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# Older Victorians' preferences for elder abuse services

Findings from a community survey

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# Executive Summary

Elder abuse is an important public health and human rights issue that impacts approximately 15% of older adults living within the Australian community. It can lead to poor physical and mental health outcomes, increased use of healthcare systems, and premature mortality.

Better Place Australia conducted an online survey to ask older Victorians about whether they would seek help if mistreated in certain ways, and the types of support they would like to receive if felt that their ability to make decisions about what they want was being hampered or restricted.

## Key findings:

- Between 18-27% stated they were unlikely to seek support if mistreated by a family member or carer. Men were less likely to seek support if mistreated in four of the six areas we asked about.
- Many preferred receiving advice and support from trusted individuals including family, friends, and General Practitioners before deciding what course of action to take.
- Social support services were preferred by most, with a focus on professional services that focus on resolution and empowerment.
- There was an emphasis on legal or police involvement when other strategies failed or if abuse is severe.
- Barriers to support services included the fear of escalation, uncertainty about the available services, feelings of shame, and not wanting to cause trouble for their family.

The findings suggest that the current elder abuse response system – which prioritises legal and family violence frameworks – may not be fit for purpose. Policy responses and related service funding structures must recognise the role of family and social supports alongside legal interventions to provide a balanced approach that reflects the needs and preferences of older people.



## Background

Elder abuse has been recognised as both a public health and human rights issue.<sup>1-3</sup> It is also known as elder mistreatment, elder maltreatment and the abuse of an older person, and has been defined as:

*‘a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person’ [p.16]*<sup>4</sup>

Elder abuse typically occurs between an older person (aged 65 years or more) and a person known to them who is in a position of trust or responsibility. This report focuses on elder abuse that is perpetrated by a family member carer within community settings, particularly the older person’s home.

Reflecting global estimates,<sup>5</sup> the most recent Australian data suggests that 14.8 per cent of community-dwelling older adults had experienced elder abuse within the previous 12 months.<sup>6</sup> Psychological abuse was the most common form, followed by neglect and financial abuse. Other commonly recognised forms include physical and sexual abuse.<sup>7</sup> While the type of abuse can vary, it may involve behaviours such as treating the older person like a child; preventing contact with friends or family; failing to meet their basic needs; denying access to health care; coercing or threatening them over money or assets; locking the person in a room; or enforcing nudity against their will.<sup>7</sup>

Elder abuse can lead to poor physical and mental health, increased use of healthcare systems, and premature mortality.<sup>8</sup> In addition to negative outcomes for the older person, elder abuse can also contribute to high levels of distress for their non-perpetrating family members and friends, particularly those who try to help the victim/survivor.<sup>9</sup>



# Responding to elder abuse in Australia

## Federal responses

In Australia, federal responses to elder abuse sit within the Attorney-General's Department. This means that policies guiding elder abuse responses and services have primarily focused on legal protections and interventions. Recent national policies have been guided by the Australian Law Reform Commission's (ALRC) recommendations following its 2017 Inquiry into Protecting the Rights of Older Australians from Abuse.<sup>1</sup> Focusing on the best legal frameworks, these recommendations shaped legal pathways for protecting older adults who experience elder abuse. The ALRC Inquiry led to the development of a National Plan to Respond to the Abuse of Older Australians 2019-2023, which is currently under review. The services that were funded during the implementation of this plan focused on legal responses and advocacy, with less funding available for therapeutic or social service responses.<sup>10</sup>

## State responses

Despite there being a national plan for responding to elder abuse, federal and state responses remain disconnected. In Victoria, where Better Place Australia is located, community-based elder abuse is located within family violence frameworks. For example, elder abuse falls within the scope of the *Family Violence Protection Act 2008 (Vic)* which aims to protect individuals from abuse. The 2016 Victorian Royal Commission into Family Violence further embedded elder abuse within family violence frameworks.<sup>11</sup> Despite recognising a distinction between elder abuse and family violence, only 3 of the Commission's 227 recommendations directly acknowledged or related to the needs of older people.

Similar to Federal funding, specialised elder abuse services that go beyond legal advice, protection and advocacy are limited. An Integrated Model of Care was trialled in Victoria in response to the Royal Commission into Family Violence. This provided specialist elder abuse support within health services for older adults, their carers,



and families. However, these trials ceased in 2023, with no commitment from the State Government to provide ongoing funding for comprehensive specialised services.<sup>12</sup> Some funding remains for counselling and mediation services, which Better Place Australia deliver; however, this funding was also significantly reduced in 2023. The defunding of specialist services means that services are not fit for purpose, with enquiries from older people being direct to generalist family violence services. Furthermore, while counselling and mediation offer therapeutic options to prevent cases from escalating to the legal system, current services are limited in their ability to work across sectors, provide integrated and timely support, or provide support for perpetrators.

## **Better Place Australia's Elder Abuse Prevention Service**

Better Place Australia has provided a specialist Elder Abuse Prevention Service since 2018. In this time, we have supported over 2,000 cases of elder abuse. Better Place Australia provides the only specialist family violence service in Victoria dedicated exclusively to working with older people. It is distinguished by its expertise, collaborative networks, and tailored approach to support older victim-survivors. We offer support to both older people and their families, with specialised skills in assisting victim-survivors experiencing cognitive decline and/or dementia. Our social work practice is designed to support older individuals experiencing or at risk of elder abuse. Our approach is holistic, trauma-informed, and strength-based, ensuring that each person received the tailored support they need to regain autonomy and safety.

As our clients are predominantly on incomes less than \$50k, support is mostly provided in clients' homes or by phone. Although family violence is indicated in nearly all cases, only 35% have an active intervention order, a characteristic unique to elder abuse. Our case notes show that 40% of parties coercing the older person are female, and that 30% of the victims are male. Approximately one third of our clients were born outside of Australia.



## Rationale for this survey

Responses to elder abuse have primarily been influenced by the availability of funding, which has primarily been directed towards legal and family violence services. This has resulted in limited therapeutic services that address the health and social needs of older people and their families. Consequently, service provision has been shaped more by what is available than by the preferences and needs of those affected.

The research presented in this report aimed to understand what support services older Victorians would like to engage with if they experienced elder abuse. The research sought to address the following research questions:

- How likely is it that older Victorians would reach out for support if experiencing elder abuse?
- What support services would they prefer to engage with?
- What factors may prevent older people from contacting support services if they experience elder abuse?

## Methods

A detailed overview of the methods can be found in the Appendix - Methods. This study involved a mixed methods online survey, which was completed by 539 people aged 65 years or older living in Victoria. The survey included an adapted version of the Elder Abuse Suspicion Index<sup>13</sup> to ask older Victorians if they were likely or unlikely to reach out for support if a family member or carer mistreated them in six different ways. Participants were asked to select who they would approach for support and advice from a predetermined list. The survey also included three open-text questions that asked participants about what support services they would like to receive if pressured or coerced by a family member or carer; reasons why older people may hesitate to reach out to support services; and if there was anything else they would like to share.



# Results

## Participant characteristics

A detailed summary of the participant demographics is shown in Table 1. The survey was completed by 539 Victorians aged 65 years or more. The age distribution was fairly balanced with the largest proportion aged 65-69 years (33%), followed by 70-74 years (30%) and 75-79 years (22%). A smaller portion were aged 80 years or older. Over half identified as female (57%). In terms of living arrangements, the majority of participants lived either with a partner (54%) or alone (34%). The majority of participants were born in Australia (72%), with the next most common birthplaces being the United Kingdom (11%) and New Zealand (4%).



**Table 1: Participants characteristics (n=539)**

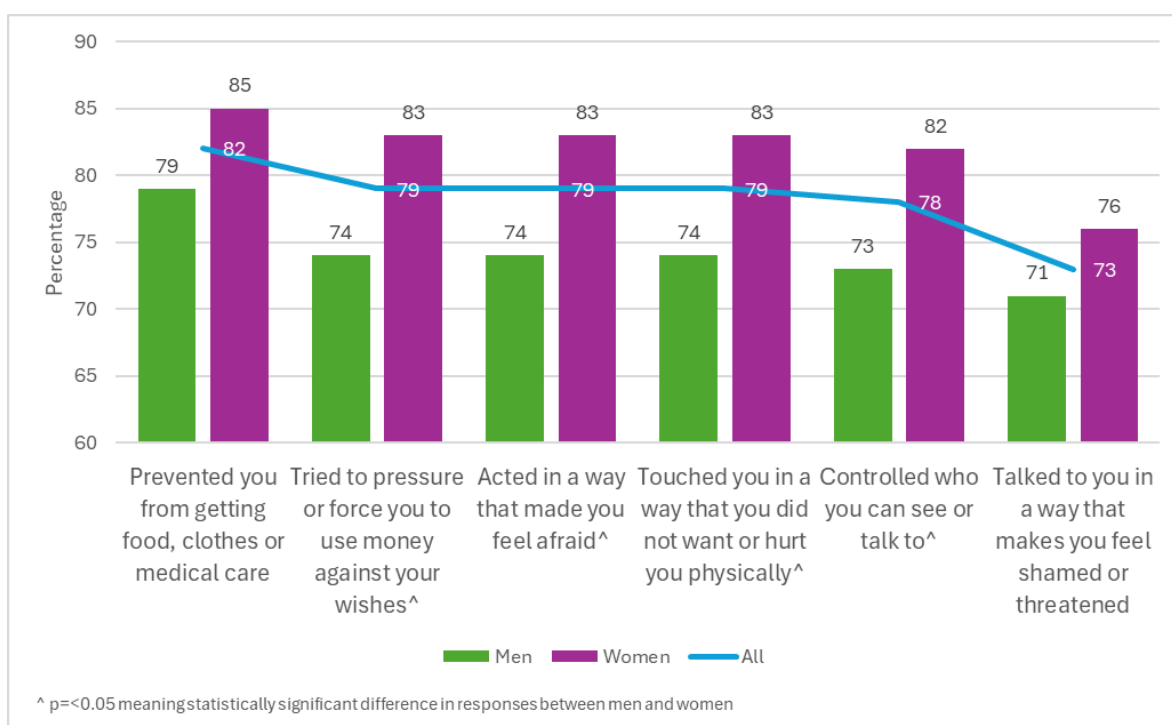
<b>Gender</b>	<b>n=539</b>	<b>%</b>
Female	308	57
Male	230	43
Not stated	1	<1
<b>Age</b>	<b>n=539</b>	<b>%</b>
65-69	178	33
70-74	162	30
75-79	117	22
80-84	56	10
85-89	24	5
90 years or more	2	<1
<b>Living situation</b>	<b>n=539</b>	<b>%</b>
Living with my partner	293	54
Living alone	182	34
Living with my adult child(ren)	39	7
Living in residential aged care	1	<1
Other (please specify)	24	5
<b>Country of birth*</b>	<b>n=446</b>	<b>%</b>
Australia	319	72
United Kingdom	49	11
New Zealand	16	4
India	7	2
Germany	5	1
Italy	5	1
Other	45	10
* Question added after piloting the survey		



## Quantitative results

### Likelihood of seeking support

Older Victorians were most likely to report they would reach out for support if they were prevented from getting food, clothes or medical care (82%). They may be least likely if they were talked to in a way that made them feel shamed or threatened; one in four participants (26%) reported that they would be unlikely to seek support if treated this way. Men were significantly less likely to seek support if mistreated in four of the six areas we asked about. For a detailed overview of the response and gender comparison, see Figure 1.



**Figure 1: Percentage of participants who were likely to seek support if treated in specified ways by a family member or carer, by gender (n=539)**

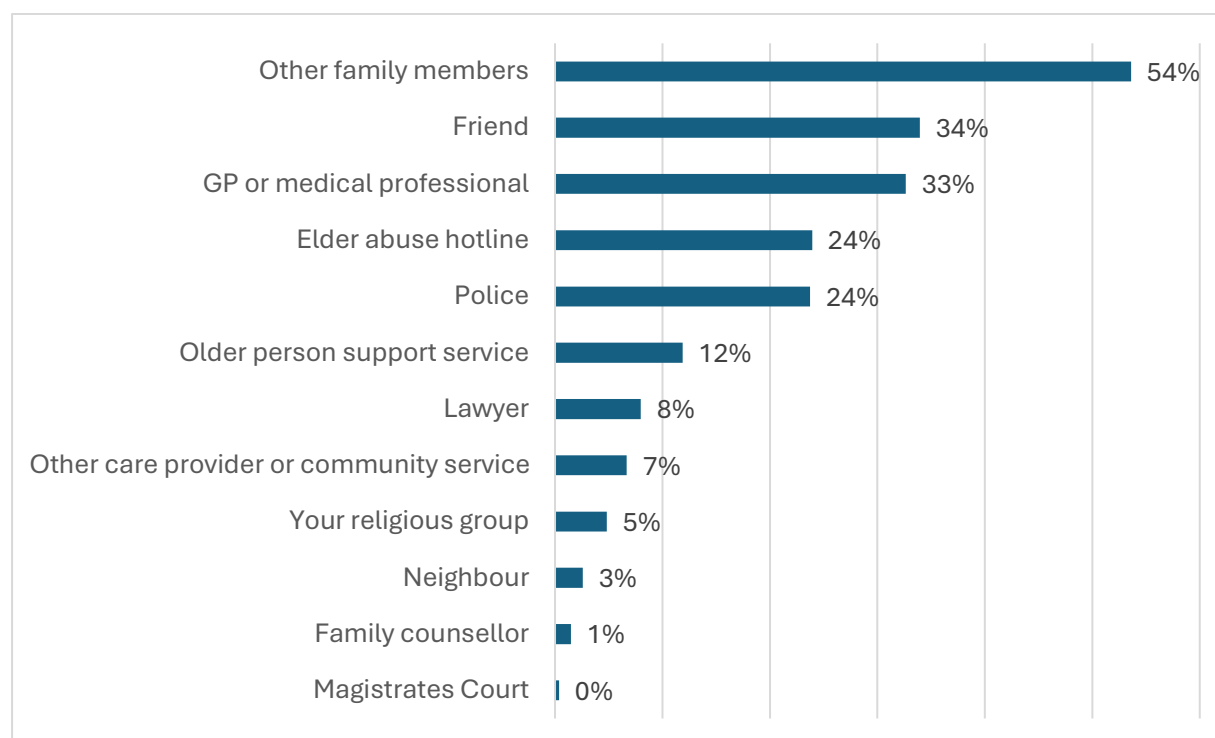
### Support preferences

Figure 2 represented the percentage of participants who selected each source of support or advice they would be most likely to first contact if they felt pressured or prevented from making their own decisions. The most commonly selected source of



support were other family members (54%), friend (53%), and GP or medical professional (33%), followed by the elder abuse hotline (24%) and police (24%).

There were minimal differences when comparing the responses of men and women, however, men were statistically more likely to select police compared to women (29% vs. 20%,  $p < 0.05$ ).



**Figure 2: First point of contact for support or advice if participant was pressured or prevented from making their own decisions (n=539)**

## Qualitative results

The qualitative thematic analysis focused on the type of support participants would want if they were pressured or coerced by a family member or carer, and the barriers to contacting support services. The key themes from the participants' responses are presented below.

### Support type and source



### *Trusted individuals who can provide advice*

Participants commonly referred to trusted individuals already within their support network as the first point of contact. They described how they would want to speak with a **trusted family or friend** before making further decisions. These individuals could provide “*emotional support*”, practical intervention, or advice:

*I would probably let other members of my family for help, or my GP. I would also ask my best friend for advice.*

Alongside family and friends, **General Practitioners (GPs)** were also identified as trusted individuals that many older adults would speak to. GPs were largely described as being a source of advice about what to do and were viewed as a referral pathway to other relevant services:

*Possibly discuss firstly with my local GP (a close relationship over more than 25 years), to be provided with the appropriate people/groups to best provide guidance and ongoing support.*

While some of these participants described trusted individuals as a “*start*” or “*first*” point of contact, a few suggested that they would provide adequate support and that formal services may not be needed:

*I don't think I'd need any support services as such. I would get advice from friends/family and take action.*

### *Professional services as a pathway to empowerment and resolution*

Participants identified several professional services that they would like to engage with if experiencing pressure, coercion or restriction from family members or carers. The most common service type mentioned was for **counselling or psychological support**. Participants described the role of mental health services in providing emotional care, mental health guidance, and a safe space to talk through their concerns and potential solutions:



*Skilled psychologist to help explore options and support action.*

Others focused on **third-party professionals to facilitate discussions or negotiations** between the older person and family member or carer. Participants mentioned that this role could be completed by counsellor, psychologist, mediator or advocate. The focus was for a trusted professional to either speak on their behalf to ensure their rights and preferences were understood or act as an independent voice to facilitate mediation:

*You would hopefully receive support from an advocate group who could host some form of mediation.*

These responses did not imply that abuse should be ignored, with some also mentioning policing or legal routes. However, the dominant desire was for a **professional service to help resolve the underlying issues** rather than simply removing or punishing the person using coercion or abusive behaviours. A few participants emphasised that support services should be trustworthy, caring, and listen to their needs. The core function would be to address the conflict and help all parties understand each other while protecting the rights and autonomy of the older person.

*A mediator/counsellor who would help find a solution that would be satisfactory to all concerned.*

### *Formal authorities to prevent and address abuse*

Across the responses, there was a desire for formal, authoritative intervention to protect older adults from coercive family members or carers. There was an emphasis on the need for **legal or police involvement when other strategies failed or if abuse was severe**. Participants described binding orders, restraining orders, or police-led enforcement as a way to stop the family member or carer's behaviour. This may involve removing the individual from the victim's home, revoking power of attorney, or imposing criminal penalties. A few of these participants highlighted the role of third parties with legal "clout" (such as police, lawyers, courts, local councils,



or government agencies) who could investigate, issue intervention orders, and provide ongoing monitoring of the situation to ensure compliance.

*Take a court order to restrict them and visits from the courts to see that it is complied with.*

*Services that would be able to intervene with the perpetrators of the abuse to ensure the abuse was ceased. Ongoing follow up to ensure no further abuse was occurring.*

For many of these participants, legal pathways were about ensuring their own safety and stopping the abusive behaviour. However, a couple of participants expressed a desire for punishment, for example:

*This sort of thing should be treated as a criminal offence and the Police should be involved.*

### *Specialist services offering information and guidance*

A small number of participants highlighted the value of **readily available advice** to clarify their options, reassure them of their rights, and guide next steps. Participants emphasised **independent and neutral sources of information or a dedicated elder abuse advisor** who could explain their options without family or carer interference. The responses underscored a desire for clear, straightforward information and guidance. Some emphasised the importance of an elder abuse hotline that could be accessed promptly and confidentially via phone or online.

*Support through specialised services to provide help/advice over the phone or online.*

*Support in advice and tips for resolving the situation and maintain family relationships.*



While some viewed this as a short-term or one-off interaction, others described it as a pathway to ongoing support:

*A phone service that provides support and help. And that actually follow up the service they provide and come visit the person in need of help.*

## Barriers to engaging with support services

### *Fear as a barrier to seeking help*

**Fear was the overwhelming reason identified for why an older person may hesitate to contact support services** if they felt their family or carer was pressuring them or stopping them from making their own decisions. While many participants mentioned fear broadly, there was a general sense that reaching out to support services could “*make things worse*”. The dominant worry was that it would aggravate the situation and provoke an increase in abusive behaviours. Participants described **potential for escalation** though increased violence, threats, retribution, or being forced into residential aged care. The following respondent suggested that notifying authorities may increase the severity of the abusive behaviour:

*If an older person is already being pressured there could well be the fear that it could escalate into violence or cruelty towards them if they were to make a complaint to the authorities.*

Beyond the immediate risk of harm, participants also reflected on the potential for **longer-term consequences due to a power imbalance**. These responses reflected how some older people have limited options for care, which may make them reluctant to challenge the person providing day-to-day assistance. From this perspective, there may be a fear that speaking up could undermine their independence or risk their access to care:

*If the older person depends on the family or carer there is not much point to go against them for then who will look after you.*



### *Uncertainty about the services that are available*

Another key barrier to engaging with support services reflected **uncertainty about the available services**. The main uncertainty related to knowing what was available or how to contact them. Some participants suggested that older people's engagement with support services may be limited if they “*don't know where to go*” or “*who to contact*”. A few acknowledged that they personally did not know, with one respondent describing services for older people as being “*fragmented*”, which added to the confusion. **Lack of knowledge about services** was underscored by the following respondent who explained they were unaware of the Elder Abuse Hotline prior to this survey:

*Elder abuse hotline needs to be advertised more. I had no idea of this before doing this survey and I tried to find information online but it never came up on google.*

There was also uncertainty about whether older people would be “*taken seriously*” or “*believed*” by support services. When expounded upon, these concerns reflected a **fear that an older person's accounts may be dismissed** as being “*too old*” or “*senile*”. There were also concerns that the support service may “*side with*” or be manipulated by the family member or carer. Along with the prominent fear that engaging with support services may result in retaliation or intensified abuse, this highlights that older people may have **concerns about privacy and confidentiality** when engaging in services. This reflects that older people want to be confident that services can be trusted:

*I would like to know there is somewhere in the community where old people know they could go for help that is confidential.*

### *The undercurrent of shame and embarrassment*

**Shame and embarrassment** were also identified as reasons why older people may hesitate to seek help. A few described how reaching out for support may make an older person feel “*humiliated*”, “*stupid*”, or “*foolish*”. For some, embarrassment was



based on acknowledging that someone close to them – particularly a family member – had coerced or pressured them:

*Some people would be ashamed that a family member would be abusing them.*

Across the responses, some implied that older adults may **feel they should be able to manage the situation on their own** without external intervention. Responses reflected how much older people value their independence and self-sufficiency, and that needing or wanting support may undermine this. From this perspective, older people may feel embarrassed because seeking help might signal to others that they are unable to care for themselves more broadly:

*The person may feel that they should be able to take care of themselves and may be embarrassed to admit they cannot.*

This idea was reinforced by a few participants who explicitly mentioned that they would not experience abuse or need to engage with support services because they are “a very strong person”, would “fight back” or can “handle my own affairs”. This sentiment reflects the notion that admitting to any form of mistreatment – or acknowledging it as a possibility – may be interpreted as being unable to care for oneself.

### *Preference to protect family and avoid ‘causing trouble’*

Some small number of participants reflected **a worry that contacting support services could have inadvertent negative repercussions for an older person’s family**. Many of these responses reflected a **reluctance to involve police or authorities** as older people may feel as though they are being “disloyal” or “dobbing in” a family member. There was an apparent protective instinct that older people may feel towards the family member despite the use of coercion or abusive behaviours. Their instinct to protect their family may drive them to endure mistreatment rather than risk getting a family member in legal trouble:



*I think they would feel scared that they may be getting a loved one in trouble with the law.*

These responses also highlighted how older adults may **be hesitant to contact support services as they want to maintain peace within the family unit** more broadly. Many of these responses mentioned not wanting to be a source of discord or tension within the family, framing seeking support as “*making a fuss*” or “*causing trouble*”. There was some concern that it could create a “*rift*” or divide in the family, which may result in them being socially isolated or “*ostracised*”. The following respondent reflected that they may hesitate to seek help outside of the family due to the risk of losing contact or create additional issues:

*Initially it would be difficult for older people to come to terms that they are being mistreated and delay in seeking outside help. I think that I might hesitate because of the risk of losing contact with family members or creating greater adverse consequences for the family member than intended.*

## Discussion and Recommendations

Previous research has shown that victim-survivors have subjective perceptions of the seriousness of different forms of elder abuse.<sup>14</sup> This aligns with the current findings that one in four participants stated they were unlikely to seek help if they felt shamed or threatened, while only one in five were unlikely to do so if they were prevented from accessing food, clothing or medical care. Together, this suggests that emotional forms of abuse may be under-recognised and thus less likely to prompt help-seeking. This is particularly concerning as older adults may not disclose abuse as they minimise their experience, do not recognise it as abuse, or feel as though others need support services more than them.<sup>15</sup>

The findings of this survey highlight how much value older people place on the advice and support provided by their family members and friends. For many, receiving advice from their informal support network was positioned as a crucial step before they would decide how to proceed. Research has demonstrated the benefit of



involving the social support surrounding both the victim-survivor and perpetrators in elder abuse interventions.<sup>16,17</sup> However, the role of social support has largely been overlooked in current elder abuse policy. For example, the public consultation draft of the *National Plan to End the Abuse and Mistreatment of Older People 2024-2034* positions families as being the perpetrators of elder abuse, with limited recognition of their role in early intervention, advocacy, and conflict resolution.<sup>18</sup> To effectively suit the preferences of older people, the role of their social support networks must be recognised in response systems.

The findings also demonstrate older people's preferences for social and family measures that focus on preserving the relationship with the family member or carer causing harm. Many participants in this study expressed a preference for mediation and supportive options that empower them to make decisions and address problems within the family context rather than relying solely on legal or protective interventions. Tailoring support to the preferences of older adults is crucial, given that some may withdraw from elder abuse support services because they are unwilling to engage with intervention plans.<sup>19</sup> Although some participants in the current survey expressed a willingness to use formal protective services, there was also evidence of hesitation to involve third parties if the older person thought it would result in negative consequences for the family member. This reflects previous findings in relation to involving Adult Protective Services.<sup>14</sup> An over-reliance on the criminal justice system can disempower victims and not suit family dynamics.<sup>20</sup> Furthermore, victim-survivors may be more likely to seek support if there are negative consequences for the family member or support outside of the criminal justice system.<sup>15,21</sup> This emphasises that elder abuse response systems must recognise the nuance surrounding this complex issue and provide multiple avenues – both social and legal – that can be tailored to the needs and preferences of the victim-survivor. These services must also seek to ease older adults' concerns about prompting an escalation of abuse, breaches in confidentiality, and feelings of shame.

Together, these findings emphasise the importance of a comprehensive elder abuse support system that both acknowledges the complex nature of abuse and the support preferences of victim-survivors and affirms older adults' entitlement to



assistance. Ensuring that individuals recognise themselves as legitimate beneficiaries – rather than perceiving that they are diverting resources from others, may not be believed, or are otherwise underserving – is essential in increasing engagement with available services. This raises questions about whether the current system is fit for purpose and able to respond to the complexities of elder abuse. Current funding for elder abuse prevention and support services is primarily directed through family violence services such as The Orange Door.<sup>12</sup> However, only 5 of the 18 Orange Door hubs across Victoria have an elder abuse specialist service. These frameworks recognise men as being the main perpetrators of family violence, with services focusing on protecting women and changing men's behaviour.<sup>22</sup> However, elder abuse is commonly perpetrated within the family matrix, with adult children being the predominant perpetrators and victim-survivors being both men and women.<sup>22</sup>

To ensure an elder abuse response system that meets the needs and wants of older people, governments must:

1. Recognise the role of families in providing support and advice to older people.
2. Recognise the role of social service support alongside legal interventions, providing a balanced approach that harmonises legal responses and robust, well-funded social supports.
3. Ensure funding structures are appropriate for equitable specialist elder abuse services.
4. Expand funding for elder mediation, case management, and specialised trauma-informed counselling support, ensuring older people have relational, non-adversarial pathways for conflict resolution.



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## Appendix - Methods

This research focuses on the broader perspectives of older adults living in Victoria rather than exclusively on those with lived experience of elder abuse, recognising the sensitive nature of the topic. This approach allowed for a comprehensive understanding of the issue while respecting the potential risks and ethical considerations involved in engaging directly with those with lived experience. The project was designed in accordance with the NHMRC National Statement on Ethical Conduct in Human Research (2023).

### Data collection

This study involved a mixed methods online survey. Items from the Elder Abuse Suspicion Index<sup>13</sup> were adapted to ask older Victorians if they were likely or unlikely to reach out for support if a family member or carer mistreated them in six different ways.

The survey also included a quantitative question designed to explore older adults' preferences for seeking support and advice if a family member or carer pressured them or restricted their decision-making. The response options included informal sources of support (e.g. other family members, friends, neighbours) and formal services (e.g. older person support services, elder abuse hotlines, General Practitioners, police). Respondents could select up to three options that they would initially contact.

The survey also included three open-text questions which asked participants about what support services they would like to receive if pressured or coerced by a family member or carer; reasons why older people may hesitate to reach out to support services; and if there was anything else they would like to share. Demographic data were also collected (age range, gender, country of birth, and current living situation).



## Sample and recruitment

The survey was piloted with 37 participants that were recruited via targeted Facebook ads. The remaining 502 participants were recruited with the help of i-Link, a company that facilitates the recruitment of online survey panels.

## Data analysis

### Quantitative data

Descriptive statistics were calculated for demographic and support preference data. Chi-square tests for independence were conducted to examine whether there were significant differences between men's and women's support preferences.

### Qualitative data

Data were analysed using reflexive thematic analysis. Responses were read to become familiar with the data then coded, with a focus on data that aligned with the research questions. Themes were developed based on these codes, with the responses being collated according to the themes. These themes were then refined and checked for relevance across the dataset and the research questions.

## Limitations

It is important to note that the findings from the survey predominantly reflect the perspectives of people from Australia (72%) and the United Kingdom (11%). The views of people from culturally and linguistically diverse communities have not adequately been captured. Furthermore, participants did not need to have experienced elder abuse. Further research is needed to explore the topic from the perspective of people with lived experience of elder abuse.

