

Council on the Ageing Queensland

Submission to the Inquiry into Elder Abuse in Queensland

April 2025



Council on the Ageing Queensland

Council on the Ageing Queensland is a for-purpose statewide charitable organisation.

We are the state's Seniors Peak and Seniors Social Isolation Prevention Peak and work with and for older adults, advancing the rights, needs, interests, and futures of people as we age. For more than 60 years, we have worked to influence positive social outcomes for older Queenslanders.

We connect directly with older Queenslanders, their families, carers, and organisations, service providers, consumer advocates, special interest groups, and our federal, state and local governments. We engage with all of these groups to understand needs, aspirations, and priorities for older people in Queensland, and partner to achieve the best outcomes for people as we age.

Our work includes policy analysis, community education, representation, evaluation and research, community engagement, and cross sector collaborations to achieve systemic change. We deliver funded programs directly to older people in need and provide sector support to those organisations who offer aged care and other services to older people.

We seek to eliminate ageism and support healthy ageing and growth of age-friendly communities. There are many areas of policy development needed to achieve this – elder abuse, energy, social isolation and loneliness prevention, climate resilience and disaster preparedness, digital inclusion, health, housing, and transport are just a few.

Our vision is that ageing is a time of possibility, opportunity, and influence.

With the number of older people expected to double by 2050, ensuring their voices are heard has never been more important.

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Acknowledgement

*Council on the Ageing Queensland acknowledges Australia's
First Nations Peoples as the original custodians of this land.*



Contents

Executive Summary.....	4
Introduction to abuse and mistreatment of older people.....	9
Understanding impact of abuse or mistreatment on specific cohorts	9
National insights of abuse and mistreatment of older Australians	12
Abuse and mistreatment of older people in Queensland	16
Abuse and mistreatment intersect with risk factors	17
Representation of abuse and mistreatment of older people in the Media.....	20
Need for change and reform	22
Why age-friendly matters	24
It starts with Respect. Addressing Ageism	25
Older Queenslanders are supported in different ways	31
Understanding abuse & mistreatment through lived experience	37
Limitations.....	39
Insights 2022 – 2025	39
Recommendations to empower older Queenslanders	54
Detailed insights on abuse & mistreatment of older Queenslanders	61
Appendix A. Vignettes.....	61
Appendix B. Quotations	67

Executive Summary

Council on the Ageing Queensland anticipates this landmark Inquiry into Elder Abuse will emphasise the urgent need for systemic reform in Queensland.

As Seniors Peak and Seniors Social Isolation Prevention Peak, we regularly engage with communities across Queensland including older people, family members, carers, service providers, and community organisations. In preparation for the Inquiry, we drew upon our community conversations, collated vignettes, and feedback from engagements (2022 – 2024).

More recently, we also provided the opportunity for older people, service providers and community organisations to provide feedback via surveys (March – April 2025) in a confidential manner to share their thoughts, experiences, and recommendations in relation to abuse and mistreatment of older Queenslanders. We received a strong response from older people and communities.

After listening to and reading the collective voices from community and sector on ageism, age discrimination and abuse and mistreatment of older people, what has become clear is that abuse and mistreatment are too often hidden, normalised, and inadequately addressed. When potential or actual vulnerability is compounded by e.g., isolation, ageism, dependency, cognitive capacity, trauma, housing precarity, or digital exclusion, this increases the risk of abuse and mistreatment for older Queenslanders.

We have further heard that, where risk factors for abuse and mistreatment are high or when abuse and mistreatment is currently occurring, these situations are highly complex and there are often one or more structural drivers or intersectional factors at play. The insights presented within our submission reflect this complexity and intersectionality. Unfortunately, there is no one solution and we therefore need to enact improvements and reform with a wider lens.

Informed by our insights, we put forward specifically that:

- a. **Ageism is a significant root cause.** Ageism has emerged not only as a cultural norm, but as a driver of abuse, shaping how older people are perceived, dismissed, or controlled and how systems respond when harm occurs. People expressed frustration at having no or limited voice, no trusted pathway, and limited trust (or limited confidence) that help-seeking would lead to a change or reprieve of a situation. Further, internalised ageism (self-belief in internalised stereotypes), systemic ageism (recurring structural and systemic drivers, inequality, oversight of care systems, governance and strategic policy and legal frameworks), and societal attitudes (malevolent and benevolent ageism, age discrimination, limited understanding of the trajectory of ageing) towards ageing drives silence on the challenges which can promote heightened fear and anxiety, disempowerment, and limited responses to abuse and mistreatment.

- b. **Awareness raising and education on ageism needs to be addressed like sexism and racism, and ableism.** This includes accessible education for all ages around ageism and age discrimination delivered in different community settings. Community engagement and community awareness through ongoing delivery of information and campaigns, formalised community education and modules embedded in school curriculum. Education at community level greatly contributes to cultural change and shifting societal views of ageing.
- c. **Elder abuse is widespread, comes in diverse forms, but is often hidden.** Older Queenslanders shared stories of e.g., coercive control masked as care, financial abuse by trusted family members or professionals, psychological harm and neglect (both intentional and unintentional), institutional mistreatment, lack of oversight, and unresolved complaints, and fear of disclosure due to not wishing to implicate family, family breakdown, or distrust in services. There are more common forms of abuse and mistreatment including psychological, financial, and emotional abuse, and nuanced behaviours about which older people also fear speaking out due to shame (and stigma), dependency, difficulty in knowing who to trust, or fear of retaliation. Specific examples of abuse and mistreatment included coercive control, financial exploitation and misappropriation with funds, consumer rights and banking institutions, human rights and service provision, physical threats, verbal abuse, family dynamics and interpersonal abuse.
- d. **Vulnerability increases risk.** Older people who experience isolation, cognitive decline, trauma, housing insecurity (homelessness and housing stress), or financial hardship are significantly more at risk. There needs to be more awareness raised around the intersectional factors and structural drivers including structural drivers from years of inequality, and diversity considerations for specific cohorts of older Queenslanders. For example, housing and financial stability within retirement living contexts, limited agency within residential aged care facility contexts, limited understanding of importance of culturally informed approaches to care within culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander communities.
- e. **Impact of digital inequity can be a significant barrier to accessing timely information and supports.** Accessibility and delivery of services including service gaps and operational challenges, service navigation and access, aged care assessment delays, disadvantages or inequities experienced by regional, rural and remote areas, and long wait times for services, can all become compounded by digital inequity. Digital inequity means the older person (and/or those who support the older person) do not have access to digital devices, reliable telecommunications networks, have no or limited digital literacy, or feel overwhelmed or anxious in using digital technologies to access health care, community care or aged care.
- f. **Systems are fragmented and this impacts access to safety and protection.** Community members and service providers highlighted that current systems are reactive or fragmented. Further, services were described as siloed, complaints were

sometimes mishandled, and older people, particularly those in regional areas or without digital access, sometimes struggled to find clear help seeking pathways and/or information regarding safety and justice processes. Current legal, aged care, and complaints systems are not integrated, can be difficult to access, which can lead to inadequate responses to complex family situations or systemic abuse and mistreatment in a responsive manner. This is compounded when an older person is trying to navigate multiple systems at once such as social services, health care and aged care systems. Further, considerations around accountability and barriers to accessing legal supports, protective mechanisms within justice systems, accessibility (and readiness of systems) of investigative processes and navigating complex processes within legal and justice systems continue to be issues for older people.

- g. **Impact of long-term health conditions and trauma can be significant.** Health, mental health, and psychosocial concerns and when long-term chronic health conditions, earlier trauma, cognitive capacities including living with dementia are unmanaged or not managed appropriately this in turn impacts accessibility to primary health care and allied health care including oral health care. Older people also contend with instances of (malevolent and benevolent) ageism in health care settings.
- h. **Regional and digital inequities increase the risk of mistreatment and harm.** Older people in regional, rural and remote areas or those living without or with limited digital access face greater (e.g., geographic, social, other forms of) isolation and fewer service and support options.
- i. **Abuse and mistreatment can be intricately complex within caregiver and family situations.** There are several matters of concern including the nature of the care dyad, and sensitive dynamics of care relationships which take into consideration not only the older person's health and wellbeing but also the carer's health and wellbeing. Other matters raised have been the training of formal and informal carers, screening/vetting of carers, and the legal considerations in caregiving contexts.
- j. **Knowing who to trust and confide means access to supports sooner.** In addition, an older person at risk needs to know who they can trust in their local community, building trust through trained and dedicated roles within community who are in frontline roles (which moves beyond health and aged care environments and include customer service and retail environments) enables ore informal knowledge exchange and referral pathways in a discrete manner. Finally, cross-sector collaboration and understanding is required for the creation, delivery and promotion of mitigative and preventative strategies, early intervention, and ensuring those in community can assist in linking people to confidential supports and services.

From these insights we believe that there is a compelling reason for systemic reform in Queensland, and that this reform process urgently needs to commence. Queensland has an opportunity to lead the nation in elder abuse prevention by listening to older people, recognising the opportunities, barriers and complexities for ageing well, and responding with

compassion, coordination, and resolution. Abuse and mistreatment of older people should not be part of the ageing experience – Queensland must address deeply embedded ageist attitudes, a legacy of complex and fragmented systems, and apply a coordinated, planned and long-term approach to reduce the risk of harm for future generations.

We offer two key recommendations for the Inquiry into Elder Abuse in Queensland:

Recommendation 1.

Create a state strategy for the prevention of abuse and mistreatment of older Queenslanders led by state government and informed by older people's experiences.

Recommendation 2.

In the implementation of the state strategy, consider prioritising improved information and navigational supports, addressing regional and digital inequities, and strengthening legal and consumer protections.

Introduction to abuse and mistreatment of older people

What the evidence tells us

Introduction to abuse and mistreatment of older people

Abuse and mistreatment of older people can occur in many ways. It can be financial, emotional, psychological, physical, sexual, or social abuse. Elder abuse can occur once, or be repeated, and can be subtle actions, attitudes, or behaviours through to more direct actions and extreme ramifications. It can comprise one or more mistreatment and/or abuses. Evidence tells us that perpetrators of abuse are often known to the older person including relatives, friends, or immediate family members such as adult children.^{1,2}

Australia wide, the abuse and mistreatment of older Australians is prevalent with significant impact but remains an underreported issue. One in six people aged 65 and over (14.8%) experienced some form of abuse within a 12-month period. The most common type was psychological abuse (11.7%), followed by neglect (2.9%), financial abuse (2.1%), physical abuse (1.8%), and sexual abuse (1.0%).

Notably, people with disability or chronic health conditions were twice as likely to report abuse compared to those living without disability or chronic health conditions. It has been recognised in national research that more work needs to be undertaken to better understand the prevalence of abuse and mistreatment for individuals in residential aged care facilities and those living with cognitive impairment which are two cohorts experiencing heightened vulnerabilities.

Alarming, nearly two-thirds (61.5%) of older Australians who have or are experiencing abuse and mistreatment did not seek third-party help or advice, though many took informal actions such as confronting or avoiding the perpetrator. These findings underscore the urgent need for targeted research and intervention strategies, particularly for those with increased vulnerability.³

Older Australians who experience heightened vulnerability due to factors such as isolation, dependence, cognitive decline, trauma, housing insecurity, and financial hardship, are more at risk of abuse and mistreatment from systemic and structural inequities, attitudes and behaviours at a societal level, or individual behaviours and attitudes from others.⁴

Understanding impact of abuse or mistreatment on specific cohorts

LGBTIQA+ communities

Reassuringly there are positive initiatives taking place to better understand how abuse and mistreatment is experienced by specific cohorts of older people, especially cohorts that historically have been marginalised. For example, the *Australian Institute of Family Studies*

¹ <https://elderabuseawarenessday.org.au/>

² <https://www.compass.info/resources/resource/national-elder-abuse-prevalence-study-summary-report/>

³ https://consultations.ag.gov.au/families-and-marriage/eamop/user_uploads/draft-national-plan-to-end-the-abuse-and-mistreatment-of-older-people-2024-2034.pdf

⁴ See also: The National Elder Abuse Prevalence Study, conducted by the Australian Institute of Family Studies (AIFS) which is the most comprehensive examination of elder abuse in Australia. The study surveyed 7,000 individuals aged 65 and over, living in community settings (i.e., not in residential aged care), between February and May 2020: <https://aifs.gov.au/research/research-snapshots/national-elder-abuse-prevalence-study-summary-report>

Of note: there is a higher percentage of women than men who had reported experience of any form of abuse and this pattern was evident for psychological abuse and neglect: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/older-people>

(AIFS), in partnership with Queerspace and guided by an LGBTIQ+ lived experience advisory panel (LEAP), has launched a groundbreaking government-funded study to **investigate the abuse and mistreatment of older LGBTIQ+ Australians**. Commissioned by the Attorney-General's Department, this research responds to evidence that around 15% of Australians aged 65 and over experience abuse and seeks to explore how these figures may differ for LGBTIQ+ individuals due to their unique vulnerabilities and experiences.

This project focuses on the forms and dynamics of abuse, including physical, financial, emotional, and social mistreatment, and aims to better understand the profiles of those affected and those perpetrating abuse within LGBTIQ+ communities. It also seeks to examine the impacts of abuse, the effectiveness of support services, and barriers to help-seeking, while capturing the views of both older and younger LGBTIQ+ individuals regarding ageing and future safety concerns (with Aboriginal and Torres Strait Islander people highly encouraged to participate). This example highlights the gaps that remain but also the very recent efforts to ensure recognition of diverse ageing identities which can be supported in national frameworks.⁵

Veterans

Another recent research initiative highlighted **the needs and experiences of veterans and their families in aged care and comparisons of needs to those who did not identify as Veterans**. The literature review focussed on original research specific to veterans' needs, in addition to dementia and other cognitive decline in veterans, the effects of trauma and Post-Traumatic Stress Disorder (PTSD) in later life, and elder abuse. The researchers concluded more work was required to best understand abuse and/or mistreatment of older veterans (elder abuse) specifically the needs and experiences of family members (their own aged care needs or those of a carer), in addition to Veterans experiences in aged care (residential and in-home care). Further, more information was needed around Veterans' end of life care needs, management of suicide risk, and in general more comparative studies were required between Australian veterans and other older adult cohorts.⁶

Cognitive impairment

Gillbard's (2019) study⁷ explored **how elder abuse differs between older individuals with and without cognitive impairment drawing on data from Queensland's Elder Abuse Prevention Unit**. People living with cognitive impairment who had experienced abuse and mistreatment were typically older, had greater care needs, and were more likely to experience neglect and social abuse, while those without cognitive impairment experienced higher rates of physical and psychological abuse. Financial abuse occurred at similar rates across both groups but differed in how it was carried out; for example, the misuse of Enduring Power of Attorney was more

⁵ <https://theaphn.com.au/news/understanding-and-addressing-the-abuse-of-older-lgbtqa-australians-a-call-to-participate-in-new-research-2>

https://aifs.gov.au/research_programs/elder-abuse-research/LGBTQA

⁶ Gahan, L., Hughes, J., and Ahmed, S. (2025). *Literature review of available research on veterans' needs in aged care*. Australian Institute of Family Studies [Research summary funded by Department of Veterans' Affairs (DVA) Applied Research Program, 17 February 2025]. <https://www.dva.gov.au/sites/default/files/2025-02/veterans-needs-in-aged-care-25254565E-research-summary.pdf>

⁷ Gillbard, A. (2019). Differences in risks and experiences of familial elder abuse for victims with cognitive impairments. [FRSA National Conference 2019].

https://www.researchgate.net/publication/347515886_Differences_in_Risks_and_Experiences_of_Familial_Elder_Abuse_for_Victims_with_Cognitive_Impairments

common among those living with cognitive impairment, whereas undue influence was more prevalent among those living without cognitive impairment. Perpetrators also differed across both groups, with older people living with cognitive impairment more likely to be mistreated by caregivers or spouses exhibiting ‘inheritance impatience’, while those perpetrators were harming older people who lived without cognitive impairment demonstrating histories of aggression, mental illness, or substance abuse. Victims with cognitive impairment faced social isolation and lack of capacity as major barriers to addressing abuse, whereas fear of retaliation and financial repercussions were more common in older adults without cognitive impairment. This is an example of the type of research being done that calls out the need for tailored interventions and support structures that consider cognitive status, caregiver dynamics, and power imbalances.

Older women

Older women in Australia face a dual risk of elder abuse and domestic and family violence, often by intimate partners, adult children, or other relatives. Over 65% of elder abuse reports in NSW, for example, involve older women, many of whom remain in harmful situations due to a lack of safe, affordable housing. The *National Plan to End Violence against Women and Children 2022–2032* identified older women as the fastest-growing group at risk of homelessness, a factor that traps many women in cycles of financial exploitation, coercive control, and physical harm. Barriers are particularly impactful for older women living with disabilities, who may face problematic situations when trying to access aged care or crisis supports. With one in six older Australians experiencing abuse - most often from family members – this reinforces the urgent need for tailored housing and support strategies. The Elder Abuse Action Australia (EAAA) has urged immediate government action to address location-based disparities in service access and to develop comprehensive, cross-sector responses that place at the centre - safety, dignity, and autonomy of older women.⁸

Trauma

The *Queensland Trauma Strategy 2024–2029* and accompany policy work undertaken by the Queensland Mental Health Commission (QMHC) highlighted that up to **70% of older adults have experienced a psychologically traumatic event, with trauma often resurfacing in later life, particularly in institutional settings or through re-traumatising care practices**. For older adults, especially those people living with dementia, trauma can manifest as agitation or aggression. This can be misunderstood and inadequately managed in aged care, where psychological support is often unavailable. Environments where the individual’s autonomy is restricted such as locked wards or personal care routines, can exacerbate distress, especially for those with histories of earlier abuse. Older First Nations individuals, particularly members of the Stolen Generations, face compounded trauma impacts and poorer wellbeing outcomes.

Additionally, elder abuse is acknowledged by QMHC as a form of trauma, particularly when perpetrators are family members. Individuals may remain in abusive situations due to coercion, dependency, and reduced decision-making capacity, increasing psychological harm. The QMHC calls for targeted trauma-informed responses tailored to older people across all care

⁸ <https://eaaa.org.au/publication/older-women-face-dual-risk-of-domestic-violence/>
<https://eaaa.org.au/publication/building-on-progress-eaaas-response-to-the-draft-national-plan/>

settings and stresses the importance of early intervention, supportive environments, social connection, and policy protections against ageism and abuse. Ensuring trauma-informed aged care and mental health responses is a critical component of safeguarding the dignity and mental wellbeing of older Queenslanders.⁹

Financially vulnerable - (specific example) Enduring Power of Attorney

The *Empowering Futures* report in 2024 by the Australian Human Rights Commission (AHRC) revealed critical gaps in **awareness, understanding, and use of Financial Enduring Powers of Attorney (FEPOAs) across Australia, leaving older adults vulnerable to financial abuse.**

While most Australians are aware they can appoint someone to manage their finances, fewer than half understand the concept of FEPOAs, and only 13% of older adults have one in place. Many older adults appoint decision-makers with known risk factors for elder abuse such as financial dependence or addiction, yet a significant proportion of these appointees feel unprepared or uninformed about their legal obligations. The report further identified widespread knowledge gaps, inconsistent laws, and limited support systems for those wishing to revoke a FEPOA or report misconduct. It calls for **national legal reform, a central register for key documents, and targeted public education campaigns to promote safe, informed use of FEPOAs and protect against financial exploitation of older Australians.**¹⁰

The misuse of Enduring Power of Attorney (EPOA) is a recognised pathway for the financial abuse and mistreatment of older people. Research and helpline data from Queensland and Victoria show that up to 15% of elder abuse cases involve the abuse or neglect of EPOA powers, including pressure to appoint or alter powers of attorney. This abuse occurs when the appointed attorney improperly accesses or controls assets for unauthorised or personal gain. Risk factors include family members with a sense of entitlement, lack of understanding of legal duties, and situations where attorneys are beneficiaries of the older person's will. Abuse has been identified as happening on a continuum from poor planning and lack of communication to deliberate predatory actions which is exacerbated by e.g., living with cognitive impairment, disability, and having an accumulation of wealth. In some cases, misuse of EPOA has facilitated other forms of abuse, including neglect, through cancelling care services or restricting social contact. The very presence of an EPOA can intensify family conflict, which may itself lead to or sustain abusive behaviour.¹¹

National insights of abuse and mistreatment of older Australians

The COTA Federation's (now COTA National Alliance) State of the Older Nation (SOTON) reports from 2018, 2021, and 2023 highlight the impact of abuse and mistreatment to older people. The

⁹ Queensland Mental Health Commission. (2024). *The Queensland Trauma Strategy 2024–2029*. https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC_Qld_Trauma%20_Strategy_Report_Accessible.pdf
Mitchell, L. (2024). *Trauma in an older adult context* [Policy brief]. Queensland Mental Health Commission. https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/TraumaOlderAdults_finaldraft.pdf

¹⁰ Australian Human Rights Commission. (2024). *Empowering Futures: A National Survey on the Understanding and Use of Financial Enduring Powers of Attorney* [Report, September 2024]. <https://humanrights.gov.au/our-work/age-discrimination/publications/empowering-futures-report-enduring-powers-attorney-2024>

¹¹ Qu, L., Kaspiew, R., Carson, R., Roopani, D., Maio, J.D., Harvey, J., & Horsfall, B. (2021). *National Elder Abuse Prevalence Study: Final Report*. [Research report, July 2021]. https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

cumulative survey findings suggest that elder abuse remains underreported (likely reflecting hidden prevalence of abuse and mistreatment).

Financial elder abuse is strongly linked to economic hardship, dependency on caregivers or family, and lack of financial literacy, making older adults especially vulnerable to coercion and exploitation. Social isolation repeatedly emerges as a critical risk factor, particularly for psychological and emotional abuse, compounded by limited community support and barriers to disclosure. Persistent employment discrimination and forced retirement contribute to financial dependency, reducing older adults' autonomy and increasing exposure to abuse. The reported e.g., hostility from younger generations, feelings of shame, and lack of awareness and limited information regarding impacts of ageism, further deters older adults from seeking help.

Overall, the findings indicate many older Australians may suffer in silence, trapped by economic stress, ageism, and social marginalisation, highlighting the urgent need for improved reporting mechanisms, support services, and protective policies to address abuse and uphold dignity in later life. View Table 1. for details of relevant findings.

Table 1. Thematic findings from State of the Older Nation (SOTON) reports (2018, 2021, 2023) which are directly or indirectly link to risk factors and/or experiences of abuse and mistreatment of older people

Theme	SOTON 2018	SOTON 2021	SOTON 2023
Age Discrimination & Forced Dependency	<ul style="list-style-type: none"> • 33% experienced age discrimination; 22% in employment. • 24% treated differently as consumers. • 46% felt less valued; 25% felt like a burden. • Ageism led to early retirement and dependency. 	<ul style="list-style-type: none"> • 37% experienced age discrimination; 26% in employment (↑ from 2018). • Financial/job discrimination led to coercive dependency. 	<ul style="list-style-type: none"> • 35% reported age discrimination; 24% in employment. • Early retirees retired 5 years earlier than planned. • LGBTQ+ and women more likely to face workplace ageism.
Financial Insecurity & Economic Abuse Risk	<ul style="list-style-type: none"> • 26% felt financially insecure; 12% had overdue bills. • 53% felt cost of living was leaving them behind. • Women, renters, and people with disabilities most at risk. • Financial illiteracy increased risk of exploitation. 	<ul style="list-style-type: none"> • 45% felt financially insecure; 22% highly insecure (score 0–4/10). • 16% had overdue bills (↑ from 12%). • At-risk groups: low income (39%), disability (21%), DV (3%), homelessness (1%). 	<ul style="list-style-type: none"> • 24% felt financially insecure (0–4/10). • 18% had overdue utility bills. • 5% feared homelessness in the next year. • Older women (50s) post-separation and renters most vulnerable.
Social Isolation & Psychological Vulnerability	<ul style="list-style-type: none"> • 49% had one or more vulnerabilities (e.g. bereavement, disability). • Vulnerable people had weaker social support. • Rural/remote residents more at risk. 	<ul style="list-style-type: none"> • 4% had no contact in past week. • 26% felt lonely recently. • High loneliness among: ATSI (50%), aged care residents (28%), bereaved (25%), LGBTQIA+ (23%). 	<ul style="list-style-type: none"> • 20% rated community connection as very poor. • 15% struggled to maintain/modify homes. • Women, renters, and people with disabilities reported more disconnection. • Poor mental health increased homelessness fears.

Theme	SOTON 2018	SOTON 2021	SOTON 2023
Prevalence & Underreporting of Elder Abuse	<i>Not directly included.</i>	<ul style="list-style-type: none"> • 4% personally experienced abuse; 12% knew someone. • 15% total exposed (directly or indirectly). • 53% of victims didn't seek help; 41% of witnesses didn't report. • Higher awareness among younger seniors (<65). 	<ul style="list-style-type: none"> • 4% personally experienced abuse (stable). • 8% knew someone affected (↓ from 12%). • Women more likely than men to experience/know of abuse (13% vs 9%). • Unreported due to fear or lack of support.
Access to Aged Care & Support Services	<ul style="list-style-type: none"> • 20% faced aged care access barriers: 24% cost, 19% waitlists, 16% unsuitable services. • 12% lacked needed healthcare; dental care most inaccessible. • Lack of community care led to premature aged care admission. 	<i>Limited new data; implications addressed under support needs.</i>	<ul style="list-style-type: none"> • Poor access linked to poor housing (15% couldn't adapt homes). • Isolation and care gaps reinforced financial and emotional vulnerability.
Employment Discrimination & Retirement Pressures	<ul style="list-style-type: none"> • 22% faced age discrimination at work. • 19% forced into early retirement due to workplace bias. • 29% did not expect to retire due to finances. 	<ul style="list-style-type: none"> • Age-related job loss led to dependency. • Financial insecurity tied to workplace discrimination. 	<ul style="list-style-type: none"> • LGBTQ+ and women more likely to be discriminated against. • Early retirees experienced unplanned, financially disruptive exits.

Abuse and mistreatment of older people in Queensland

Elder Abuse is a growing concern with about 15% of older Queenslanders experiencing some form of abuse.¹² In 2022 - 2023, the Elder Abuse Prevention Unit (EAPU) Helpline received 4,501 calls, including 2,652 abuse notifications, which was a 13.4% increase from the previous year.¹³ Most of these cases (91.7%) involved abuse within close or intimate relationships.

Psychological abuse was the most reported type (74.8%), followed by financial abuse (64.7%), neglect (24.7%), social abuse (24.3%), physical abuse (13.1%), and sexual abuse (0.5%). Notably, 67.1% of victims experienced more than one form of abuse.

The most frequently reported perpetrators were adult children, with sons and daughters each accounting for 35.7% of cases. Victims were predominantly female (67.2%), with the highest incidence among people aged 80 - 84 years. Over 35% of victims were living with impaired capacity and nearly 64% of victims were living with perpetrators.

In addition, women were more than twice as likely to be victims of elder abuse (67.1%) and Aboriginal and Torres Strait Islander people were over-represented (3.7%; 2.4% of people aged 50 years and over living in Queensland identify as an Aboriginal or Torres Strait Islander person). People also identified barriers (63.4% of cases) to be able to change the situation such as denial, guilt, and fear of impacting the relationship with the perpetrator.¹⁴

Queensland's Elder Abuse Prevention Unit (EAPU) conducted further research which identified that abuse behaviours could be used to predict the likelihood of older people experiencing other types of abuse at the same time (where abuse was already co-occurring - not a prediction of an increased risk of experiencing other types of abuse in the future). These co-occurring behaviours demonstrate the intricate complexities of abuse and mistreatment of older people. Examples of co-occurring behaviours include¹⁵:

Financial abuse: A situation where an Enduring Power of Attorney (EPOA) is modified (this action is identified as abuse behaviour) by adult children, and the co-occurring abuse is social abuse of their mother.

A situation where a daughter does not contribute financially, or a non-contribution (abuse behaviour) while residing at home with her mother, and the co-occurring abuse is psychological abuse.

A situation where a nephew misuses (bank/financial) cards (abusive behaviour) of his aunt and uncle, who do not have other relatives living nearby, and the co-occurring abuses are neglect and social abuse.

¹² View the section 'Current voices' in this submission for detailed insights into older Queenslanders' experiences of abuse and mistreatment captured by Council on the Ageing Queensland from 2022 – 2025.

¹³ Calls increased from the previous year in the regions of Moreton Bay–South (up 29.7%) Sunshine Coast (up 27.4%) and Mackay–Isaac–Whitsunday (up 20.4%). Calls decreased in the Central Queensland region by 37.5%. <https://eapu.com.au/wp-content/uploads/2024/02/EAPU-Year-in-Review-2023.pdf>

¹⁴ Elder Abuse Prevention Unit (EAPU). (2023). Elder abuse statistics in Queensland: Year in review 2022–23. <https://eapu.com.au/wp-content/uploads/2024/02/EAPU-Year-in-Review-2023.pdf>

¹⁵ Note: Council on the Ageing Queensland has added context to demonstrate the evidence of co-occurring behaviours of abuse. See original research here: Gillbard, A. (2022). Commonly co-occurring abuse types - elder abuse guide. [Guide]. Uniting Care. <http://dx.doi.org/10.13140/RG.2.2.34235.69923>

Neglect: A situation where extended family members refuse to allow others to provide care (abusive behaviour) for an older relative living on their own, and the co-occurring abuse is social abuse.

Physical abuse: An environment where a mum is locked in (abusive behaviour) in their own home by their son with whom they reside with, and the co-occurring abuse is social abuse and neglect.

An environment where a mother is pushed or shoved (abusive behaviour) by her son and the co-occurring abuse is psychological.

Psychological abuse: A situation where an older person experiences emotional blackmail (abusive behaviour) from a business provider and the co-occurring abuse is financial abuse.

An environment where a dad is rejected by his adult children (abusive behaviour) and the co-occurring abuse is social abuse.

A situation where an older person is being shouted at (abusive behaviour) by their neighbour during a dispute and the co-occurring abuse is physical abuse.

A situation where a son is pressuring (abusive behaviour) their dad and the co-occurring abuse is financial and physical abuse.

Social abuse: An instance where a wife limits her husband's participation in activities (abusive behaviour) and the co-occurring abuse is psychological.

A situation where an informal carer, a niece, limits contact of their aunt with family or friends (abusive behaviour) and the co-occurring abuse is neglect.¹⁶

Abuse and mistreatment intersect with risk factors (multiple phenomena)

Like in other Australian states and jurisdictions, the experience of abuse and/or mistreatment in Queensland does not occur as a single phenomenon. It usually occurs in a context where one or more risk factors are present. For example, in the context of **navigating aged care systems and access to timely supports**, there remain **systemic failures** particularly for those already experiencing multiple vulnerabilities.

Barriers to accessing aged care services include unrealistic expectations that clients can be contacted by phone or email, with automatic removal from waiting lists after missed calls, potentially resulting in neglect. First Nations Elders face cultural inappropriateness, mistrust, and service overload, with culturally competent support being insufficient despite high demand. Older adults also encounter emotional barriers to help-seeking, such as fear, distress, and discomfort with unfamiliar service providers, leading to further isolation and unmet needs.

¹⁶ As highlighted earlier in the submission, a further complexity that has been identified in state and national evidence, are the instances of cognitive impairment where complex care and support needs are required, and older persons were at an increased risk of experiencing social abuse and neglect. It has been reported that older people with cognitive impairment tended to be older, more dependent on their abuser, and more likely to experience neglect and social abuse, but less likely to experience physical or psychological abuse than those without impairment. See an overview of research here: Qu, L., Kaspiw, R., Carson, R., Roopani, D., Maio, J.D., Harvey, J., & Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. [Research report, July 2021]. https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

There continues to be limited access to appropriate housing options with older people seeking housing (not aged care) or at risk of homelessness being referred to residential aged care facilities without proper assessment. Moreover, limited crisis and disability accommodation increases the risk of financial exploitation, coercion, and neglect.

These patterns reflect systemic neglect and risks of elder abuse, implying a need for more policy reform, better service coordination, and stronger protections for older adults, especially for culturally diverse communities and older cohorts experiencing housing stress or homelessness.^{17,18}

A second example that Council on the Ageing Queensland continually observes as a barrier for seeking supports, and as an increasing risk factor for digital and social exclusion, is digital literacy. Building digital resilience in older adults requires a strengths-based, inclusive approach that emphasises awareness, informed decision-making, and access to education.

Older Queenslanders are particularly vulnerable to psychological, financial, and social forms of elder abuse, which can be exacerbated in the digital environments through scams, misinformation, and manipulation, sometimes by their own family members.

The concept of digital resilience must begin with raising awareness of online risks and individual rights, including data use, opting out of unwanted subscriptions, managing cookies, and understanding privacy settings. It should also include identifying misinformation, harassment, and online scams across banking, legal, and social media platforms. Emotional and psychological barriers, particularly among those less confident with technology, need to be acknowledged and addressed.

Council on the Ageing Queensland has previously advocated¹⁹ that partnerships with organisations such as the Queensland Police Service, local councils, neighbourhood centres, and community groups can help expand the reach of digital safety campaigns. These initiatives should be inclusive of accessibility needs and targeted not only at older adults but also their carers and professional support networks. Cultivating digital resilience empowers older adults, helping to prevent elder abuse and ageism by increasing knowledge, self-protection, and access to both online and offline support systems.

¹⁷ Council on the Ageing Queensland. (2024). *Care Finder Insights from a sector meeting*. [Internal email correspondence, 21 August 2024].

¹⁸ Some of these observations have been reported in other states where the Care Finder program is assisting older adults to navigate and access aged care. For example, in Victoria, older adults were confused about My Aged Care, and some had previously interacted with multiple services without establishing lasting relationships with service providers, leading to feelings of abandonment. Also apparent in the reports were carer stress, the need for respite or post-hospital care, residential care advice, social support, and dissatisfaction with current care arrangements. As the Care Finder staff built trust, deeper, often hidden issues surfaced. These included mental health challenges such as depression, anxiety, trauma, cognitive decline, and substance use (alcohol and gambling), as well as issues like hoarding. Some cases involved difficult family dynamics, including estrangement, trust issues, volatile relationships, and domestic violence. In several instances, elder abuse, especially financial abuse, was identified during consultations: COTA Victoria. (2024). *Care Finder case analysis: A snapshot of those COTA Victoria has helped in its first 18 months*. [Research report, 6 September, 2024]. <https://cotavic.org.au/policy/publication/care-finder-case-analysis/>

¹⁹ COTA Queensland. (2024). *Digital inclusion for Queenslanders – Response*. Prepared for Department of Communities, Housing and Digital Economy. [Submission].

The aged care navigation and digital literacy examples show that as Queensland's population ages, there is increasing urgency in building a comprehensive approach to community safety and protection for vulnerable older cohorts.

The recent release of a key report by Queensland Health²⁰ on **ageing and future health care demand, services, and assessment of the effects of population ageing** signposts a future where, due to the rapid growth of the 65+ and 85+ cohorts set to double and triple respectively by 2062 - 2063, there will be an increase in the number of vulnerable older adults. Council on the Ageing Queensland applied Queensland Health's recent findings to the context of elder abuse and we note that the demographic shifts will affect older people in two primary ways 1) **increase risk of abuse and mistreatment as people live for longer and with significant increase in cognitive decline, frailty, social isolation** thus in turn increasing the risk of neglect, financial abuse and emotional abuse arises with these shifts; and 2) the **increased pressure on formal and informal carers** with a exponentially growing population in need of continued supports (e.g., care in primary health care settings, home, and residential aged care facilities) which can lead to stress and burnout which in turn can become a contributing factor for abuse and mistreatment.

Queensland Health outlined in their report that a **34% increase in hospitalisations is expected by 2032 – 2033 particularly driven by older adults living with dementia, and/or older adults awaiting placement in aged care facilities**. These factors can compound the delay in discharging older and frailer patients, heighten the risk of neglect due to resources being at capacity, and potentially lead to situations where older people are placed in inappropriate settings and exposed to harm without proper safeguarding in place.

Further, modifiable risk factors in relation to chronic health conditions (e.g., high levels of obesity, inactivity and smoking) can **decreased independence** in older people, increase reliance on others for care needs, and potentially increase risk factors for abuse and mistreatment (**when cognitive and physical functions are impaired**). In relation to **mental health and behavioural disorders**, those conditions or disorders associated with later life (such as dementia and later onset of depression) can be correlated with misinterpretation of cues for abuse or mistreatment as mental health or psychiatric issue, difficulty in having older adults disclosing situations of mistreatment or harm, or under-detection by health professionals who are focussed on specific treatments for conditions (and this assessment overrides or influences psychosocial or psychological needs or assessment of these needs, or there is a lack of or limited understanding of trauma-informed approaches to assessment and care).

With **health expenditure expected to rise** and costs for 80-year-old adults over \$25,000 per person (a similar figure was recorded at \$17,000 for average health costs for older adults aged 80 years and over in 2022)²¹, systems will be under immense financial pressure. This could

²⁰ Queensland Health. (2025). The health of Queenslanders. Report of the Chief Health Officer Queensland. Ageing and future health care demand. Assessing the effects of population ageing on the health of Queenslanders and demand for health care services to 2032. [Research report] <https://www.choreport.health.qld.gov.au/from-the-cho/ageing-and-future-healthcare-demand>

²¹ https://www.aihw.gov.au/reports/life-expectancy-deaths/the-last-year-of-life-health-service-use-patterns/contents/key-findings?utm_source=chatgpt.com

mean underfunded aged care facilities with lower staff ratios and reduced training capacities, thus increasing reliance on unpaid/informal carers (increasing hidden risks for mistreatment and harm depending on the circumstances), and delays in disclosure of mistreatment and harm due to services being at capacity.

Finally, the **increase in wait time (and number of people waiting) for assessment and/or entry to residential aged care** links to increased risks of abuse and mistreatment where abuse remains e.g., hidden and under disclosed due to extended periods of informal caregiving, and in primary health care environments, particularly settings not designed for long-term care, this may lead to neglect, especially in workforces that are at capacity.

Representation of abuse and mistreatment of older people in the Media

The Media during the last few months²² highlights the diversity of situations of ageism, abuse and mistreatment that impact older people in Australia. Former Age Discrimination Commissioner Dr. Kay Patterson has called for **systemic reforms**, particularly around enduring powers of attorney, which are frequently exploited by family members. She advocates for a **national power of attorney register and uniform laws** to curb financial abuse, especially as Australia's ageing population prepares for significant intergenerational wealth transfers. Advocacy groups, including COTA Australia, continue to call for **harmonised laws and a national register** to revoke powers of attorney when necessary.²³

Economist Dr. Natalie Peng proposes **pension reforms** to provide better financial security for retirees, criticising low withdrawal rates that encourage frugality. The Grattan Institute reports that **80% of Australians find the superannuation system too complex**, while **two-thirds of**

²² SBS Media references:

<https://www.sbs.com.au/news/podcast-episode/lack-of-action-on-power-of-attorney-system-is-a-disgrace-age-discrimination-commissioner/awcj9kly4>

<https://www.sbs.com.au/news/article/australias-population-will-be-the-oldest-its-ever-been-but-it-could-cause-discrimination/2cpj5xxok>

<https://www.sbs.com.au/news/podcast-episode/multimillion-dollar-campaign-aims-to-curb-soaring-rates-of-elder-abuse/w4pob3avu>

<https://www.sbs.com.au/news/podcast-episode/federal-government-to-spend-nearly-5-million-on-campaign-to-stop-elder-abuse/nd0e20j5q>

<https://www.sbs.com.au/news/podcast-episode/evening-news-bulletin-22-july-2024/alem9jzla>

<https://www.sbs.com.au/language/hindi/en/podcast-episode/sbs-newsflash-22-july-2024-federal-government-launches-campaign-to-prevent-elder-abuse/6wrab0sak>

<https://www.sbs.com.au/language/hindi/en/podcast-episode/how-widespread-is-elder-abuse-in-south-asian-communities/0z6ik5i8f>

<https://www.sbs.com.au/news/podcast-episode/are-older-people-a-burden-or-a-boon/lt0h7699u>

<https://www.sbs.com.au/news/video/treat-ageism-the-same-as-sexism-and-racism-say-advocates/8q24wdla1>

<https://www.sbs.com.au/language/hindi/en/podcast-episode/aging-abroad-supporting-older-people-through-shared-activities/erwno7pag>

<https://www.sbs.com.au/language/italian/en/podcast-episode/ep-338-gli-anziani-sono-un-fardello-o-una-manna/8op20alw0>

<https://www.sbs.com.au/news/podcast-episode/evening-news-bulletin-18-november-2024/tt1j9v6te>

<https://www.sbs.com.au/language/chinese/zh-hans/podcast-episode/australian-retirees-have-money-but-are-afraid-to-spend-it-how-should-the-pension-system-be-reformed/mk7r5qavp>

<https://www.sbs.com.au/language/chinese/zh-hans/podcast-episode/sbs-news-flash-new-study-two-thirds-of-retirees-live-in-poverty/m8ldwuvaa>

²³ In September 2024, COTA Australia responded (media release) to a report by the Age Discrimination Commissioner by calling for standardised Power of Attorney laws. The report revealed that only half of those with a financial enduring power of attorney sought professional advice before implementation, and 37% granted this power to individuals with known risk factors for perpetrating elder abuse. <https://cota.org.au/news-items/power-of-attorney-law-reform-crucial-following-new-report-from-aged-discrimination-commissioner-cota-australia/>

retirees live in financial hardship, with many at risk of homelessness. Peng supports annuity systems and **greater rental assistance** to alleviate the financial pressures.

A 2021 study recently published revealed that **one in six older Australians experience abuse**, often without seeking help. Reports from the NSW Ageing and Disability Commission identify **adult children and spouses as primary abusers**. **Ageism further fuels mistreatment**, pushing older people out of the workforce and negatively affecting health and longevity. Campaigners, such as EveryAGE Counts, urge for a **national awareness initiative**, with an urgent call to action to combat ageism (and urgency of actions being that of racism and sexism).

High-profile elder abuse cases have prompted new federal whistleblower protections. One man, granted enduring power of attorney over his Alzheimer's-affected parents, was found guilty of stealing hundreds of thousands of dollars. In another case, a Queensland family who exposed abuse in a state-run aged care facility faced **false allegations and visiting restrictions**. Their mother, who was left in a non-verbal state due to a brain injury, had suffered alleged staff abuse for years. After intervention from federal MPs, complaints against the family were deemed unsubstantiated, and advocates called for **stronger protections against retaliation** and more **accountability in aged care**. A further case from South Australia involved a woman living with dementia was sexually assaulted at an aged care facility. A doctor failed to conduct a timely rape examination, resulting in Medical Board action but no criminal charges. Her family continues to call for **improved dementia care** and **accountability in healthcare settings**. Mental health facilities have also drawn criticism. One worker reported **neglect and abuse of older patients**, including retribution for raising concerns. In one facility, an older woman experienced forced treatments and sexual abuse. She later passed from an overdose, with her brother continuing to **seek justice and improved mental health care standards**.

Retirement villages have also come under scrutiny. Consumer advocates cite **exorbitant exit fees, predatory contracts**, and a lack of transparency as examples of "corporatised elder abuse." Many older residents face financial hardship when leaving retirement village contexts. While some legal reforms have occurred, such as in NSW, there is growing pressure for **national regulation and a dedicated ombudsman**.

In Tasmania, legal gaps persist e.g., a woman facing long-term abuse by her children was left without protection due to domestic violence laws recognising only spousal abuse. Advocates are pressing for **broadener definitions of family violence to include elder abuse by children**. A **federal inquiry is underway to examine financial abuse**, especially in domestic and elder contexts. It will consider the role of banks as part of the efforts around prevention measures. Survivors have come forward with stories of **economic control and trauma** at the hands of family or partners. The issue of **'inheritance impatience'** is also rising, with family members pressuring older relatives for earlier access to assets. In one case, an 83-year-old woman passed away from neglect while in the care of her son, while he received carer's payments. The coroner's report called for **improved oversight and accountability in carer support**.

Finally, with the rise of financial abuse, more attention from across sectors (including non-ageing related sectors) has shifted to the rising living costs and housing pressures in Australia

which have intensified reliance on **intergenerational financial support**, with parents and grandparents increasingly stepping in to assist younger generations. The average parental contribution has grown to \$112,436 nationally, with higher figures in New South Wales and Victoria. This trend has been referred to in the media as a ‘family bank’ model. Grandparents are funding housing, education, and even holidays for their grandchildren, highlighting the shifting role of older Australians in alleviating economic stress for younger generations which raises questions around financial boundaries and risks in later life, particularly financial abuse concerns.²⁴

The above snapshot of topics reflects wider research into how abuse and mistreatment of older people are represented in the Media. The *Shaping Perceptions* report undertaken by the Australian Human Rights Commission (AHRC) in 2024 reveals that Australian media often reinforces **ageist stereotypes, portraying older adults as frail, dependent, or burdensome**. These representations, combined with the **invisibility of older people's voices** in public discussions or dialogue, especially those of older women and diverse ageing cohorts, contribute to a culture that can enable neglect, discrimination, and abuse. Media coverage historically has rarely addressed the realities of e.g., financial exploitation and neglect, and this lack of visibility diminishes public awareness (and urgency for reform or change). The report also highlights workforce ageism within the media industry, where older journalists are being sidelined, further reducing experienced reporting on age-related issues. The AHRC calls for more balanced, respectful portrayals of ageing, improved media training, and stronger collaboration with advocacy organisations to help shift narratives and strengthen societal protections for older Australians.²⁵

Need for change and reform

It is clear from the national and state evidence that abuse and mistreatment of older people is an urgent matter but a complex phenomenon that continues to require a multi-disciplinary approach that encompasses, at community and individual levels, help seeking and supports well before the point of crisis for the older person. Positively, (incremental) change has been occurring through systemic means and establishment of a national plan and national awareness campaigns and action. We highlight some of the most recent developments below.

In December 2024, the Attorney-General's Department released a consultation draft of the *National Plan to End the Abuse and Mistreatment of Older People 2024–2034*.²⁶ This draft builds upon the foundations laid by the first National Plan (2019–2023) and aims to provide a comprehensive framework to address elder abuse over the next decade. Key elements of the draft national plan include the vision of older people feeling safe, valued, and heard, a focus on older people's rights being protected and promoted (human rights), and that they can live free

²⁴ <https://www.abc.net.au/news/2025-02-06/cost-of-living-sting-lessened-by-bank-of-mum-and-dad/104882754>
<https://www.afr.com/wealth/personal-finance/grandparent-economy-bank-of-nan-and-pop-funds-homes-school-holidays-20240913-p5kadf>

²⁵ Australian Human Rights Commission. (2024). *Shaping perceptions: How Australian media reports on ageing* [Report].

<https://humanrights.gov.au/our-work/age-discrimination/publications/shaping-perceptions-how-australian-media-reports-ageing>
²⁶ https://consultations.ag.gov.au/families-and-marriage/eamop/user_uploads/draft-national-plan-to-end-the-abuse-and-mistreatment-of-older-people-2024-2034.pdf

from abuse and mistreatment. In addition, there is an emphasis on a person-centred and trauma-informed approach, recognising the diverse lived experiences of older Australians, and addressing systemic issues through tackling ageism as well focusing on evidence-base around appropriate strategies and up to date data, mitigative and preventative measures, collaborative responses from community, service and government levels, promotion of autonomy and informed decision making, and early intervention through identification and addressing signs of abuse and mistreatment in a responsive manner. Finally, there are accessible services and support services, and ensure that perpetrators are held accountable and that they also receive support to interrupt and prevent the cycle of abuse and mistreatment.

In response to this national consultation draft, the Council on the Ageing (COTA) National Alliance submitted a response which outlined recommendations for improvement to the *second* National Plan, and application and implementation of the Plan.²⁷ These recommendations broadly outlined **prioritising addressing ageism, embedding lived experience, and ensuring robust measures for implementation and accountability, in addition to clear jurisdictional alignment, sustainable funding commitments, and meaningful collaboration with stakeholders**. Examples of specific recommendations included:

- Replacing ambiguous terms with actionable and measurable language to ensure clearer accountability, transparency, and tracking of the plan's progress.
- Developing a roadmap to identify achievements, in-progress actions, and gaps from the first National Plan to enhance transparency and accountability which includes addressing unfinished work (from the first plan), how shortfalls will be resolved, and clarifying whether ongoing initiatives will be incorporated into the second plan to avoid confusion.
- Addressing funding gaps and service demand through greater transparency of the funding allocation framework under the second plan and reassessment of funding allocations to ensure critical services, such as the 1800 ELDER HELP line, are adequately resourced to meet rising demand. In addition, broaden the eligibility criteria for the *Escaping Violence Payment* to include older individuals experiencing family violence from non-intimate partners.
- Combatting ageism and incorporating lived experience via reframing Focus Area 1 (Awareness, community, and engagement) to prioritise combatting ageism at systemic, community, and individual levels. Further, develop targeted actions to integrate the lived experiences of older people into prevention programs, addressing physical, emotional, and digital limitations, and ensuring diverse perspectives, particularly from marginalised groups, are included with safe, accessible ways to contribute meaningfully.
- Strengthening legal frameworks and safeguards and acknowledge where legal frameworks are missing or inadequate and reflect this in the priority actions. This includes the adoption of the Disability Royal Commission's recommendation for a national adult safeguarding framework to standardise protection across jurisdictions and the improvement of information-sharing provisions in existing legal frameworks.

²⁷ COTA National Alliance. (2025). *Submission on the National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034*. [Submission]. <https://cota.org.au/wp-content/uploads/2025/02/COTA-National-Alliance-National-Plan-to-End-Abuse-and-Mistreatment-Submission.pdf>

- Ensuring workforce capacity and collaboration including clarify the focus of ‘improving staff capacity’, prioritise workforce growth to meet community needs, and establish state government-led forums or coordinating bodies for collaboration, sharing best practices, and ensuring state-wide policy and program consistency.
- Ensuring sustainable, long-term funding for elder abuse prevention and response services, and supporting organisations dealing with complex, intersectional cases of elder abuse. Further, align resource allocation with the ability of services to meet growing demand generated by awareness campaigns.
- Developing comprehensive community education campaigns through design and implementation of tailored awareness campaigns, in collaboration with older people and older people with lived experience. Community education programs need to have a strong focus on ageism *and* elder abuse, starting from earlier aged cohorts (school aged) and addressing diverse community groups. There is the need to highlight the impacts of ageism and promote understanding of nuanced or less visible forms of elder abuse.
- Improving implementation and accountability through clearly defining roles and responsibilities for federal, state, and local agencies, and implement transparent evaluation frameworks with regular reporting and consultation. Finally, expand the Standing Council of Attorney Generals (SCAG’s) oversight to include all relevant government departments and stakeholders.

It is also timely to note Elder Abuse Action Australia’s (EAAA’s) comprehensive response to the draft national plan²⁸ which acknowledges the strengths of the plan emphasising necessity, however, for **stronger measures, adequate funding and clear accountability to ensure the second national plan’s effectiveness**. Specific recommendations made include adoption of human rights approach to uphold dignity and autonomy of older individuals, addressing structural barriers that perpetrate abuse to ensure equitable access to services, and implementing strategies to challenge and shift ageist attitudes and stereotypes within society. In addition, EAAA recommend allocation of sufficient resourcing to prevention, intervention and recovery initiatives to address elder abuse, harmonization of legal frameworks across jurisdictions, particularly concerning EPOAS, public trustee, and guardianship systems, and clear accountability in defining measurable goals, ensuring transparency, monitoring and evaluation processes to track progress and effectiveness of actions from the second national plan. Very importantly, EAAA also calls out historically underreported challenges and the recommendation to **acknowledge and address cultural abuse as a distinct form of harm**.

Why age-friendly matters

The creation of an age-friendly community is cited as one the strongest antidotes to the abuse and mistreatment of older people.²⁹ There are international frameworks in place for the health

²⁸ <https://eaaa.org.au/publication/building-on-progress-eeaaas-response-to-the-draft-national-plan/>

²⁹ A note on language in the current submission – ‘abuse and mistreatment’ is the preferred phrasing according to the latest evidence in the *National Plan to End the Abuse of Mistreatment of Older People 2024 – 2034. Public Consultation Draft*: [...] the term ‘abuse and mistreatment’ [is used] to capture the wide range of conduct that can be considered elder abuse. [...] is not in any way intended to diminish the impact or severity of abuse, or the importance of accountability to provide safe care and supports. [...]

and well-being of older adults which emphasise inclusivity, respect, and accessible environments to support older cohorts to age well, remain in their home for as long as possible, and stay connected to what matters most to them.

The international frameworks positively highlight systemic and structural drivers for change including raising awareness around shifting societal attitudes towards ageing, encouragement of age-friendly environments, promotion of person-centred care and access to long-term supports (The United Nations (UN) Decade of Healthy Ageing (2021-2030)).³⁰ They also highlight intersectionality of e.g., health care, transportation, housing, social participation and respect for older people, encouraging all levels of government and agencies to remove barriers to inclusion and improve quality of life (WHO Age-Friendly Cities and Communities Framework).³¹ Finally, they reduce disparities in the most vulnerable populations through focussing on accessible health care, creation of safe and accessible environments, ongoing advocacy for the protection of rights and strong protective mechanisms to mitigate and decrease harm (UN Sustainable Development Goals (SDGs)).³² Collectively, this ensures as many opportunities as possible to participate, stay connected, and age well with local supports in their community.

When these aspects of our lives are compromised, existing supports or information taken away or withheld, we feel like we are not being heard or respected, we are being misrepresented, or when we feel confused or overwhelmed as to our next steps for assistance, that is when we can feel at our most vulnerable.

It starts with Respect. Addressing Ageism

Ageism remains pervasive throughout society in the Media, in day-to-day interactions, in care settings, and in retail and customer service environments, and even within one's own family. Ageism can impact people of any age. In older people's lives, it can exacerbate and precipitate abuse and mistreatment. Combatting ageism is a significant component of solving the abuse and mistreatment of older people.

Ageism is defined as:

*[...] the stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) towards others or oneself based on age.*³³

Ageism has significant impacts on older people and enables mistreatment and abuse of older people; it “establishes norms or standards of rightness used to judge people” and “those who do not meet the standard are subject to exclusion, bias, exploitation, marginalization, oppression, and violence” (p. 21).³⁴ The Australian Human Rights Commission's (AHRC's) recent research has uncovered how widespread ageism is, and how often it occurs undetected despite

there are a range of many words that may be more appropriate to describe abuse or mistreatment in particular contexts, including violence, neglect, exploitation or harm. Council on the Ageing Queensland interchanges the use of 'elder abuse' with 'abuse and mistreatment', and in instances where it is appropriate to retain 'elder abuse' in developments or initiatives that pre-date the publishing of the latest evidence from 2025.

³⁰ <https://www.who.int/initiatives/decade-of-healthy-ageing>

³¹ <https://www.who.int/publications/i/item/9789240068698>

³² <https://sdgs.un.org/goals>

³³ https://consultations.ag.gov.au/families-and-marriage/eamop/user_uploads/draft-national-plan-to-end-the-abuse-and-mistreatment-of-older-people-2024-2034.pdf which cites the World Health Organization's (WHO's) definition of ageism.

³⁴ Nerenberg, L. (2019). *Elder justice, ageism, and elder abuse*. New York, NY: Springer Publishing Company, LLC.

90% of Australians agreeing that ageism exists.³⁵ However, many do not recognise ageism as a serious matter, nor consider its ramifications.

Ageism is often normalised in public through e.g., media, workplaces, and general jokes in relation to ageing. Negative stereotypes are reinforced by the media with older people being portrayed as passive, frail or dependent, and news stories focus on decline of health, diminishing autonomies, financial and other vulnerabilities, which, while these need to be called out, could be treated in a more sensitive manner and a more balanced worldview of ageing. Older people's voices are also under-represented in public dialogues and discussions through media platforms and in policy discussions.³⁶ Further, the AHRC has called out the links between ageism and elder abuse including stereotypes around cognitive decline and frailty contributing to exploitation in financial, legal and healthcare settings, the rise of financial abuse, neglect in health care and aged care becoming normalised due to belief systems that specific conditions are 'just part of ageing', and older people receiving unsolicited help which can undermine and erode their autonomy, independence and rights in decision-making.

In addition, the AHRC has linked workplace and economic discrimination where older people face significant barriers to employment with ageist assumptions that older people are less adaptable or less productive, and older people experience age discrimination in recruitment and limited promotion opportunities (thus increasing risk of financial insecurity). Moreover, the ageing population has been framed continually as an economic 'burden' which impacts policy decision making and risking decreased benefits and services for older Australians. Less constructive or damaging intergenerational narratives also persist around 'boomers' versus 'millennials' which can skew the economic reality of older people, creating division between generations rather than understanding and solidarity.³⁷

Further, the AHRC highlights ageism in *The Changing Perspectives* report from 2023 ultimately evidencing it as a pervasive and harmful force that underpins the mistreatment and abuse of older Australians. It cements the evidence around the prevalence of ageist beliefs in society, particularly in healthcare, workplaces, and aged care, where they contribute to neglect, exploitation, and reduced autonomy of older people. However, there are positive developments in this space, with the report showcasing the positive impact of educational workshops; the example provided successfully shifted attitudes among aged care and community workers with participants reporting greater awareness, reduced use of patronising language, and more respectful support practices. Importantly, it also showed that benevolent ageism, though well-intentioned, can reinforce dependency and disempower older adults. It called for expanded education, legislative reform, and positive representations of ageing to dismantle stereotypes and reduce elder abuse.³⁸

Council on the Ageing Queensland has identified five principles (with examples of why these principles matter to ageing and how they prevent negative attitudes, behaviours and impacts)

³⁵ Australian Human Rights Commission. (2021). *What's age got to do with it?* [Report]. <https://humanrights.gov.au/our-work/age-discrimination/publications/whats-age-got-to-do-it-2021>

³⁶ Australian Human Rights Commission. (2021). *What's age got to do with it?* [Report]. <https://humanrights.gov.au/our-work/age-discrimination/publications/whats-age-got-to-do-it-2021>

³⁷ Council on the Ageing Queensland note this has been the case in reporting of e.g., housing precarity and cost of living challenges where some cohorts of older adults are not represented in the Media, in public debates or public dialogue.

³⁸ Australian Human Rights Commission. (2023). *Changing perspectives: Testing an ageism intervention* [Report]. <https://humanrights.gov.au/changingperspectives>

which are core to tackling ageism and sustaining age-friendly communities and supporting older Queenslanders to live their best lives. These principles are:

1. *Dignity and respect* which prevent e.g. emotional, psychological, and neglect-based abuse.
2. *Equity and inclusion* which prevent e.g. systemic neglect and social isolation.
3. *Empowerment and participation* which prevent e.g. financial exploitation and supports autonomous decision-making.
4. *Health and wellbeing* which prevent e.g. neglect and health related mistreatment through poor practices or misinformation, or lack of awareness of age-related conditions and changing capacities.
5. *Safety and security* which e.g. directly address abuse, neglect and exploitation.

Table 2. outlines brief examples of positive initiatives that embody and promote one or more of the five principles above

Table 2. Initiatives that work towards combating ageism and/or abuse and mistreatment of older people

Agency or organisation	Related principle	Initiative	Goal & impact
EveryAgeCounts ³⁹	1, 2, 3	Ongoing grassroots campaign (national) through public narratives and policy through e.g., pledges, educational tools, campaign materials, media and research engagement	<p>Mission:</p> <ul style="list-style-type: none"> • Combat ageism through education and awareness - reshaping attitudes and views towards ageing, encouraging public dialogue on challenges of age-based discrimination and ageing
Celebrate Ageing ⁴⁰	1, 2, 3	<i>Old is Beautiful</i> campaign and e.g., ‘Biscuit Tin’ Project Kit (documentation of stories, workshops, images, and resources), Embolden Festival (annual festival held to combat ageism)	<p>Goals of campaign:</p> <ul style="list-style-type: none"> • Combat internalised ageism by helping older individuals rediscover and embrace their beauty • Challenge societal stereotypes that define beauty through a youthful lens • Promote intergenerational understanding through storytelling and image-sharing • Prevent elder abuse by fostering respect for older individuals <p>Goal of ‘Biscuit Tin’ project and Kit:</p> <ul style="list-style-type: none"> • Document women’s stories • Facilitate workshops for older women • Disseminate images and stories (‘Recipes for Respect’)

³⁹ <https://www.everyagecounts.org.au/>

⁴⁰ <https://www.celebrateageing.com/beautiful>
<https://www.celebrateageing.com/uploads/1/5/3/9/15399992/thebiscuitinkit.pdf>
<https://www.emboldenfestival.com/>

Agency or organisation	Related principle	Initiative	Goal & impact
			<p>Goal of Embolden Festival:</p> <ul style="list-style-type: none"> • Combat ageism and build respect for older people • Recognition for older people, people living with dementia, and other older adult cohorts as leaders, innovators and influencers • Cross-cultural and cross-disciplinary learning and respect
Australian Human Rights Commission ⁴¹	1, 2, 4	<p>Research reports and community workshops, consultations</p> <p><i>E.g., Shaping Perceptions: How Australian Media Reports on Ageing</i></p>	Goal: Inform national work on anti-discrimination legislations, policies and research
State government (example) – Western Australia ⁴²	1 - 5	Seniors Strategy 2023 – 2033, <i>Challenge Your Bias</i> campaign (includes e.g., media ads, posters, online content, toolkits), Age-Friendly Toolkit, Age-Friendly community grants program	Goal: Reduce ageism and improve older people's wellbeing and inclusion through guides and promotion of age-positive practices; combat ageism
State government (example) – Queensland ⁴³	1 - 5	Seniors Strategy 2024 – 2029 and linked initiatives such as World Elder Abuse Awareness Day (WEAAD), Seniors Social Isolation Program, cost-of-living support, transport accessibility, community safety initiatives, Seniors Month, Age-Friendly Toolkit. Age-Friendly community grants program	Goal: Create an age-friendly state where older people are connected (to communities and essential services), cared for and supported (by frontline services), and celebrated (for their significant contributions to society); combat ageism

⁴¹ <http://www.humanrights.gov.au>

⁴² <https://www.wa.gov.au/organisation/departments/age-friendly-communities>

⁴³ <https://www.families.qld.gov.au/our-work/seniors/an-age-friendly-queensland>

Agency or organisation	Related principle	Initiative	Goal & impact
National Seniors Australia ⁴⁴	1, 2, 3	Surveys, research reports and national advocacy	Goal: Advocate for matters that influence pervasiveness of ageism such as employment equity, superannuation reform and representation of older voices
Older Women's Network (OWN) NSW ⁴⁵	1, 2, 5	'Hear Our Voices' project (funded by NSW Government) (consultation with service providers, older women and development of training materials for services)	Goal: Ensure older women are not forgotten in relation to safety and support services following sexual assault
World Elder Abuse Awareness Day (WEAAD) ⁴⁶	1 - 5	The United Nations (UN) General Assembly designated 15 June as World Elder Abuse Awareness Day (WEAAD).	Goal: Provides global opportunity for communities to stand together against the abuse, mistreatment and neglect of older people through global campaigning and relevant initiatives and activities.

⁴⁴ <https://www.nationalseniors.com.au/>

⁴⁵ <https://ownnsw.org.au/project/hear-our-voices/>

⁴⁶ <https://elderabuseawarenessday.org.au/>

Older Queenslanders are supported in different ways

Since there is currently no national framework for safeguarding older people from abuse and mistreatment, it falls on states and territories to shape prevention and response services. The service system has therefore *evolved in a reactive rather than planned manner* and Queensland risks becoming ineffective into the future if it does not actively steer strategy, service development and system-wide coordination.

Despite this, there are several organisations who greatly contribute to the protection of older people in Queensland and are comprised of federally and state funded services targeting elder abuse which include mainstream and specialist responses, with agencies and stakeholders involved in awareness raising, education and training, detection, reporting, advocacy, legal support and social work support services.

The current Queensland legislative frameworks and service provisions are designed to address abuse, mistreatment, and the protection of older persons across multiple contexts including physical, financial, emotional, and psychological abuse. They provide safeguards, support services, and legal recourse for older individuals, ensuring their rights and dignity are upheld.

Figure 1. provides the big picture of Queensland legislation and supports and the positive impact to the older person. For example, through provision of specific legislation and dedicated services and agencies, this means there are standardised rights based legal mechanisms in place, and some form of governance and accountability. The impact to the older person is feeling safe, protected, and respected through having these mechanisms in place.

In Table 3., we present commonly cited legislations such as the *Domestic and Family Violence Protection Act 2012 (Qld)*, *Powers of Attorney Act 1998 (Qld)*, *Guardianship and Administration Act 2000 (Qld)*, and *Public Guardian Act 2014 (Qld)*. There are several pieces of legislation which indirectly and directly uphold rights of older people in Queensland in areas such as healthcare and aged care services, financial security, housing rights, legal recourse, and autonomy in decision-making. Further, we present several standardised supports available to older Queenslanders such as the Elder Abuse Helpline - Elder Abuse Prevention Unit (EAPU), Seniors Legal and Support Services (SLASS), Relationships Australia Queensland's Elder Abuse Prevention and Support Services, Queensland Police, the Office of the Public Guardian, and indirectly through services such as the Aged Care Volunteer Visitors Scheme which provide companionship to those at risk or more vulnerable.

Queensland legislation & key supports

*Currently, in Queensland, there is no clear framework for the safeguarding of at-risk adults. Rather, the safeguarding system includes a number of agencies and services that work to ensure that people who may be 'at-risk' are protected from harm and able to access support services. Public Advocate (Qld) 2022**

There are existing legislative mechanisms for the protection of the rights of older adults specifically, and broadly for the protection of the rights of adults across all aged cohorts.

*Public Advocate (Qld), (2022). *Adult Safeguarding in Queensland, Volume 2: Reform recommendations* [November, 2022].
https://www.justice.qld.gov.au/_data/assets/pdf_file/0011/749027/adult-safeguarding-vol-2-final.pdf



Figure 1. The big picture of Queensland legislation and supports and the positive impact to the older person

Detailed legislation and example support services are listed below to provide an understanding of the complexity and in places, decentralised legislative context of protective processes, the supportive mechanisms for older adults.

Table 3. Queensland legislation and supports (specified)

Protective or supportive mechanism	Purpose
Legislation (commonly cited)	
<i>Domestic and Family Violence Protection Act 2012 (Qld)</i>	Provides protection for individuals, including older adults, experiencing domestic and family violence, recognising elder abuse as a form of such violence.
<i>Powers of Attorney Act 1998 (Qld)</i>	Regulates the appointment of attorneys for financial, personal, and health matters, aiming to protect individuals from misuse of power, which can be pertinent in preventing financial abuse of elders.
<i>Guardianship and Administration Act 2000 (Qld)</i>	Establishes a framework for appointing guardians and administrators for adults with impaired capacity, safeguarding their interests and rights.
<i>Public Guardian Act 2014 (Qld)</i>	Establishes the Office of the Public Guardian, which advocates for and protects the rights of adults with impaired decision-making capacity.
Legislation (specific contexts)	
Health and Aged Care	
<i>Aged Care Act 1997 (Cth)</i>	Regulates the provision of aged care services, ensuring the quality of care and protection of older individuals receiving aged care services.
<i>Hospital and Health Boards Act 2011 (Qld)</i>	Governs Queensland's public health system, ensuring healthcare services are accessible to older adults.
<i>Health Ombudsman Act 2013 (Qld)</i>	Establishes the Health Ombudsman, who handles complaints about healthcare providers, which is relevant for aged care services.
<i>Mental Health Act 2016 (Qld)</i>	Protects the rights of older adults with mental health conditions, including dementia and depression.
Financial and consumer protection	
<i>Australian Consumer Law (ACL) (Competition and Consumer Act 2010 (Cth))</i>	Protects consumers, including older adults, from scams, financial exploitation, and misleading conduct.
<i>Financial Sector Reform (Hayne Royal Commission Response) Act 2020 (Cth)</i>	Strengthens protections against financial exploitation, including misconduct in banking and financial services that may target older people.

<i>Social Security Act 1991 (Cth)</i>	Governs pensions and social security benefits for older people, ensuring financial support for eligible older Australians.
<i>Superannuation Industry (Supervision) Act 1993 (Cth)</i>	Regulates superannuation funds, which are crucial for many older adults' financial security.
<i>Housing and tenancy</i>	
<i>Residential Tenancies and Rooming Accommodation Act 2008 (Qld)</i>	Provides protections for older adults renting homes, including security of tenure and dispute resolution.
<i>Retirement Villages Act 1999 (Qld)</i>	Regulates retirement villages, including contracts, rights, and obligations of residents and operators.
<i>Manufactured Homes (Residential Parks) Act 2003 (Qld)</i>	Protects residents living in residential parks, an option for many older Australians.
<i>Anti-Discrimination and Human Rights</i>	
<i>Anti-Discrimination Act 1991 (Qld)</i>	Prohibits discrimination based on age, ensuring older adults have equal access to services, employment, and accommodation.
<i>Human Rights Act 2019 (Qld)</i>	Recognises fundamental human rights, including dignity, access to healthcare, and freedom from inhumane treatment, which apply to older adults.
<i>Age Discrimination Act 2004 (Cth)</i>	Prohibits age discrimination in areas like employment, education, and services.
<i>End-of-Life and Decision-Making</i>	
<i>Voluntary Assisted Dying Act 2021 (Qld)</i>	Provides a legal framework for eligible individuals, including older adults, to access voluntary assisted dying under strict conditions.
<i>Advance Health Directives (under the Powers of Attorney Act 1998 (Qld))</i>	Allows older adults to set out their medical treatment preferences if they lose decision-making capacity.
<i>Coroners Act 2003 (Qld)</i>	Governs investigations into deaths, including those in aged care settings where neglect or abuse may be suspected.
<i>Workplace and Carer Rights</i>	
<i>Carers (Recognition) Act 2008 (Qld)</i>	Recognises the role of carers, including family members caring for elderly relatives, and promotes their rights.
<i>Fair Work Act 2009 (Cth)</i>	Protects the employment rights of older workers and ensures fair conditions, including protections against forced retirement.
<i>Legal Protections Against Abuse and Exploitation</i>	

<i>Criminal Code Act 1899 (Qld)</i>	Criminalises offences like fraud, assault, neglect, and financial abuse, which can apply to elder abuse cases.
<i>Public Trustee Act 1978 (Qld)</i>	Allows the Public Trustee to manage financial affairs for individuals who need assistance, preventing financial exploitation.
Support services	
<i>Elder Abuse Prevention Unit (EAPU) – Elder Abuse Helpline</i>	Provides a statewide free confidential telephone service for information, support, and referrals for anyone experiencing or concerned about elder abuse. Also engages in community education and awareness activities.
<i>Seniors Legal and Support Service (SLASS)</i>	Offers free legal and social work support for older people experiencing abuse, mistreatment, or financial exploitation. Services are available in various locations across QLD.
<i>Relationships Australia Queensland – Elder Abuse Prevention and Support Service</i>	Offers free case management services to older people at risk of or experiencing elder abuse, including individual support, resources, and referrals.
<i>Office of the Public Guardian (OPG)</i>	Protects the rights and interests of adults with impaired capacity, including investigating allegations of abuse, neglect, or exploitation.
<i>Queensland Police Service</i>	Provides information on recognising and reporting elder abuse, emphasising the importance of community awareness and intervention. Provides direct services such as welfare checks, crisis intervention, etc.
<i>Aged Care Volunteer Visitors Scheme (ACVVS) (& iterations of this Scheme)</i>	Provides companionship to isolated older adults through volunteer visits. Managed by different organisations.

Current voices

**Understanding abuse &
mistreatment**

Understanding abuse & mistreatment through lived experience

Elder abuse is a serious and growing concern across Queensland and Australia. It reflects not only the breakdown of interpersonal trust and family relationships, but also the limited integration across legal, health, aged care, and financial systems, and the challenges in upholding the dignity and rights of older people.

As the Seniors Peak and Seniors Social Isolation Prevention Peak, Council on the Ageing Queensland has observed and witnessed, listened to, and received disclosures by many older Queenslanders who have experienced directly or indirectly the impact of abuse and mistreatment. Abuse and mistreatment continue to (often) be hidden, not spoken openly about, and it is problematic to disclose and report.

This submission draws upon data collated by Council on the Ageing Queensland from September 2022 through to April 2025. The combined datasets reflect the lived experiences, systemic observations, and service-level insights shared by older people, those supporting older people in frontline roles, carers, providers, organisations and agencies working directly with and for older Queenslanders.

Three distinct but intersecting datasets inform this submission:

1. Community Engagements (2022–2024)

- Delivered in person across metropolitan, regional, and rural Queensland.
- Captured themes through conversations during community engagements, listening posts, and informal dialogue.
- Participants included older people, carers, community workers, and professionals.

2. Vignettes (case studies) (2022–2024)

- De-identified frontline stories received through systemic advocacy, aged care navigation services, or queries via telephone and email.

3. Surveys (March - April 2025)

- **Older people and community survey:** 87 older people and community members participated.
- **Service provider and community organisation survey:** Nine professionals from community organisations, health, aged care, and advocacy.
- Comments received by email prompted by the survey invitation.

The surveys captured simple quantitative data (e.g., types of abuse, reporting outcomes) and qualitative free text responses.

A thematic analysis framework was used across all qualitative data. For the community engagements and vignettes, existing thematic coding was retained but refined. Survey data were analysed by converting some of the quantitative findings into thematic summaries (e.g., frequency of abuse types, reporting behaviours) and open-ended responses were coded inductively for emerging issues, recurring barriers, and systemic concerns. Patterns across data sets were triangulated to identify high-salience themes and unique insights. Highest level themes are presented below in Table 4.

Table 4. Highest level theme and sub-themes from the evidence collated by Council on the Ageing Queensland in relation to abuse and mistreatment of older Queenslanders

Theme Area	Specific Themes
Structural and systemic issues	<ul style="list-style-type: none"> - Ageism and social attitudes - Systemic inequality and ageism - Systemic and structural abuse - Abuse and mistreatment within systems of care - Oversight of care - Strategic policy and legal frameworks
Types of abuse and dynamics of abuse	<ul style="list-style-type: none"> - Financial abuse and exploitation - Emotional abuse - Physical threats and verbal abuse - Coercive control - Family dynamics and interpersonal abuse - Complexity and nuances of elder abuse - Hidden abuse and normalisation of abuse and mistreatment - Intersectionality and diversity
Health, mental health, and psychosocial concerns	<ul style="list-style-type: none"> - Mental health and psychosocial impacts - Living with dementia - Health and oral care access - Ageism in healthcare
Carers and care relationships	<ul style="list-style-type: none"> - The care dyad and nuances or considerations of carer role - Training and carer screening - Legal considerations in care contexts
Social factors and isolation	<ul style="list-style-type: none"> - Community and social isolation - Social attitudes and internalised ageism - Complexity in knowing who to trust
Access and service delivery	<ul style="list-style-type: none"> - Service gaps and operational challenges - Service navigation and access - Aged care assessment delays - Regional and remote area disadvantages - Long wait times for services
Safety and protection	<ul style="list-style-type: none"> - Safety, protection, and prevention - Prevention and early intervention - Accessibility and readiness of investigation - Confidential Supports and Services
Housing and financial stability	<ul style="list-style-type: none"> - Housing and retirement living issues - Homelessness and housing stress - Financial exploitation in banking (general) & homeownership
Technology and digital access	<ul style="list-style-type: none"> - Digital exclusion and technological barriers
Community engagement and public discourse	<ul style="list-style-type: none"> - Awareness and public campaigns - Education, awareness, and cultural change - Community education and trust-building - Role of community members in frontline positions - Knowledge exchange and referral pathways - Cross-sector collaboration and understanding
Accountability and justice	<ul style="list-style-type: none"> - Advocacy and accountability - Legal and justice system issues

Limitations

In relation to the surveys, not all survey items were mandatory to complete, and respondents were able to skip completion of survey items when they did not feel comfortable to respond to an item or showed no interest in completing an item.

Further, the surveys were delivered in an online format only with invitations sent via email, email 'blasts', promoted in digital newsletters and social media platforms, or people were encouraged to scan a QR Code or navigate to the survey site using a short URL (from a hardcopy print out promoting the survey). We therefore suggest that survey responses are under-representative of specific cohorts of older people, for example, those living without digital access, or who have limited digital literacy, lower literacy, living with disability or cognitive impairment, or live with complex support needs.

The surveys were designed and delivered in English only. Further, although regional and rural insights are reflected, we recognise the need for further research and co-designed work particularly in Aboriginal and Torres Strait Islander communities and among culturally and linguistically diverse populations who reside in regional and rural communities.

In relation to the vignettes (and quotations) - these reflect concerns or situations that may remain unresolved, and due to the nature of systemic advocacy, it was not possible to capture or capture completely the help seeking trajectories that people have taken when disclosing abuse and mistreatment.

Insights 2022 – 2025

Statewide community insights (2022 – 2024)

During Council on the Ageing Queensland's community engagements in late 2022,⁴⁷ we heard that **abuse and mistreatment was often hidden and linked to complex family dynamics, financial abuse, coercive control, verbal abuse and physical threats.**

It was implied from these conversations that elder abuse was often **not openly discussed with some individuals normalising their situation and/or feeling shame and embarrassment** about reporting what they were experiencing, and others raised concerns indirectly or discreetly. Further, it was reported that those people working in service roles in retail environments (e.g., hairdressers, optometrists, pharmacists, audiologists) heard or witnessed coercive control by adult children over parents regarding finances and decision-making.

From community, we heard different types of situations of abuse such as older people being coerced or manipulated in relation to their money or assets (financial abuse), adult children or caregivers limiting an older person's choices, decision-making power, or autonomy (coercive control), disrespectful or harmful language directed at older adults (verbal abuse), experiences of receiving direct threats from family members or caregivers (physical threat or intimidation). We also heard 'grey' areas of abuse and mistreatment where an individual in need of support at

⁴⁷ Council on the Ageing Queensland. (2023). *Listening Post 2022 Final Report. Prepared for the Department of Seniors, Disability Services, and Aboriginal and Torres Strait Islander Partnerships.* [Internal report, January 2023].

times of crisis, for example, older women seeking secure housing, were taken in by family, but felt coerced after a longer period of time to take care of grandchildren very regularly or engage in physical tasks that they felt they could not sustain due to chronic health concerns or concerns for their own wellbeing.

Societally, we heard many factors that contribute indirectly and directly to the abuse and mistreatment of older adults including **ageism and internalised ageism** such as negative stereotypes of older people and people feeling devalued by society, sometimes making them feel more vulnerable (at other times, this fuelled a passion or anger to make change and proactively fight the ageist stereotypes).

Sometimes, people were unsure where to turn to for confidential support. Some community members recognised signs of abuse or mistreatment but were unsure how to intervene. The **importance of confidential supports and services became clear** and the potential for community spaces e.g., church groups, activity or interest groups or programs, community hubs, to become safe spaces where people could comfortably or discretely share concerns.

During our 2023 and 2024 community engagements,⁴⁸ there were multiple references to abuse and mistreatment of older Queenslanders primarily focused on **ageism, financial abuse**, and the factors of the **intersectionality of elder abuse such as social isolation, housing, healthcare, loss of independence, and vulnerability** of specific cohorts of older people.

We heard that older people experience **ageism in health care, retail, family, and wider community environments**. Some people reported that their communities sometimes valued and respected older people, while others reported that there was a lack of respect from younger generations. Some community members described feeling invisible (both women and men, but particularly older women) or being spoken to or treated in a patronising manner due to their age, in addition to assumptions made about their capacity e.g., digital literacy, financial literacy, skillset for employment, or how they should present as an older person in society e.g., ageist attitudes about what older women should wear, expected (outdated) roles, seemingly well-meaning concerns (benevolent ageism) about an older person's health and wellbeing that actually impeded participation.

In addition, people held concerns around **financial exploitation in relation to banking, mortgage repayments, and scams** targeted at older people. Concepts and proposals such as a transition to a cashless society were identified as a risk for older people and people were concerned that this was linked to financial control and loss of independence. People also expressed concerns about financial manipulation (and coercive control) by family members.

The risk of **homelessness** was a primary concern, particularly for older women who were divorced, widowed, and/or had limited superannuation. **Housing stress** was also a concern for older men, with stories heard in rural and regional areas about older men becoming homeless

⁴⁸ Council on the Ageing Queensland. (2024). *Re-imagining Ageing. Regional Forums report October 2023 – June 2024. Prepared for the Department of Child Safety, Seniors, and Disability Services.* [Internal report, July 2024].

due to limited to no (affordable) housing options. Some people feared being forced into residential aged care facilities (in general, but also in the instance of losing mobility or cognitive function) rather than being supported to age in their home/community.

People spoke of **social isolation** about themselves or others with some stating they had limited visitors or friendly community networks. Concerns were raised around caring for older adults with limited support for the informal carers, especially for those living with cognitive related conditions such as dementia or aphasia (sustained following a stroke).⁴⁹ People spoke very often about **driving cessation** and the anxiety or reluctance to transition to a non-driving lifestyle and this was linked to a loss of independence, increased social isolation and vulnerability (perceived, anticipated or actual). Communities were also concerned about the **rising crime rates** in some regional areas and there were fears for personal and physical safety.

Finally, in health care and aged care, people spoke very frequently about **long wait times for appointments, and for aged care assessments and delays in confirming and receiving aged care services** in the home. Some people commented on the quality of the aged care workforce, saying some staff lacked empathy or appropriate training, and people were concerned about instances of neglect and abuse in residential aged care facilities.

Abuse and mistreatment occur in diverse contexts (2022 – 2025)

Council on the Ageing Queensland, as systemic advocates, receives enquiries from across the state regarding abuse and mistreatment of older people. These enquiries primarily come through telephone and email, and we re-direct people to appropriate services and supports. These queries often are complex and no one story is the same. We provide in Appendix A. de-identified individual stories (vignettes) in full of the diverse contexts (and the relevant themes) in which abuse and mistreatment of older people can occur.⁵⁰ These include living with **dementia, navigating aged care services and supports, coercive control, emotional and financial abuse, evolving and complex family dynamics, the care dyad and nuances of the carer's role, and the role of community members in frontline positions/work**. Further themes include when mistreatment is **compounded by other at-risk factors, complexities in knowing who to trust, legal considerations, role of ageism, abuse and mistreatment within larger systems of care, and oversight of care**. Detailed themes are provided below.

Abuse and mistreatment

Vignettes captured from Queensland communities provided insights around coercive control and psychological abuse, for example manipulation by adult children or caregivers; and fear, intimidation, threats, and control of behaviour or movement. In addition, financial abuse was discussed with examples provided around misuse of bank accounts, exploitation via legal

⁴⁹ One example: An older woman in a metropolitan area described how socially excluding and lonely her carer journey had become as she took on more care responsibilities of her husband with aphasia and undertook an increased role in advocacy for her husband but also in raising awareness about aphasia.

⁵⁰ All stories included in this submission have come through queries via telephone and email in addition to insights from: Council on the Ageing Queensland. (2023). *Listening Post 2022 Final Report. Prepared for the Department of Seniors, Disability Services, and Aboriginal and Torres Strait Islander Partnerships*. [Internal report, January 2023]. The exception is story 2 for which we provide appropriate citation. Pseudonyms have been used for the vignettes.

mechanisms like Enduring Power of Attorney (EPOA), and systemic and institutional financial mistreatment/mismanagement. In relation to neglect, instances were mentioned of limited or lack of food, medical care, hygiene, or social interaction; and unintentional neglect due to caregiver burnout, fatigue, or misunderstanding (or lack of understanding).

Dementia and cognitive decline

Vignettes highlighted the impact of mistreatment and abuse on autonomy and decision-making with situations of individuals living with dementia wishing to retain agency or having agency limited and challenges of cognitive decline, and family members removing or undermining decision-making capacity. Further, exploitation by others such as using symptoms of dementia to present another reality (false reality) to authorities, and misreading or misunderstanding of changing capacities leading to delayed action or misjudgement or assessment of a situation.

Family dynamics and intergenerational relationships

There were complex care dyads where caregivers (often spouses or partners) were being removed from care situations due to unintentional neglect or misunderstandings or where adult children simultaneously protecting and disempowering parents. There were changing roles and expectations within family units such as role reversals with adult children assuming authority (or power), and generational conflict and tensions around care or support expectations.

Carer stress and systemic gaps

Some informal carers felt stressed, frustrated or overwhelmed, or were struggling to meet needs of their relative and/or themselves. Lack of respite, delayed access to formal supports, in addition to barriers to service navigation (through long waitlists, bureaucratic procedures, and gatekeeping, or absence of 'in-between' or intermediary supports) all contributed to carer stress.

Ageism and social attitudes and perceptions of ageing

Ageism was relayed as internalised and interpersonal ageism with older people diminishing their own value or agency, derogatory or dismissive behaviour by family or community, and societal and structural ageism through exclusion from decision-making processes, and gendered ageism affecting older women's social roles and identity.

Social isolation and mental health

Experiences and conditions around anxiety, trauma, and post-traumatic stress (PTSD) highlighted the impacts of past trauma and ongoing psychological stressors, and the fear, shame and silence being ongoing barriers for help seeking. Further, the disconnection from community through physical, emotional, social isolation, loneliness, limited mobility and mobility considerations, were additional factors.

Legal and judicial mechanisms

Some people relayed situations where there was a misuse or questionable practices around EPOA and legal counsels, or frustration and disappointment in processes and procedures in relation to e.g., QCAT, police services, and legal supports, in addition the complexities which

arose within the aged care system (sometimes compounding these factors) with parties being unable to act decisively.

Community gatekeepers and informal support

The role frontline work outside the fields of health care, social services, and justice services, was also raised, with informal community-based advocacy being mentioned such as community centres, outreach for detecting abuse or distress, facilitation of interventions, and then community members who work for and engage with older people every day through their positions as e.g., post office workers, audiologist, hairdressers, etc., acting as informal confidantes or intermediaries.

Intersectionality and compounded vulnerability

Like, ageism, intersectionality and linked vulnerabilities, appeared frequently particularly in relation to gendered experiences of ageing with older women facing layered vulnerability due to financial strain, expectations around social norms, or impact of caregiving roles. In addition, socioeconomic precarity in relation to financial stress amplified the risk of mistreatment and limited access to services. Finally, access barriers in relation to geographic isolation contributed to service delays and carer burden.

The most recent voices on abuse and mistreatment of older people (2025)

Council on the Ageing Queensland ran two surveys from March – April 2025 with one survey designed to capture the voices of community members and older people, and a second survey to capture the insights from service providers and community organisations. Ninety-six individuals participated in the surveys. Community survey respondents were predominantly women (83%), and most were aged between 60–79 years (73%). The voices reflected rural and regional residents, people living with disabilities or changing capacities, individuals living with cognitive decline, carers, and survivors of long-term trauma, in addition to those who support older Queenslanders through informal supports, community supports (including information or referrals) and formal service provision. See Appendix B. for examples of direct voices from community, older people, and those who support older people.

Service provider and community organisation insights

Of the nine respondents representing service providers or community organisations, there were three government agencies, one healthcare provider, two non-government agencies, two community groups, five community services, an aged care provider, and a charitable organisation completed the survey.

The roles represented within the organisations or providers included five managers/directors, two frontline workers (community supports), one frontline worker (social services), three administrative roles (supporting programs or projects), and one community development role.

Respondents reported whether their organisation/group/provider/agency had **encountered cases of mistreatment or abuse of older people and the nature of mistreatment or abuse.**

Seven respondents⁵¹ indicated that they had encountered older people experiencing financial abuse, six respondents indicated psychological or emotional abuse, five respondents indicated physical abuse, four respondents indicated neglect, one respondent indicated sexual abuse, and one respondent indicated no abuse or mistreatment. Two respondents reported 'other' - one respondent was not sure of the nature or type of the abuse or mistreatment, and the other respondent specified social, cultural and systems abuse.

Respondents also reported the **type of relationship that the mistreatment or abuse occurred in**, which included within the family: by a family member (six respondents), by a partner/spouse (three respondents), by a carer (three respondents), or by a neighbour (three respondents). Further, two respondents indicated a company or organisation providing a service, and one respondent reported that abuse or mistreatment was done by a friend. Two respondents reported that they were not sure or did not have a response to this question.

Factors that organisations and providers indicated protected against the abuse or mistreatment of older Queenslanders included access to support services (eight respondents), strong social networks (seven respondents), financial independence (six respondents), awareness and education (six respondents), and one respondent indicated provision of culturally safe and supportive services within the local community.

Organisations and providers reported on **factors that increase abuse and mistreatment of older Queenslanders** which included dependency on others (nine respondents), followed by isolation (seven respondents), cognitive impairment (seven respondents), and family complexities (seven respondents). Other factors indicated as increasing abuse and mistreatment included financial difficulties (six respondents) and limited awareness (six respondents).

Respondents rated **how effective they thought the current responses were to elder abuse in Queensland** – this included neutral (four respondents), very effective (two respondents), somewhat ineffective (two respondents), and very ineffective (one respondent). No respondent indicated 'somewhat effective'.

In addition, organisations and providers highlighted **the services or programs that they or the people they work with and for have found helpful (or would find helpful) in addressing abuse or mistreatment of older Queenslanders**. One respondent did not complete this question. Eight respondents indicated multiple services or programs including community-based interventions (all eight respondents), followed by legal assistance (six respondents), adult guardianship services (three respondents), and violence protection services (three respondents). One respondent indicated 'other' and provided positive feedback on a specific legal service that undertakes community education on elder abuse. The respondent noted how the staff communicate information in a sensitive manner which facilitates more open

⁵¹ Due to lower response rate from community organisations and service providers with a total of nine respondents, percentages have not been utilised to report the structured survey items (or basic quantitative data). For example, seven respondents would be close to 78% of total respondents, and one respondent would represent just over 11%. This could potentially become misleading if the data is taken out of context of the survey.

conversations and cultivation of trust. The respondent also commented that people were likely to access services where they have had an initial face to face encounter. Further, another comment that community education also meant being linked to services that fostered trust and accessibility to supports.

In terms of **the barriers organisations and providers had observed when supporting older Queenslanders who have experienced abuse or mistreatment**, respondents rated lack of information (seven respondents) and stigma or shame (seven respondents) as primary barriers, followed by financial constraints (five respondents), and inadequate services (five respondents). Three respondents reported 'other', and this included limited or lack of services available in the local area, people not wishing to implicate (and therefore not report) family members, service capacity challenges, and limited follow-up or feedback once the service is engaged which leaves people with uncertainty around if issues have been addressed (or resolved).

In relation to **suggestions and recommendations for better addressing abuse and mistreatment of older Queenslanders**, service providers and community organisations (six respondents) provided several ideas including preventative strategies around education and awareness raising initiatives for younger generations (as part of earliest intervention possible in school aged children to combat negative behaviours or attitudes in adult years), thus contributing to a wider cultural shift in how ageing is viewed, as well as continuing to raise general awareness in communities.

Gaps were identified such as training and support for kinship carers, more rigorous screening processes to ensure the suitability of carers and to identify any additional supports or resources required, limited to no supports in regional areas, mismatched supports for the type of abuse or mistreatment (and people not knowing where to turn to next for support or advice), provision of oral health care and dental treatments for older people living in residential aged care homes or receiving home care supports or packages, and addressing wider societal and intersectional challenges such as inequality and lower socio-economic background, in addition to combatting ageism.

Higher-level recommendations included having national and state strategies in place with appropriate resourcing, in addition to funded services to assist people directly experiencing mistreatment and abuse *and to work with those people who are identified as the perpetrators of abuse and mistreatment*. Part of these services were recommended to include free access to assistance for drafting Enduring Power of Attorney and related processes for older adults who identify as a pensioner or living on lower incomes. In terms of investigation of abuse and mistreatment, it was suggested that there needed to be more accessibility to investigation with less bureaucracy around disclosure, reporting and assistance mechanisms.

In terms of **additional observations, thoughts, or suggestions**, five respondents provided diverse views on the services and supports available in Queensland. These included considerations such as the complexity of tackling the issue of elder abuse, the nuances of the nature of abuse and mistreatment such as treatment of community elders who are/were being

exploited or abused, isolation or shunning of older people, risk of loneliness and isolation in regional areas due to intersecting factors such as limited transport options and financial hardship, or limited or under-resourced service provision for aged care or community care supports, or people's situation being viewed as 'too hard basket' as it cannot be addressed through the existing regional systems.

Further suggestions or recommendations were funded campaigns to raise more awareness of elder abuse homicide, best-practice training for oral health for health workers and carers, and providers or organisations to host 'meet-ups' with community organisations that do not provide case management in order to share knowledge around referral pathways and most effective referrals, how to best support older people and families, the follow up steps post-referral, and using examples or awareness raised around what these help seeking and referral pathways look like for the individual and their families (and for the community organisations assisting them). In addition, communication and building understanding around different perspectives is required as part of this support or knowledge exchange with community organisations.

Older people and community insights

Of the 87 respondents (older people and community members) who completed the survey, many respondents were aged 60 to 79 years of age (over 73% of all respondents; 33% were aged 60 – 69, and just over 40% were aged 70 – 79 years of age). Over 17% were aged 80 – 89 years, and almost 6% were aged 50 – 59 years of age. One respondent (1%) was under 50 years of age, and two respondents (or just over 2%) were aged 90 years and older.

Of those experiencing abuse and/or mistreatment, respondents indicated if this was themselves or someone else that they were concerned about. **Almost 47% of respondents indicated themselves as having experienced or were currently experiencing abuse or mistreatment as an older person.** This was followed by people who were concerned about others including family members (over 20% of respondents), a community member or neighbour (17%), a partner or spouse (over 7%), or a carer (over 2%).

Almost 28% specified 'other' and these responses were very diverse and included:

- Workplaces
- Neighbours
- Carers (carer for an amputee; full-time carer)
- Older person in support accommodation
- Older persons in residential aged care facilities
- Older family member (a deceased mother; another older person; in-laws; spouses or partners including current, former and deceased partners)
- People utilising domestic and family violence services
- People receiving a home care package
- Commercial organisations (in the hospitality and entertainment industries) that were reported as mistreating older people
- People who have experienced abuse or mistreatment and now acting in the role of advocates for others

- Women aged over 55 years experiencing housing precarity, and
- People who had not directly experienced mistreatment or abuse.

In terms of gender and gender identity, respondents were primarily female (83%; 18% identified as male). No preferred or specified identities were reported.

Eighty-five respondents provided a response around the types or forms of abuse or mistreatment experienced by older people or by older people that other people were concerned about. **The highest rated form or type of abuse or mistreatment was psychological or emotional abuse** (where they or someone they knew felt distressed, confused, or upset, or felt like they have been controlled or told what to do by someone else, and this has happened more than once) indicated by 73% of respondents.

This was followed by financial abuse (where they or someone they knew suspects or knows that someone has tried to or did interfere with their financial matters, or took money, or assets from them, or has not returned or paid funds after borrowing money) at over 48% respondents. Physical abuse was rated by 40% of respondents and this referred to when someone felt unsafe or that their personal or physical safety was at risk.

Neglect was rated by 25% of respondents and referred to when someone felt isolated, their access to supports or services had been cut off or blocked, or they were not receiving help from family or other people. Almost 6% of respondents reported sexual abuse (where they or someone they knew had experienced assault or sexual harassment), and 6% reported no abuse or mistreatment.

Eight-four respondents indicated the type of relationship in which the abuse or mistreatment occurred with over 52% of respondents indicating a family member. Further, 14% indicated an organisation or agency providing a service such as health care, medical care, or community supports, almost 11% indicated a neighbour, over 9% indicated a company or business such as a retail or customer service environment, 9% indicated a community member or acquaintance, and 6% indicated a friend.

Over 26% reported other types of relationships or specified the nature of the relationship and these included services such as police, government, ambulance, banking, large corporations, care providers, retirement village providers (e.g., the staff associated with the provider), Aged Care Assessment Team (ACAT), and commercial organisations (in retail and entertainment industry).

Eighty-two respondents highlighted what type of action was taken in relation to the abuse or mistreatment. **The highest rated response (other than 'other') was 'none' (and the abuse or mistreatment was still occurring) at almost 33% of respondents,** followed by informal family discussion indicated by just over 18% of respondents, and then 'none' (and abuse or mistreatment had since stopped) indicated by 16% of respondents. Further actions taken were contacting the police or police intervention rated by over 14% of respondents, legal assistance by over 8% of respondents, family discussion through formal mediation or counselling rated by 6% of respondents, and solely mediation type services by over 2%.

Over 46% indicated 'other' actions which included commentary on varied outcomes, challenges encountered and frustrations with providers, services or systems, complexities of legal or financial administration to protect people, specific examples of how people found

safety, made themselves or others safer, or how they left a situation of harm or potential harm, or formal mechanisms or processes that were followed.

All 87 respondents **indicated the factors that they think increase the risk of abuse and mistreatment of older Queenslanders. The highest rated reason by over 57% of respondents was isolation** (e.g., loneliness, social isolation, cut off from family and friends). This was followed by **dependency** (e.g., requiring assistance with tasks that they cannot do themselves but still wish to be able to do and keep their independence) **rated by 53% of respondents, family complexities** (e.g., cultural or family factors that normalise behaviours, obligation or feeling forced to do something through family roles and expectations, or ongoing behaviours that indicate an abuse of kindness) **rated by over 49% of respondents.**

In addition, **cognitive impairment** (e.g., dementia, acquired brain injuries, Alzheimer's, stroke) rated by over **48% of respondents, financial difficulties** (e.g., limited income, no income, loss of monies, loss of assets, difficulties from life changes) rated by **45% of respondents, limited awareness** (e.g., no realisation about the situation, limited or no understanding of elder abuse) rated by over **41% of respondents, and finally 'other' rated by just over 41% of respondents.**⁵²

Eighty-five respondents rated **how effective they thought current responses to elder abuse were in Queensland – just over 34% thought responses were very ineffective**, 27% thought they were somewhat ineffective, and 27% were neutral. **Almost 12% of respondents thought responses were somewhat effective** (no respondents indicated 'very effective').

Sixty-two respondents gave their opinion on **what they or someone they know have found to be a helpful service or program in addressing elder abuse. Over 40% of respondents reported legal assistance as helpful** (referring to free or paid legal assistance for those who need advice or representation in family, criminal or civil matters), and community-based interventions such as programs or services that help people in their community like counselling or mediation was rated by 29% of respondents.

This was followed by violence protection services such as offers of safety and support for people facing domestic or family violence including elder abuse rated by over 9% of respondents, and then adult guardianship services which help people to make decisions particularly in instances where capacity is impacted, such as dementia, was rated by 8% of respondents.

Over 52% of respondents specified 'other' and this broadly included **limited, or no services or programs were helpful** (indicated by seven respondents), being unsure or not knowing which services or programs would potentially be helpful (indicated by two respondents), not having access to any services or programs yet (indicated by one respondent), or not contacting services yet (one respondent). **Helpful or potentially helpful services or programs included:**

- police assistance
- cultural supports and intervention
- dedicated elder abuse services that work through a counselling or mediation style model
- government bodies reporting on systemic issues

⁵² Further insights from open-ended responses have been analysed and provided at the end of the section.

- hotline and helpline numbers to be able to receive referrals or speak anonymously to someone about the situation (not necessarily seeking legal advice or policy intervention)
- guidance officers and counsellors for marriages and relationships
- family discussions and counselling
- speaking to a doctor; and
- a suggestion for ‘volunteer agencies’ where people can meet and create networks and obtain useful information directly or by referral.

People also took the opportunity to describe their frustrations or challenges encountered when they were not able to receive assistance.⁵³

Seventy-eight respondents indicated **types of barriers they or someone else has encountered when trying to access support in relation to elder abuse. The highest rate was inadequate services at over 51%**, followed by a lack of information rated by 40% of respondents, stigma or feelings of shame rated by over 34% of respondents, and financial constraints rated by 27% of respondents.

Almost 44% indicated ‘other’ and barriers described were very diverse and broadly related to frustration or challenges encountered when engaging with services or supports. In addition, general attitudes towards older people with respondents describing or implying the impact of societal treatment of older persons and ageism. People also described bureaucratic barriers from complex administrative, legislative, or legal processes.

Sixty-eight respondents provided **suggestions for improvements to better address abuse and mistreatment of older Queenslanders**. These encompassed several broad themes such as a need for:

- More education, awareness raising and training
- Legal reform and accountability, review of justice system responses
- Family dynamics and intergenerational conflict
- The role (impact, influence, tool) of the Media
- Public campaigns and definitions of elder abuse
- Service access and navigation
- Mental health and psychosocial support
- Enduring Powers of Attorney and decision making
- Aged care and institutional oversight including power imbalance at systemic levels (and individual levels) and ensuring dignity and autonomy especially for those people living with mobility considerations, frailty, and changing capacities
- Improving protective mechanisms for abuse and mistreatment but also in combatting ageism.

Sixty-three respondents provided **additional insights, thoughts and comments regarding abuse and mistreatment of older Queenslanders and/or about system supports and services in Queensland**. Broadly, respondents highlighted and repeated topics from previous survey questions as they felt so strongly the issue or challenge or solution. Repeated topics included e.g., aged care and retirement living contexts (one of the strongest themes); service

⁸ Further insights from open-ended responses have been analysed and provided at the end of the section.

navigation and support systems; legal reform and protection of rights; education, awareness and training; justice system and reporting; family dynamics including family breakdown and social isolation; decision-making, guardianship and EPOA considerations; and financial abuse and exploitation.

There were very rich in-depth open-ended responses from older people.⁵⁴ We provide a summary of the overall themes with accompanying sub-themes:

Ageism and social attitudes

- Lack of respect from younger generations
- Perceived uselessness or liability of older people
- Stereotypes and assumptions about cognitive ability
- Age-based medical discrimination
- Cultural shifts required to restore intergenerational respect

Systemic and structural abuse

- Aged care costing policies leading to financial hardship
- Lack of accountability in aged care and legal systems
- Overly complex legislation and bureaucratic ‘red tape’
- Institutional neglect in care facilities (e.g., poor treatment, sedation, negligence)
- Poor responses from peak bodies and systemic dismissal

Service navigation and access

- Complexity of accessing services like My Aged Care
- Digital literacy barriers and impact of the closure of in-person services
- Need for ‘one-stop’ liaison points
- Lack of follow-up and inconsistent advice
- Fear or inability to seek help due to systemic barriers

Family dynamics and interpersonal abuse

- Abuse by adult children, spouses, or extended family
- Grandparent alienation and estrangement
- Coercive control in family settings (including financial and psychological)
- Fear or guilt preventing action against family members
- Multigenerational co-habitation and power imbalances

Financial abuse and exploitation

- Exploitation by family (e.g., EPOA misuse, manipulation, theft)
- (Described as) Predatory behaviour by corporations or institutions

⁵⁴ View Appendix B. to read direct quotations from older people and community members.

- Lack of legal safeguards or independent oversight for financial decisions
- Financial literacy and planning challenges
- Hidden or normalised abuse in relation to joint accounts or control of assets

Legal and justice system issues

- Police inaction or bias reported, especially in regional and rural areas
- Court delays and ineffectiveness
- Lack of judicial oversight and tailored elder abuse laws
- Absence of protective mechanisms such as restraining orders for non-family threats
- Calls for legal reform (e.g., mandatory EPOA registration, grandparent rights)

Mental health and psychosocial impacts

- Legacy trauma from lifelong abuse and domestic violence
- Emotional and psychological distress due to isolation or coercion
- Anxiety, grief, and feeling unseen or invalidated
- Lack of accessible counselling or therapeutic supports
- Need for mental health services for both victims and perpetrators

Community and social isolation

- Abandonment by family and social exclusion
- Fear of retaliation in small communities
- Reliance on informal networks when formal supports fail
- Importance of neighbour and peer-based support
- Need for community-based education and intervention

Healthcare system failures

- Medical neglect and dismissal
- Age-based 'prescribing' and limited treatment options
- Ignoring patient voices in favour of EPOA or relatives
- Inadequate mental health and allied health integration
- Lack of quality care or inappropriate care reported in hospital and residential settings

Digital exclusion and technological barriers

- Service withdrawal and replacement by digital-only systems
- Assumptions based on digital capability
- Stress and confusion caused by digital processes (and expectations around digital engagement)
- Exclusion from banking and government services due to pace of technological change

Education, awareness, and cultural change

- Education on ageism and elder abuse in schools, workplaces, and communities

- Empathy and behavioural training for service providers
- Raising awareness of subtle and systemic abuse forms
- Teaching families about unintentional ‘overreach’ (well-intended but unsolicited offers of assistance, and enacting decisions which take autonomy from the older individual)
- Cultural change through public campaigns

Housing and retirement living issues

- Mistreatment in retirement village living contexts
- Inaccessible design and lack of oversight
- Financial exploitation through exit/refurbishment fees
- Lack of support for ‘ageing in place’ outside regulated aged care contexts

Advocacy and accountability

- Calls for independent advocates and case workers
- Funding for resident associations, groups and systemic ‘watchdogs’
- Need for stronger penalties and clearer accountability processes
- Frustration with institutions and lack of enforcement or follow-through

Safety, protection, and prevention

- CCTV and supervision in care settings
- Access to implement restraining orders beyond intimate partner relationships
- Anonymous reporting services and safe disclosure pathways
- Dedicated professionals who are equipped with elder abuse prevention knowledge in community and health settings

Intersectionality and diversity

- Specific vulnerability of older women and people with disabilities
- Invisibility of abuse in multicultural and regional and rural settings
- Legacy of gendered abuse and economic inequality
- Societal marginalisation of older people under the age of 65 years (particularly those people who are eligible/ineligible for supports and navigating between health and care systems).

Recommendations

Recommendations

Council on the Ageing Queensland's vision for prevention, mitigation and combatting of the abuse and mistreatment is:

Queensland is a place where all older people are respected as vital members of the community, living free from discrimination, abuse, and neglect. They are empowered with the knowledge, confidence, and support to live with autonomy, dignity, and security. Every older Queenslander is equipped to recognise when their physical, emotional, psychological, financial, or social wellbeing may be at risk, and they know where and how to seek help for themselves or others.

Communities and services work together to uphold and protect the human rights of older people, ensuring no one feels isolated or unsafe. For those who are vulnerable, trusted and informed advocates are readily available to act in their best interests, minimising the risk of harm and ensuring they are always heard, believed, and supported.

This is a Queensland that celebrates ageing and ensures safety and justice for all older people.

We put forward that a robust, collaborative effort is needed to successfully prevent, identify and respond to abuse and mistreatment of older Queenslanders. Older Queenslanders must become more empowered to know their rights and available supports and know how to access supports in a timely manner, *before* they are in a crisis.

Council on the Ageing Queensland, in our role as Seniors Peak and Seniors Social Isolation Prevention Peak present to the Education, Arts and Communities Committee (the Committee) the following recommendations, with areas for consideration for development or reform, as part of the Inquiry into Elder Abuse in Queensland:

Recommendation 1: Create a coordinated state strategy for the prevention of abuse and mistreatment of older Queenslanders led by state government and informed by older people's experiences.

Whilst there is a high degree of willingness to collaborate, no single organisation currently has capacity or the brief to lead required systemic change. Lifting our approach to elder abuse prevention and response means we must formalise a long-term cohesive vision, co-create a road map for change, and establish a coordinated action plan for reducing and combatting abuse and mistreatment of older Queenslanders. Some factors to consider include:

a. Collaboration and leadership

- The Strategy needs to be led by the Queensland government. This requires leadership for the collaboration between government, non-government agencies, support services, and specialist funded services to achieve planned and cohesive reform.

- This needs to include strengthening governance through a whole of system and whole of government approach with cross-sector consultation, regional engagement, data collaboration and performance monitoring and most importantly, incorporation of the voices of older Queenslanders.

b. Informed by the evidence and best practice

- Early intervention, prevention and mitigation strategies which are evidence-based best practices at state and regional levels need to be named specifically within the Strategy.
- Recognition of diverse behaviours that fall within the scope of abuse and mistreatment including coercive control in addition to financial, physical, emotional, psychological, sexual, social, and emerging definitions, need to be defined within the Strategy.
- The Strategy must also commit to a programmatic approach to early intervention, prevention and response in a way that investment in activity can be robustly evaluated for value for money when considering effectiveness.
- Investment in cross-government sharing, quality management of data, and data analytics which can be used to better understand system performance.

c. Recognition of diverse older Queenslanders and diverse situations of abuse

- Recognition of contexts in which older people reside (long-term or short-term) in that are not a standard dwelling with homeowner e.g., specific context where vulnerabilities might be compounded or heightened such as residential aged care facility environments, hospital environments, retirement living contexts, other sites where there is a community of older people who reside together on site. This would also include environments where older people at risk of homelessness or already experiencing homelessness do not have a place to call 'home' or a place that they feel safe and protected.
- Recognition of environments such as customer service, retail, service provider environments where ageism and age-discrimination and mistreatment can occur.
- The Strategy needs to recognise diverse multi-aged cohorts of older Queenslanders and their diverse backgrounds and life experiences including those living with multiple vulnerabilities or risk factors. There priority groups require tailored action and include but not limited to:
 - culturally and linguistically diverse communities
 - low socio-economic backgrounds
 - older women living with impact of legacy issues from structural inequities (e.g., domestic violence, widowhood, single parenting, housing precarity),
 - Aboriginal and Torres Strait Islander communities,
 - Those living with cognitive impairment and mental health conditions,
 - Those living with complex trauma,

- Those who may be living in geographic isolation, and/or socially isolated
- Those living with mobility considerations, changing capacities, or living with disabilities.

d. Embed anti-ageism as a foundational preventative strategy

- The Strategy needs to have at its core ageism and age discrimination as one of the primary factors in abuse and mistreatment. This is in addition to intersectional factors such as housing instability, health and digital inequities, limited financial literacy, limited autonomy and decision-making capacities.
- Anti-ageism actions are essential within a state strategy on elder abuse prevention and response because ageism creates the conditions in which abuse is overlooked, normalised, or excused. When older people are devalued or seen as less capable, their voices are silenced, and their rights to safety and dignity are undermined. This systemic bias not only increases vulnerability to abuse but also hinders detection, reporting, and intervention. Embedding anti-ageism measures helps shift attitudes, strengthen protections, and ensure that elder abuse is both recognised and addressed as a serious violation of human rights.
- Practically, examples of strategies which could be considered include:
 - *Integrate anti-ageism education across schools, communities, and workplaces.* Queensland must embed anti-ageism learning into the education system and community development at all levels. This includes implementing structured modules in primary, secondary, and tertiary institutions that explore ageing as a natural, diverse, and valued part of life. Central to this effort are intergenerational programs where educational content is co-designed, the lived experience of ageing informs learning environments. In workplaces, ongoing professional development must challenge ageist assumptions (in the same way we have done with other areas of discrimination) and equip teams to build inclusive, age-diverse work practices.
 - *Conduct routine audits for ageism in healthcare, aged care, and justice systems.* Systemic ageism must be identified and dismantled through regular assessments of institutional policies, procedures, and culture. Independent audits — embedded in regulatory frameworks — should be undertaken across health services, aged care facilities, and the justice system to detect and address implicit bias, discriminatory practices, and barriers to equitable care and treatment. These audits must lead to enforceable reform actions, with older people meaningfully involved in the oversight and monitoring processes. Lessons can be learned from gender equity, cultural safety and disability inclusion.
 - *Statewide cultural campaigns to reframe ageing.* A high-visibility campaign is needed to reshape how Queensland views ageing. This campaign would challenge stereotypes, celebrate older people's diverse contributions, and shift public discourse away from deficit-based language. Through media partnerships, community events, social media storytelling, and collaboration

with influencers of all ages, the campaign would position ageing as a period of continued purpose, creativity, and leadership.

- *Mandate age-inclusion policies across government and funded services.*
Government and funded services must be required to implement policies that actively promote age inclusion and guard against ageism. This includes applying an age lens to all strategic planning, and ensuring public services are accessible, respectful, and responsive to people across the lifespan. Workforce development plans and accountability mechanisms must be built in to ensure ageism is treated as seriously as other forms of discrimination.

Recommendation 2. In the implementation of the state strategy, consider prioritising improved information and navigational supports, addressing regional and digital inequities, and strengthening legal and consumer protections.

a. Bolstered support, expansion and improvement of existing services

- Increase support for existing helpline services (supporting invaluable work of the Elder Abuse Helpline and Seniors Enquiry Line).
- Establish a network of trained community navigators and advocates who are non-legal first points of contact who provide a broader scope of support. These roles will assist those with complex needs (this may include expanding the service reach of existing advocacy and support services offered through e.g., ADA Australia).
- Increase support by expanding the availability of existing elder abuse specific services across Queensland e.g., Relationships Australia Queensland.
- Consider the development of new approaches, such as intermediary services, that help bridge the gap between specialised services and provide continuity during engagement with multiple services.

Timely tailored referral can help to prevent a crisis, deescalate a situation, identify potential risks, and potentially prevent a situation of abuse. We need to create more accessible options for older people and those who support older people to identify and navigate existing services and know which service will suit their needs best. Robust navigational supports would mean that people receive help way before a crisis occurs. Older people themselves also need to be empowered to navigate confidentially to disclose with trusted parties or agencies and receive advice regarding factors that indirectly (intersectional factors) and directly relate to abuse and mistreatment, and this is part of earlier intervention strategies.

Services could be strengthened by being more navigational rather than informational - like the Commonwealth Care Finders program (an aged care navigation model) but incorporate a wider provision of information and support. For example, we see the need for someone who is on their own and requires step by step and one to one ongoing support over time until required supports are in place or resolution achieved. This service model could include trusted access points over

the telephone, via email and in person where possible to deliver better navigation and information. This would further mean:

- Support and provision of training for safe, informal disclosure environments such as community hubs (libraries, churches, neighbourhood/community centres) and customer service/retail environments (pharmacies, post offices, hairdressers, audiologists, dentists).
- Provide a low pressured less formal environment where people could understand the nature of abuse and mistreatment, identify it, and remove the taboo or stigma to encourage open safe discussion of sensitive topics and challenges.

We also hear strongly from communities and older people that there is a need for intermediary services. These services are not specialist legal, policing or crisis services but provide offline, over the phone, and in person practical advice and informational supports regarding possible next steps, and where possible, provide a 'check in' service point so older people can disclose confidentially, trust in the disclosure process and have a sense of familiarity with the agency or people they are disclosing to. In this way people can build rapport and feel comfortable revealing vulnerabilities and highly sensitive information.

b. Address regional and digital inequities for isolated or unsupported older Queenslanders at greater risk of abuse and mistreatment

- Embed 'mobile' community connectors (and/or navigators) to rural and underserved communities which could be based in community hubs such as community centres, neighbourhood centres, and programs specifically funded to engage with older people (and operate similarly to mobile health hubs which provide health checks).
- Invest in digital inclusion and support options for older adults to navigate essential services that directly and indirectly assist with prevention and mitigation of abuse and mistreatment.

c. Strengthen legal protections and oversight, including Enduring Power of Attorney (EPOA) reform and greater recognition of impact of specific forms of abuse and mistreatment on older Queenslanders.

- Strengthen EPOA laws to mandate registration, routine reviews, and independent oversight.
- Develop and deliver comprehensive training for people to better understand the role and responsibilities of EPOAs and administer EPOAs.
- Consider need for greater protections through the development of carefully considered legislation which takes into account the specific and diverse contexts of abuse and mistreatment of older Queenslanders.
- Review family and protection legislation to include instances of coercive control within context where abuse and mistreatment of older people may occur.

- Deliver targeted mandatory elder abuse training to better understand older clientele at risk of e.g., coercive control from family members, financial abuse, and mistreatment, or misappropriation of funds, for banking institutions, healthcare services, and frontline services that older people engage with regularly.
- Ensure justice systems apply flexible, trauma-informed approaches for older people seeking redress.

d. Improve complaints mechanisms and justice responses with appropriate administration including follow-up and feedback

- Strengthen QCAT responses to support flexible, trauma-informed approach when working with older adults.
- Significantly uplift frontline staff skills in response to abuse and mistreatment through embedding trauma-informed communication, approaches and awareness of the nature of abuse and mistreatment for those who work within police services and judicial systems.
- Have dedicated advocacy roles to support complaints processes across multiple settings, particularly complex administration.

e. Strengthen consumer protections for vulnerable older people who reside in diverse living environments including stronger regulation and accountability through better capture of complaints

- There is need to expand existing advocacy services where people can disclose complaints, raise matters for investigation, and actioning on complaints in diverse living contexts which consider the ramifications of abuse and mistreatment on access to aged care, health care or community care delivered in these contexts.

Specifically, a complaints channel that provides guidance and informational supports for people who do not reside in a standard home that they own. These contexts may include retirement living environments, social housing tenants, private rental tenants, aged care facility residents, and other environments that older adults reside in where there is a community of older people living on the one site, and there are one or more risk factors including intersectional factors which impact on safety and protection of older residents.

- As part of the informational supports and guidance, it is recommended that there is a strong focus on rights (relevant to the living context e.g., tenancy rights, consumer rights, human rights, age discrimination, and ageism). This information and education would extend to families and support networks, and staff on site or who visit the site, who can be equipped with enough information to provide referrals or advice to existing services.
- Bolstering support for existing advocacy programs that directly support residents in retirement living and aged care facility environments would also promote transparency over information, insights and processes required in help seeking. This should include tailored support for older persons living with changing cognitive capacities such as

dementia, and tailoring information for any communication barriers including older people from culturally and linguistically diverse communities.

- Ensure there is standardisation on the capture and reporting of data from disclosures and data updates are provided to relevant agencies to inform strategies, policies and improve on complaints and reporting processes.

Detailed insights on abuse & mistreatment of older Queenslanders

Appendix A. Vignettes

Diverse contexts of abuse and mistreatment of older Queenslanders

Living with Dementia

Vignette 1. A family member shows concern for her aunt who lives with dementia who is reported as being in a situation of potential coercive control and financial abuse

Rita was calling out of concern for her family member who she had been assisting. She explained she was a cousin in the family and had recently organised home care supports for her aunt and had also become more involved in the care of her uncle (her aunt's husband). Her aunt who lived with early onset dementia was receiving these supports in the home and she lived with her husband. There had been no issues with this support arrangement and both aunt and uncle reported being happy at home.

Their two daughters (Rita's cousins) had visited their mother and father at home. They had intervened in the care supports and reportedly had taken their mother from her home. The daughters had since kept their mother at their own home. Rita reports that the daughters were trying to access money through their mother's bank account. A son had intervened at the bank when the daughters were about to convince their mother to sign over her account/s in their names. The bank, at request from other family members who were concerned about the mother's wellbeing, had now blocked access to the accounts.

Rita had immediately engaged with various supports to seek assistance including the Elder Abuse Prevention Unit (EAPU) who put them in contact with other supports such as legal aid, but legal aid had a waitlist and informed them that they were unable to take on their case. Queensland Police had been involved in conducting welfare checks at the daughters' home. However, when they arrived, it was usually at the same time of day and the mother presented herself as 'normal' and not distressed or unhappy in any way. The daughters had realised the mother's patterns of behaviour (cognitively) related to dementia and reportedly were taking advantage of this to present a different reality to those people external to the family.

The family had also tried QCAT, but QCAT confirmed they were unable to take on the case without sufficient medical documentation, despite the family having documented evidence of the impact of being removed from her home. A Civil DVO had been taken out against the father by the daughters, so the couple remain separated. The father was now in hospital - his health had deteriorated rapidly due to the stress brought on by the situation. The couple would like to continue living together and the service providers who were providing care continue to check in with Rita for updates. The supports and home are in place for the couple to continue living together. The family and father were facing court, and it was a very stressful situation. The family had engaged a private aged care legal expert who was sending correspondence to the daughters to cease arrangements, but these had not been acknowledged. Rita mentioned the expense to the family in hiring a private lawyer.

Rita initially called to comment that there were not any 'in between' supports for elder abuse. She felt like they were 'falling through the cracks'. She spoke of the need for intermediary supports in elder abuse related systems.

Vignette 2. Older female living with dementia is navigating access to regional aged care supports and lives with her son⁵⁵

The vignette presented below highlights the complexities when working with older people with cognitive impairment who may be experiencing the effects of unintentional elder abuse such as neglect. It also is an example of Care Finder organisations working together with other stakeholders to identify elder abuse and find care services for people who are overwhelmed in their role as carers.

Anne is aged in her early eighties, lives in a regional area and resides with her son in his property. Anne's son, Greg, works full time for his own business and often needs to travel interstate and overseas. He is experiencing significant carer stress trying to care for his mother concurrently. Anne is reliant on Greg for transport, shopping for groceries and personal care tasks.

A referral was received to Council on the Ageing Queensland's Aged Care Navigator program (Care Finders) from a nurse at the local Adult Community Health centre. The referral raised concerns from nursing staff about neglect towards Anne. The nursing staff have noted instances of no food being available in the home when Greg has been away for work and animal faeces being present in areas of the home. The nursing staff also report that Anne is experiencing unintended weight loss.

The Navigator first engaged with Anne on the phone. Anne lives with early dementia but speaks highly of her son. She asked the Navigator to contact Greg directly as she finds conversations over the phone to be overwhelming. The Navigator contacted Greg and asked if it would be possible to arrange a face-to-face meeting between herself, Anne and Greg. Greg declined this offer saying he is not wanting anybody to come into his home. An alternative location was offered but this was also refused due to Anne's declining mobility.

The Navigator sought advice from a social worker at the local community legal centre about ways to engage with Anne on the phone and to support her to speak about her experiences at home. After two initial conversations, Anne agreed that she often did not have food and consented to a meal delivery service being put in place. The Navigator liaised with My Aged Care and the meal provider to make this happen. The Navigator is also now working with Anne's Commonwealth Home Support Program (CHSP) service provider. Anne has a support worker that visits her to take her out of the home on outings. A referral was also made to a community-based animal care service who can assist Anne with care for her pets.

The social support service provider and the Navigator are working together to further build trust with Anne. The service provider is also scheduling weekly visits in the home to discreetly check on the contents of Anne's fridge as part of their social support service.

An assessment for a Home Care package (HCP) has been approved for Anne but there is still a wait of approximately 3-6 months. It is hoped that the eventual assignment of the package will alleviate some of Greg's carer burden.

⁵⁵ Council on the Ageing Queensland. (2024). *Care Finder – Case Studies*. [Internal report].

Vignette 3. An older female living with dementia shares her home with her spouse who is also experiencing changing capacities. Their adult son lives with them and over time has developed behaviours which have been identified as abusive.

Elizabeth has experienced early onset of a specific dementia that impairs decision making capacity and earlier than anticipated onset of frailty. Elizabeth's daughter, Jennifer, believes this is in part due to dietary requirements not being met and also her mother's experience of daily anxiety. Jennifer reports that her brother, Roger, is engaging in coercive control, neglect, psychological abuse, and financial abuse.

Jennifer's instincts early on in her mother's care journey and her observations when she visited the home, told her that something was not quite right. In addition, Jennifer had received a call from an allied health professional in the home who had visited the couple's home for a visit to provide health care to her mother, had picked up on these behaviours and reported their observations.

Jennifer acted quickly and ensured her role as Enduring Power of Attorney (EPoA), and an advocate for her mother, and enacted immediate supports through My Aged Care. They expedited the process to protect her mother.

Jennifer's father is also experiencing changing capacities and is a Veteran and both her mother and father feel overwhelmed and anxious about having their adult son in the home. Roger uses language that is reported to be ageist and sometimes he uses verbal threats. He does not contribute financially, nor does he help around the home or make meals. Elizabeth has mentioned feeling nervous on the stairs at times thinking they will have a fall and concerned that her son will not find her in time in an emergency (implying that Roger will not be responsive enough to emergency situations).

Living with complex family dynamics

The stories below highlight the complexity of family relationships and when roles change or when the relationship becomes a care dyad and there are issues with expectations or understanding around what care entails knowing where to go for supports.

Vignette 4. Margaret spoke to the COTA QLD team at a community engagement in a shopping centre. Margaret at first seemed like she wanted to engage with us to ask a question but seemed quite nervous. We offered Margaret a free magazine, newspaper, and started to provide some general information around types of supports available in the community.

Margaret explained that she only had a limited amount of time due to the bus schedule and had to move quickly with her grocery shopping but each time we thought she would leave she remained trying to find the words to ask her question. Eventually, instead of asking a direct question, she removed a slip of paper she had hidden in her purse. We recognised the number as the Elder Abuse hotline - someone had provided this to her some time ago. Margaret had cut out the phrase 'Elder Abuse' from the paper and had kept it in her purse for a while.

When gently prompted, Margaret said she had it with her as her son had returned home and was living with her. He was on medication, but Margaret also implied he was using other drugs which altered his behaviours. Margaret became less nervous as she shared her story but was still anxious about leaving the shopping centre on time to not 'get into trouble' with her son. Margaret was paranoid about her son tracking her via her smartphone. She did not understand some of the functionality of her smartphone but said she wondered if he had tampered with her phone. Margaret described a situation at home of coercive control, verbal and physical threats, and she also implied financial abuse. For example, she was sometimes blocked access to another room as her son stood in the doorway until she provided him with

what he wanted e.g., money. Margaret admitted that between transport, health appointments and medication costs (for herself), and costs for her pet, it was tough living week to week especially now supporting her son at home.

The COTA QLD team provided updated numbers for Elder Abuse support services discretely written on a brochure that did not relate to Elder Abuse. Margaret explained that if her son knew that she had spoken to an organisation like COTA QLD he would most likely become angry.

Vignette 5. A community information centre in a large region shared with COTA QLD examples of recent issues for community members. One example provided was of a carer who was described as beginning to (unwittingly) take control of all her husband's affairs including scheduling and decision making around health appointments. She had gradually removed decision making capacity and agency from her husband due to her anxiety around his changing health condition.

The Centre had noted that he had gradually become socially isolated, including isolation from family and had stopped attending some of his necessary health appointments. His wife did not understand that what she was doing was a form of mistreatment and detrimental to her husband. She had thought that she was protecting him and keeping him safe. The Centre did an intervention after contacting and notifying their adult children which led to the family sitting down with the carer/the wife, facilitated by Centre staff. It was a sensitive challenging process but ultimately one that meant positive change for her husband.

Vignette 6. Another story from the Centre that was relayed as a suspected case of abuse and neglect in the home. The Centre had had phone conversations with an older community member who had called the Centre to report that her daughter was displaying abusive behaviours and that she was neglected (e.g., she had not been given food, she felt unsafe).

The Centre out of concern and caution, asked the police to visit for a welfare check to the family home. When the daughter, who had begun to take on a carer and advocate role for her mother, was contacted directly, she was distressed by this and explained that her mother's condition had progressed, and that this was related to changing capacities, particularly cognitive function due to dementia. The Centre soon realised that the mother's calls to the Centre were ones of reaching out to connect, but that the reports of abuse and neglect were untrue. The mother tended to call when she was feeling heightened anxiety and paranoia (for example). The Centre also discovered that the daughter had been trying to maintain work and care for her mother, but due to the more rapid progress of her mother's dementia, she was feeling very stressed and required support and guidance about next steps for her mother's care.

Role of community members in frontline roles not directly related to elder abuse

Vignette 7. Through community engagement, COTA QLD heard several insights from those in frontline service provision roles often in retail environments who provide a regular connection point for older adults and their families e.g., post office, banks, pharmacists, hairdressers, audiologists.

Collectively, they reported seeing cues or hearing things, and often they were entrusted with confidential information even if that was not part of their service role (and even when they did not wish to be in that type of role) e.g., an audiologist noticing each time an older adult comes in for a check-up that the family member is making decisions on their behalf and intervening in their health decisions despite the older adult having full capacity for decision making and control of their own finances.

Older community members sometimes sought assistance from these types of roles for informational support and guidance e.g., from a post office worker, a payment of a bill would turn into a deeper conversation about financial matters or concerns, their anxiety around having limited financial literacy or 'bill literacy.' They turned to service provision roles in more informal environments most likely due to a familiar face that they had built trust with over time.

When mistreatment becomes compounded by other at-risk factors

Vignette 8. Lenka met a COTA QLD staff member at a community engagement which was in an activity group at a community/neighbourhood centre. Lenka described herself as living with Post Traumatic Stress Disorder (PTSD) and was dealing with the ongoing ramifications of this, and also quietly dealing with financial stress.

Lenka had lived through two years of verbal and psychological abuse (including bullying behaviours) from her neighbour (who was described as a middle-aged man). She is a homeowner and at that time, the neighbour was renting. Eventually the dispute was resolved in court and the neighbour had moved away but financially Lenka was already at a vulnerable point in life having come through a divorce and living on her own. Despite owning her own home, Lenka could barely afford food each week in addition to the maintenance of her car, upkeep of her property, health appointments, and her dogs who she loved dearly.

Lenka had felt like her original GP did not understand her properly and the depth of trauma she had experienced. She did not feel supported. She 'doctor shopped' and found a GP that suited her and who got her the supports she needed through e.g., counselling and a psychologist. Lenka now visits a food co-op for cheaper groceries and shops at op-shops and continues to budget. She finds way to 'keep positive' and keep going despite food insecurity and financial insecurity. She still does not feel safe walking down her street due to the earlier experiences with her neighbour.

Lenka admitted to the COTA QLD staff member that this was the first time she had told her story in full to anyone and she did not wish to share her complete story with her friends, family or acquaintances due to the shame she still felt. Lenka commented that she made an effort with her appearance and was continuing to work on her mental health to ensure that she faces the world with positivity each day despite her internal struggles.

When knowing who to trust becomes complex (and legal considerations)

Vignette 9. An older adult son had recently been in discussion with the Public Trustee's office, seeking guidance regarding legal considerations of his parents' affairs. He raised alarm regarding a lawyer 'doing the rounds' of retirement villages and befriending older adult couples, offering to 'take care' of their finances. The lawyer would build trust with a couple then gradually over time take money. The adult son explained that family members had had issues finding a paper trail, and this was compounded by situations of complex family dynamics. In this instance, the son had worked for his parents and up until recently took care of family and business affairs until the lawyer 'friend' of his parents was made the Enduring Power of Attorney. The son was deeply concerned that the lawyer was using this approach to extract money from multiple families.

Role of ageism – one of the starting points for misunderstanding and mistreatment

Vignette 10. During multiple community engagements, the COTA QLD team listened older women describing situations of casualised ageism and internalised ageism. Specific contexts of both forms of ageism included making jokes about one's appearance, abilities or capacities, or passionate, frustrated or deeply angered sentiments around sexist and ageist interactions which hindered participation opportunities primarily in relation to workforce and employments. Some women spoke about comments they received from family members around their capabilities, capacity to undertake a role or activity, how they should dress and present themselves to society, and feeling like there was a limited or lack of understanding from society in general about how older women 'should' dress, behave, present, identify, and feeling like they were being told 'no' frequently by wider society. Some women understood these

behaviours and attitudes as the basis for ageism and mistreatment which had the potential to develop into abuse.

Abuse within larger systems and oversight of care provisions

Vignette 11. *A concerned neighbour, who became an Enduring Power of Attorney for her older neighbour (as she had no family or close friends nearby), ended up overseeing her neighbour's finances and health decisions during seven years until her neighbour's passing in a residential aged care facility. The neighbour called COTA QLD to report financial abuse by the aged care provider.*

The neighbour referred to 'the system' being very complex, in particular the costing, supply and administration practices of pharmaceutical items. She described seven years of private script fees (even though steps were taken to avoid incurring these costs including support from a local regular pharmacist and health professional), invoicing of unnecessary items and medications that were not clinically or therapeutically indicated, lack of clarity around processes and agreements between contracted pharmacies and facilities with people left in the middle confused, frustrated and trying to do the right thing by their loved one or person they supported.

She had met other families and support people in similar situations within the same residential aged care facility who were encountering challenges to e.g., stopping funds from being taken, recouping funds, and having clear communications and resolution processes with the management team at the facility. Eventually, after much effort, she was left without avenues and told, "This is just how the system is." She reported this situation as 'bureaucratic' and 'systemic' financial abuse.

Appendix B. Quotations

Examples of direct voices of older Queenslanders, community members and those who support older Queenslanders

Older people and community voices

Lack of respect and understanding from society or other generations (ageism and discrimination)

Lack of respect and inability of younger generation to relate to situation. Regarded as a liability and a waste of time.

Ageism is very much alive in Queensland. Seen in treatment in hospitals where priority is given to younger age group as though we're past our use by date.

Understanding that older Caucasian people can also be victims of racial abuse from younger people who feel protected by a system that sees them as victims when they aren't.

It is terribly isolating and damaging to encounter this attitude and dismissal from society. I have skills and experience to offer but have been marginalised. There is very little suppose as I am not 65 and do not have access to any kind of resources. They are for 65 and over. I also find jobs that ask my age are not hiring me. The emphasise is on children and families. My age group is being overlooked.

Change of attitude in the family circle. Stop using BUSY as an excuse for lack of participation with their elders, who gave everything possible to them in their childhood.

Systemic drivers or concerns

Residential Care Cost as per Government Policy has taken 85% of life savings and 70% of a superannuation pension to pay for a Care Home for my Husband with Severe Alzheimer's leaving me, his wife, with very little to maintain our house, cost of living and my own present and future health needs. Not just individuals but Government Policies abuse the Aged.

Elder abuse can be systemic - by older people not getting access to good nutritional advice, not given options other than drugs if feeling low, not being given quality financial advice re long term planning, not being given access to affordable transport for social and medical needs to name just a few.

There is a lack of action based support rather than the resource based information. Seniors need the hands on, do now, approach rather than talk talk talk, go here, do this, see them, fill this out, ring here. The stress of attending to multiple leads that go no where breaks down the want to seek further "help" rather than direct action taken there and then. Also the police in am told follow legislation and often the actual criminal aspect will be overlooked because it isn't happening in the moment and the aggressors are enabled rather than stopped. There is a huge gap in help presenting itself in home, attending to seniors needs for safety and intellectual protection.

Physical safety and mobility in community and home environments

Random male persons in the park and at the railway station. [Implying not feeling safe in their local community]

Older people are feeling less safe in the community and it also makes them less likely to seek help from unfavorable home conditions. Older people are being forced out of private rentals and are seeking government housing where it is no longer safe to live due to soft reactions to abuse of elders.

Wheelie Walkers should be the same as Guide Dogs - allowed everywhere.

Dealing with complex, detailed processes and not feeling heard

Yes, dealing with the electronic lodgement of paper work centre link etc.

Being regarded as a waste of "space" "time" and a "liability".

Lack of appropriate policing/powers to help.

There are no penalties for adult children who abandon their parents and refuse to allow contact between children and grandparents.

Overly complex legislation seems to create legal minefields.

Advocacy

In addition to myself, I have acted for others who have suffered elder abuse.

The chair of advice and recommendations go round in circles. It's a case of "our hands are tied but go here, then you speak to the next person," and they send you off somewhere else, there is not an advocacy that says, "we can help you right now."

Old people need an advocate when police are involved to ensure the old person can get their thoughts and feelings across.

Indicating other types of relationships where abuse has occurred

Banks & other large organisations closing branches and trying to force elderly people to use Apps. Services generally being withdrawn by banks.

The needs of an elderly neighbour who had recently come out of hospital were not being met by any agency. When I enquired as to what help was available, I was told that as I was not family it couldn't be discussed.

Actions taken around abuse or mistreatment or outcomes from taking action

Went to solicitor to discuss options, I am supporting my elderly mother, an elder sister with intellectual disability. The abuse and mistreatment is happening to the 3 of us from my bossy brother-in-law married to my middle sister, who is his door mat.

Request explanation of assertive data background on the premise that being old you wouldn't know what they were talking about and then have the opportunity to force money payment issues.

Tried mediation through [name of service], tried discussing, but decided to sell up and move interstate at a huge personal cost. Situation remains unresolved.

No success, no replies from Cmwth Gov Ministers in regard to the amount of savings and income taken by Government.

We were estranged from helping mum. Husband cut us off. Could have gone to police but didn't take this action.

When it was finally uncovered it stopped. This only happened as my mother had her home of over 50 yrs repossessed without knowing it was happening. The family member kept it hidden until the bailiff arrived to evict her.

We, her friends, sought support for her and organised her to change her bank accounts to prevent them stripping her accounts. Also helped her contact her solicitor to ensure she received her half of a property sale which was destined to go into a joint account that she had no access to.

I am referring to women I have met who have experienced serious and debilitating domestic and family violence over their life. As they age they are experiencing the impacts of this violence on their health and well-being.

Frustrations or challenges encountered when they were not able to receive assistance

Restraining orders are only for couples relationships not for abusive violent threatening neighbours.

None, when you are afraid to speak out. Talking to doctor is good if they listen, but little referral mechanisms seen from experience.

QCAT process was useless. Limited by sitting Member as to hearing all parties involved.

Having the support of a case worker at [name of service] to speak to, and obtain advice from, was a big help. The lady who was abused is still too frightened to take further/legal action at this stage, so having someone to talk to has been very beneficial.

Mediation did not work for my son and I as we are still not permitted to see or hear/talk to our 3 children/grandchildren by their mother on her hearsay or hear from our children/grandchildren.

Rang the helpline anonymously. Good to talk but I didn't want legal advice or the police.

I found assistance from Marriage Guidance, but mostly helped myself but it took several years to get over the physical and mental abuse dished out by my husband, there was no assistance back then.

Actual complaint processes not being actioned at all. Or at best making the hurdles harder to reach.

In dealing with cases of abuse by staff of retirement village(s), I have myself received more than a decade of serious abuse myself from the organisation.

This cohort have most often never accessed services or support in relation to their experience of abuse.

Other diverse barriers encountered when engaging with services and supports

Anxiety about the abuser's mental health and nowhere else for that person to go i.e. no accommodation

Police pick and choose on bias.

I was going to pay the cost of a good behaviour order however the neighbour was not legally living at the premises next door. Bailiff advised me not to waste money as the perpetrator was already wanted by police over a violent attack to a police officer and could not be found and had no known address.

Court hearing keeps getting adjourned. Police not helpful.

Government attitudes toward the Aged. Organisations such as [national peak body] and [key national organisation representing older people] not doing enough to criticise Aged Care Costs to ensure that Aged Couples are not financially abused by Government costing policy.

Coercive control by husband. I think mum felt embarrassed and was unwell.

There appears to be a belief that older women will not be raped. There is no respect or care provided to older people with frailty in the general community.

Parent did not want to take action because abuser was their daughter and parent felt guilty and did not want daughter to be in trouble.

I phoned [hotline/helpline] was basically told my only alternative to my dad's situation was to seek expensive legal advice. I survive on DSP [Disability Support Pension] so that wasn't an option.

My husband and I were the barriers. We weren't prepared to talk to police or take legal action. This is our son.

Ill treatment in nursing homes, staff illtreating patients, and not being able to cope with dementia patients.

With retirement village experiences, inability for the [key national organisation and network for older people] (last approached 12 months ago) "outside their remit". I suggested that, just had [same organisation] had evolved from HACC (aged) to include HACC disability and then Residential care, the service should encourage extension to include RVs, especially with "Ageing in Place".

Her son states that as he has the person with the Enduring Power of Attorney, he will make the decisions without regards to his mother or her partner.

Lack of understanding as to what constitutes elder abuse.

Being abandoned by partner or family and the help they should give is non-existent.

Ruthless refusal to deal with the issues by several levels of organisations who could have acted on my reports.

Limited options in regional and rural areas as well as high financial costs in larger cities.

Do not want to get involved. Fear of repercussions.

No one believes you or too scared to help.

Further ideas for improvements to better address abuse and mistreatment of older Queenslanders

No police accountability and yet now they will have no judicial oversight with giving them greater DVO powers to enforce their own personal bias - rural and regional police are an organised pack without oversight as it is.

Drop this case-by-case philosophy.

More incidents made public, with Federal election coming up there is nothing mentioned about this.

For all ages there needs to be restraining and protection laws to prevent anyone from threatening others.

Education on how to relate and understand problems. Understand that cunning "stealing and cheating on others for your own benefit" is a criminal offence.

Legislation mandating compulsory contact between grandparents and grandchildren.

More effective training for those people involved with Elder Abuse - Empathy; Concern; Wisdom.

Abandoning "one size fits all" mentality. Every circumstance is different.

Grandparent Alienation should not be allowed.

Even though the parents have separated Grandmother's to still have the rights to talk/see/hear/ from their grandchildren.

More face-to-face support. More support from police and courts. Hospitals to be more accountable.

Old parents with adult children living at home are open to elder abuse. So much of elder abuse is not reported because it is family abusing them. Perhaps tenancy agreements for adult children living at home that includes standards of behaviour and outlines what elder abuse is might help the parent move an adult abuser out of their home with reduced guilt.

Having dedicated professionals available in GP medical centres that can be bulk billed. Having these professionals working with law enforcement as required.

More regulation and compulsory supervision, CCTV in facilities for protection of elderly.

Do not allow elderly people go guarantor without extra independent steps involved. I think had she had independent support and the bankruptcy was not hidden by the perpetrator an 87 year old widow would not have been forcibly removed from her home without notice and only able to take what she could stack on her wheelie walker in the 20 minutes she was allowed.

One Stop Liaison Help Centre...that doesn't involve being adept at I.T and can be accessed through Senior Citizens Groups.

Collaboration between interstate investigations where distance is a factor over coercive control identified by sibling.

The helpline had a real understanding of what we were dealing with. Do they have social workers who could talk to us and our son? Help with housing. Help with mental health services.

Better training for staff who look after aged people, especially dementia patients & those who are frail and need assistance in all things.

My focus is especially upon Retirement Villages. Funding of every State/Territory peak RV residents Association (advocacy peaks) Anne their Federated (ineffective through poverty) Federal body to enable each to operate an effective Office.

More open discussions /information about what can be seen as elder abuse especially when family members think they are helping but they are actually stopping the person from managing their own lives and situations.

Lessening of "red tape" regarding who can and cannot act.

More information for ordinary people at home, help for people to resolve matters, especially when they don't have family or friends to help them.

It would be beneficial for the police to have a better understanding on how to handle elder abuse. In my experience they weren't interested in the whole situation but just wanting to charge my child. My child needed mental health support and we attempted through many avenues including the hospital mental health services, private psychologists, counsellors, and it all came back to that there was my child had a safe place to live so there was not anything else they could do.

Less bureaucracy which is a minefield. Having a direct connection with someone who will display accountability and a process to cease and rectify. Truth. Not talking over you telling you what you know and it being irrelevant anyway. Dealing with THE problem. Respecting that it needs dealing with to prevent further harassment. Listening and doing rather than adding to the running around already frustrating you. Complaint system is generally zero for the complainant. Being inconsistent and incorrect information. Lack of care or subjectivity needs complete change. Deal

with the issue not throw it back and respect that hours we spend on these treadmills are totally unacceptable. Our time has equal value to theirs yet we are unpaid.

Support for those of us dealing with and reporting elder abuse. I and others have received shocking abuse behind the scenes because we have spoken out both orally and in writing.

A service where one can be anonymous. Small communities are very hard to gain support away from bullying community, most people don't want to get involved or get bullied themselves.

A legacy of abuse needs to be recognised in terms of its impact on our health as we age.

More discussion in the public domain to raise awareness, decrease shame and normalize reporting or other action: more information available to increase understanding; more funding for mental health services including integration with services targeting elder abuse.

Practicing common courtesies and good manners would avoid many incidents of abuse.

Better system for Enduring Power or Attorney. EPOA's need to be registered and a more formal procedure when dementia is progressing (ie; geriatrician diagnosis). Have trained staff at a community level to help with completing this documentation, with the ability to draw attention to what it all means. The automatic tick system is a problem as 1. seniors think their children are not going to do the wrong thing by them and just tick it, 2. When registered, a formal process to formally have it enacted and with processes to protect the assets.

Elder abuse centres do a great job but many would not contact due to the name. Need well publicised elder advisory services that offer a more informal contact.

More advertising of services available and what they can do.

Withholding of twice-daily oral health care is neglect and a form of elder abuse.

Stronger laws to stop offending businesses from continuing to operate.

Additional insights, observations, thoughts provided (general)

Drs sometimes don't give optimal advice to people when they are old regardless of physical and mental ability.

Old enough to need help, not to be recognised under aged criteria. 60-65 is a blackhole, and if you are rural, well you are a non-entity.

The abuse in the workplace against the elderly is getting worse that there almost needs to be a few police that deal with these Roger companies that ignore issues like this and just let it continue health and safety reps are big part of the problem.

Education of older people on what forms abuse can take and also, what they should know about how drug dependency can affect a person's behaviour and personality.

My friend went to [police station] to report an incident. Police delayed taking her complaint and in due course QLD Ambulance arrived. Told her to go to the ambulance vehicle on the pretext of taking her blood pressure. She was then transferred to [name of regional hospital] on the grounds that she had urinary tract infection. Which tests prove she did not. She was in effect kidnapped by virtue of Police Powers and Res Act and also Ambulance Powers and Responsibilities Act. So wrong.

Much quicker and easier access to help. Non-reactive to initial phone call. Needs to be urgent reaction when phone call made to elder abuse help line.

Police need to be allowed to use whatever force necessary to protect themselves and others regardless of age / nationality of perpetrators. The magistrates of the courts need to be held accountable for letting repeat offenders off lightly. There needs to be psych tests of all criminals as many are mentally ill and need to be in mental hospitals for life, not short stays in prisons.

I have witnessed that being old I wouldn't know what "they" are talking about therefore ok to go ahead and lie and take what money they can. I have challenged often and usually the offender has backed off. If they can get away with it there is obviously no conscience or feeling of guilt knowing "they" had hurt or destroyed others.

I was a Financial Adviser, designated to oversee the financial affairs of a client. Her daughters were systematically taking money from her bank account. She had early onset dementia at age 55. I informed the QLD Guardianship Tribunal but they didn't contact me and just believed at face value what the daughters said.

Grandparent alienation is the worst. The ambiguous grief is horrible and soul destroying.

Please develop better help supports of welfare, health, safety and elderly wellbeing. Seniors are vulnerable people and are being taken advantage of, kicked out of housing and discriminated for electing to stand up for their right.

No we live in a non-caring country.

Recently had occasion to call the Gov helpline about a situation and although the respective officer was helpful, I found that the advice I was given led to a dead end, so gave up....

Grandparent alienation is both elder abuse and child abuse and should not be allowed to exist in our society. There is an epidemic of such abuse here in Australia.

More down to earth support from police, courts. More personal protection and information given to victims. Act on every situation sooner.

It's difficult for the QLD Government as they do not have jurisdiction in this area. However the QLD Gov could lend support to its Aged residents by publicly criticising Cmwth Gov Residential Costs that leave spouses in financial poverty.

Public Trustee and Guardianship to be more transparent and not fraudulent. More community and public awareness of help availability for people or who know people who are suffering some form of abuse.

Qld Rail have done a great job of training staff to assist people with frailty. Bus drivers in Brisbane are rude and negligent, clearly do not see it as their job to assist older people. There are men in the general community who are very aggressive towards older women.

So many older people are cut off my family members because we don't do what they want or say. We then have no one. No family contact, no grandchildren - it is as if they all died all at the same time.

Whilst the in-laws / parents live in NSW, the son lives in Queensland, a single sibling controlling all access without consultation with siblings and no opportunity to speak with service providers due to privacy concerns and nominated authority despite legitimate concerns and evidences of coercive control that changed the entire life of both parents and created distance and isolation from other family members.

I saw how my mother was treated in a supposed nursing home; she was tied to a chair with a bed sheet in front of a blaring tv set and drugged to the eyeballs. She was also attacked in her bed at night by a male patient who wanted to have sex with her, she ended up on the floor and sustained a broken collar bone for which she received no treatment.

In RVs [retirement villages], managers and staff seem to be oblivious to the notion of elder abuse. The most common form is patronisation . Several other examples include the refusal to provide access (ramp/lift) into the heavily paid for common facility swimming pool. Also there are 3 apartment blocks , each 4 storeys including underground car parks, that have a single lift in each. During recent poor weather the lift in one building stopped and it was acceptable to management that the company under contract would not be available to even look at it and determine what maybe needed to be done and parts, if any ordered.

There needs to be community information about the small things that can actually be elder abuse if allowed to continue and grow. A small seemingly innocent action that deprives an older person of the right to decide can be the first step that leads to further actions that can actually be elder abuse without the person doing the abusing being aware that that is what has occurred. From little things big things grow...but in this case it was negative...how can that message be put out to families taking on support and carer roles so that they watch out for the little things or steps or decisions that actually are the start of taking away the older persons right to decide for themselves or have access to the information they need to decide rather than it all being taken out of their hands - in my Father's case it started with wanting a drink of water and being told he couldn't have one because of his heart condition - he wasn't supposed to drink too much water....such a little thing....then another decision was taken away and another...

More help available in home to help with computers, laptops. My Aged Care Packages/Support in Home etc are complicated and lengthy, what you can or cannot fund etc. It's like psychological abuse of some elderly people. ,

digital items and smart phones etc. My AgedCare Packages/Support in Home, Commonwealth Home Subsidies etc. are getting very complicated and req

Sometimes it is a hidden problem. Victims need better info on how to handle it.

One problem is that who do you believe, the one with the complaint / issue or the organisation backed by public relation experts and a good legal backup team?

A lot of financial abuse, especially grandchildren are involved. Withholding visits etc if money is given to parents. Old people don't realise they are being abused.

When it comes to older people in aged care facilities, it sometimes comes across as the older person is not being listened to and only the EPOA is listened to. The older person needs to be heard no matter what.

The issue of retirement villages and their leasehold operations are a significant factor in preventing older Australians from downsizing. Exit fees, refurbishment fees and general costs see those who have worked hard completely ripped off. I have seen many friend and family impacted by this. They enter these places with fewer good options available. But knowing they are being taken advantage of by greedy developers. Freehold gated communities are the obvious answer.

The people I have observed are doing it are very deliberate in their actions. They are calculating and purposeful to make the older person feel guilt, shame, feel powerless, be compliant, feel responsible for the situation. The abuse is insidious and so the older person accepts the abuse and feels it is their lot to carry. The verbal, mental & emotional abuse that ensues if the older person tries to do anything about it or reclaim any money taken, for example is extreme, vile & designed to make the person return to submission. The older person is dominated by the abusers. Because of this, as in domestic violence more generally, it is almost impossible for the older person to do anything about it - to seek help or stand up to the abuse. And because it is so often inside families - even within a household, it is so easily hidden and abusers can ramp up intimidation and abuse if any efforts are made by the older person to seek help. It could be near impossible to help an older person living with their family, dependent on the family to get help. Information for doctors; community contacts for health, social & other services is essential so that contact points for older people are as many & varied as possible. For people that are housebound or reliant on the abusing family member for transport makes it even harder, or near impossible to get information about, or actual help. More information for anywhere where an older person may have contacts - retail outlets, community groups, health services etc.

There are a number of self funded retirees in our society who feel that no one cares as society thinks money can buy anything. Money does not necessarily offer accurate and informal networks, problem solving assistance and informal advice, quality future planning options.

Improve education in support workers; just because we are older does not mean we are stupid.

Some of us made complaints to the Queensland government and federal MP, but we weren't believed.

Adult guardian services are not equipped to cover information questions on elder abuse and it would appear nor are other organisations. More consideration should be given to all forms of physical abuse with older people. There is no safe place to protect them. The organisations that people are suggested to contact do not have the means to protect the abused.

Mental health support is critical in minimizing the likelihood of elder abuse occurring. Community Centres are often a first port of call for both mental health and elder abuse support. They are also critical in addressing loneliness and facilitation access to services.

I am very interested in how we as a society and community might address the legacy of abuse that older women who survived it are now experiencing. It is a complex picture that includes now experiencing housing precarity. Financial abuse not just at a personal level also at a systems level where women who experienced abuse survived because they fled the situation with nothing but the clothes they were wearing and raised their children with no child support as it was not mandatory until 1988 and even then many never received a dollar.

Not sure if anyone can really help people from being bullied especially in a village situation where older folk are too afraid to speak out against bullies. Service provider staff can be bullies to older folk in their homes where they are afraid to complain as the staff (visiting homes for services) will bully worse & worse. Not good for older folk. Families

are often too busy working or dismiss the problem as the older persons fault. More love & caring for people are what is needed.

The power of organisations, retirement village providers etc. is such that no-one at State level in Queensland has the guts to deal with them when they manifestly neglect or abuse vulnerable people, or when we report abuse.

It's broken. It needs to be taught in schools and elsewhere. The following sayings encapsulates the issues and attitudes. "You cannot make progress unless you always respect the past ". "The standard you walk past is the one you accept ".

When it comes to older people in aged care facilities, it sometimes comes across as the older person is not being listened to and only the EPOA is listened to. The older person needs to be heard no matter what.

Service providers and community organisations

One respondent provided **positive feedback on a specific legal service** that undertakes community education on elder abuse:

In particular, [name of seniors focused legal service] does great community education on elder abuse. The staff deliver what is a challenging topic in such a sensitive way which in turn encourages questions, conversations and a building of trust. Service users are more likely to access services where they have had an initial face to face encounter.

Respondents also commented on **limited or lack of services available in the local area**:

Many services run at capacity and the victim might not receive the care and attention they deserve. It has been the case where our organisation has tried to refer a person on yet the service wait time is weeks away. When individuals are referred to these services, there is often limited follow-up or feedback to our organisation, leaving uncertainty as to whether the issues raised have been adequately addressed or resolved.

In terms of **preventative strategies and interventions**, respondents felt strongly about what could be done to improve raising awareness of abuse and mistreatment of older Queenslanders:

Preventative strategies should include targeted education and awareness-raising initiatives on elder abuse for school-aged children and young people. Currently, many public campaigns focus on individuals aged 50 and over. However, by this stage, negative behaviours and attitudes may already be deeply ingrained and more resistant to change. Early intervention through education can help foster respect and understanding from a young age, contributing to long-term cultural change.

Additionally, there is a critical gap in the training and support provided to kinship carers. Unlike foster carers, kinship carers are not required to undergo formal training or induction, which means they may not receive essential information on issues such as elder abuse, misconduct, and appropriate caregiving practices. Considering that most instances of elder abuse are perpetrated by family members, ongoing, mandatory training for kinship carers should be introduced. This training should cover not only elder abuse awareness but also include guidance on respectful caregiving and family dynamics. A robust screening process is also needed to assess the suitability of carers and to identify any additional support or resources they may require. This ensures that both the carer and the older person are well-supported, reducing risks and promoting safe, respectful relationships.

Finally, any comprehensive approach must include efforts to address the broader systemic issues contributing to elder abuse, such as rising inequality and poverty, as well as a strong commitment to meaningfully addressing ageism across all areas of society.

Respondents also raised the **investigation of abuse and mistreatment**, for example:

An easier accessibility for abuse investigation supports, with less red tape regarding where the abuse is coming from (for instance some advocates only intervene in service based abuse, and some will only help with domestic abuse). In regional areas, we often only have one (or none) of the available supports, so the community may know that the abuse is taking place, but because it is the wrong kind of abuse for the accessible services, nothing is done about it.

In addition, **communication and building understanding around different perspectives is required** as part of support or knowledge exchange with community organisations, for example:

Organisations that provide services or information on elder abuse should host occasional meet-ups with community organisations that don't offer case management. These sessions should clearly explain referral pathways, the support available for victims and family members, and how to make effective referrals.

They should also outline what people can expect after a referral, what steps will be taken, who will follow up, and expected timeframes. This will ensure that community organisations feel not only confident but also reassured that they are referring victims to services where they will receive appropriate care and support, without the worry of how they will be treated once they are sent on. Smaller community organisations are often left to do much of the early investigation, when this responsibility should lie with the service provider. Clear communication and understanding between everyone involved will help make the process smoother and more effective.

Respondents highlighted the complexities of multiple risk factors that compound abuse or mistreatment:

I have often come across situations in which a community elder is clearly being exploited or abused in some manner, but due to family lore and the fear of being shunned or isolated, the person being mistreated is often opposed to making a complaint. The risk of loneliness and isolation in regional areas due to transportation limitations and financial hardship increase the risk of older people accepting poor behaviour because often their abuser is also their only social connection. I also find that service provision in the aged care arena is paltry in regional areas due to a lack of manpower, on hand supervision and access to services. Often I've seen service providers put complex cases into the "too hard basket" because the needs of the old person were not easily navigated within the regional systems.