder abuse prevention and response areas in community settings.<sup>3</sup> Overall, stakeholders highlighted that there are limited prevention and intervention programs for UofA against older adults. Several challenges were identified by stakeholders in identifying and intervening with UofA in the elder abuse sector.

First, many organisations and programs focus on the needs and desires of the older person, therefore, identification of UofAs is typically a by-product of service engagement with an older person. This poses challenges as engaging UofAs in services is therefore reliant on an older person acknowledging abusive behaviours and identifying their abuser. Additionally, due to conflicts of interest, stakeholders reported that they may pass on information about services through informal discussions, or relaying information to the older person to pass on to the UofA, rather than having direct contact with the UofA. This highlights the limited avenues for UofAs to access information and support.

Second, there are limited direct entry points for UofAs to access programs. Stakeholders reported that the most common avenues for accessing services was reporting by an older person or their friends or family members. Stakeholders also reported receiving referrals from other organisations, explaining that professionals, particularly in allied health, health, law, and financial services, are well-placed to detect and identify risks or concerns of elder abuse. This highlights the importance of elder abuse education for professionals to strengthen community prevention and intervention in elder abuse.

Third, stakeholders also discussed that there are limited elder abuse UofA-focused programs to refer UofAs to. They reported they instead referred UofAs to support services such as mental health support, alcohol and other drugs services, youth support services, and housing services, rather than

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<sup>3</sup> Stakeholders were primarily based in Queensland, however some stakeholders were from interstate locations. Findings therefore capture programs occurring in various States and Territories; however, these insights are still valuable and applicable to the Queensland context.

any specific UofA program. These programs are limited in addressing abusive behaviour, however, can contribute to addressing the underlying factors contributing to the behaviour of UofAs.

Fourth, a significant challenge for elder abuse UofA-focused interventions is the willingness of UofAs to acknowledge their behaviour, and to engage in programs. UofAs may not be aware that they are using abuse against an older person, and that education and awareness-raising is an important aspect of intervention. The importance of voluntary engagement was also noted, with stakeholders pointing to limitations of mandated engagement for effective behaviour change.

### *7. Current family mediation models could be used to engage perpetrators of elder abuse in programs and services*

In our study (Moir et al., 2024), mediation was mentioned by several stakeholders as an intervention that may involve UofAs. Elder Mediation helps older people, and their family members resolve problems, make decisions, and have important conversations. Mediation involves family meetings guided by a trained professional mediator who helps the family reach agreements and build healthy, respectful relationship dynamics moving forward. Mediation can help families to:

- Resolve conflict,
- Agree on a way forward,
- Share their hopes and concerns,
- Understand each other's perspectives,
- Learn healthy ways to manage conflict.

Importantly, family mediation would only be recommended in cases where the older person felt safe to participate in sessions along with the UofA. Mediation would not be recommended for cases involving serious physical or sexual harm against the older person or where the older person did not feel safe with the UofA.

For example, RAQ provides elder mediation. This is voluntary and requires the consent of all participants. The mediator guides the process with an agreed-upon agenda. A mediation meeting can take up to three hours, with the opportunity for additional sessions if needed. Participants may take breaks during sessions. Participants can also meet individually with mediators to privately share their concerns. This can be especially helpful if you don't feel comfortable or safe raising certain issues with your family members present. Core underpinnings of RAQ's elder mediation program includes:

- That older people may place maintaining their relationship with their children and grandchildren above their own safety.
- Mediation targets perpetrator behaviour, while empowering and protecting older people, their assets and assisting with issues related to their financial security.
- Family facilitated meetings are a collaborative, future-focused and respectful process that helps families to share their wishes and concerns and to make informed decisions. Sessions follow a structured yet flexible process to address conflicts related to ageing, caregiving, and family dynamics.
- Family facilitated meetings can occur without the older person present, but where they have capacity, we will get their permission to proceed, even if they don't want to participate.
- The mediator will ascertain the wishes of the older person, through talking to others about what the older person may have expressed when they had capacity, and if possible, have an advocate or someone represent their wishes.

Common issues addressed in elder mediation include:

- Caregiving arrangements (who provides care, how responsibilities are shared),
- Living arrangements (aging in place, moving to assisted living, nursing homes),
- Financial matters,
- Medical decisions and end-of-life planning,
- Family communication challenges (sibling conflicts, misunderstandings),
- Legal guardianship and power of attorney issues.

The potential benefits of elder mediation also include:

- Preserves family relationships by reducing conflict and improving communication,
- Empowers older adults by ensuring their voice is heard in decisions affecting them,
- Finds creative, customised solutions that work for all parties involved,
- Avoids costly legal battles by resolving disputes outside of court,
- Provides a neutral, supportive space for difficult and important conversations.

Currently, mediation in the elder abuse sector is delivered with the older person as the client, and therefore focuses on the needs and desired outcomes for the older person, as elder mediators cannot be neutral to issues or behaviours that threaten the safety of an older person or any other person. This means that although there may be UoFA engagement, the mediation does not focus directly on addressing the abuse or the underlying factors contributing to the behaviour of UofAs. The existing mediation services are therefore not an impartial process and pose limitations for responding to and supporting UofAs effectively. However, due to the range of existing services that deliver programs for older people, there are opportunities to extend existing programs to integrate effective UoFA responses, whilst still maintaining the safety of the older person and other family members.

#### *8. Current domestic and family violence programs could be adapted for the treatment of perpetrators of elder abuse*

Stakeholders in our study (Moir et al., 2024) discussed that in some states, abuse of older adults is incorporated into definitions of domestic and family violence (DFV). Existing DFV programs, such as men's behaviour change programs, can include intimate partner violence against an older person, however these pose limitations when the UofAs against older people are (a) adult children, (b) other family members, (c) are women (as most DFV programs focus on men's behaviour change). Additionally, existing DFV programs do not specifically focus on elder abuse and are limited in raising awareness and addressing underlying factors of elder abuse behaviours. DFV programs, such as men's behaviour change programs, may offer insight into how elder abuse services may extend to providing services for UofAs, or how DFV services may extend to addressing women UofAs, and UofAs other than intimate partners. Such programs could provide an opportunity for learning and development, to directly work with elder abuse UofAs in raising awareness, challenging attitudes and beliefs, and focusing on behaviours which promote family safety.

Stakeholders discussed intervention orders as a mechanism for safety for older people experiencing abuse, expressing effectiveness in reducing or stopping abuse in some cases. Intervention orders may (a) provide an older person with a mechanism of protection, (b) enable police to have more powers in responding to abusive behaviours when the order is breached, and (c) may provide opportunities to engage UofAs in intervention programs. Intervention orders are an important mechanism to consider for the safety of older people, however, older people may be reluctant to report breaches due to fear of consequences and desire to preserve relationships. These are important considerations for improving responses to elder abuse through the criminal justice system.



## TERM OF REFERENCE 1C. OPPORTUNITIES TO IMPROVE RESPONSES TO ELDER ABUSE IN QUEENSLAND

### *9. Effective elder abuse perpetrator programs include education, conflict resolution, and mental health support*

In our 2024 study (Moir et al., 2024) a scoping review was conducted to identify effective strategies for reducing abuse against older adults, as well as to determine key components and conditions of successful programs.

Four studies were found that evaluated UofA interventions for elder abuse. These programs mostly focused on elder abuse education, positive relationships, conflict resolution, mental health and substance abuse support for perpetrators, and victim safeguarding. Treatment was voluntary and included multiple actors (e.g., couples or families), with adult children being primary participants and the focus of interventions. Multiagency approaches providing services to both UofAs and victim-survivors were also involved. Though there is a significant lack of evaluative research on UofA-focused intervention programs, these studies identified promising results in reducing emotional and financial abuse, as well as neglect, toward older adults, with statistically significant decreases noted in two studies. As these studies primarily focused only on emotional, psychological, financial abuse or neglect, there is not sufficient evidence to determine what works in preventing physical, sexual, or social abuse of older adults.

Support programs for informal carers were evaluated in five studies, finding that these programs can improve carer wellbeing and mental health. As there are links between carer burden and risk of abuse perpetration, these outcomes show promise for preventing the mistreatment of older adults. Successful programs included multiple components, such as carer techniques, communication, and relaxation strategies, with interventions involving 8+ sessions over 2-6 months. Most participants were adult children and women, indicating that these strategies may positively impact daughters caring for older parent(s).

Due to the limited research specific to UofA-focused interventions for elder abuse, the scoping review was complemented by DFV literature. Forty-eight studies were identified, offering a diverse range of perpetrator focused programs, including cognition and behaviour treatment programs, justice and police responses, and other approaches. These programs tended to target harmful physical abuse against intimate partners. Overall, programs that incorporated cognitive-behavioural therapy, engaged perpetrators through motivational interviewing, and integrated the provision of adjunct services to address risk factors (e.g., substance abuse) showed promise in reducing DFV.

This scoping review identified that further effort is required to implement and evaluate intervention programs that specifically target UofAs who perpetrate abuse against older people. However, multiagency approaches that involve families, provide education on elder abuse, foster carer wellbeing, and challenge attitudes that excuse abusive behaviour show promise in mitigating risk of elder abuse perpetration.

## *10. Elder abuse prevention programs should be multifaceted and target individuals and families*

Staff who work in the elder abuse sector have emphasised the efficacy of tailoring multidimensional, multifaceted, and multi-actor interventions at individual, family, community, and government levels (Blundell et al., Moir et al., 2024). Stakeholders recommended the design of new UofA-focused intervention programs which focus on two equally important factors (Moir et al., 2024):

- (a) Empowering the older person,
- (b) Addressing UofA's multidimensional needs that would reduce abuse.

The following outlines stakeholder perspectives of core elements of effective elder abuse prevention programs.

**Empowering the older person:** The stakeholders emphasised the older person's self-determination in the disclosure of abuse, naming the UofA, and addressing their concerns related to themselves and the UofA. Empowerment of older persons for reducing and preventing abuse and subsequently engage UofA in interventions would need adequate services across the legal, family, advocacy, education, and criminal justice systems aligned with choice and decision-making.

**Interagency approaches:** The stakeholders noted the strength of interagency approaches in providing (a) integrated service provision, (b) information sharing, and (c) awareness and advocacy for the older person's safety and wellbeing. Information sharing across service-delivery agencies (e.g. GPs, family solicitors, healthcare workers, carers) is crucial in increasing transparency, better communication, and for bringing together support service organisations in legal, medical, and financial areas.

Stakeholders acknowledged funding was a crucial factor in supporting interagency work for coordinating services with an overall easy access and effective participation for older persons and UofA, their families, carers, and other key stakeholders. With adequate funding and additional support, integrated services could evenly be spread across urban, regional, and rural areas. This would also adequately enable supporting community-controlled organisations that are working with Aboriginal and Torres Strait Islander families.

**Tailoring programs to unique needs:** The stakeholders noted the strength of interagency approaches in providing (a) integrated service provision, (b) information sharing, and (c) awareness and advocacy for the older person's safety and wellbeing. Information sharing across service-delivery agencies (e.g. GPs, family solicitors, healthcare workers, carers) is crucial in increasing transparency, better communication, and for bringing together support service organisations in legal, medical, and financial areas.

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**Significance of advocacy and awareness:** Most stakeholders noted that advocacy and campaigns towards increasing public awareness of ageism-related stereotypes, beliefs of entitlement, and unconscious/unintentional abuse acts could help tackle ageism. This encourages better community care towards older people, promoting a caring culture.

**Professional development:** The staff of service organisations need continuing and specialist professional development for ensuring education, awareness, and advocacy in elder abuse. Stakeholders noted that service-delivery staff sharing knowledge around Enduring Power of Attorney, Will, and safeguarding will be useful for older persons, UofAs, carers, family members and the larger community. Building all-round knowledge for effective steps in elder abuse prevention included professionals working with the frameworks of human rights, person-centred, restorative justice, humanistic, trauma-informed practice, attachment, and social constructionism to respect ‘whole of family’ ethos in addressing elder abuse and UofA-focused interventions.

#### *11. Programs should be co-designed and delivered with First Nations communities to ensure culturally safe responses to elder abuse*

Several stakeholders emphasised the significance of community-based culturally informed and culturally safe approaches to understand abuse against older persons in Aboriginal and Torres Strait Islander communities. Stakeholders recognised how systems in Australia may not be suitable for preventing or responding to abuse of older people in First Nations communities, with considerations needed around values of community decision-making, varying relationship dynamics, and possible distrust in police and the criminal justice system. It was highlighted that there is limited understanding of how to respond to abuse of older people in First Nations communities, and that culturally safe and appropriate responses to abuse of older people in First Nations communities need to be expanded and strengthened. Another important consideration for service-delivery organisations is ensuring culturally responsive services to older persons in multicultural communities. Stakeholders indicated that accepted customs in First Nations communities (e.g., resource-sharing practices, collective decision-making) may also constitute abuse within accepted definitions, highlighting the challenges and complexities around universal understanding of this issue. For example, in cultures where family dynamics are underpinned by filial obligations, older parents may feel neglected if family members do not provide an expected level of caregiving, even if such situations are not considered abuse in Western societies.

Additionally, there is a need for a range of other services to support older people, families, and UofAs in First Nations communities to address the underlying factors contributing to the behaviour of UofAs. Importantly, stakeholders conveyed that interventions should be designed and delivered by, or in collaboration with, First Nations people and community organisations, and should consider a range of cultural complexities to ensure culturally safe and effective interventions.

#### *12. A case management model could be used to address elder abuse perpetration*

The stakeholder suggestions and findings from the research studies outlined in the above sections can be effectively applied to a holistic and wrap-around case management model to address UofA’s individual risk factors, type and context of abuse, and complex dynamics involved in the abuse of older persons.

Effective elder abuse perpetrator intervention programs are multifaceted and include interventions at the individual and family levels (Moir et al., 2024). The programs:

- (a) provide treatment and services to address UofA type of abuse and risk factors with the aim of reducing abusive behaviour against older persons,
- (b) facilitate UofA accountability and engagement with treatment and,
- (c) enhance the older person’s safety and reduce risk of further abuse.

The findings from our research highlight program length, program type, and program content needed to be tailored to the type of abuse and the risk factors of UofA. A holistic and wrap around case

management model can achieve these multiple aims by adapting programs to individual risk factors, type of abuse, and context. Importantly, case management should be provided in conjunction with active interventions such as family-based interventions, modified behaviour changes programs (i.e., to focus on person children using abuse against older persons rather than intimate partner violence), access to support programs for informal carers and referrals to adjunct services. Below we outline how a case management model could work.

**Entry pathways into case management:** Several pathways into case management likely exist. Most stakeholders perceived the service engagement with the older person as a key entry pathway for recognising the UofA and initiating interventions with them. Legal, financial and health professional services could also screen for potential abuse. Family members, friends and neighbours can ask elder abuse helplines how to report UofA. Stakeholders noted greater referrals, self-referral and engagement into UofA interventions could occur with more advocacy, education, and awareness-raising campaigns.

Notably, the UofA's motivation to seek help for their behaviour is critical. Self-reflections were useful for encouraging motivation and self-awareness on abusive behaviours and impact of abusive behaviour on the older person. Behaviour change programs used to address DFV-often offer motivational interviewing style approaches to enhance perpetrator-participant engagement in programs and this could be transferable for UofA in elder abuse. Stakeholders also perceived that a UofA may feel motivated to seek help while participating in support programs for informal carers or family mediation services offered to an older person.

**Intake and initial risk assessment in case management:** With a clear outcome-oriented goal of decreasing/preventing abuse, the case worker or case manager engages with the UofA, initially assessing their presenting situation, issues, and needs. Stakeholders referred to risk assessment tools such as the Common Risk Assessment Framework (CRAF) or Multi-Agency Risk Assessment and Management framework (MARAM), which are traditionally used for DFV risk assessment. Tools such as the modified conflict tactics scale for screening and assessing UofA in elder abuse area could also be used. With UofA consent, the case worker/manager may consult with healthcare, legal and other specialist services involved in the case.

Ideally, the initial risk assessment also gains information from the older person, and/or interagency professionals involved in the older person's care, building a multi-informant approach to risk assessment. This information sharing will strengthen risk assessment and the identification of effective abuse mitigation strategies. The intake and risk assessment are key steps in understanding client motivation, identifying underlying risk and protective factors, context within which the abuse occurs, potential barriers to engagement, and for tailoring specific service types to reduce risks for future abuse.

**Collaborative and informed approach in case management:** The intake and initial risk assessment process leads to the development of an individualised action plan that is focused on reducing abuse against the older person. Motivational Interviewing during intake and initial risk assessment and the action plan development steps may increase UofA motivation to engage and commit to the action plan. As can be seen in Figure 1, the action plan could include referrals to adjunct services and referral to a support program for informal carers.

**Ongoing assessment and monitoring of risk-behaviours and action plan efficacy:** A quarterly assessment is recommended to understand UofA risk-behaviours, changes in circumstances and risk factors, and measure changes in use of abuse against the older person. This ongoing assessment enables action plan review, ensuring the interventions are leading to the older person's safety and

wellbeing. With inclusive information sharing consent across agencies, other professionals' updates are critical to monitor the effectiveness of interventions and abuse decrease. Some of the DFV literature also used information from victim-survivors (such as parents or children) to substantiate UofA change in behaviour change. The updated/revised action plan offers further opportunities for identifying more appropriate services and interventions, addressing factors of continuing abuse behaviours and further mitigation.

**Intervention program:** The literature reviewed by Moir et al (2024) identified two active intervention pathways aimed at reducing abusive behaviour. The appropriate intervention would be recommended after the intake and risk assessment and be documented as part of the Action plan. Two broad categories of active intervention are recommended:

- (a) family-focused interventions for low-to-moderate abuse types, such as emotional abuse, financial abuse, or
- (b) intensive behaviour change programs for physical and sexual violence

Following we provide specific descriptions of these two types of intervention offerings as provided by RAQ:

For example, RAQ's existing Men's Behaviour Change program (MBCP) is a perpetrator intervention program delivered across Far North Queensland (Cairns and Townsville) and Brisbane (Spring Hill) which aligns with the National Outcome Standards for Perpetrator Interventions. It is based on a well-respected, evidence-based model of practice coupled with a strong emphasis on supporting practitioners to meet the QLD DFV practice standards (Perpetrator Intervention Service Requirements V2). The model underpinning RAQ's Men's Behaviour Change program is the evidence-based Disrupting Family Violence program as developed by Ken McMasters. This 20-week group program consists of two individual intake sessions, two group orientation sessions and a 16-week modulated group program with a mod program review and an end program review. This well-articulated, evidenced based model of practice is predicated on a psycho-educational and therapeutic approach informed by the Risk-Needs-Responsivity model, Motivational Interviewing, Acceptance and Commitment Therapy and Cognitive Behaviour Therapy techniques. Programs such as this provide clarity and direction for program facilitators and enhance the chance of participants changing problematic behaviour<sup>4</sup>.

A key challenge to implementing the Disrupting Family Violence program in cases of elder abuse is that the program, as most every men's behaviour change program nationally, is designed for intimate partner relationships (i.e. couples). Given that elder abuse is perpetrated commonly by adult children behaviour change programs could be modified to better meet address the unique drivers of abuser against older people. Program modification would require investment in designing and evaluation, disseminating the program so that individuals, communities and services were aware the program existed, and training staff in such a program.

**Case exit:** The case manager initiates case closure step following measurement of intervention program efficacy showing abuse has ceased and the older person is safe. Client exit/case closure involves finalising service referrals and relapse prevention discussions. Where abuse has not stopped then ongoing monitoring leads back up to action plan review. Some UofA may need longer term services across multiple years to address perpetration risk factors (e.g., gambling and alcohol use

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<sup>4</sup> Domestic and family violence Implementation Council, 2016

counselling.) The DFV literature identified for some types of extreme abuse, behaviour change programs might not be sufficient and justice and legal interventions were more appropriate.

Stakeholders suggested social workers (collaborating with professionals from healthcare, aged care, legal and judicial sector, non-government and government organisations) would be a suitable workforce to deliver case management. Family mediators, especially elder mediation trained mediators with skills in family and systemic counselling, were a suitable workforce for any family mediation intervention sessions. Studies from the scoping review also identified skilled, trained staff within service-delivery organisations, such as family violence facilitators which met the Perpetrator Intervention Service Requirements 2.0, would likely be the most appropriate to deliver behaviour change programs for the treatment and prevention of elder abuse.

### *13. Primary prevention of elder abuse in Queensland could be enhanced by focusing on specific harms*

Our collective research (e.g., Blundell et al., 2017; Moir et al., 2024) suggests that the current Queensland elder abuse service sector is focused on secondary and tertiary responses and providing support when an older person has been a victim of abuse to prevent abuse from continuing or re-occurring and respond to the harm caused. Secondary and tertiary responses are vital and approaches to crime problems must include strategies to support people after victimisation. However, in an aging population where more elder abuse cases are identified and/or reported, our research suggests this may create an over-burdened system.

As a result, there are opportunity to enhance and strengthen primary prevention using theory-based prevention demonstrated to have been effective in many other crime contexts (Moir & Clare, 2024). Fundamentally, further improvements to prevention and responses to elder abuse responses can be made by focusing on the following:

#### *a) Be specific*

‘Elder abuse’ is an umbrella term that encompasses many types of harmful actions (or inactions), including physical, sexual, financial, psychological, social, and/or involve neglect. Even high-level categories of abuse like ‘financial abuse’ are too broad as it can be segregated into several categories (such as fraud, scams, theft, bribery, identify theft, etc.) covering many problematic behaviors involving (for example) misuse of accounts or EPoA documents, welfare fraud, and manipulation of legal documents (Dedel Johnson, 2002).

Questions should cover the; who, what, when where, and how’ to understand a problem in-depth. For example, it’s important to distinguish who is perpetrating fraud and the relationship between the victim and offender (e.g., stranger, relative, or caregiver) and how it is taking place (e.g., face-to-face, telephone, mail, or internet; Dedel Johnson, 2002). Understanding that factors that contribute to a specific problem will help to develop local, targeted, and effective prevention and intervention strategies.

#### *b) Focus on patterns and risk factors*

There are several known risk factors associated with elder abuse as presented in Table 3.



Table 3: Risk factors for elder abuse

Victims	Offenders	Places
<ul style="list-style-type: none"> <li>• Cognitive impairments/developmental disabilities</li> <li>• Poor physical health/disability</li> <li>• Mental illness</li> <li>• Disadvantage</li> <li>• Dependency (social, emotional, physical)</li> <li>• Ethnic minority</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver burden</li> <li>• Caregiver mental illness</li> <li>• Substance abuse</li> <li>• Financial difficulties/dependency</li> <li>• Lack of experience and support</li> </ul>	<ul style="list-style-type: none"> <li>• History of family violence</li> <li>• Crowded and shared living arrangements</li> <li>• Social isolation</li> <li>• Poor family relationships</li> <li>• Ageism</li> </ul>

Adapted from the following sources: Gilbard, 2024; Payne 2005; Pillemer et al., 2016; Qu et al., 2021

By focusing on these patterns, prevention efforts and resources can be targeted and dedicated to (1) those most at risk of experiencing abuse, (2) those most at risk of perpetrating abuse, and (3) contexts in which abuse is likely to occur.

Prevention efforts should also focus on repeat victims. Jackson and Hafemesiter (2014) found that 84% of elder abuse victims had been abused more than once. Focusing prevention efforts on those that have been abused to prevent re-victimization has the potential to have the biggest impact on crime reduction and associated harms.

### c) Enhance primary prevention

Elder abuse is an understudied problem in criminology, but there is a small evidence base as to what works in preventing elder abuse. Importantly:

- (a) efforts should be aimed at specific types of behaviour,
- (b) there are also no ‘silver bullets’ in prevention: single, stand-alone strategies are likely to be limited in effectiveness,
- (c) strategies should not just rely on the criminal justice system, but incorporate older people, community groups, and professionals that work with older people

Although research is limited, Table X provides insights into the types of strategies that have shown promise at preventing elder abuse.

Table 4: Effective prevention strategies for elder abuse

Strategy	Impact
Community groups (Payne, 2013)	Reduce social isolation, spread information about abuse and risks, encourage reporting of abuse
Education for older people (Dedel Johnson, 2002)	Education can reduce risks and make it more difficult for potential perpetrators
Proactive estate planning (Dedel Johnson, 2002; Moir et al., <i>forthcoming</i> )	Make it more difficult to mismanage and inappropriately access older person's assets. Planning with specialist supports (financial advisors, estate lawyers) can provide education and reduce risks for unintentional abuse
Money management programs (Nerenberg, 2003)	Can prevent financial abuse through using trained and accredited money managers, especially for vulnerable adults with cognitive impairments
Elder abuse protocols (Blundell et al., 2020)	Enhance staff awareness in identifying risk factors for abuse
Training professionals about elder abuse (Dedel Johnson, 2002; Moir et al., <i>forthcoming</i> )	Training staff who have contact with older people (e.g., real estate, banks, lawyers) Increases possibilities for early detection
Face-to-face home visits (Payne, 2013)	Provides a layer of protection to potentially vulnerable adults to identify potential abuse and neglect
Support programs for informal carers (Cooper et al., 2016; Livingston et al., 2013)	Can prevent informal carers from developing abusive behaviour towards older adults
Elder abuse helplines (see Pillemer et al., 2016)	Can function as an early prevention strategy by raising awareness and aiding older people

#### d) Assess the impacts of elder abuse prevention strategies

A common problem with responding to elder abuse is that programs and strategies are not regularly evaluated. This means we do not have a clear idea of what strategies and policies are effective or ineffective, helpful, or harmful (Lachs et al., 2021). As such, efforts into evaluation of programs should be enhanced.

Developing evaluation frameworks should take place before a program is implemented to enable comparisons before and after a response (Eck, 2011). Baseline data of the nature and scope of the problem should be taken before an intervention for comparisons afterwards (Eck, 2011). Specific measures of success could include (Payne, 2013; Lachs et al., 2021):

- Recorded crime – e.g., offences, arrests, and calls for police service
- Injuries, hospitalizations, and emergency room visits
- Referrals and service use
- Quality of life measures for older people – e.g., depression, anxiety, loneliness
- Abuse and Safety measures – e.g., nature, type, severity and frequency of abuse, victim-survivors level of fear and sense of safety
- Cost effectiveness

## 4. Resources and references

### Relevant UniSC Resources

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