



Government of **Western Australia**  
Department of **Communities**



# WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029





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## Elder Abuse Helpline

If you or someone you know is experiencing elder abuse, or has a question about elder abuse, please call the Elder Abuse Helpline on 1300 724 679 for a confidential discussion.





# Acknowledgements

## Acknowledgement of Country

The Western Australian Government proudly acknowledges the Traditional Owners and recognises their continuing connection to their lands, families and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.

The first step in living alongside and working with the Aboriginal community is built upon establishing respectful relationships. Crucial to these respectful relationships is acknowledging the history of Aboriginal people and recognising the importance of connection to family, culture and country.

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WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029 (the Strategy) builds upon the work already underway in Western Australia to respond to the abuse of older Western Australians.

Many people have contributed to the development of this strategy, expressing their commitment to and support for changes.

The Western Australian Government appreciates this, and acknowledges the following groups:

- Community members and organisations who contributed during the consultation phase.
- Members of the Alliance for the Prevention of Elder Abuse: Western Australia (APEA).





**Hon Mick Murray MLA**  
Minister for Seniors  
and Ageing

## Minister's Message

It is a great honour to introduce Western Australia's first ever State Government strategy to directly address the serious issue of elder abuse. The Strategy to Respond to the Abuse of Older People (Elder Abuse) is a 10-year plan that aims to prevent and respond to elder abuse in communities throughout Western Australia.

The abuse of older people takes many forms, including financial, psychological, physical, sexual and emotional abuse. The impact of elder abuse is significant and has profound effects on victims, their families and the broader community.

The strategy is a blueprint for the priorities, actions and outcomes required to effectively confront the abuse of older people. It will also contribute to the implementation of the Federal Government's national plan.

The strategy has identified four priority areas:

- Raising awareness and early identification;
- Prevention and early intervention;
- Integrated and co-ordinated responses; and
- Improving availability of data and evidence.

I implore all Western Australians to do their part in helping to change attitudes and behaviours towards older people. All of us have the right to age safely, happily and with dignity and respect. It is incumbent on us all to create communities that value and support older Western Australians.



# Introduction

## What is elder abuse?

Elder abuse is a significant issue in our community that has attracted national and local attention, and growing momentum for action. It is a complex social, health and human rights issue experienced and carried out by Western Australians of all backgrounds.

The Western Australian Government defines elder abuse as ‘... a single or repeated act, or lack of appropriate action, that occurs in a relationship with an older person where there is an expectation of trust and where that action causes harm or distress to the older person’ (WHO, 2008).

Older person refers to Aboriginal people aged 55 years and over, and non-Aboriginal people aged 65 years and over.

Elder abuse includes a range of experiences and behaviours that:

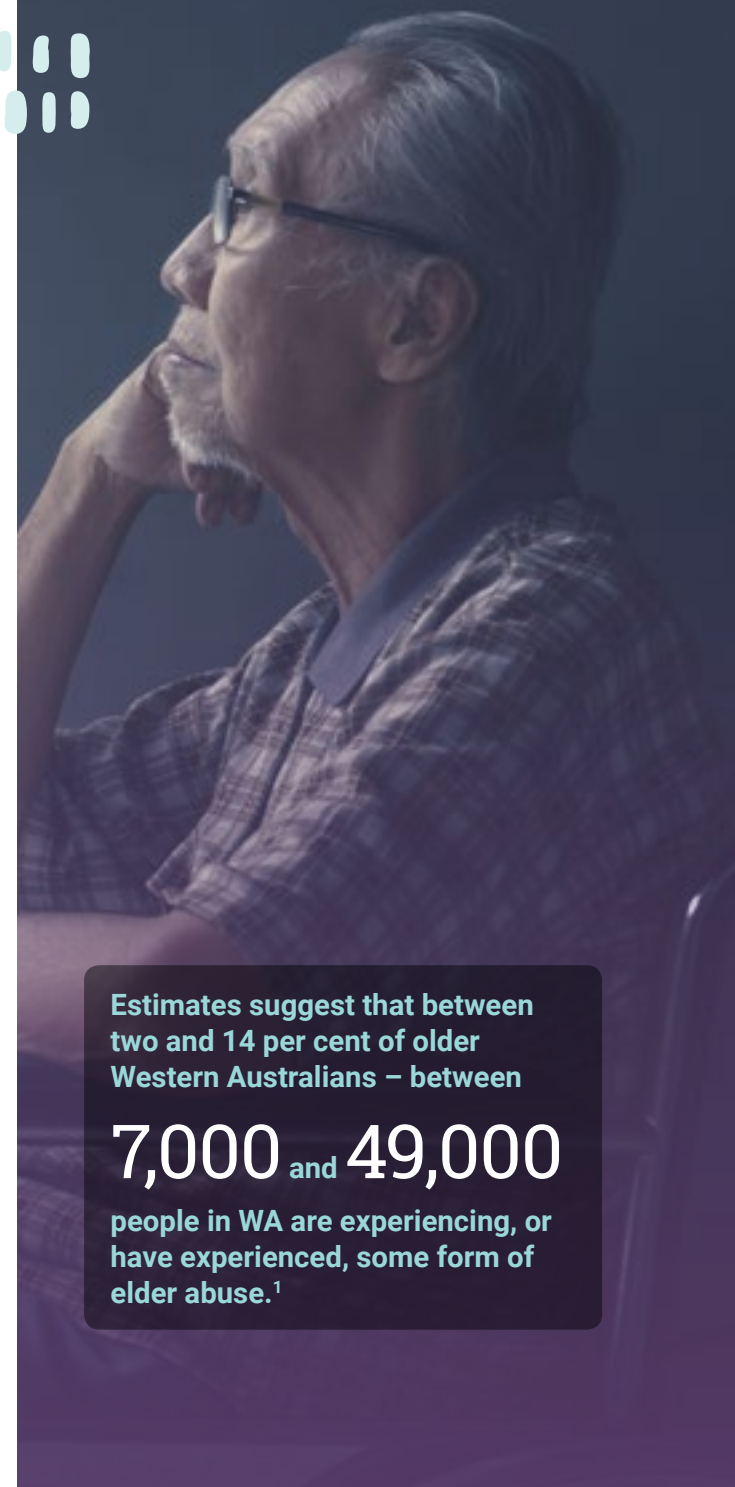
- occur in a variety of contexts;
- may be perpetrated intentionally or unintentionally; and
- may be criminal or non-criminal acts.

Elder abuse is largely hidden and underreported, and as a result there is little recorded data about its prevalence, or understanding of its full impact on individuals, families and the community.

Estimates suggest that between two and 14 per cent of older Western Australians—between 7,000 and 49,000 people—are experiencing, or have experienced, some form of elder abuse.<sup>1</sup>

Developing an understanding of its prevalence and scope is critical to effective prevention and responses.

<sup>1</sup> Kaspiew, R., Carson, R., & Rhoades, H. (2015). *Elder abuse: Understanding issues, frameworks and responses* (Research Report No. 35). Melbourne: Australian Institute of Family Studies.



Estimates suggest that between two and 14 per cent of older Western Australians – between

**7,000 and 49,000**

people in WA are experiencing, or have experienced, some form of elder abuse.<sup>1</sup>





## Why do we need a strategy?

Western Australians are living longer. At the 2016 census, 346,184 Western Australians were aged 65 years and over: a 47 per cent increase in numbers since 2006. This age group currently represents 14 per cent of the total WA population.

It is projected that by 2050:

- this age group will increase to 20 per cent of the total population;
- the number of people aged between 65 and 84 years will double; and
- the number of people aged 85 years and over will quadruple.<sup>2</sup>

Longer life expectancy is both an achievement and a challenge. While most older Western Australians age safely, independently and well, an increasing number are vulnerable to poor life outcomes because they live alone, are at risk of social isolation, and/or are dependent on others to manage daily living.

As the State's population ages, and the number of older people increases, it is anticipated that the incidence of elder abuse will also increase. There is therefore a growing imperative for a whole of community commitment and action to prevent and address elder abuse.

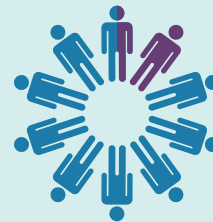
At the 2016 census

**346,184**

Western Australians  
were aged 65+



**47%**  
increase in  
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since 2006



The 65+ age group  
currently represents  
**14%**  
of the WA population



<sup>2</sup> Data source: 2006, 2011 and 2016 Census of Population and Housing.



## Characteristics of elder abuse

The combined efforts of researchers and governments continue to build the evidence base on the prevalence and scope of elder abuse<sup>3</sup>. The available studies have generated a broad, and widely accepted, understanding of its characteristics, contributing factors and effects. This understanding is the foundation of current responses.

Elder abuse is a human rights issue which violates an older person's rights to security, safety, care, wellbeing, independence, dignity and respect<sup>4</sup>.



In general terms, elder abuse:

- is experienced and carried out by people of all backgrounds;
- occurs when a person abuses their power over an older person. Generally, the abuse is committed by people the older person trusts. While adult children are the main perpetrators of elder abuse, it can also be committed by other family members, friends or acquaintances;
- occurs mainly in private settings, often the home of the older person or alleged perpetrator, but can take place in institutional settings such as residential care facilities, respite and care settings;
- takes many forms, the most common being financial and psychological abuse (see Table 1);
- may be, but is not always, criminal, and may be carried out intentionally or unintentionally. It may also occur in situations where the older person has consented to the abusive action;
- often goes unreported by the older person due to feelings of shame or embarrassment, or fear of the consequences for themselves or the perpetrator if the abuse is reported;
- can be a form of family and domestic violence, as both forms of abuse are essentially an abuse of power. This behaviour may be an isolated incident, or ongoing and purposeful, and used to intimidate and instil fear;
- is associated with decreased quality of life, social isolation, morbidity, poor mental health and self-worth, alcohol and other drug misuse and addiction, and death; and
- generates significant financial costs associated with hospital admissions, provision of support services, and delivering justice responses.

<sup>3</sup> The governments of Australia are working together to support high quality research to build the evidence base and the first national prevalence study commenced in 2019.

<sup>4</sup> In accordance with the United Nations Universal Declaration of Human Rights and United Nations Principles for Older Persons.



## Experiences of marginalised and vulnerable groups

Elder abuse is a universal issue. However, some groups of older people are more at risk of abuse, are less likely or able to seek help, and may experience abuse differently than the general population.

Older people who may be more vulnerable to abuse, and have unique experiences and support needs, compared with the general population include those who:

- are from diverse backgrounds, including people who identify as
  - Aboriginal and Torres Strait Islander
  - culturally and linguistically diverse
  - LGBTI+
- spent time in foster care, out-of-home care, residential care, respite or other care settings;
- live with disability or mental health issues, physical and/or cognitive impairment;
- have limited decision making capacity;
- are financially and socially disadvantaged;
- are homeless or at risk of becoming homeless; and
- live in rural and remote areas.<sup>5 6</sup>

Acknowledging and understanding their needs and vulnerabilities, the impact of marginalisation, and the challenges they may experience in accessing support, is important to developing and delivering safe, appropriate and accessible elder abuse responses.

Risk factors and barriers to seeking help can include, but are not limited to:

- social isolation and exclusion;
- dependency on the alleged perpetrator;
- cognitive ability or impairment;
- living in a care or institutional setting with a reliance on others to support help seeking;
- physical barriers to service access such as distance, lack of transport options, limited access to telecommunication and inaccessible facilities;
- limited mobility, which restricts the ability to leave abusive/unsafe situations and access supports and services;
- lack of culturally safe and linguistically appropriate services;

- past experiences of abuse and trauma that have led to the internalisation and normalisation of mistreatment;
- distrust of officials and service providers, particularly those in the justice system; and
- different or unique understandings of elder abuse informed by cultural norms such as the meaning of 'elder', family business, and family, kinship and care responsibilities.

For Aboriginal people the cultural obligation to care for family and kin, and the sharing of resources can be an incredible strength, but these obligations can also be abused in the form of 'humberging', where unreasonable or excessive demands are made by an individual's family to obtain a benefit, including money, medicine, food and possessions. At best, it is a form of bullying to which the less powerful party is the victim. At worst, it is theft, fraud and a form of intimidation that may lead to assault and violence.



<sup>5</sup> The groups are identified in the *Aged Care Act 1997 (Cth)* as having 'special needs'.

<sup>6</sup> Kaspiw, R., Carson, R., and Rhoades, H. (2015). *Elder abuse: Understanding issues, frameworks and responses* (Research Report No. 35). Melbourne: Australian Institute of Family Studies.





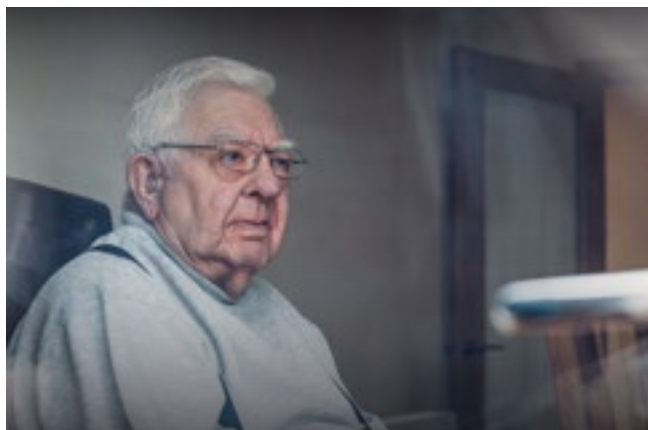
# WA Strategy to Respond to the Abuse of Older People (Elder Abuse)

The Western Australian Government is committed to preventing and addressing elder abuse.

**Our goal is to ensure that all older Western Australians live free from elder abuse, and are safe, respected and valued.**

The Strategy will drive the delivery of this commitment by guiding government agencies and the community towards greater awareness and understanding of the causes, signs and consequences of elder abuse.

It will guide collective action to prevent and address elder abuse.



The Strategy focuses on four priority areas:

## **Priority 1 Raising awareness and early identification**

Educating older people and the community about elder abuse, the signs of abuse, where and how to report it, and how to safeguard against it.

## **Priority 2 Prevention and early intervention**

Supporting older people to remain socially connected, and providing avenues to seek help.

## **Priority 3 Integrated and coordinated response**

Safeguarding and supporting older people with accessible support and justice responses.

## **Priority 4 Data and evidence**

Building the evidence base to inform effective responses that can prevent and reduce elder abuse, and support older people to seek help and recover.

The Strategy focuses on high level objectives and provides initiatives that stakeholders can consider and/or compliment to meet local needs. These objectives and initiatives:

- recognise, and are responsive to, the effects of intersectionality, multiple disadvantage and co-morbidity;
- provide the framework for rolling action plans to be implemented over the next ten years; and
- are designed to complement and integrate with other State Government plans and strategies, particularly those for reducing family and domestic violence, seniors housing, disability, gender equality and ending homelessness.

# Principles

The Strategy is underpinned by the following principles:

1. Dignity, autonomy and freedom from abuse are human rights.
2. All older Western Australians are entitled to be equally valued and respected regardless of race, ethnicity, gender, sexuality, religion or impairment.
3. All responses to elder abuse prioritise the safety, wellbeing, dignity and autonomy of all older Western Australians, regardless of where they reside.
4. An older person's choices and preferences are fundamental and should be respected.
5. Responses empower older people to make informed choices and decisions about their future.
6. Responses to elder abuse are evidence informed, outcomes focused, best practice and person centred.
7. Preventing and addressing elder abuse is everyone's responsibility.



**Table 1: Types of elder abuse**

Type	Description	Behaviours – examples only, not an exhaustive list	Percentage of all cases <sup>7</sup>	Signs	Effects
Financial	The misuse or theft of an older person's money or assets	<ul style="list-style-type: none"> <li>• Using finances without permission</li> <li>• Using a legal document such as an enduring power of attorney for purposes outside what it was originally signed for</li> <li>• Withholding care for financial gain</li> <li>• Selling or transferring property against an older person's wishes</li> </ul>	34.2%	<ul style="list-style-type: none"> <li>• Unusual bank account activity</li> <li>• Not being able to pay bills or purchase necessities</li> <li>• Accumulation of unpaid bills or other debt</li> <li>• Having less money to spend</li> <li>• Fear, stress and anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Financial loss</li> <li>• Poverty</li> <li>• Homelessness</li> </ul>
Psychological/emotional	Any behaviour that causes an older person mental anguish, and/or to feel shame, fear, powerlessness or worthlessness	<ul style="list-style-type: none"> <li>• Use of threats, humiliation, insults and intimidation</li> <li>• Withholding affection and social contact</li> <li>• Verbal abuse and intimidation, including name calling and other insults</li> <li>• Isolating the older person from family, friends and other social supports</li> <li>• Treating the older person as a child</li> <li>• Threats of harm and abandonment, including to put them in an institution against their will</li> <li>• Disregarding the older person's rights, choices and privacy</li> </ul>	32.8%	<ul style="list-style-type: none"> <li>• Shame</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Resignation</li> <li>• Confusion</li> <li>• Social Isolation</li> <li>• Insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological damage</li> <li>• Poor mental health</li> <li>• Poor physical health</li> </ul>
Social	Intentional prevention from having social contact with family or friends, or accessing social activities	<ul style="list-style-type: none"> <li>• Denying or preventing communication with others</li> <li>• Preventing the older person from engaging in cultural or religious practices</li> <li>• Unexpected cancellation of services</li> <li>• Disconnecting communication services</li> </ul>	13.1%	<ul style="list-style-type: none"> <li>• Mourning the loss of relationships</li> <li>• Poor self-esteem</li> <li>• Gate keeping by the abuser</li> <li>• Signs of shame</li> </ul>	<ul style="list-style-type: none"> <li>• Loneliness</li> <li>• Poor physical and mental health</li> </ul>

<sup>7</sup> Alliance for the Prevention of Elder Abuse Western Australia, *Elder Abuse Protocol: Guidelines for Action*.



**Table 1: Types of elder abuse (continued)**

Type	Description	Behaviours – examples only, not an exhaustive list	Percentage of all cases <sup>7</sup>	Signs	Effects
Physical	The infliction of pain, injury and/or physical force on an older person	<ul style="list-style-type: none"> <li>• Kicking, hitting and punching i.e. assault</li> <li>• Rough handling</li> <li>• Forceful and/or improper use of restraints</li> <li>• Under or over medication</li> </ul>	9.7%	<ul style="list-style-type: none"> <li>• Bruises, burns or other injuries</li> <li>• Frequent hospital or doctor presentations</li> <li>• Discrepancies between the injury and explanation of its cause</li> </ul>	<ul style="list-style-type: none"> <li>• Poor physical and mental health</li> <li>• Hospitalisation</li> <li>• Death</li> </ul>
Neglect	The intentional or unintentional deprivation of basic and professional care	<ul style="list-style-type: none"> <li>• Delayed and inadequate provision of food, shelter, clothing and hygiene</li> <li>• Not providing or enabling access to health and medical services and medication</li> <li>• Unable to prevent or resolve self-neglect</li> </ul>	9.6%	<ul style="list-style-type: none"> <li>• Malnourishment and weight loss</li> <li>• Improperly treated injuries</li> <li>• Poor personal hygiene</li> <li>• Periods of abandonment</li> </ul>	<ul style="list-style-type: none"> <li>• Poor physical and mental health</li> <li>• Hospitalisation</li> <li>• Death</li> </ul>
Sexual	A broad range of unwanted sexual behaviour	<ul style="list-style-type: none"> <li>• Sexually abusive behaviour and/or indecent assault</li> <li>• Sexual harassment</li> <li>• Use of sexually offensive language and/or materials/media</li> <li>• Inappropriate touching</li> <li>• Withholding needed care in exchange for sexual favours</li> </ul>	0.6%	<ul style="list-style-type: none"> <li>• Bruising around genitals</li> <li>• Unexplained venereal disease</li> <li>• Torn/stained/bloody underclothes</li> <li>• Bruising on the inner thighs</li> <li>• Difficulty in walking or sitting</li> <li>• Sitting huddled and in fear of being touched or fear of certain visitors</li> </ul>	<ul style="list-style-type: none"> <li>• Poor physical and mental health</li> <li>• Hospitalisation</li> </ul>

<sup>7</sup> Alliance for the Prevention of Elder Abuse Western Australia, *Elder Abuse Protocol: Guidelines for Action*.

# Priority Areas



## Priority 1

**Raising awareness and early identification**



## Priority 2

**Prevention and early intervention**



## Priority 3

**Integrated and coordinated response**



## Priority 4

**Data and evidence**





# Raising awareness and early identification

A key component of preventing and addressing elder abuse is raising the community's awareness and understanding of it. Awareness and understanding supports older people, perpetrators and the community to identify the signs of elder abuse in its early stages, and in doing so respond to it.

Early identification is critical to ensuring that people who are, or are at risk of, experiencing or perpetrating elder abuse can access information, advice and support. It gives older people the opportunity to understand that what they are experiencing is unacceptable, and may empower them to make informed decisions about how to address the abuse. It gives potential perpetrators an opportunity to reflect on their behaviour and change it.

Service providers who interact with older people on a regular basis — regardless of industry — are well placed to detect the signs of elder abuse. It is therefore important that they have the knowledge and capability to identify the signs, symptoms and behaviours associated with elder abuse, and are aware of available information, support services and avenues for reporting abuse.

## Outcomes

By raising awareness, we aim to ensure that:

- People are aware that elder abuse is a serious problem affecting our community and requires collective action.
- Older people from all backgrounds are empowered to protect themselves from abuse.
- Our community will be able to recognise the signs of elder abuse and respond in ways that protect the rights of the older person.

## Strategies

To achieve this, we will work to:

- 1.1** Build and enhance public awareness and understanding of elder abuse and its causes.
- 1.2** Develop and implement initiatives to improve early detection and self-identification of, and self-protection against, abuse.
- 1.3** Co-design targeted early detection, self-identification and awareness raising initiatives that meet the needs of diverse communities and people from marginalised and vulnerable groups.
- 1.4** Provide and promote avenues for inquiring about or reporting elder abuse.
- 1.5** Advertise a clear and simple pathway for anyone wanting information or help.





# Prevention and early intervention

Elder abuse can be the product of complex individual and environmental factors that can increase a person's vulnerability to experiencing and perpetrating abuse. To be effective, prevention and early intervention measures need to address the risk factors associated with elder abuse, and enhance protective factors that may mitigate it.

These factors include, but are not limited to:

## Ageism and discrimination

Ageism and pervasive stereotypes about ageing are associated with:

- a range of negative life outcomes for older people, including poor mental and physical health, social isolation and a reluctance to seek help;
- a tolerance for, and acceptance of, the abuse of older people;
- unconscious bias, which may prevent the development of effective policy and service responses to elder abuse and other issues experienced by older people; and
- the compounding of other forms of discrimination for example, but not limited to, racism, sexism and homophobia.

The promotion of positive views on ageing and older people, coupled with zero tolerance of all forms of discrimination, violence and abuse, can contribute to countering and challenging attitudes that contribute to elder abuse.

## Social isolation

Social isolation is recognised as both a consequence of, and contributor, to elder abuse. Isolation makes older people more vulnerable to abuse through their dependency on others, and reduces the likelihood that abusive behaviour will be discovered by other people.

Social inclusion can empower older people to keep themselves safe by:

- raising their awareness of response and support options;
- improving their confidence to self-advocate and seek help;
- reducing their feelings of dependency on the alleged perpetrator; and
- making their situation more visible to the community, increasing opportunities for detection.

## Carer stress

Most carers do not perpetrate elder abuse. However, their increased susceptibility to stress is recognised as a risk factor. Carers may feel trapped by their caring responsibilities, which can lead to feelings of stress and frustration that manifest in abuse.

In addition, an older person's dependency on their carer may make them less likely to expose or report the abuse.

Providing carers with information about elder abuse, and support to manage the care-life balance, are key components of preventing and addressing elder abuse, and keeping older people safe.

## Relationship with family and domestic violence

Elder abuse is commonly understood as abuse committed against an older person by people they trust 'in a position of trust'. This can include a range of paid professionals and service providers. However, elder abuse is more often committed by a member of the older person's family, and most likely by adult children, spouses or partners.

## Priority area 2

Where there is a family relationship and the abusive behaviour reflects a pattern of abuse over time these instances could also be considered family and domestic violence, including intergenerational family relationships, either between children and parents, or grandparents and grandchildren.

While some instances of elder abuse might be considered family and domestic violence, this does not apply to all elder abuse. The abuse of an older person can be committed by someone they trust who is not a member of their family or kinship group, including where elder abuse occurs outside of a family relationship but there is an expectation of trust.

The risk of elder abuse can be heightened in situations where:

- families are unaware of elder abuse;
- a carer who was abused as a child repeats the cycle of abuse on a dependent parent;
- multiple generations live together, and intergenerational conflict exists; and
- multiple generations living together are in conflict over money, responsibilities, cultural values and roles within the household.

Responses that enable people to understand the signs of, and risks associated with, elder abuse, to manage stressors and conflict, and to change their behaviours are key components of preventing and addressing elder abuse.

### Outcomes

Prevention and early intervention strategies will ensure that:

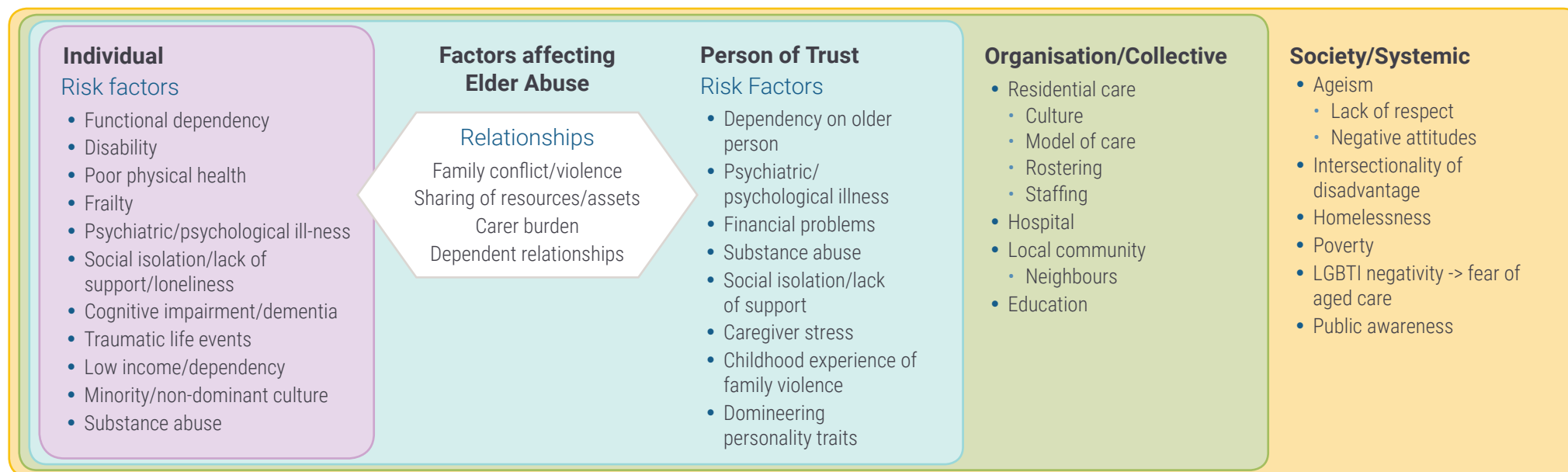
- Older people are respected, valued and socially included.
- Older people are informed and supported.
- Carers of older people are informed and supported.

### Strategies

To achieve this, we will work to:

- 2.1** Promote positive views of ageing, and counter ageism in all its forms.
- 2.2** Recognise and celebrate older peoples' contributions to the community.
- 2.3** Support older people to remain active and included in their community.
- 2.4** Encourage and support the building of age-friendly and inclusive communities, through the use of the World Health Organisation Age-friendly Cities Framework.
- 2.5** Ensure older people from all backgrounds can easily access information and support services.
- 2.6** Ensure family members, carers and professionals have access to information about elder abuse.
- 2.7** Work with carers organisations to co-design responses to address carer stress as a risk factor in the occurrence of elder abuse.
- 2.8** Work with sectors and professional organisations in frequent contact with older people, their families and carers to recognise the signs of elder abuse and respond appropriately.
- 2.9** Work with relevant sectors, industries and agencies to plan and build socially and physically inclusive communities.

Table 2: Associated risk and protective factors



Different types of abuse, sometimes happening simultaneously, requiring different interventions





# Integrated and coordinated response

The current elder abuse response system is highly complex. It:

- involves a wide range of agencies, services and organisations across multiple sectors that perform different functions, including justice and law enforcement, education and counselling, health and financial services, emotional and physical support, family and respite care, and advocacy and guardianship.
- operates within complex and multiple layers of Commonwealth, state and territory legislation and policy across health, ageing and law. In some cases, these layers intersect, and in others they operate in parallel.

The system's complexity can undermine the delivery of supports and responses:

- in a timely manner when incidents of elder abuse are suspected, disclosed or confirmed; and
- that consider and address the alleged perpetrator's behaviour and motivations.

Integrated, coordinated and easily accessible response mechanisms make it easier for people who are experiencing or perpetrating elder abuse to seek and access help, and in doing so recover from the experience or change their behaviours.

To be effective, the elder abuse response system should comprise interventions that:

- are tailored to individual experiences, circumstances and needs;
- address the range of barriers to service access;
- use safeguards that balance principles of autonomy and dignity with protection and risk;
- consider and respect the older person's desires and choices, even if this means taking no action;
- understand and address the complexities and context of the relationship between the older person and the alleged perpetrator, including social and structural factors that influence it;
- challenge cultural norms and beliefs that perpetuate elder abuse;
- are culturally safe and linguistically appropriate; and
- can respond to the different types of abuse.



### Outcomes

Better integration and coordination of responses, will ensure that:

- Older people are protected and can recover from abuse.
- Services and responses are accessible and appropriate to people from all backgrounds.
- Alleged perpetrators change their behaviour.
- The service and response system is integrated.

### Strategies

To achieve this, we will:

- 3.1** Work with the Commonwealth and other Australian jurisdictions to implement the National Plan to Respond to the Abuse of Older Australians.
- 3.2** Monitor and progress findings and recommendations arising from relevant State and Australian Parliamentary Committees.
- 3.3** Monitor and respond to findings and recommendations arising from relevant Royal Commissions and other relevant State and Commonwealth inquiries.
- 3.4** Improve legal and justice responses to elder abuse.
- 3.5** Enact amendments to the *Guardianship and Administration Act 1990*.
- 3.6** Ensure services are culturally safe, responsive, physically accessible, person centred and consistent with best practice.
- 3.7** Investigate the development of perpetrator behaviour change programs and support services.
- 3.8** Explore options to develop a common framework for information sharing and risk assessment for relevant government agencies and community organisations, that includes measures to ensure confidentiality.





# Data and evidence

Comprehensive, consistent and reliable data is essential to developing effective responses that can prevent and reduce elder abuse, and support older people to seek help and recover. However, our existing evidence base is underdeveloped.

The challenges to developing a reliable evidence base include:

- elder abuse is often hidden and underreported;
- a general lack of understanding of elder abuse;
- different methodologies and criteria are used in the collection of data on older people's safety and wellbeing; and
- a limited number of elder abuse responses have been evaluated.

The State Government is committed to addressing these challenges and building a sound evidence base to inform responses to elder abuse.

## Outcomes

Through better data collection methods and practices, we aim to ensure that:

- Elder abuse policies, programs and services are evidence based.
- The effectiveness of policies and programs can be measured and evaluated.

## Strategies

To achieve this, we will work to:

- 4.1** Support and fund further research on elder abuse prevalence, drivers and experiences, including specific research and data collection on the experiences of more marginalised, vulnerable and diverse cohorts.
- 4.2** Support and fund research on carer stress and its relationship with elder abuse.
- 4.3** Improve and facilitate data collection and sharing, in accordance with existing State Government and agency policies on data confidentiality.
- 4.4** Support and contribute to the National Research Agenda on Elder Abuse, which commenced in 2019.



Our goal is to ensure that all older Western Australians live free from elder abuse, and are safe, respected and valued.



# Summary

The WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029 builds upon the work already underway in Western Australia to respond to the abuse of older Western Australians. The Western Australian Government acknowledges this work and appreciates the commitment of those providing support.

## Priority Area 1: Raising awareness and early identification

### Outcome

- People are aware that elder abuse is a serious problem requiring collective action.
- Older people recognise abuse and are empowered to act to protect themselves.
- Our community recognises signs of elder abuse and responds to protect.

### Strategies

- 1.1** Build and enhance public awareness and understanding of elder abuse and its causes.
- 1.2** Develop and implement initiatives to improve early detection and self-identification of, and self-protection against, abuse.
- 1.3** Co-design targeted early detection, self-identification and awareness raising initiatives that meet the needs of diverse communities and people from marginalised and vulnerable groups.
- 1.4** Provide and promote avenues for inquiring about or reporting elder abuse.
- 1.5** Advertise a clear and simple pathway for anyone wanting information or help.

### Who can act?

**Government:** Commonwealth; State; Local

**Community Services:** Aged care; Carers; Disability; Community health; GPs; Mental Health; Community Legal Centres

**Businesses:** Financial; Legal; Medical

**Media**

**Academics**

**Community:** Volunteers; Older people.

## Priority Area 2: Prevention and early intervention

### Outcome

- Older people are respected, valued and socially included.
- Older people are informed and supported.
- Carers of older people are informed and supported.

### Strategies

- 2.1** Promote positive views of ageing, and counter ageism in all its forms.
- 2.2** Recognise and celebrate older peoples' contributions to the community.
- 2.3** Support older people to remain active and included in their community.
- 2.4** Encourage and support the building of age-friendly communities.
- 2.5** Ensure older people from all backgrounds can easily access information and support services.
- 2.6** Ensure family members, carers and professionals have access to information about elder abuse.
- 2.7** Work with carers organisations to co-design responses to address carer stress as a risk factor in the occurrence of elder abuse.
- 2.8** Work with sectors and professional organisations in frequent contact with older people, their families and carers to recognise the signs of elder abuse and respond appropriately.
- 2.9** Work with relevant sectors, industries and agencies to plan and build socially and physically inclusive communities.

### Who can act?

**Government:** Commonwealth; State; Local

**Community Services:** Aged care; Carers; Disability; Community health; GPs; Mental Health; Community Legal Centres

**Businesses:** Financial; Legal; Medical

**Media**

**Academics**

**Community:** Volunteers; Older people.

## Priority Area 3: Integrated and coordinated response

### Outcome

- Older people are protected and can recover from abuse.
- Services and responses are accessible and appropriate to people from all backgrounds.
- Alleged perpetrators change their behaviour.

### Strategies

- 3.1** Work with the Commonwealth and other Australian jurisdictions to implement the National Plan to Respond to the Abuse of Older Australians.
- 3.2** Monitor and progress findings and recommendations arising from relevant State and Australian Parliamentary Committees.
- 3.3** Monitor and respond to findings and recommendations arising from relevant Royal Commissions and other relevant State and Commonwealth inquiries.
- 3.4** Improve legal and justice responses to elder abuse.
- 3.5** Enact amendments to the *Guardianship and Administration Act 1990*.
- 3.6** Ensure services are culturally safe, responsive, physically accessible, person-centred and consistent with best practice.
- 3.7** Investigate the development of perpetrator behaviour change programs and support services.
- 3.8** Explore options to develop a common framework for information sharing and risk assessment for relevant government agencies and community organisations, that includes measures to ensure confidentiality.

### Who can act?

**Government:** Commonwealth; State; Local

**Community Services:** Aged care; Carers; Disability; Community health; GPs; Mental Health; Community Legal Centres

**Businesses:** Financial; Legal; Medical

**Media**

**Academics**

**Community:** Volunteers; Older people.



## Priority Area 4: Data and evidence

### Outcome

- Elder abuse policies, programs and services are evidence based.
- The effectiveness of policies and programs can be measured and evaluated.

### Strategies

- 4.1** Support and fund further research on elder abuse prevalence, drivers and experiences, including specific research and data collection on the experiences of more marginalised, vulnerable and diverse cohorts.
- 4.2** Support and fund research on carer stress and its relationship with elder abuse.
- 4.3** Improve and facilitate data collection and sharing, in accordance with existing State Government and agency policies on data confidentiality.
- 4.4** Support and contribute to the National Research Agenda on Elder Abuse, which commenced in 2019.

### Who can act?

**Government:** Commonwealth; State; Local

**Community Services:** Aged care; Carers; Disability; Community health; GPs; Mental Health; Community Legal Centres

**Businesses:** Financial; Legal; Medical

**Media**

**Academics**

**Community:** Volunteers; Older people.

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## Elder Abuse Helpline

If you or someone you know is experiencing elder abuse, or has a question about elder abuse, please call the Elder Abuse Helpline on 1300 724 679 for a confidential discussion.