

QUEENSLAND TREASURY

# Elder abuse, Queensland, September 2016

Report based on information sourced from administrative data collections

**Queensland Government Statistician's Office**

Queensland Treasury

<http://www.qgso.qld.gov.au>

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# Contents

<b>1.0</b>	<b>Introduction .....</b>	<b>1</b>
1.1.	Context for report.....	1
1.2.	Purpose and scope of report .....	1
<b>2.0</b>	<b>Demographic profile .....</b>	<b>5</b>
2.1.	Current population .....	5
2.2.	Projected population .....	5
<b>3.0</b>	<b>Risk factors for vulnerability to elder abuse .....</b>	<b>6</b>
<b>4.0</b>	<b>Administrative data collections .....</b>	<b>8</b>
4.1.	Elder Abuse Prevention Unit .....	8
4.2.	Seniors Legal and Support Service.....	9
4.3.	Aged Care.....	15
4.4.	Admitted patient episodes of care for assault, Queensland hospitals .....	20
4.5.	Queensland Injury Surveillance Unit data collection .....	25
4.6.	Domestic violence applications and orders .....	26
4.7.	Reported victims of offences against the person and offences against property.....	32
4.8.	Queensland Wide Inter-linked Courts data .....	36
4.9.	The Public Trustee of Queensland.....	37
4.10.	The Office of the Public Guardian .....	38
4.11.	Queensland Civil Administrative Tribunal.....	41
<b>5.0</b>	<b>Barriers to elder abuse data collection .....</b>	<b>42</b>
<b>6.0</b>	<b>Conclusion .....</b>	<b>42</b>
<b>7.0</b>	<b>Technical notes.....</b>	<b>43</b>
7.1.	Queensland Police Service data explanatory notes.....	43

## Tables

Table 1	Administrative data sources .....	2
Table 2	Projected persons, Queensland, 30 June .....	5



Table 3	Key Elderline data published in EAPU 2015 Statewide annual report.....	9
Table 4	Performance reporting, SLASS services, Queensland .....	14
Table 5	Number of abuse complaints, Queensland .....	18
Table 6	New domestic violence protection orders by relationship to respondent, number and rate per 100,000 persons 2014–15.....	29
Table 7	Closed investigations by nature of allegation, Queensland adults aged 60 years and over with impaired capacity .....	39
Table 8	Closed investigations by case outcome, Queensland adults aged 60 years and over with impaired capacity .....	40

## Figures

Figure 1	Relationships between data source agencies — elder abuse statistics .....	4
Figure 2	Estimated and projected population, Queensland .....	5
Figure 3	Risk factors that increase the potential for abuse of an older person .....	6
Figure 4	Selected statistics of living circumstances, social contact and risk factors for elder abuse, June 2014 .....	6
Figure 5	Incidences of abuse dealt with in SLASS cases by abuse type <sup>(a)</sup> , Brisbane .....	11
Figure 6	Proportion of older population in residential aged care (permanent and respite), Queensland, 30 June 2014.....	16
Figure 7	Number of distinct care recipients, Queensland services .....	17
Figure 8	Admitted patient episodes of care for selected external cause of assault .....	21
Figure 9	Median age at time of admission, patient episodes of care for selected external cause of assault .....	22
Figure 10	Relationship of perpetrator to victim, admitted patient episodes of care for selected external cause of assault, 2005–06 to 2014–15.....	23
Figure 11	Perpetrator known to victim, admitted patient episodes of care for selected external cause of assault ....	23
Figure 12	SA3 regions with the highest number of admitted patient episodes of care for selected external cause of assault, episodes where the perpetrator was known to victim, 2012–13 to 2014–15 .....	24
Figure 13	SA3 regions with the highest rate of admitted patient episodes of care for selected external cause of assault, episodes where the perpetrator was known to victim, 2012–13 to 2014–15 .....	24
Figure 14	New domestic violence applications by applicant type .....	27
Figure 15	New domestic violence orders by selected order types.....	27
Figure 16	New domestic violence protection orders by relationship of respondent.....	28
Figure 17	New domestic violence protection orders by selected relationship to respondent, rate ratio of persons less than 60 years to persons 60 years or older, 2014–15 .....	29
Figure 18	Proportion of new domestic violence protection orders, male aggrieved persons by selected age groups, Queensland .....	30
Figure 19	Top 10 SA3 regions with the highest number of new domestic violence protection orders, by relationship to respondent, 2012–13 to 2014–15 .....	31
Figure 20	Top 10 SA3 regions with the highest rate of new domestic violence protection orders, by selected relationship of respondent, 2012–13 to 2014–15.....	31
Figure 21	Offences against the person, relationship of offender to victim .....	33
Figure 22	Offences against the person, relationship of offender to victim, selected relationship types .....	33



Figure 23	Relationship of offender to victim by sex, five years to 2014–15.....	34
Figure 24	Relationship of offender to victim by Indigenous status, five years to 2014–15.....	34
Figure 25	Selected offences against property.....	35
Figure 26	Number of legal referrals for misappropriation of funds, clients 60 years and older, Queensland.....	37
Figure 27	Number of legal referrals for misappropriation of funds, by Public Trustee region, clients aged 60 years and older, 2009–10 to 2015–16 (to April), Queensland.....	38
Figure 28	Closed investigations by location of client (aged 60 years or older with impaired capacity) at start of investigation, by OPG region, 2011–12 to 2015–16 (to March).....	40
Figure 29	Closed investigations by age group of client (aged 60 years or older with impaired capacity) at start of investigation, 2011–12 to 2015–16 (to March).....	41



# 1.0 Introduction

## 1.1. Context for report

The World Health Organization (WHO) define elder abuse as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person"<sup>1</sup>. Such relationships may include those that the elderly have with their adult children, grandchildren, spouses, carers or health professionals. Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect. As a trust relationship must be in place, elder abuse does not include self-neglect or crimes committed by unknown perpetrators.

The prevalence of elder abuse in Queensland communities, and more broadly across Australia is not known, however a background study commissioned for the WHO's *World report on ageing and health*<sup>2</sup> found that for middle and high income countries the prevalence of elder abuse ranges from 2.2% to 14%.

Recommendation 11 from the *Not Now, Not Ever* report<sup>3</sup> on domestic and family violence states that "The Queensland Government commissions a specific review into the prevalence and characteristics of elder abuse in Queensland to inform development of integrated responses and a communications strategy for elderly victims of domestic and family violence".

In response to this recommendation, the Department of Communities, Child Safety and Disability Services (DCCSDS) approached the Queensland Government Statistician's Office (QGSO) to undertake an examination of existing data and data collections from administrative sources, and to present any findings from these data.

## 1.2. Purpose and scope of report

The objective of this report is to establish the availability, quality and usefulness of existing administrative and service level data sets for use in reporting on aspects of elder abuse.

At present, there is no formal, systematic reporting or monitoring of elder abuse undertaken by government agencies. However, there are administrative data sources held by the Queensland Government and other organisations that can identify service demand levels and characteristics of elder abuse. The data sources examined in this report are detailed in Table 1. The relationships between these data custodians are shown in Figure 1.

While the *Not Now, Not Ever* report recommended a prevalence study of elder abuse in Queensland be undertaken, given the difficulties in undertaking such a study, it is outside the scope of this current report. A comprehensive prevalence study would enable government agencies, NGOs and other organisations interested in preventing and responding more effectively to elder abuse to develop and assess whether policies and practices implemented are reaching the target audience, and whether the incidence of elder abuse has changed over time, rather than simply a change in service demand.

Examination of data held by private organisations, in particular financial organisations, such as banks and their umbrella organisations was also outside the scope of this report. Unless otherwise specified, all data in this report relate to Queensland residents aged 60 years or older.

<sup>1</sup> World Health Organisation (2016) [http://www.who.int/ageing/projects/elder\\_abuse/en/](http://www.who.int/ageing/projects/elder_abuse/en/), web page viewed 22 June 2016.

<sup>2</sup> World Health Organisation (2015) *World report on ageing and health*

<sup>3</sup> Special Taskforce on Domestic and Family Violence in Queensland (2015) *'Not Now, Not Ever' – Putting an End to Domestic and Family Violence in Queensland*



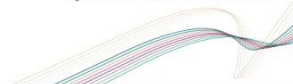
Queensland Government Statistician's Office

**Table 1 Administrative data sources**

Data custodian	Name of database	Data description	Elder abuse identifier <sup>4</sup>	Elder abuse implied	Victim demographics	Relationship with perpetrator	Victim locality	Most recent full year	Data
Elder Abuse Prevention Unit	Elderline database	Comprehensive coverage of geographic, demographic, relationship and abuse type information	✓	✓	✓	✓	✓	2014–15	1,395 victims (all types) <i>1,184 elder abuse victims</i>
Australian Government Attorney-General's Department	Community Legal Service Information System (CLSIS)	Demographic information about community legal centre clients (victims and offenders), their legal matters, advice and casework services provided	✓	✓	✓	~	✓	n.a.	Not sourced for this report
Seniors Legal and Support Services	Case notes and performance reporting data to DCCSDS	Client and perpetrator demographics, type of abuse, factors contributing to abuse or financial exploitation, intervention types & barriers to pursuing assistance							
<i>Brisbane</i>			✓	✓	✓	~	✓	2013–14 <sup>5</sup>	392 clients
<i>Cairns</i>			✓	✓	✓	~	✓		Client data not published
<i>Townsville</i>			✓	✓	✓	~	✓	2014–15	18 ongoing cases open as at 1 July 2014, with a further 35 cases opened, 28 cases closed
<i>Toowoomba/Ipswich</i>			✓	✓	✓	~	✓	2014–15	159 clients
<i>Fraser Coast</i>			✓	✓	✓	~	✓	2014–15	154 clients <i>136 cases elder abuse</i>
Aged Care Complaints Commissioner, Australian Government	Clinical Unit and Performance Section database	Aged care complaints relating to abuse	✗	✗	~	✗	~	2014–15	66 abuse related complaints
Queensland Health	Queensland Hospital Admitted Patient Data Collection	Admitted patient episodes of care for assault, persons aged 60 years or older	✗	✓	✓	✓	✓	2014–15	453 episodes of care <i>236 perpetrator known to victim</i>
Queensland Injury Surveillance Unit	InjurEzy database	Injury data for 'assault' or 'maltreatment by spouse or partner' collected from emergency departments at 17 current participating hospitals in Queensland	✗	✗	✓	~	~	2013	68 presentations <i>Perpetrator largely unspecified</i>

<sup>4</sup> Elder abuse can be implied in datasets where relationship to perpetrator information exists, and trust relationships (e.g. with family, friends) can be identified.

<sup>5</sup> Latest available data at time of publication.



## Queensland Government Statistician's Office

Data custodian	Name of database	Data description	Elder abuse identifier <sup>4</sup>	Elder abuse implied	Victim demographics	Relationship with perpetrator	Victim locality	Most recent full year	Data
Domestic Violence Prevention Team at Department of Communities, Child Safety and Disability Services	DJAG's Domestic Violence dataset (administered by QGSO)	New domestic violence applications and orders by selected demographics (e.g. age group, sex, relationship between aggrieved & respondent)	x	✓	✓	✓	✓	2014–15	1,099 new orders issued <i>765 family member and 325 intimate relationship</i>
Queensland Police Service	Queensland Police Records and Information Management Exchange (QPRIME)	Reported victims of offences against the person and offences against property, victims aged 60 years and older							
	<i>Reported victims – offences against the person</i>		x	✓	✓	✓	✓	2014–15	977 reported victims <i>137 offended against by family member</i>
	<i>Reported victims – fraud</i>		x	x	✓	x	✓	2014–15	660 reported victims
	<i>Reported victims – other theft</i>		x	x	✓	x	✓	2014–15	6,116 reported victims
Queensland Courts	Queensland Wide Inter-linked Courts data (QWIC)	Records details of court appearances (e.g. dates, court location of appearance) for criminal matters as well as outcomes of court appearances (e.g. sentences). Limited victim information available.	x	x	✓	x	✓		No data sourced for this report.
Public Trustee of Queensland	Client Information Management System (CIMS)	Legal referrals for misappropriation of funds, clients 60 years and older	x	x	✓	x	✓	2014–15	42 completed & active referrals
The Office of the Public Guardian	Resolve database	Closed investigations by nature of allegation and case outcome, adults with impaired capacity aged 60 years and older	x	x	✓	x	✓	2014–15	177 closed investigations
Queensland Civil and Administrative Tribunal <sup>6</sup>	Case notes	Investigations into impropriety by QCAT-appointed guardians & administrators.	x	x	x	x	x		No data sourced for this report.

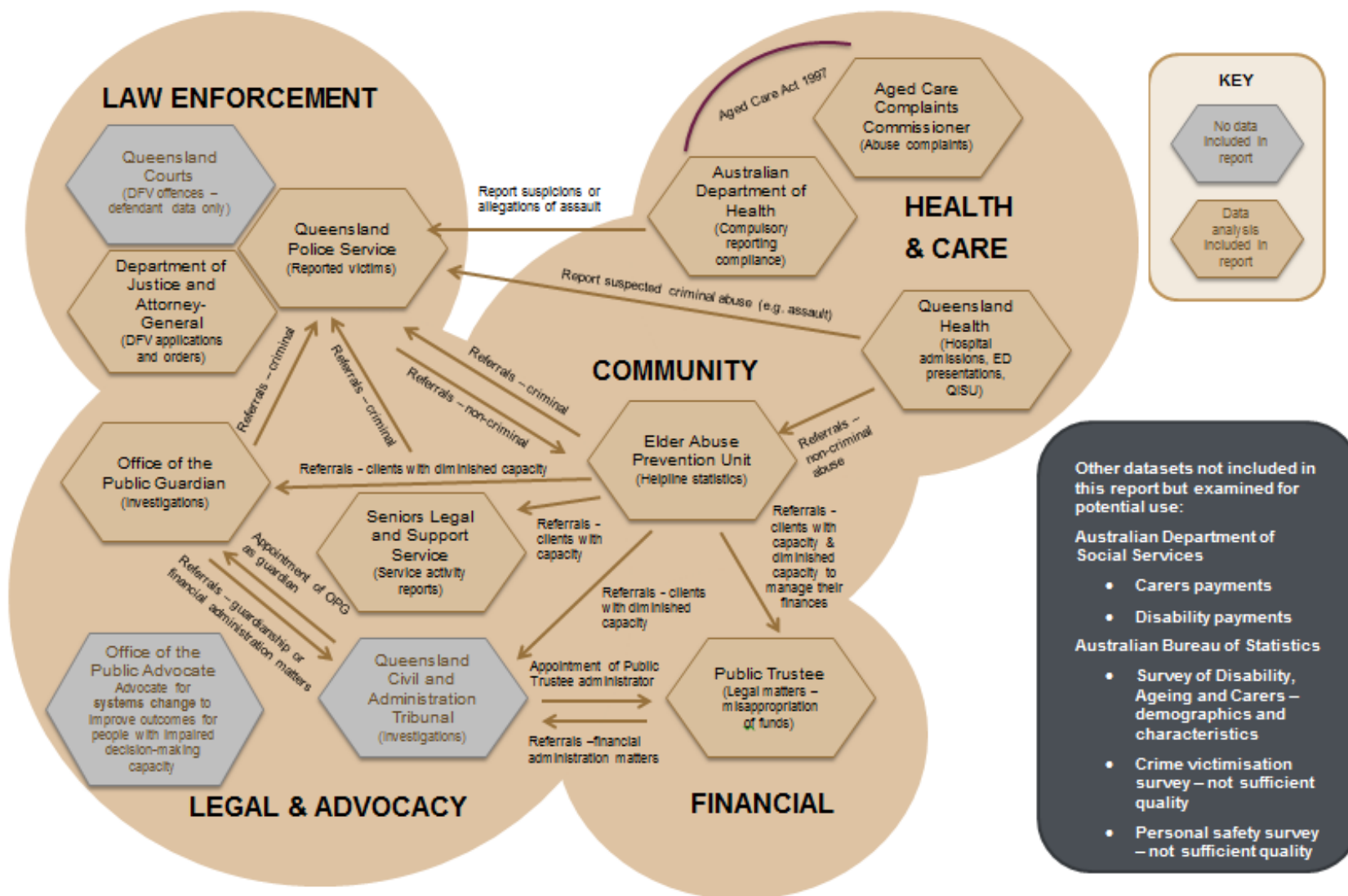
## Notes:

- x not available
- ✓ available
- ~ some data collected and/or incomplete

<sup>6</sup> An audit of QCAT investigations case files may enable the identification of elder abuse or suspected elder abuse cases, victim demographics, locality and relationship to perpetrator.



Figure 1 Relationships between data source agencies — elder abuse statistics



## 2.0 Demographic profile

### 2.1. Current population<sup>7</sup>

Queensland's population of older people (aged 60 years or older) was estimated to be 941,830 at 30 June 2015, making up one-fifth (19.7%) of the state's total population. People aged 60–64 years made up 5.3% of the population; 65–74 year olds, 8.4%; 75–84 year olds, 4.2%; and those 85 years and older, 1.7%.

There were slightly more females (489,610) than males (452,220) in the older population at June 2015 with a sex ratio of 92.4 males for every 100 females. Among the elderly age group (75–84 year olds) the ratio was 88.8, while for the very elderly (85 years and older), it was much lower at 58.8.

Queensland's resident population of older people has grown on average 3.2% each year since 1971, a higher annual growth rate than the population aged less than 60 years (2.0%).

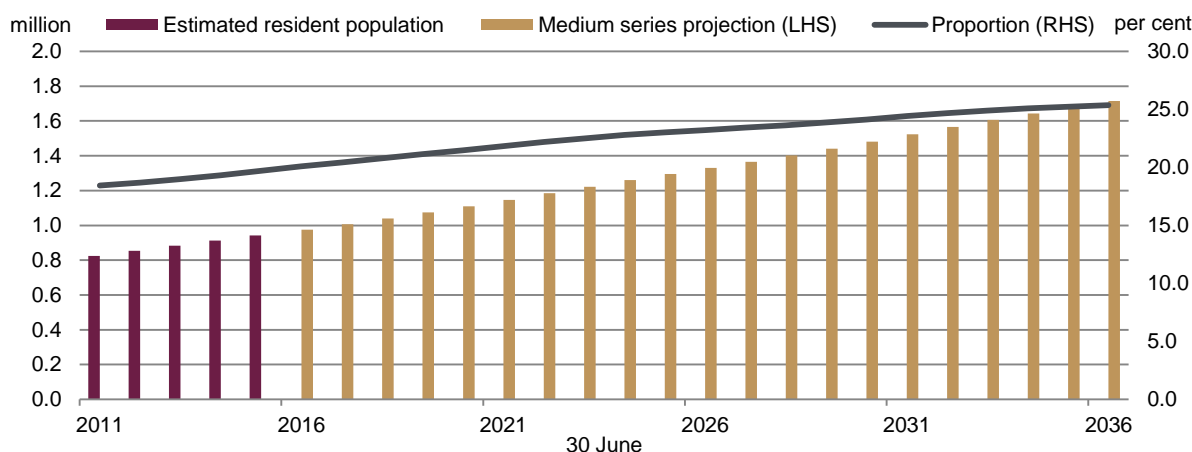
### 2.2. Projected population<sup>8</sup>

The number of people aged 60 years or older in Queensland is projected to reach between 1.66 million and 1.77 million by 30 June 2036 (Table 2). Older people are projected to comprise an increasing proportion of Queensland's population over time (Figure 2), reaching between 24.2% (high series) and 26.% (low series) of the total population at 30 June 2036. This ageing of the population is also evident from the projected increase in median age of Queenslanders from 36.3 years in 2015 to 39.9 years in 2036<sup>9</sup>.

**Table 2** Projected persons, Queensland, 30 June

Projection Series	2016	2026	2036
<b>Persons 60 years or older</b>	— Number —		
Low	973,400	1,312,000	1,658,700
Medium	974,700	1,330,400	1,715,800
High	976,000	1,348,200	1,769,600

**Figure 2** Estimated and projected population, Queensland



Source: ABS 3101.0, Sep 2015; Queensland Government population projections, 2015 edition, medium series.

<sup>7</sup> ABS 3101.0, Sept 2015.

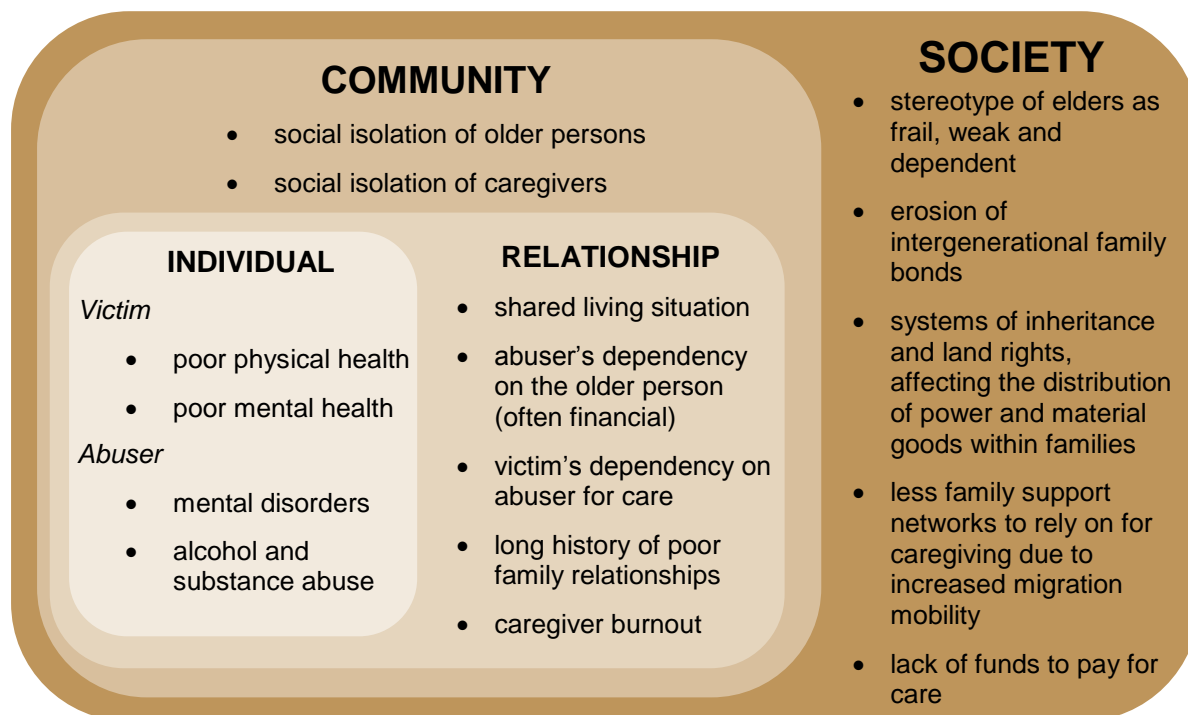
<sup>8</sup> Queensland Government population projections, 2015 edition. Figures have been rounded to the closest 100.

<sup>9</sup> QGSO unpublished estimates based on ABS 3101.0 Sep 2015 and Queensland Government population projections, 2015 edition, medium series.

### 3.0 Risk factors for vulnerability to elder abuse

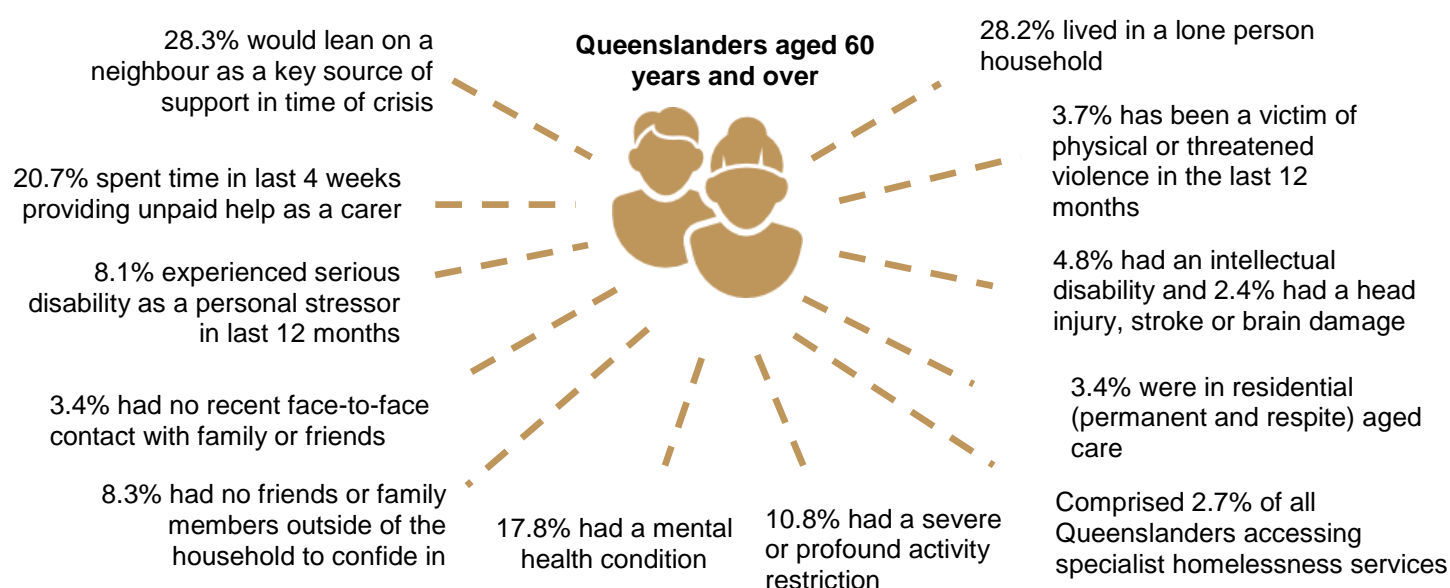
The WHO has identified risk factors at the individual, relationship, community and society levels that may increase the potential for abuse of an older person (Figure 3). Selected data for Queenslanders aged 60 years or older highlight some of these risk factors (Figure 4):

**Figure 3 Risk factors that increase the potential for abuse of an older person**



Source: Compiled by QGSO based on information from the WHO *Elder abuse fact sheet N°357*, updated October 2015, <http://www.who.int/mediacentre/factsheets/fs357/en/>

**Figure 4 Selected statistics of living circumstances, social contact and risk factors for elder abuse, June 2014**



Source: ABS 2015, data generated 01 July 2016 using General Social Survey, June 2014, TableBuilder Basic; AIHW, Residential aged care and Home Care 2013–14, supplementary data; AIHW, Specialist Homelessness Services (SHS) collection data cubes, SHS demographics national data cube



In addition, service user data for disability support services<sup>10</sup> provides an insight into the risk factors for vulnerability that older persons with a disability may experience with respect to shared living arrangements and dependency on others for care. In 2014–15, one-quarter (24.9%) of Queensland service users aged 60 years or older always needed support for daily living activities, including self-care, mobility and communication.

Of those Queensland service users aged 60 years or older who had an informal carer<sup>11</sup>, the informal carer was the spouse or partner of the service user in more than half of relationships (53.6%), while other relatives also represented a substantial proportion of those providing informal care (25.8%)<sup>12</sup>. One in two (49.1%) Queensland service users aged 60 years or older had a primary disability<sup>13</sup> described as either intellectual, acquired brain injury, neurological or psychiatric; impairment types that may be experienced by persons with impaired decision-making capacity<sup>14</sup>. Of this cohort almost one-quarter (23.8%) lived with family members and a further 2 in 5 lived with other persons (39.3%).

The Office of the Public Advocate estimates that the current prevalence of adults with impaired decision-making capacity in Queensland is 1 in 40 people; this prevalence is expected to increase to 1 in 39 people by 2026 as a result of Queensland's ageing population and the anticipated increase in age-related conditions that impair decision-making capacity<sup>15</sup>. For example, at the national level, an estimated 1 in 10 persons aged 65 years or older in 2015 had dementia, increasing to 3 in 10 persons for the cohort aged 85 years or older<sup>16</sup>.

<sup>10</sup> The disability services provided under the National Disability Agreement. Data extracted from data cubes for AIHW 2014–15 Disability Services National Minimum Data Set service user data. All percentages have been calculated based on exclusion of 'not applicable/not stated/not collected' records.

<sup>11</sup> A person—such as a family member, friend or neighbour—who provides regular and sustained care and assistance to the person requiring support. This includes people who might receive a pension or benefit associated with their caring role, but does not include people, either paid or voluntary, whose services are arranged by a formal service organisation.

<sup>12</sup> Excluding parents of the service user.

<sup>13</sup> The primary disability group is one that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person in daily life.

<sup>14</sup> The Office of the Public Advocate (2016) *The potential population for systems advocacy*

<sup>15</sup> Ibid.

<sup>16</sup> AIHW 2016, <http://www.aihw.gov.au/dementia/>

## 4.0 Administrative data collections

One of the objectives of this report is to establish the availability, quality and usefulness of existing administrative and service level data sets for use in reporting on aspects of elder abuse. As such, each data set was examined for the availability and completeness of a set of core information about each abuse record. In the first instance, the examination sought to establish whether there was a dedicated field for flagging elder abuse against the client record. Following this, data sets were examined for other fields that could, when combined, be used to derive whether elder abuse may have occurred, for example, age of victim and relationship with perpetrator. For brevity, the presence or absence of these key data fields is summarised at the beginning of each section using a ✓ or ✗.

### 4.1. Elder Abuse Prevention Unit

- ✓ Demographics available
- ✓ Relationship available
- ✓ Locality available
- ✓ Elder abuse identifier

#### 4.1.1. Background

The Elder Abuse Prevention Unit (EAPU) in Queensland promotes the right of older people to live free from abuse. The unit is a program of UnitingCare Community and funded by DCCSDS. The service works to:

- educate older people and staff in community organisations providing services to older people on appropriate recognition, prevention and response to elder abuse
- inform legislation and responses to elder abuse
- facilitate access to information and support services for victims and those supporting the victim.

The EAPU does not investigate cases of elder abuse, nor does it case manage elder abuse situations.

The EAPU has operated the Elder Abuse Helpline (the Helpline) offering support and referral services for anyone experiencing elder abuse or witnessing the abuse of an older person. The service, in operation since November 1999, takes calls during normal business hours weekdays for the cost of a local call from any landline in Queensland. Callers can choose to remain anonymous.

#### 4.1.2. Data collected

Non-identifiable data are collected from the Helpline and stored in the EAPU's Elderline database. Each year the EAPU releases an annual report called *Year in Review* incorporating a range of descriptive statistics and analysis of data collected by Helpline operators, to provide a snapshot of the characteristics of elder abuse in Queensland each financial year.

Each year new fields are added to the Elderline database, enabling a more detailed description of the characteristics of elder abuse victims and perpetrators, their relationship to each other, and the risk factors in elder abuse situations (Table 3). While criminal acts by a stranger, self-neglect, or where abuse occurs within a paid service arrangement for example, at an aged care residential facility, are not generally considered to be within the scope of the EAPU service, the Elderline database still captures and publishes statistics about these instances of 'non-trust' abuse reported to the Helpline.

The EAPU has identified a number of limitations with the data collected in the Elderline database as detailed in the 'Limitations of EAPU Data' section in each annual report.

In 2015, the EAPU also released a report for the International Association of Gerontology and Geriatrics Asia and Oceania Regional Congress 2015 analysing results of five years of Elderline data.

Since the EAPU publishes a comprehensive set of data annually from the Elderline database, these data have not been replicated here.

**Table 3 Key Elderline data published in EAPU 2015 Statewide annual report**

Elder abuse	Non-trust abuse
Location of alleged victim	Relationship types
Ethnicity	Abuse types
Gender	Non-trust abuse scenarios
Age	Age and gender
Relationship	Risk factors
Abuse type	Demographic characteristics of alleged victim
Abuse type and relationship	<b>Notifiers (persons who call the Helpline)</b>
Financial abuse and Enduring Power of Attorney	Elder abuse notifiers and primary abuse types
Health and psychological risk factors	Non-trust abuse notifiers
Social and environmental risk factors	Referral source
Accommodation	Referrals and notifiers
Income and home ownership	
Financial risk factors	
Carer stress, carer activity and carer support payment	

Source: Elder Abuse Prevention Unit, *Elder Abuse Prevention Unit year in review 2015*

## 4.2. Seniors Legal and Support Service

- ✓ Demographics available
- ~ Relationship available
- ✓ Locality available
- ✓ Elder abuse identifier

### 4.2.1. Background

The Seniors Legal and Support Service (SLASS) provides free services for seniors concerned about elder abuse, mistreatment or financial exploitation, including information, advice and support, short-term counselling, information on legal rights, referrals to legal, consumer and support services, and representation in court or before tribunals in certain circumstances. SLASS also undertakes community education initiatives for the general public. SLASS is funded by DCCSDS and is delivered by five community legal centres within Queensland:

- Brisbane – Caxton Legal Centre Inc.
- Cairns – Cairns Community Legal Centre Inc.
- Fraser Coast – Hervey Bay Neighbourhood Centre
- Toowoomba, Ipswich and South West Queensland –The Advocacy and Support Centre Inc.
- Townsville – Townsville Community Legal Service Inc.

SLASS is targeted at clients who have decision-making capacity over the age of 60, or over the age of 50 in the case of Aboriginal and Torres Strait Islander clients<sup>17</sup>. Community Legal Centres Queensland Inc. is the state based peak body representing funded and unfunded community legal centres operating throughout Queensland, including centres delivering SLASS. Funding of community legal centres nationally is provided subject to collection of data in the

<sup>17</sup> [https://caxton.org.au/sails\\_slass.html](https://caxton.org.au/sails_slass.html)



Community Legal Service Information System (CLSIS) database, administered by the Australian Government Attorney-General's Department, which was established in 2003<sup>18</sup>.

All SLASS case data from the five community legal centres are captured in this database. Information collected can provide centres with detailed demographic and social data useful for planning, accountability and advocacy purposes. Data collected includes demographic information about clients (victims and offenders), their legal matters, and the advice and casework services provided, as well as projects undertaken by centres. Client demographic information includes age, gender, Indigenous status, disability status, country of birth, main language spoken, family type, income scale and postcode. Although it is not possible to differentiate within CLSIS between victim and perpetrator clients, all SLASS cases recorded in CLSIS refer to victim clients only as this is the target group for which SLASS is funded.

Although CLSIS includes a domestic violence indicator to flag whether domestic violence is an issue in advice and casework, the Caxton Legal Centre has informally advised that this may not be a reliable indicator as it is not always routinely used<sup>19</sup>. Caxton Legal Centre has advised that a more reliable means of looking at domestic violence related cases in CLSIS is to examine cases that have 'Family or domestic violence' recorded as the 'problem type'. In addition, CLSIS facilitates the collection of data for cases specifically relating to elder abuse, through the availability of 'problem type' codes for 'Elder abuse – financial abuse', 'Elder abuse', 'Elder abuse – psychological', 'Elder abuse – social', 'Elder abuse – neglect', 'Elder abuse – sexual', and 'Elder abuse – physical'. More than one 'problem type' can be entered for each case.

The following section details key data sourced from community legal centre annual reports<sup>20</sup> and additional data collected by QGSO directly from centres.

#### 4.2.2. SLASS case and client statistics

##### *Brisbane SLASS<sup>21</sup>*

The SLASS work undertaken by the Caxton Legal Centre accounts for approximately 14% of the total case work undertaken at the Centre. A lawyer and social worker are allocated to each client for both case work and shorter-term advices. In 2014–15 Brisbane SLASS took on 209 new clients. Currently Brisbane SLASS are working on 98 matters, comprising 36 advices and 62 casework files; with approximately 100 legal advices given each month.

In 2013–14<sup>22</sup>, Brisbane SLASS assisted 392 clients (of which there were 248 new clients), opened 213 cases, closed 223 cases, gave 1,466 advices and held eight community legal education events. Types of elder abuse dealt with by SLASS staff over the four years to 2014–15 are shown in (Figure 5).

It should be noted that changes from year to year do not necessarily reflect changes in the incidence of elder abuse cases dealt with by SLASS; rather this could be influenced by changes in the way staff record cases or changes to staff resourcing.

<sup>18</sup> [http://www.nacli.org.au/cb\\_pages/clsis.php](http://www.nacli.org.au/cb_pages/clsis.php)

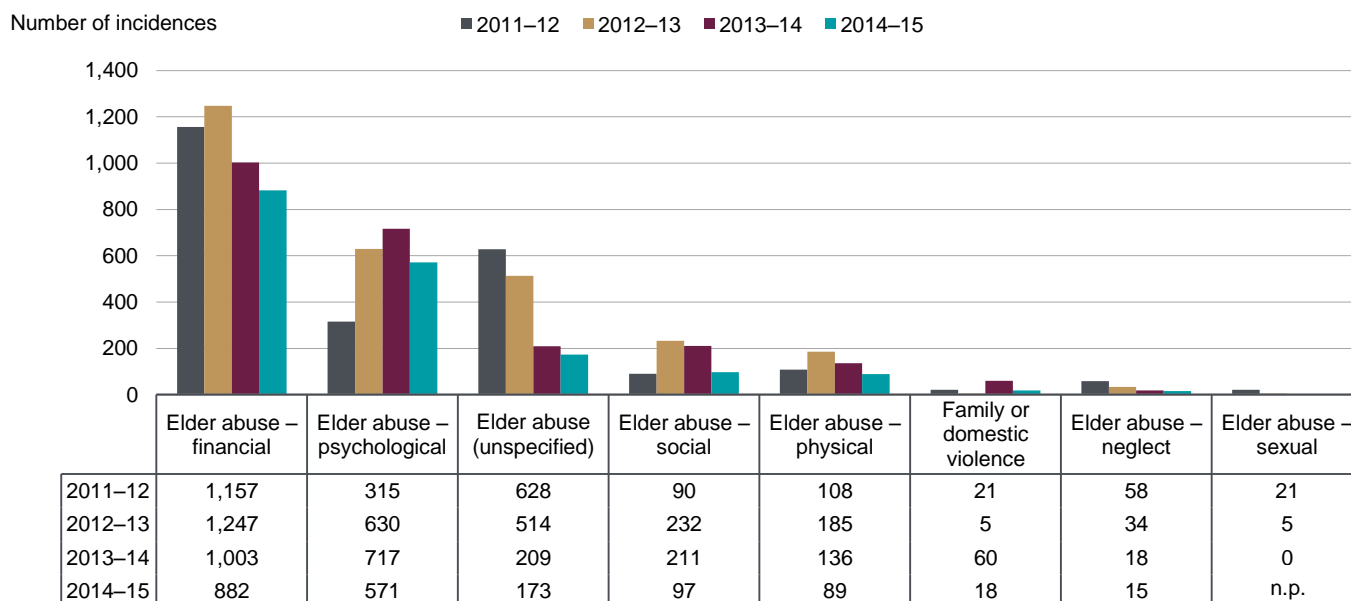
<sup>19</sup> Personal communication to QGSO, 26 May 2016.

<sup>20</sup> No annual reports are published for the Cairns Community Legal Centre Inc.

<sup>21</sup> Unpublished data in this section provided to QGSO from the Caxton Legal Centre Inc.

<sup>22</sup> These data for 2014–15 were requested from Brisbane SLASS, but were not available at the time of publication.

**Figure 5 Incidences of abuse dealt with in SLASS cases by abuse type<sup>(a)</sup>, Brisbane**



Source: 2011–12 to 2013–14 data sourced from Caxton Legal Centre Inc. *annual reports* (various). 2014–15 unpublished data provided by Caxton Legal Centre Inc. to QGSO.

(a) Categories as defined under 'problem type' in CLSIS.

n.p. not published.

Notes:

1. Abuse type charted in order of incidence number for 2014–15.
2. During 2011–12 SLASS operated alongside the Seniors Advocacy Information and Legal Service (SAILS); one of the core functions of SAILS was to provide legal information, advice and advocacy to people over 60 experiencing domestic or family (non-spousal) violence and other forms of abuse. As the parameters of the programs had considerable overlap the 2011–12 SLASS statistics may not be directly comparable to later years. SAILS and SLASS were merged under SLASS in 2012–13 for funding and reporting purposes.

The Caxton Legal Centre completed a closed case review in 2015 of 500 SLASS files that were opened between 2010 and 2014. The Caxton Legal Centre advised that the review provided a valuable practice snapshot that facilitated insights beyond what is observable in day-to-day practice. Data were recorded against the fields of client and perpetrator demographics, type of abuse, factors contributing to abuse or financial exploitation, intervention types and barriers to pursuing assistance. Each of these data fields has its own set of data items with relevant categories to code against.

For the 500 cases reviewed, there were a total of 1,700 issues of abuse raised, indicative of the often multifaceted nature of elder abuse where there is typically a primary form of abuse and secondary forms of abuse presenting. Of the 12 types of abuse dealt with by SLASS, the top five present across the files reviewed were financial, psychological, verbal, physical and neglect. Other types of abuse that were present included systemic, abandonment, institutional, medication, sexual and spiritual/cultural.

Other key findings from the completed file review show that<sup>23</sup>:

- 70% of clients were female
- 40% of clients were aged 60–74 years and 56% were aged 75 years or older
- the most common perpetrator relationships were sons (24%), other family (23%), daughters (22%) and service providers (20%)
- the perpetrator was living with the client in one-quarter of cases (25%)
- the top five reasons identified as key barriers preventing clients from getting assistance were fear, including fear of repercussions, unaware of help options, impaired capacity, feelings of powerlessness, and love of the abuser.

<sup>23</sup> Note these summary statistics are based on all audit files.





Caxton Legal Centre has advised that if they were to undertake a similar review project again, they would apply a number of learnings to improve the method and approach, including:

- using a tighter data dictionary
- tailoring of the review to a specific research, evaluation or learning objective
- aligning the review to a wider prevalence study where practicable
- undertaking case reviews progressively as each case closes, rather than undertaking a retrospective review of file notes after a period of time has lapsed.

#### *Fraser Coast SLASS*

In 2014–15, the Hervey Bay Neighbourhood Centre:

- assisted a total of 154 clients (217 clients in 2013–14)
- worked on 136 cases (150 cases in 2013–14) involving elder abuse (social, psychological and financial), issues around elder rights and capacity, nursing home accommodation and other matters
- gave advice on 34 occasions (105 occasions in 2013–14) to people concerned about, experiencing, or at risk of experiencing, abuse of an older person
- provided information and/or referrals to callers on 430 occasions (373 occasions in 2013–14)<sup>24</sup>.

#### *Toowoomba and Ipswich SLASS*

In 2014–15, the Advocacy and Support Centre:

- assisted a total of 159 clients in Toowoomba and Ipswich (of which there were 87 new clients)
- gave advice on 252 occasions
- opened 91 cases and closed 74 cases<sup>25</sup>.

In the years 2006–07 to 2013–14, the SLASS had provided legal advice to 1,456 clients and conducted 647 legal cases<sup>26</sup>. It is understood that The Advocacy and Support Centre Inc. has also completed a closed case file audit of SLASS cases.

#### *Townsville SLASS*

In 2014–15, Townsville Community Legal Service:

- gave advice on 91 occasions
- had 18 ongoing cases open as at 1 July 2014, opened a further 35 cases and closed 28 cases
- supported 'Seniors Creating Change', a grassroots group focussed on empowering seniors to end elder abuse
- delivered 16 community legal education events<sup>27</sup>.

The Townsville Community Legal Service is currently undertaking a retrospective closed case audit of SLASS case files conducted between 2007 and 2013, with around 400 files currently audited of an intended 600 files. The audit applies only to those cases where a substantial amount of work was done (approximately 6 or more hours); occasions where advice only was provided are out of scope. The project was initiated by the Townsville Community Legal Service to try and put a dollar value on how much money was being appropriated from their elder abuse clients, however the audit has evolved as a means to better understand SLASS clients and ultimately better inform service delivery.

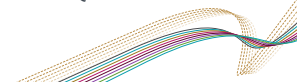
Cases are being audited against the same six data fields highlighted for the case review undertaken by Caxton Legal Centre. This framework of data fields, items and categories was devised by Townsville Community Legal Service based on their experience and the available literature. Notably, with the exception of a few data items, much of these data fields are not captured in CLSIS. A limitation of the audit dataset is that demographic information is not routinely collected and that some of the data fields rely on the judgement of the person doing the auditing, such as contributing factors and barriers to accessing services. The audit also includes cases that would not be classified as elder abuse, based on the

<sup>24</sup> Hervey Bay Neighbourhood Centre *annual report 2014–15*.

<sup>25</sup> The Advocacy and Support Centre Inc. *annual report 2014–15*.

<sup>26</sup> The Advocacy and Support Centre Inc. *annual report 2013–14*.

<sup>27</sup> Townsville Community Legal Service Inc. *annual report 2014–15*. Note that Townsville Community Legal Service Inc. have advised that generally the Service deals with around 100 cases each year, however the loss of a key SLASS staff member in 2014–15 for five months affected the number of annual cases for that year.



definition used for this report, for example the audit includes files for abuse committed by service providers, tradesmen and professionals, such as overcharging of services, undertaking of unnecessary work and consumer fraud.

Analysis of the audited files to date shows that<sup>28</sup>:

- 59.8% of clients were female
- of those clients aged 60 years and older, 3 in 5 (60.3%) are aged between 70 and 84 years
- in more than 4 in 5 cases the client made the initial contact with SLASS (82.8%)
- the top perpetrator relationships where there was a family relationship to the client were daughter (31.6%), son (23.2%) and daughter-in-law (8.9%)
- the perpetrator was living with the client in one-quarter of cases (24.4%)
- feelings of powerlessness and fear were identified as key barriers preventing clients from getting assistance.

Anecdotally, the Townsville Community Legal Service believes there is an underuse of SLASS by older persons living in residential care facilities, due to barriers in SLASS having a regular on-site presence in these facilities. Further, it is believed that there is underuse by Aboriginal and Torres Strait Islander people, influenced by cultural taboos, financial cultural attitudes and intergenerational tensions<sup>29</sup>.

#### 4.2.3. SLASS performance reporting to DCCSDS

The five community legal centres delivering SLASS are required to submit performance reports to the DCCSDS as part of the funding Service Level Agreement. The centres are also required to submit a Quarterly Service Activity Report<sup>30</sup> utilising data collected from the national CLSIS. Statistics collected cover:

- number of clients (new, repeat and existing)
- advices (total advice activities)
- cases (opened, new, ongoing and closed). When a case is closed it can be further categorised according to the time spent on the case (minor, medium and major).

Activity reports also include information on:

- service support and development and support activities
- details of up to three brief case studies demonstrating client experiences and outcomes.

Table 4 shows the number of occasions that information and referrals, community development activities and advice were provided for each of the SLASS services in Queensland for the five years ending 30 June 2015. Change in the number of occasions for each year may not be a reflection of change in service demand, but could also reflect changes in staffing levels at each service and the way information is recorded. Each occasion of information/referral or advice may not necessarily pertain to elder abuse.

New performance reporting measures for services provided to 'older people' were implemented from 1 January 2016. These were<sup>31</sup>:

- Throughputs (counts of support plans finalised, value of brokerage expenditure and new service users).
- Outputs (information, advice, individual advocacy, engagement and/or referral by number of hours and number of Service Users).
- Outcomes (counts of service users with improvements in being safe and protected from harm, and service users with improved social connectedness).
- Other measures (descriptions of achievements and case studies that help to identify quality of service delivery and the impact of accessing the service outlet by the service user).
- Selected demographic data (service user by: aged over 75 years, sex, volunteered Aboriginal and Torres Strait Islander status and volunteered as being from a culturally and linguistically diverse background).

Performance reporting measures will be reviewed annually.

<sup>28</sup> Note these summary statistics are based on all audit files.

<sup>29</sup> Personal communication to QGSO, 27 April 2016.

<sup>30</sup> DCCSDS, *Seniors Support Initiative* – initiative specifications v3.0 October 2011 (internal document supplied via email correspondence 5 April 2016).

<sup>31</sup> DCCSDS, *Older People Investment Specification* Version 3.0.


**Table 4 Performance reporting, SLASS services, Queensland**

Year ending 30 June	Number of occasions that information, advice and referral services were provided (not provided elsewhere)	Number of occasions that community/group development and support activities were undertaken	Number of occasions advice was provided (not provided elsewhere)
<b>Caxton Legal Centre Inc.</b>			
2011	885	42	688
2012	674	56	538
2013	801	62	522
2014	685	52	495
2015	689	61	390
<b>Cairns Community Legal Centre Inc.</b>			
2011	426	60	201
2012	630	71	60
2013	574	77	351
2014	723	56	134
2015	913	55	190
<b>Hervey Bay Neighbourhood Centre</b>			
2011	155	52	241
2012	159	79	269
2013	220	42	192
2014	373	57	105
2015	430	41	34
<b>The Advocacy and Support Centre Inc.</b>			
2011	470	68	333
2012	525	69	380
2013	526	29	348
2014	286	55	259
2015	273	59	252
<b>Townsville Community Legal Service Inc.</b>			
2011	267	35	40
2012	313	30	50
2013	243	51	58
2014	230	53	23
2015	222	68	43

Source: Department of Communities, Child Safety and Disability Services, custom data from RN05 Performance Responses database.



## 4.3. Aged Care

### 4.3.1. Operational aged care services

Aged care providers within Australia legally operate under the *Aged Care Act 1997* (the Act). The Act is the overarching legislation that outlines the obligations and responsibilities that aged care providers must follow to receive subsidies from the Australian Government. It is the intention of the Australian aged care system to promote the wellbeing and independence of older people and their carers through the funding and delivery of care services that are: accessible, appropriate to needs, high quality, efficient and person-centred<sup>32</sup>.

Australian Government subsidised aged care services include the following:

- *Commonwealth Home Support Programme (CHSP)*<sup>33</sup>—provides services that support older people to stay at home and be more independent in the community
- *Home Care Packages Programme*—a coordinated package of services tailored to meet a person's specific care needs
- *residential care or residential respite care*—provides a range of care options and accommodation for older people who are unable to continue living independently in their own homes
- *flexible care*—includes a number of care options that acknowledges that the needs of care recipients may require a different care approach than that provided through non-flexible residential and home care alone<sup>34</sup>.

At 30 June 2015, in Queensland, there were:

- 444 operational aged care homes delivering residential care services
- 566 services providing Home Care Packages and Flexible care<sup>35</sup>

In addition, at 30 June 2014 there were 770 agencies delivering Home and Community Care (HACC) services in Queensland<sup>36</sup>.

The number of Home Care Packages and Flexible care services operating in Queensland increased by almost 50% over the seven years to 2015. In contrast, residential care and HACC services were relatively stable. It is estimated that the demand for residential and Home Care aged care services nationally will more than treble by 2056<sup>32</sup>.

### 4.3.2. Aged care recipients

Persons residing in residential care facilities are understood to be particularly vulnerable to abuse due to many residents experiencing dementia and other cognitive deficits, significant physical illnesses and disabilities, greater immobility, and less contact and support from the outside world<sup>37</sup>. For example, nationally, 1 in 2 persons aged 60 years or older in permanent residential aged care at 30 June 2014 was assessed as having dementia (52.3%)<sup>38</sup>; a similar proportion of this cohort was assessed as having at least one mental health condition, including depression, anxiety, psychosis, and developmental disorders/intellectual disabilities (52.9%)<sup>38</sup>.

At 30 June 2014 there were 30,656 persons aged 60 years and older in permanent residential care in Queensland, and a further 366 in residential respite care<sup>39</sup>, together accounting for 98.2% of all persons in residential care in Queensland at this time. However the age distribution of this cohort in residential aged care shows that half were aged between 85 and 94 years at 30 June 2014 (49.0%).

Although the 31,022 Queenslanders aged 60 years and older in residential aged care at 30 June 2014 represented only 3.4% of all Queenslanders in this age cohort<sup>40</sup>, this proportion changed significantly depending on the specific age group.

<sup>32</sup> Productivity Commission, *Report on Government Services 2015*

<sup>33</sup> The CHSP commenced on 1 July 2015 and consolidated the Commonwealth Home and Community Care Program, planned respite from the National Respite for Carers Program, the Day Therapy Centres Program and the Assistance with Care and Housing for the Aged Program.

<sup>34</sup> Includes Transition Care, the Short-term Restorative Care Programme, the Multi-Purpose Services Programme, the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme, Support Services for Remote and Indigenous Aged Care, and the Innovative Care Programme.

<sup>35</sup> Flexible care includes instances where a person is receiving 'residential care' or 'home care'.

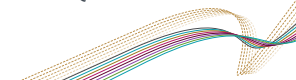
<sup>36</sup> Although HACC was consolidated into the CHSP on 1 July 2015 it has been identified separately for this data request. The number of HACC agencies was not published for 30 June 15.

<sup>37</sup> M. Barnett and R. Hayes, 2010, '*Not seen and not heard: protecting elder human rights in aged care*'.

<sup>38</sup> AIHW, Residential aged care and Home Care 2013–14, supplementary data. Excludes people with unknown dementia status, or no assessment current as at 30 June.

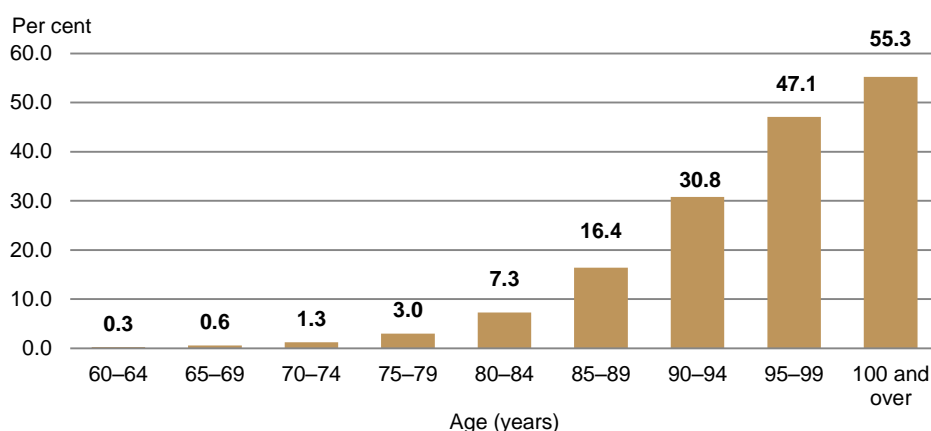
<sup>39</sup> AIHW, Residential aged care and Home Care 2013–14, supplementary data.

<sup>40</sup> Calculated by QGSO based on estimated resident population aged 60 years or older as sourced from ABS 3101.0 Sep 2015.



For example, less than 1 in 10 Queenslanders aged 80–84 years at 30 June 2014 were in residential aged care compared to more than half of all Queenslanders aged 100 years or older (Figure 6).

**Figure 6 Proportion of older population in residential aged care (permanent and respite), Queensland, 30 June 2014**



Source: AIHW, Residential aged care and Home Care 2013–14, supplementary data; ABS 3101.0 Sep 2015

In 2014–15, 41,933 distinct people received some form of permanent residential care service, while 6,975 people received residential respite care services. Over the eight years 2007–08 to 2014–15, the number of distinct recipients for permanent and respite residential care in Queensland increased by 11.4% and 34.6% respectively (Figure 7).

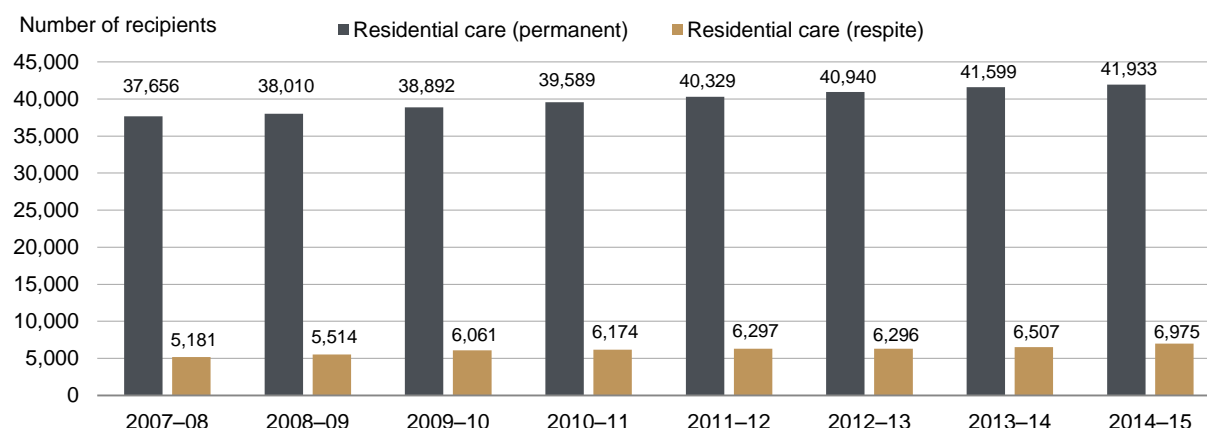
The majority of older persons receiving aged care are in receipt of HACC services. In 2014–15, there were:

- 167,007 distinct recipients of HACC services
- 10,943 distinct recipients of Home care levels 1 and 2
- 4,790 distinct recipients of Home care level 3 and 4<sup>41</sup>.

Note that, as a person may receive one or more of these services during a 12 month period, they may be counted in more than one service category. For example, the total number of distinct individuals accessing residential aged care (residential and respite) during a single financial year cannot be determined, and numbers of recipients should not be added between the two care types.

<sup>41</sup> Australian Department of Health, customised request using published data from the Report on the Operation of the Aged Care Act 1997, Report on Government Services and the HACC Minimum Data Set Annual Bulletin

**Figure 7 Number of distinct care recipients, Queensland services**



Source: Australian Department of Health, customised request using published data from the Report on the Operation of the Aged Care Act 1997, Report on Government Services and the HACC Minimum Data Set Annual Bulletin

- Notes:
1. People are counted here if they are accessing care from services physically located within Queensland. This does not necessarily reflect the locations of the care recipients.
  2. Data refers to number of distinct recipients at any time in the 12 month period to 30 June. Data are for distinct recipients of all ages.

### 4.3.3. Aged care complaints<sup>42</sup>

- ~ Demographics available
- ✗ Relationship available
- ~ Locality available
- ✗ Elder abuse identifier

The Aged Care Complaints Commissioner (the Complaints Commissioner)<sup>43</sup> operates under the *Aged Care Act 1997* and the Complaints Principles 2015<sup>44</sup>, and provides a free service for anyone to raise concerns about the quality of care and services being delivered to people receiving aged care funded by the Australian Government<sup>45</sup>.

The primary functions of the Complaints Commissioner are to resolve complaints about aged care services funded by the Australian Government (across the four streams outlined in the previous section), and educate people about the best ways to handle complaints and the issues they raise.

Complaints often incorporate more than one issue. For example, in the eight years between 2007-08 and 2014-15 there were 475 complaints related to allegations of abuse within Queensland aged care services, for which 540 abuse issues were recorded.

Abuse, as defined in this context, may be between residents or between a service provider and a resident. It includes allegations of discrimination, neglect, rough handling, financial and physical, physiological/emotional, verbal and other types of abuse<sup>46</sup>.

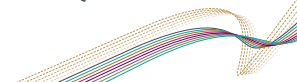
<sup>42</sup> Unpublished data in this section provided by the Clinical Unit and Performance Section, Aged Care Complaints Commissioner.

<sup>43</sup> The Aged Care Complaints Commissioner replaced the Aged Care Complaints Scheme on 1 January 2016. This was to separate complaints handling from the Australian Department of Health's funding and regulatory roles. Prior to 1 January 2016, the Aged Care Complaints Scheme also managed compulsory reporting notifications from Australian Government funded aged care service providers, including notifications of reportable assaults and missing residents. This function has remained with the Australian Department of Health's aged care regulatory area. Data related to compulsory reporting has not been included in the statistics here. For more information see <https://www.dss.gov.au/about-the-department/publications-articles/corporate-publications/budget-and-additional-estimates-statements/independent-aged-care-complaints-arrangements>

<sup>44</sup> Accessible at <https://www.legislation.gov.au/Details/F2015L02125>

<sup>45</sup> Complaints about retirement villages are out of scope for the Complaints Commissioner as they are regulated by state and territory governments.

<sup>46</sup> As advised to QGSO by the Clinical Unit and Performance Section, Aged Care Complaints Commissioner.



The most common abuse issues in the complaints about Queensland aged care services over the eight year period were:

- physical abuse (193 issues)
- verbal abuse (119 issues)
- rough handling (97 issues).

The complaints mainly came from a representative/family member of the care recipient (137 complaints), followed closely by anonymous complainants (131 complaints). The remaining 207 were from other interested people (e.g. a friend of the care recipient), referrals from other agencies, service provider staff, and care recipients.

Most recently, in 2014–15, 66 complaints related to allegations of abuse within Queensland aged care services. As can be seen in Table 5, this is a similar number to each of the preceding years. However, it represented 9.1% of the total complaints about Queensland aged care services in 2014–15 (727). This is higher than the proportion recorded in earlier years. Most of the complaints relating to alleged abuse over the eight year period were in relation to residential aged care services (97.1% of all complaints).

**Table 5 Number of abuse complaints, Queensland**

Service Care Type	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15
Residential (permanent and respite)	63	68	53	64	48	54	46	65
Home and Community Care	0	0	0	0	0	1	2	0
Home care	0	0	4	1	0	1	1	1
No service identified	1	0	0	0	0	2	0	0
<b>Total complaints related to abuse</b>	<b>64</b>	<b>68</b>	<b>57</b>	<b>65</b>	<b>48</b>	<b>58</b>	<b>49</b>	<b>66</b>
<b>Proportion of total complaints received in Queensland (%)</b>	<b>5.3</b>	<b>7.0</b>	<b>5.1</b>	<b>7.7</b>	<b>5.7</b>	<b>7.3</b>	<b>7.0</b>	<b>9.1</b>

Source: Aged Care Complaints Commissioner, customised request using published and unpublished data

Notes:

1. Complaints relate to care recipients of any age.
2. In 2010–11 the definition of complaint changed to exclude enquiries.
3. Although HACC was consolidated into the CHSP on 1 July 2015 it has been identified separately for this data request.
4. Home Care in this table includes:
  - Home Care Packages delivered on a Consumer Directed Care basis
  - Flexible care where a person is receiving 'residential care' or 'home care'; this includes services provided through transition care, innovative care or multi-purpose services
  - National Aboriginal and Torres Strait Islander Flexible Aged Care Programme.

Some demographic data pertaining to the alleged victim of the complaint is collected but it is mostly incidental. For example, data on ethnicity, nationality, the age of the person who is alleged to have been abused, and their relationship with the alleged abuser is not routinely recorded in the database. If this information is important to support the resolution of a complaint it is captured in the case notes but the case management system does not have defined data entry fields for this type of information. The Complaints Commissioner is able to access and use care recipient records provided by the Department of Human Services as required, through which information on gender and age can be sourced.

While the data provides an important indication of the extent to which abuse is an issue of concern within the operation and delivery of aged care services, it is important to note that the complaints numbers alone represent allegations which may or may not have been substantiated. Further, the numbers include concerns raised about interactions between aged care residents. The number of complaints that specifically relate to elder abuse are unable to be determined due to the lack of data captured about the relationship between the people involved and about the care recipient's age at the time of alleged abuse.

#### 4.3.4. Aged Care Compliance- allegations and suspicions of assault

To help protect aged care residents living in permanent and respite residential care, the *Aged Care Act 1997* (the Act) has compulsory reporting provisions that require approved providers and their services to report suspicions or allegations



of assaults<sup>47</sup> to local police and the Australian Department of Health. The alleged offender of the assault can be either a care recipient or anyone else, including residential aged care staff. It is the intention of this legal requirement that those affected receive timely help and support, and that operational and organisational strategies are put in place to prevent the situation from occurring again, thus helping to maintain a safe and secure environment.

Under the Act, a reportable assault means:

- unlawful sexual contact, meaning any sexual contact with residents where there has been no consent
- unreasonable use of force on a resident, ranging from deliberate and violent physical attacks on residents to the use of unwarranted physical force<sup>48</sup>.

Compliance with the compulsory reporting provisions under the Act is the responsibility of the Secretary of the Department of Social Services (DSS) who will assess if the approved provider has met its responsibilities under the Act and take compliance action where requirements under the Act have not been met. The investigation of alleged assault is the responsibility of the police who will determine whether the incident is criminal in nature and what further police action is required.

Data describing notifications of reportable assaults for persons aged 60 years or older living in residential aged care in Queensland were requested from DSS, but were not available at the time of publication.

#### 4.3.5. Aged Care Quality Indicators

The Commonwealth Department of Health commenced national implementation the National Aged Care Quality Indicator Programme (the Programme)<sup>49</sup> in January 2016 with the aim to give:

- consumers transparent, comparable information about quality in aged care to inform their choices
- providers robust, valid data to measure and monitor their performance and support continuous quality improvement.

Residential aged care facilities can choose to 'opt-in' to the program. The DSS website currently notes that Quality Indicator data will ultimately be published on the My Aged Care website once the data has been established as reliable and accurate and after stakeholder consultation<sup>50</sup>.

There are currently three clinical quality indicators, all of which have serious and potentially catastrophic impacts on the physical, mental, emotional and spiritual health for residents:

- pressure injuries
- use of physical restraint
- unplanned weight loss.

The Programme is also piloting tools to measure consumer experience and quality of life. In 2015, the Programme, in collaboration with the National Aged Care Alliance's Quality Indicator Reference Group, conducted an assessment of 50 tools and a small road-test of consumer experience and quality of life measures in residential care. Following the road test it was decided to pilot the following measures in residential aged care facilities and home care services in the first half of 2016:

- Your Experience of Service Survey (consumer experience)
- WHOQOL-BREF and the WHOQOL-OLD surveys (quality of life)
- Adult Social Care Outcomes Toolkit SCT4, and
- an additional Goal Attainment Survey is being tested under the home care pilot.

Note that quality indicators for home care aged care services are in the early research and planning stages; it is acknowledged that the development of quality indicators in this sector is complex, with a need to be relevant to all the broad range of care provided to those receiving support in their homes.

<sup>47</sup> An allegation is usually a claim or accusation made to the approved provider that can be associated with physical evidence or the witnessing of an assault. A suspicion is where there is no actual allegation or where an actual assault may not have been witnessed, and where staff observe signs that an assault may have occurred.

<sup>48</sup> Further discussion around definitions of unlawful sexual contact and unreasonable use of force under the Act can be found here <https://www.dss.gov.au/ageing-and-aged-care/ensuring-quality/aged-care-quality-and-compliance/guide-for-reporting-reportable-assaults>

<sup>49</sup> More information about the program can be found at <https://www.dss.gov.au/ageing-and-aged-care/ensuring-quality/quality-indicators-for-aged-care>.

<sup>50</sup> <https://www.dss.gov.au/ageing-and-aged-care/ensuring-quality/quality-indicators/about-the-national-aged-care-quality-indicator-programme>



## 4.4. Admitted patient episodes of care for assault, Queensland hospitals

- ✓ Demographics available
- ✓ Relationship available (external injuries diagnosed as assault only)
- ✓ Locality available
- ✗ Elder abuse identifier

### 4.4.1. Background

Queensland Health (QH) administers the Queensland Hospital Admitted Patient Data Collection (QHAPDC) which collects demographic data and clinical information on all admitted patients separated from both public and licensed private hospitals and private day surgeries in Queensland.

The QHAPDC collects data for admitted patient episodes of care. An episode of care is a phase of treatment—an episode of care ends when the principal clinical intent changes or when the patient is formally separated from the facility<sup>51</sup>.

The QHAPDC includes data where an external cause (that is, a precipitating event or accident leading to an injury or poisoning) has been reported<sup>52</sup>. This section presents data for admitted episodes of care for patients aged 60 years and older where any external cause was assault<sup>53</sup>. Nationally, hospitalised injury as a result of assault has been estimated to make up less than 1% of total hospitalised injury cases resulting from external causes for people aged 65 years or older<sup>54</sup>.

While a specific elder abuse flag is not captured in these data, in many cases, but not all, the relationship between the victim and the perpetrator is recorded.

### 4.4.2. All admitted patient episodes of care for assault – key findings

The data in this section describe all admissions for assault for people aged 60 years and older, whether or not they could be defined as elder abuse through the relationship field. Information about elder abuse related assault admissions can be found in Section 4.4.3.

There were 453 admitted patient episodes of care for assault for patients aged 60 years or older in 2014–15, up from 416 episodes in 2013–14 (Figure 8). In 2014–15 this equated to an admission rate of 49.7 episodes per 100,000 persons aged 60 years and older in Queensland, the highest admission rate recorded over the 10 year time series.

Notably, the admission rate has been trending up since 2011–12.

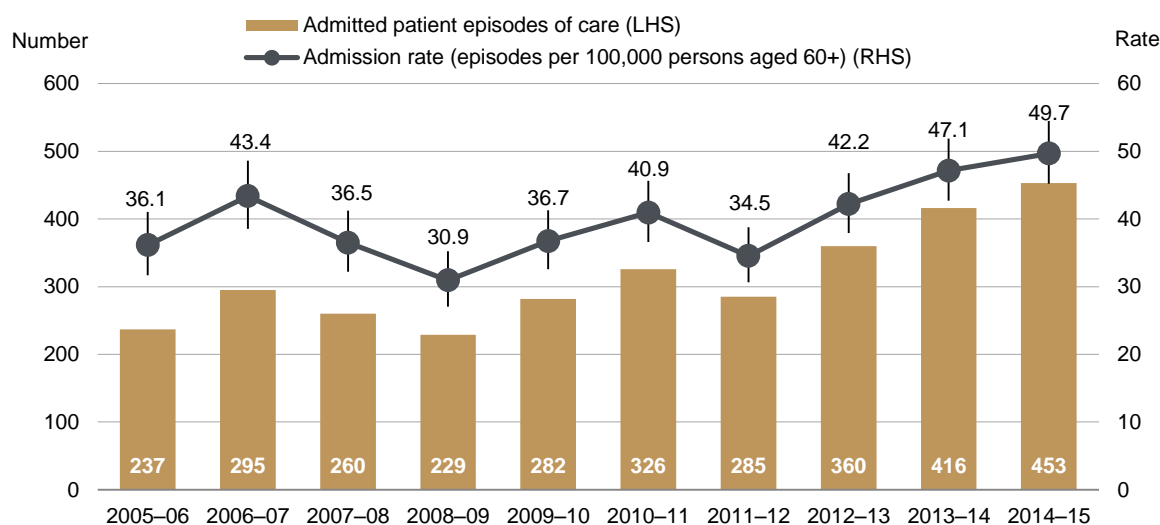
<sup>51</sup> Note that 'Admitted patient episode of care' usually refers to the entire hospital stay of a patient. However, on some occasions patients receive more than one type of care and separate episodes of care are counted. Thus a separation in this dataset can be a formal separation (including discharge, transfer or death) or a statistical separation (episode type changes).

<sup>52</sup> The (external cause) chapter, which in previous revisions of ICD constituted a supplementary classification, permits the classification of environmental events and circumstances as the cause of injury, poisoning and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used in addition to a code from another chapter of the Classification indicating the nature of the condition. Most often, the condition will be classifiable to Chapter 19, Injury, poisoning and certain other consequences of external causes (S00–T98). Other conditions that may be stated to be due to external causes are classified in Chapters 1 to 18.

<sup>53</sup> Assault X85-Y09 as defined by International Classification of Diseases and Related Health Problems 10<sup>th</sup> Revision, Australian Modification (ICD-10-AM) <https://www.accd.net.au/lcd10.aspx>

<sup>54</sup> AIHW, Hospitalised injury in older Australians, 2011–12

**Figure 8 Admitted patient episodes of care for selected external cause of assault**



Source: Queensland Health customised data, Queensland Hospital Admitted Patient Data Collection (extracted 30.03.16).

LHS = left hand side RHS = right hand side

Note:

1. Admitted episodes of care where the patient's usual residential address was interstate, overseas or not stated were excluded from the analysis (equating to 97 cases or 3.0% of all cases across the 10 years).
2. Admission rates calculated by QGSO based on estimated resident population aged 60 years or older at the beginning of the financial year as sourced from ABS 3101.0 Sep 2015.

**Location**

Over the 10 years to 2014–15, the place where the assault occurred was recorded for two-thirds (67.7%) of records in QHAPDC relating to victims aged 60 years and older. These records showed that:

- more than 3 in 5 (62.6%) episodes of care for assault for this age cohort occurred in the home<sup>55</sup>
- a further 8.5% of assaults occurred in an aged care facility or other specified residential institution.

These results indicate the significant vulnerability of older people to interpersonal violence in spaces where they should feel they are in a safe and trusted environment.

**Sex**

Over the 10 year time series, male patients aged 60 years or older were admitted at an average of 2.3 times that of female patients in this age cohort for episodes of care as a result of assault. The most common type of assault recorded for admitted patient episodes of care for both sexes over the 10 years was assault by bodily force (61.3% and 59.7% of total episodes respectively).

Despite their lower numbers overall, female patients made up the majority of admitted episodes of care that occurred as a result of sexual assault by bodily force (89.7% or 26), other maltreatment (75.2% or 103) and neglect and abandonment (63.2% or 43).

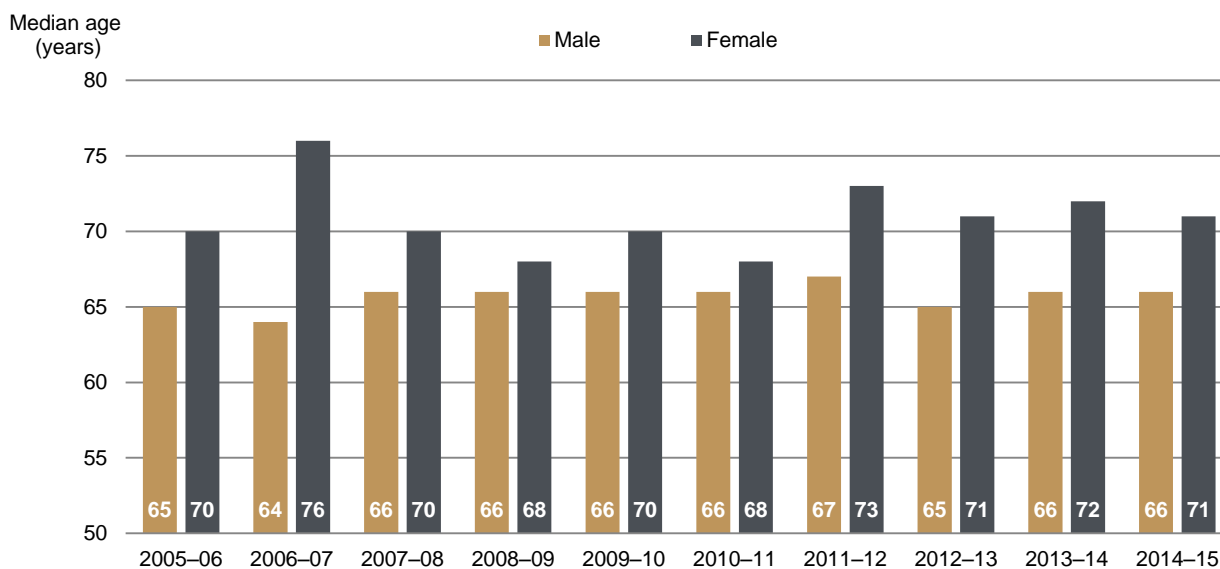
**Age**

There is a distinct age difference in the profile of older male and female patients admitted for episodes of care as a result of assault, with the median age at the time of admittance consistently higher for females over the 10 years to 2014–15 (Figure 9). This is likely to be, in part, related to there being more women in the population aged 85 years and older, than

<sup>55</sup> Includes codes for 'driveway to home', 'outdoor areas', 'garage', 'bathroom', 'kitchen', 'bedroom', 'laundry', 'indoor living areas', 'not elsewhere classified', and 'other and unspecified place in home'.

men in the Queensland population (50,079 compared with 28,730 at 30 June 2014)<sup>56</sup>. This is somewhat consistent with the difference in life expectancy between males and females, currently around 4.3 years in favour of females<sup>57</sup>.

**Figure 9 Median age at time of admission, patient episodes of care for selected external cause of assault**



Source: Queensland Health customised data, Queensland Hospital Admitted Patient Data Collection (extracted 10.05.16).

1. Admitted episodes of care where the patient's usual residential address was interstate, overseas or not stated were excluded from the analysis (equating to 97 cases or 3.0% of all cases across the 10 years).

Over the 10 years to 2014–15 Indigenous status data was specified for almost all of the records in QHAPDC relating to victims aged 60 years and older (97.5%). Based on records where Indigenous status was specified for this age cohort, 7.2% of episodes of care for assault were for persons of Aboriginal and Torres Strait Islander background over the 10 years.

Seven in 10 of Aboriginal and Torres Strait Islander patients admitted for episodes of care as a result of assault over this period were males (71.1%).

#### 4.4.3. Relationship to perpetrator of assault

Queensland Health advises that relationship to victim data are only captured in QHAPDC for external injuries diagnosed as assault, though the proportion of these records with specified relationship data year-on-year is variable. For example, in 2014–15, three-quarters (75.5%) of the 453 episodes of care for assault in persons aged 60 years and older had relationship data specified.

In two-thirds (67.7%) of episodes over the 10 years to 2014–15 the perpetrator was known to the victim<sup>58</sup>, with other family member, acquaintance or friend, and spouse or domestic partner being the most common relationships cited (Figure 10). In a notable 18.8% of episodes the perpetrator/s was unknown to the victim, indicating the vulnerability of older people to interpersonal violence by strangers, though these episodes of care fall outside the parameters of what is understood in this report to be elder abuse.

Although the perpetrator was specified as the victim's carer in only 2.3% of the episodes over the 10 years, it should be noted that this may not necessarily indicate a low incidence of violence committed by carers. Rather, it is likely to be a reflection of the coding hierarchy applied to identification of perpetrators, with coding intended to reflect the closest relationship between the perpetrator and the victim. For example, in cases where a spouse or other relative is the primary carer of the victim, their relationship will be coded as spouse or relative rather than carer<sup>59</sup>.

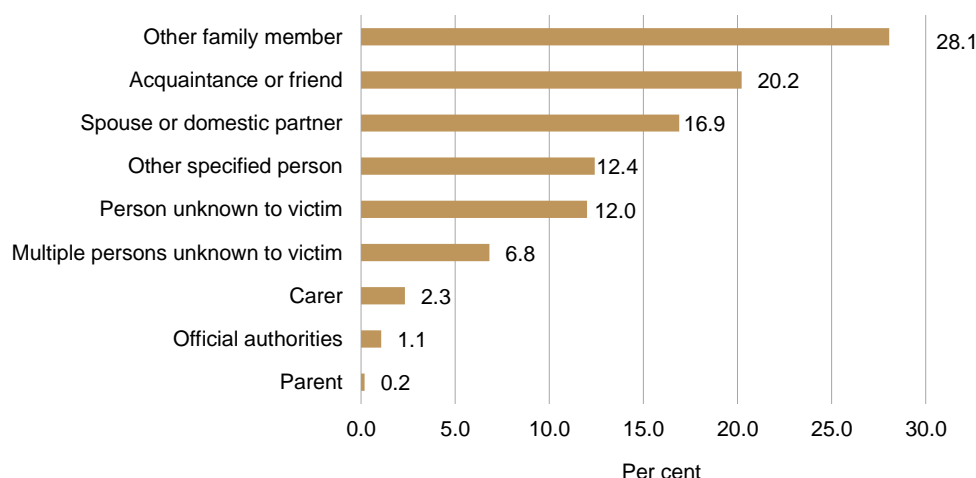
<sup>56</sup> ABS 3101.0 Sep 2015.

<sup>57</sup> ABS 3302.0.55.001 - Life Tables, States, Territories and Australia, 2012-2014.

<sup>58</sup> This includes all episodes where the perpetrator was an acquaintance or friend, carer, parent, spouse or domestic partner, or other family member.

<sup>59</sup> AIHW (2012) *Hospitalised interpersonal violence and perpetrator coding, Australia, 2002–05*.

**Figure 10 Relationship of perpetrator to victim, admitted patient episodes of care for selected external cause of assault, 2005–06 to 2014–15**



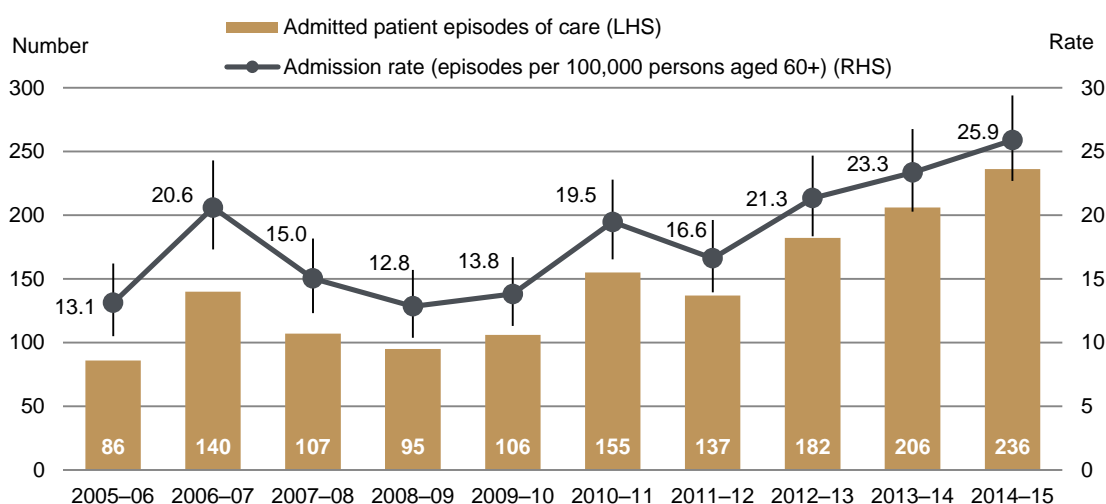
Source: Queensland Health customised data, Queensland Hospital Admitted Patient Data Collection (extracted 30.03.16).

Notes:

1. Percentages based on all admitted episodes of care where a relationship to the perpetrator was specified. Admitted episodes of care where the patient's usual residential address was interstate, overseas or not stated were excluded from the analysis.
2. Where multiple relationship categories apply, the relationship is assigned based on the code appearing highest on the list used by QH for categorisation. It should be noted that it is not the intent of the 'carer' code to capture informal care relationships.

Looking across the time series, there has been an upwards trend in the rate of episodes of care for assault where the perpetrator was known to the victim (Figure 11). This includes all episodes where the perpetrator was an acquaintance or friend, carer, parent, spouse or domestic partner, or other family member. Rates increased from 16.6 per 100,000 in 2011–12 to 25.9 per 100,000 persons in 2014–15. This was slightly faster than the growth in overall assault admissions for older persons shown in Figure 8.

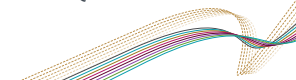
**Figure 11 Perpetrator known to victim, admitted patient episodes of care for selected external cause of assault**



Source: Queensland Health customised data, Queensland Hospital Admitted Patient Data Collection (extracted 30.03.16).

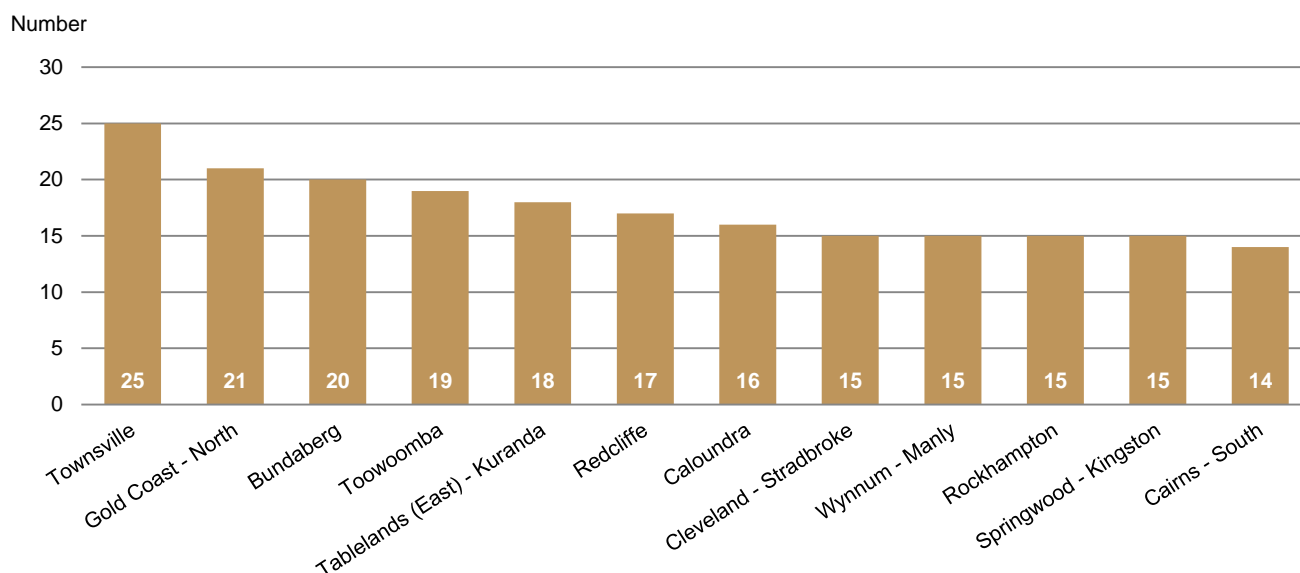
Notes:

1. Data based on all admitted episodes of care where a relationship to the perpetrator was specified. Admitted episodes of care where the patient's usual residential address was interstate, overseas or not stated were excluded from the analysis.
2. Admission rates calculated by QGSO based on estimated resident population aged 60 years or older at the beginning of the financial year as sourced from ABS 3101.0 Sep 2015.



For this age cohort, data for the three years to 2014–15 shows that Townsville had the highest number of admitted patient episodes of care for assault where the perpetrator was known to the victim, followed by Gold Coast – North and Bundaberg (Figure 12)<sup>60</sup>.

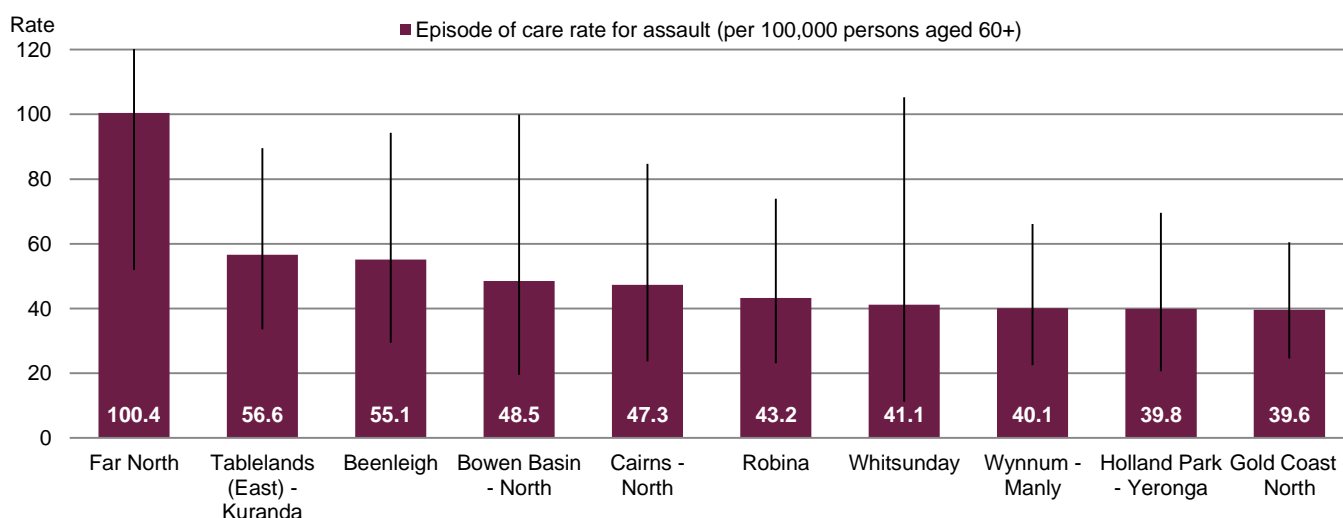
**Figure 12 SA3 regions with the highest number of admitted patient episodes of care for selected external cause of assault, episodes where the perpetrator was known to victim, 2012–13 to 2014–15**



Source: Queensland Health customised data, Queensland Hospital Admitted Patient Data Collection (extracted 30.03.16).

However, over the same period the Far North region of the state had the highest rate of admitted patient episodes of care for assault for this age cohort, for cases suspected to be elder abuse (Figure 13). Tablelands (East) – Kuranda and Beenleigh recorded the next highest rates over this period, though notably less than the rate for Far North. Due to the small counts the rates were derived from, no significant differences between SA3s could be determined.

**Figure 13 SA3 regions with the highest rate of admitted patient episodes of care for selected external cause of assault, episodes where the perpetrator was known to victim, 2012–13 to 2014–15**



Source: Queensland Health customised data, Queensland Hospital Admitted Patient Data Collection (extracted 30.03.16).

<sup>60</sup> Regional analysis is based on Statistical Area Level 3 (SA3). Maps of these regions can be found at <http://www.qgso.qld.gov.au/products/maps/qld-sa3-asgs-2011/index.php>

## 4.5. Queensland Injury Surveillance Unit data collection

- ✓ Demographics available
- ~ Relationship available
- ✓ Locality available
- ✗ Elder abuse identifier

### 4.5.1. Background

The Queensland Injury Surveillance Unit (QISU) is funded by Queensland Health and supported by the Mater Health Service. QISU collects injury data from emergency departments (ED) at 17 current participating hospitals in Queensland, which comprise four sample regions:

- Metropolitan (Brisbane)
- Regional (Mackay and Moranbah Health Districts)
- Tropical northern coast (Atherton, Mareeba, Tully and Innisfail)
- Remote (Mount Isa).

ED data are collected at the point of triage. In addition to key medical information, the data includes coded fields in accordance with the National Data Standard for Injury Surveillance (NDS-IS v.2c.) such as intent, place, external cause and mechanism of injury, as well as patient demographic information and a free text field that enables the circumstances of the patient's injury to be captured, such as who the perpetrator was. The data are provided to QISU either electronically or on standardised forms and stored on the QISU database. These data are estimated to represent roughly one-quarter to one-fifth of all ED injury presentations in the state depending on the age group and injury type studied.

### 4.5.2. Data collected

Upon request, QISU extracted data for the population aged 60 years and older where the intent was coded as either 'assault' or 'maltreatment by spouse or partner'. Using these criteria to search the data collected over the period 2004 to 2013 found only 395 injury presentations for these patients in the QISU sample collection. Of these, 45 were classed as maltreatment by spouse or partner, while 350 were classed as assault. Of the 395 presentations:

- 31.9% of patients were female
  - 57.1% of females were injured in the home compared with 36.0% of males
- 47.1% of patients were aged 60–64 years
- 4.8% were aged 85 years or older, including
  - 11.1% of females and 1.9% of males
- 65.8% of presentations did not record the relationship between the patient and perpetrator, including
  - 48.4% of female presentations and 74.0% of male presentations.

Where a relationship was recorded, almost two-thirds of perpetrators were family members including spouses.

The QISU data custodian advises that these data are subject to notable under-reporting due to practices such as allocating a single (medical) diagnostic code at the end of the attendance. A single diagnostic code may mean that other suspicious injuries such as multiple bruises, do not appear in the data set when there is a higher acuity diagnosis like a fracture. In contrast to many other data sets, QISU data contain considerable detail about the nature, time and characteristics of assault presentations, however, do not define the relationship between perpetrator and victim in all cases.

While these presentations provide the opportunity for a comprehensive case study analysis of the characteristics of assault and domestic maltreatment presenting to EDs, the small volume of presentations found was considered to under-represent the prevalence of such injury among older persons in Queensland. It is noted that in order to further investigate the characteristics of reported vs unreported cases of 'assault' or 'maltreatment by spouse or partner', it would be necessary to correlate these ED presentations with suspected and validated reports to support services such as the Queensland Police Service.

## 4.6. Domestic violence applications and orders

- ✓ Demographics available
- ✓ Relationship available
- ✓ Locality available
- ✗ Elder abuse identifier

### 4.6.1. Background

A domestic violence order refers to both a protection order, an order made by a court imposing conditions on the respondent (the person who committed domestic violence), and a temporary protection order, made in the period before a court decides whether to make a protection order<sup>61</sup>. Domestic violence orders are a civil order and not a criminal matter. However, if the respondent breaks the conditions in the order they will be committing a criminal offence and can be arrested and charged.

Data for applications<sup>62</sup> for domestic violence orders and numbers of new domestic violence orders made has been extracted by QGSO on behalf of the Domestic Violence Prevention Team at DCCSDS, the data custodians. However, these data are maintained and sourced from DJAG's Domestic Violence dataset, for which QGSO is the administrator.

While a specific elder abuse flag is not captured in these data, in most cases the relationship between the aggrieved person and the respondent is recorded.

### 4.6.2. Key points

The number of new domestic violence applications lodged in Queensland for aggrieved persons aged 60 years and older<sup>63</sup> almost doubled over the 10 years to 2014–15, from 741 applications in 2005–06 to 1,455 applications in 2014–15. Over the same period, the number of Queensland residents aged 60 years and older increased by 43.6%<sup>64</sup>, a slower increase than the increase observed for new domestic violence applications.

Over this 10 year period nearly all domestic violence applications lodged were made by either a police officer or the aggrieved (Figure 14). In 2014–15:

- 6 in 10 applications were lodged by police officers (60.8%)
- almost 4 in 10 applications were lodged by the aggrieved (37.0%).

The small proportion of remaining applications were lodged by Authorised persons (20 applications), Named persons (5 applications), Person acting under another Act (3 applications) and the Court (2 applications)<sup>65</sup>.

<sup>61</sup> In this analysis protection order data is based on temporary protection order codes 101, 106, 224, 234, 569, 570, 571, 572 and 610 and protection order codes 100, 103, 104, 105, 226, 235, 573, 574, 575 and 576. Does not include enlargements. Based on application types 'DV order application', 'DV register interstate order', 'DV general application', 'DV phone or fax application', 'DV protection order application', 'Police protection notice', 'DV police urgent temp protection order application', 'DV protection orders by police (phone)', 'DV protection orders by police (custody)', 'DV protection order application by police officer'.

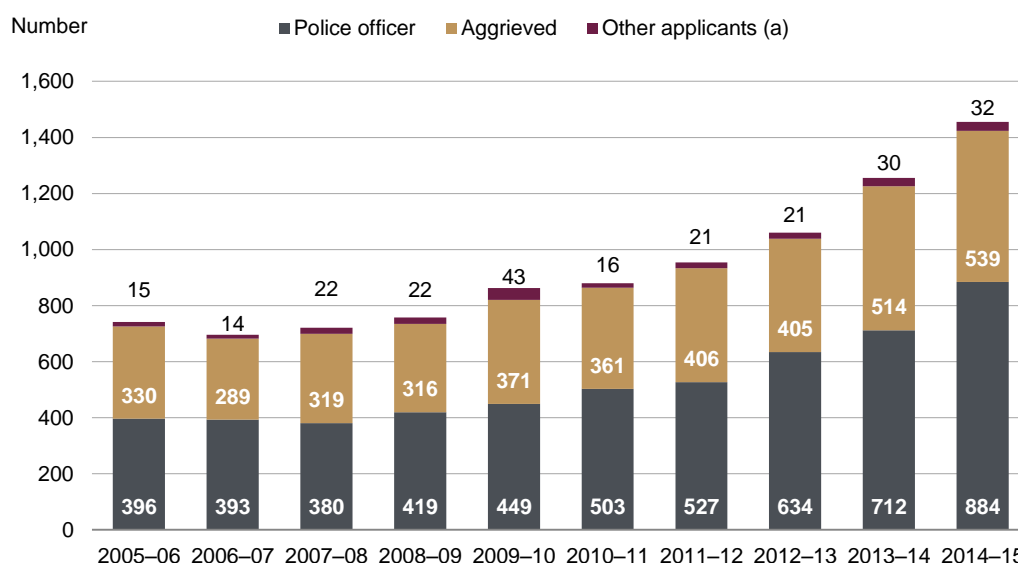
<sup>62</sup> In this analysis application data is based on application types 'DV order application', 'DV register interstate order', 'DV general application', 'DV phone or fax application', 'DV protection order application', 'Police protection notice', 'DV police urgent temp protection order application'.

<sup>63</sup> Aggrieved — the person who needs protection. Age has been calculated at the time of the lodgement date.

<sup>64</sup> ABS 3101.0 Sep 2015.

<sup>65</sup> In addition to 'Not stated' (1 application) and 'Applicant' (1 application).

**Figure 14 New domestic violence applications by applicant type**



Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 7 April 2016)

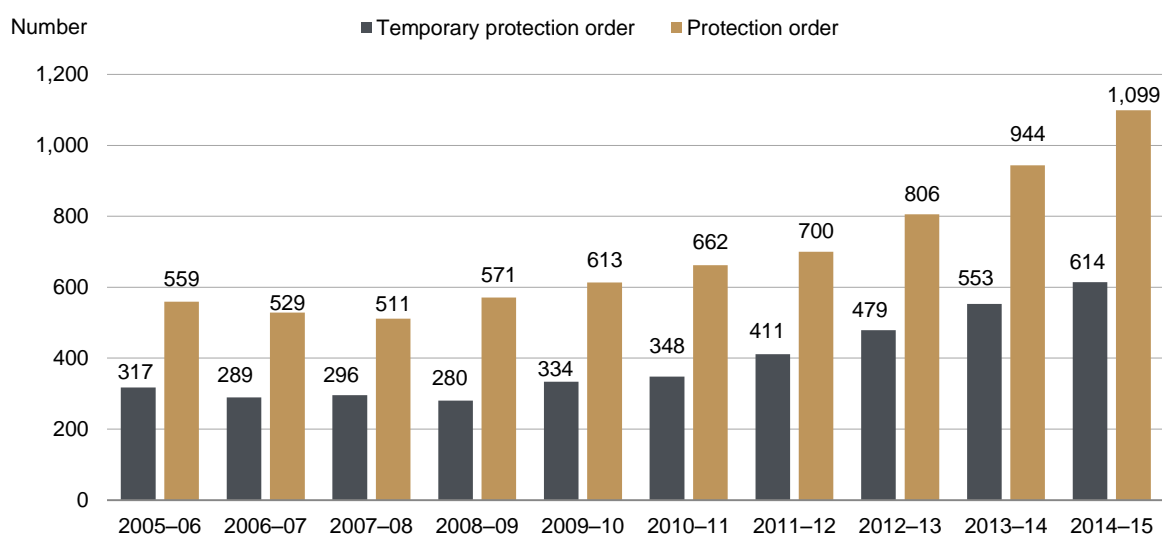
a) 'Other' applicant type includes: Adult Guardian, Applicant, Authorised person, Court, Guardianship and Administration Act, Named person, Person acting under another Act, Powers of Attorney Act 1998, Respondent, and applicant details not stated.

Notes:

1. Aggrieved are aged 60 years or older. Where more than one applicant type has been recorded the first applicant type has been used.
2. Time periods are based on lodgement date.

Consistent with the increase in domestic violence applications, the number of new protection orders for aggrieved aged 60 years or older<sup>66</sup> has almost doubled over the past 10 years from 559 orders in 2005-06 to 1,099 orders in 2014-15 (Figure 15), with a steady increase occurring from 2007-08. Similarly, the number of new temporary protection orders for this age cohort also increased notably in recent years, reaching 614 orders in 2014-15.

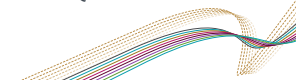
**Figure 15 New domestic violence orders by selected order types**



Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 7 April 2016)

<sup>66</sup> Age has been calculated at the time of the order date.



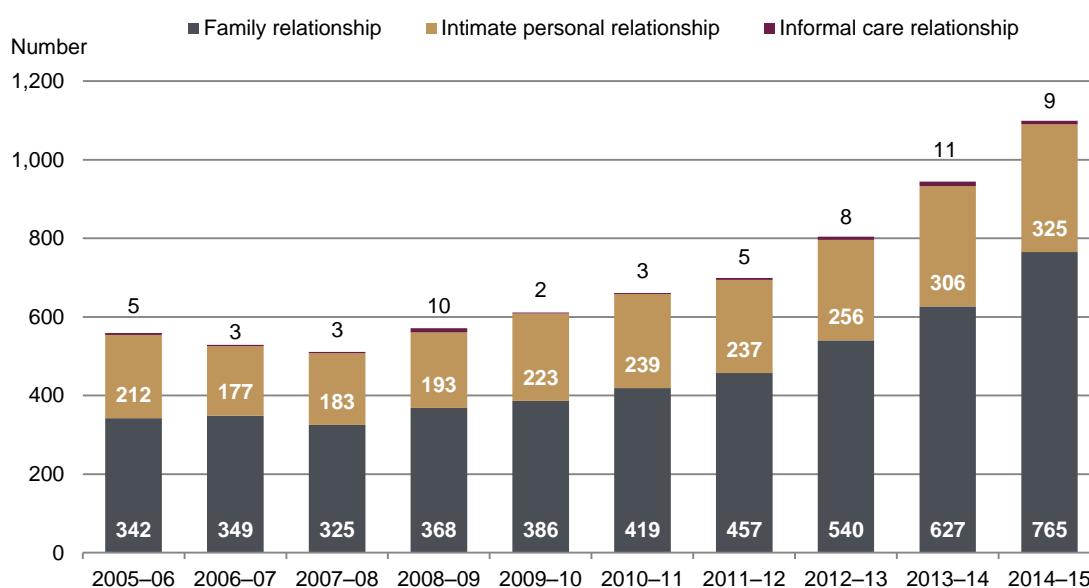


Note: Time periods are based on order date.

Of the 1,099 new domestic violence protection orders issued in 2014–15 where the aggrieved was aged 60 years or older<sup>67</sup>, 7 in 10 were for cases where the respondent was in a family relationship<sup>68</sup> with the aggrieved (69.6%). This relationship type has consistently accounted for the majority of cases of new protection orders over the 10 years to 2014–15 (Figure 16). The likelihood of a family relationship between the aggrieved and respondent was much higher among older persons than for other age cohorts: for those aged 15 to 44 years the proportion was 14.0%, while among 45 to 54 year olds it increased to 36.5%.

New domestic violence protection orders for cases where the respondent was in an intimate personal relationship<sup>69</sup> with the aggrieved accounted for the majority of the remaining orders. New orders where the respondent was in an informal care relationship<sup>70</sup> with the aggrieved accounted for a very small number of cases over the 10 years to 2014–15.

**Figure 16 New domestic violence protection orders by relationship of respondent**



Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 7 April 2016)

Notes:

- Relationship type 'Not stated' has not been charted and accounted for one new order in both 2010–11 and 2011–12, and two new orders in both 2009–10 and 2012–13.
- Time periods are based on order date.

### Age

An age group breakdown of new domestic violence protection orders issued in 2014–15, shows that almost half (47.1%) were issued for cases where the aggrieved was aged 60–64 years at the time of the order date. The number of new orders issued declined with age, as did the rate that they were issued (Table 6). This was the case for both intimate personal relationship orders and family relationship orders. Notably, rates of new domestic violence protection orders where the aggrieved and respondent were in an intimate personal relationship were significantly lower than those for other family relationships for all age groups (Table 6).

The proportion of cases where the aggrieved and respondent were in interpersonal relationships decreased with age. This is consistent with changing living arrangements as people age, with around half of Queensland residents aged 75 years or older living in an intimate personal relationship at the time of the 2011 Census compared to two-thirds of

<sup>67</sup> Age has been calculated at the time of the order date.

<sup>68</sup> Defined as two relatives, including a child over 18, parent, step child, step parent, brother, sister, grandparent, aunt, uncle or nephew (for some community groups a family relationship can involve a person who is considered a relative).

<sup>69</sup> Defined as two people (regardless of gender) who are, or were, a couple, engaged, married, in a de facto relationship, the parents of a child, or in a registered relationship.

<sup>70</sup> One person who is, or was, depending on another for help with daily living activities (it is not domestic violence when a person is a paid carer under a commercial arrangement).

Queensland residents aged 65–74 years<sup>71</sup>. Interestingly, there was no change in the likelihood of cases involving an informal care relationship as the age of the aggrieved increased.

**Table 6 New domestic violence protection orders by relationship to respondent, number and rate per 100,000 persons 2014–15**

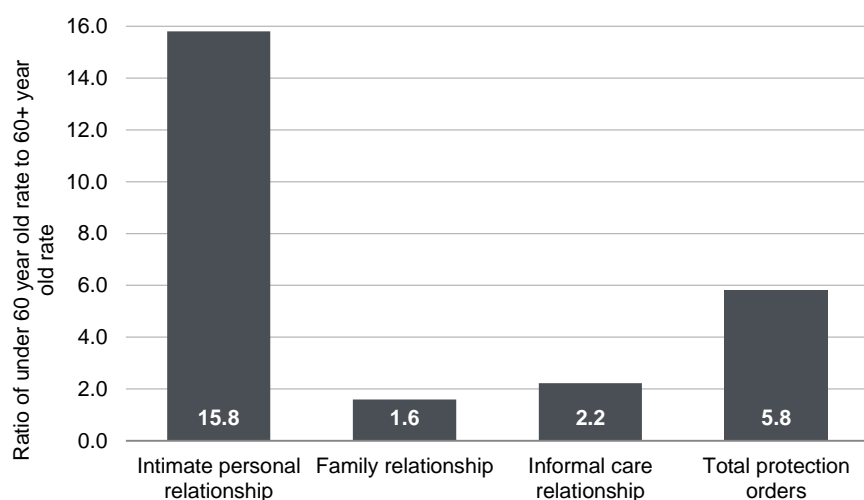
Age group	Relationship type						Total protection orders	
	Intimate personal relationship		Family relationship		Informal care relationship			
	no.	Rate	no.	Rate	no.	Rate	no.	Rate
60–64	179	71.1	337	133.8	2	0.8	518	205.6
65–69	95	42.3	195	86.8	4	1.8	294	130.9
70–74	38	23.4	124	76.5	0	0.0	162	99.9
75+	13	4.8	109	39.9	3	1.1	125	45.7
<b>Total 60+</b>	<b>325</b>	<b>35.6</b>	<b>765</b>	<b>83.9</b>	<b>9</b>	<b>1.0</b>	<b>1,099</b>	<b>120.5</b>

Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 7 April 2016)

Both the distribution and rates of new domestic violence protection orders by relationship type among older persons were compared with those for younger persons. Around 80% of new orders for aggrieved person younger than 60 years<sup>72</sup> were in an intimate personal relationship with the respondent compared with only 30% of aggrieved aged 60 years and older. Conversely, almost 70% of older aggrieved persons were in a family relationship with the respondent compared with 19% of younger aggrieved persons.

A comparison of rates show that younger aggrieved persons were 5.8 times more likely to have an order issued than those aged 60 years or older (Figure 17). There was considerable variation by relationship type however, they were 15.8 times more likely have an order issued where the relationship was an intimate person one, but only 1.6 times more likely where there was a family relationship.

**Figure 17 New domestic violence protection orders by selected relationship to respondent, rate ratio of persons less than 60 years to persons 60 years or older, 2014–15**



Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 7 April 2016)

Notes:

- Relationship type 'Informal care relationship' has not been charted; the 9 new protection orders issued in 2014–15 for this relationship type are spread across the age groups as follows: 60–64 years (2 orders), 65–69 years (4 orders), 70–74 years (0 orders) and 75 years or older (3 orders).
- Time periods are based on order date.

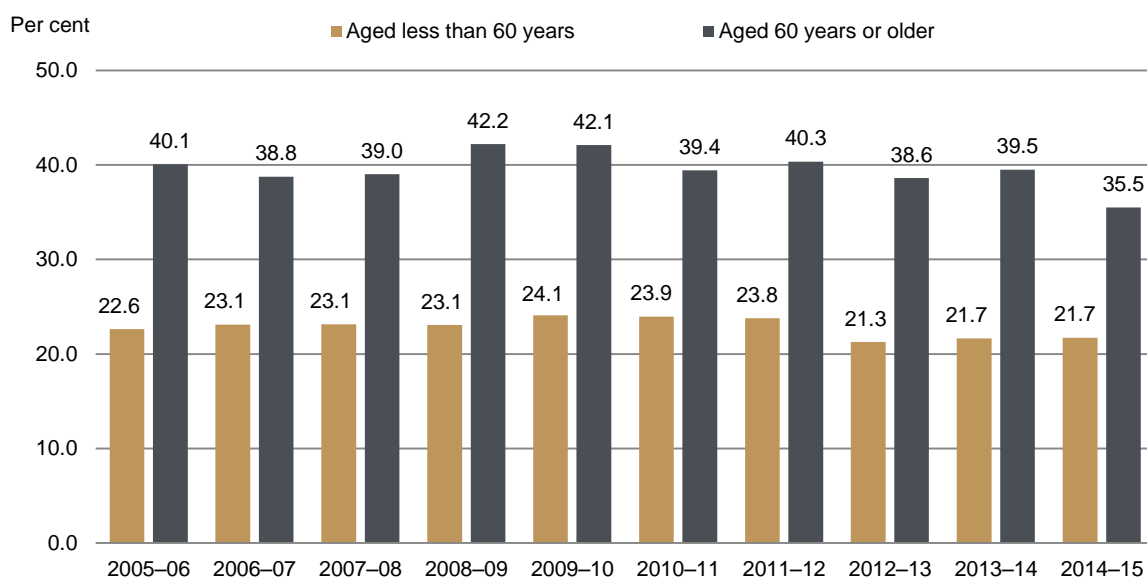
<sup>71</sup> ABS, Basic Community Profile, Census 2011. Intimate personal relationship defined as 'Husband or wife in a registered marriage' and 'Partner in de facto marriage'.

<sup>72</sup> Note that data for persons younger than 60 years in this section refers to persons between the ages of 15 and 59 years.

## Sex

Over the 10 years to 2014–15, males consistently accounted for around 2 in 5 new domestic violence protection orders for aggrieved persons aged 60 years or older (Figure 18). This is notably different to the sex profile of the aggrieved population aged less than 60 years, where male aggrieved persons represented around 1 in 5 new domestic violence protection orders over this period. Given the higher proportion of orders involving family relationships for cases where the aggrieved was aged 60 years or older, it may indicate that older men are more likely to be vulnerable to other forms of domestic violence, such as emotional or psychological abuse, threatening behaviour or economic abuse, at the hands of family members.

**Figure 18 Proportion of new domestic violence protection orders, male aggrieved persons by selected age groups, Queensland**



Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 20 May 2016)

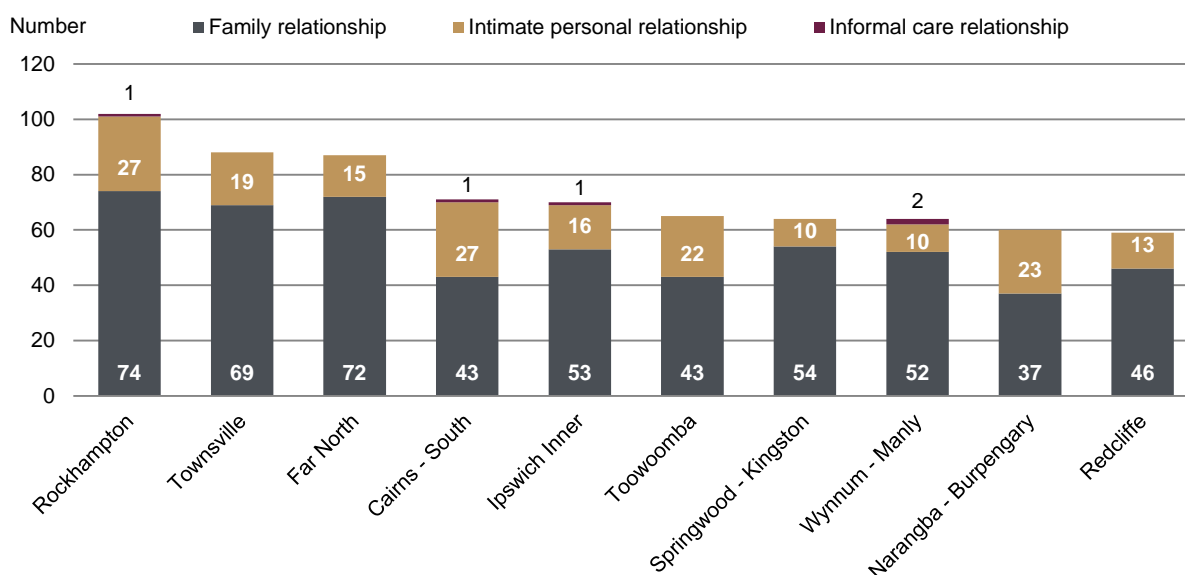
Note:

1. Percentages have been calculated based on those applications and protection orders records where the sex of the aggrieved was recorded.
2. Time periods are based on the relevant application or order date.

## Location

For this age cohort, data for the three years to 2014–15 shows that Rockhampton had the highest number of new domestic violence orders issued, followed by Townsville and the Far North (Figure 19). The proportion of orders issued where the respondent was in a family relationship with the aggrieved ranged from around 3 in 5 new orders for Cairns – South and Narangba – Burpengary, to around 4 in 5 new orders for Wynnum – Manly and Springwood – Kingston.

**Figure 19 Top 10 SA3 regions with the highest number of new domestic violence protection orders, by relationship to respondent, 2012–13 to 2014–15**

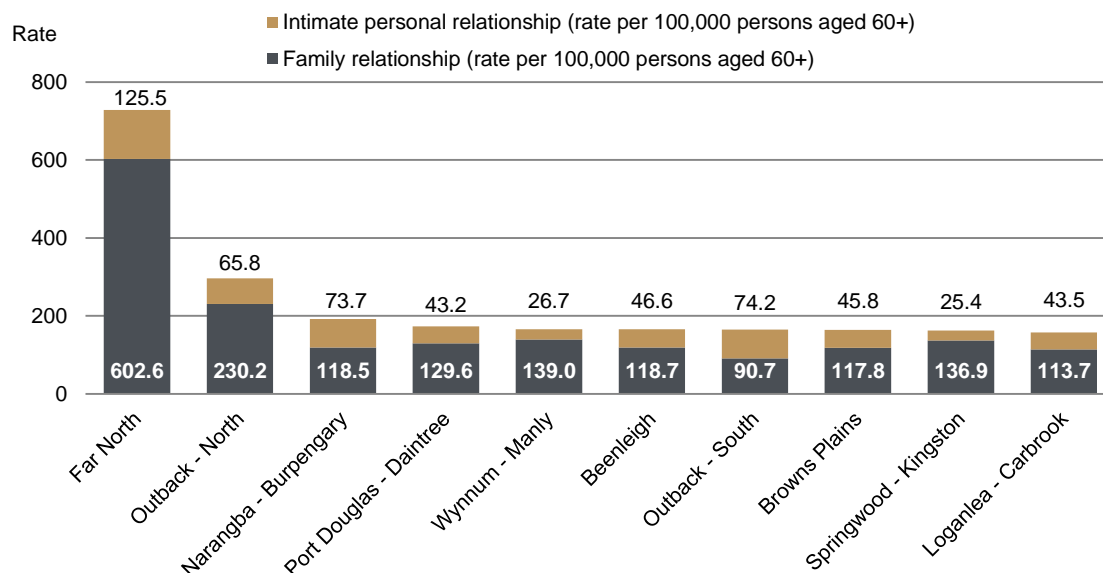


Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 20 May 2016)

Note: Data has been geocoded to SA3 by QGSO based on postcode and suburb of the aggrieved.

Over the same three year period, Far North had the highest rate of new domestic violence orders issued per 100,000 persons aged 60 years and older, followed by Outback – North and Narangba – Burpengary (Figure 20). Of the top 10 regions with the highest rates, the rate of new domestic violence protection orders where the aggrieved and respondent were in an intimate personal relationship were notably lower than those for other family relationships, with the exception of Outback – South.

**Figure 20 Top 10 SA3 regions with the highest rate of new domestic violence protection orders, by selected relationship of respondent, 2012–13 to 2014–15**



Source: QGSO, Queensland Treasury (based on data from Domestic Violence dataset, DJAG extracted by QGSO 20 May 2016)

Notes:

1. Data has been geocoded to SA3 by QGSO based on postcode and suburb of the aggrieved.
2. Rates for 'informal care relationship' not charted due to small numbers of counts.

## 4.7. Reported victims of offences against the person and offences against property

- ✓ Demographics available
- ✓ Relationship available (offences against the person only)
- ✓ Locality available
- ✗ Elder abuse identifier (offences against the person only)

### 4.7.1. Background

Queensland Police Records and Information Management Exchange (QPRIME) database records official police crime reports and captures administrative and intelligence information to support policing activities and information management. Reported victims data sourced from QPRIME refer to counts of victims, rather than offenders or relationships. Reported victims data does not report distinct persons but rather one victim for each counted offence. This is because one person may be counted several times if they were the victim of more than one offence.

Crime statistics are typically presented under three broad offence divisions: offences against the person; offences against property; and other offences. These three primary divisions have been developed to facilitate the understanding of crime statistics by grouping similar offence categories together. However, the data field capturing the relationship between perpetrator and victim is only used for offences against the persons. For further information on the offence categories, refer to technical notes section 7.1.

While a specific elder abuse flag is not captured in these data, in many cases, but not all, the relationship between the victim and the offender is recorded, and when combined with information about the age and sex of the victim, can provide some useful insights into the type of crime experienced by older people in Queensland and how that has changed over time.

### Elder Abuse Project, Queensland Police Service

Queensland Police Service (QPS) has recently appointed an Elder Abuse Project Officer attached to the Domestic, Family Violence and Vulnerable Persons Unit. The Project Officer will work with partner agencies including the Elder Abuse Prevention Unit to promote initiatives to address elder abuse in the community.

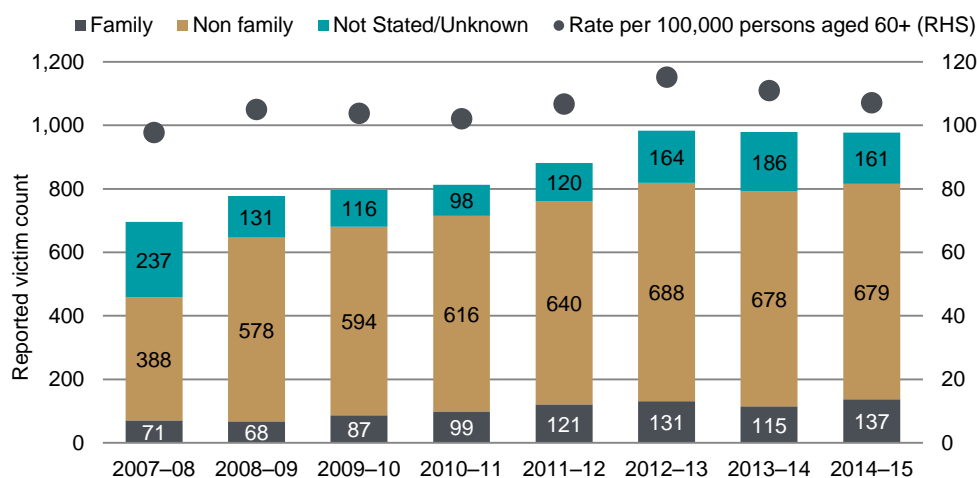
Source: Queensland Government, Minister for Disability Services, Minister for Seniors and Minister Assisting the Premier on North Queensland, The Honourable Coralee O'Rourke, Media statement "Queensland says 'there's no excuse for elder abuse'", 25 May 2016.

### 4.7.2. Victims of offences against the person – trends over time

There were 977 reported victims aged 60 years and older for offences against the person in Queensland in 2014–15; comparable to the number of victims reported over each of the previous two years (Figure 21). While the number of victims of offences against the person for this age group increased each year between 2007–08 and 2012–13 and then stabilised, the reported victimisation rate for older people has remained relatively stable over the reporting period, ranging from 97.7 per 100,000 persons up to 115.2 per 100,000 persons aged 60 years and older.

QPRIME captures the relationship of offender to victim for offences against the person only. It is defined as the relationship of the alleged offender to the victim as perceived by the victim at the time of the offence. For example if the victim is the child then the relationship of offender to victim would be parent. Figure 22 shows that in each year the number of reported victims who had not stated/unknown in the relationship field was either equivalent to or greater than those recording a family member as the perpetrator.

**Figure 21 Offences against the person, relationship of offender to victim**

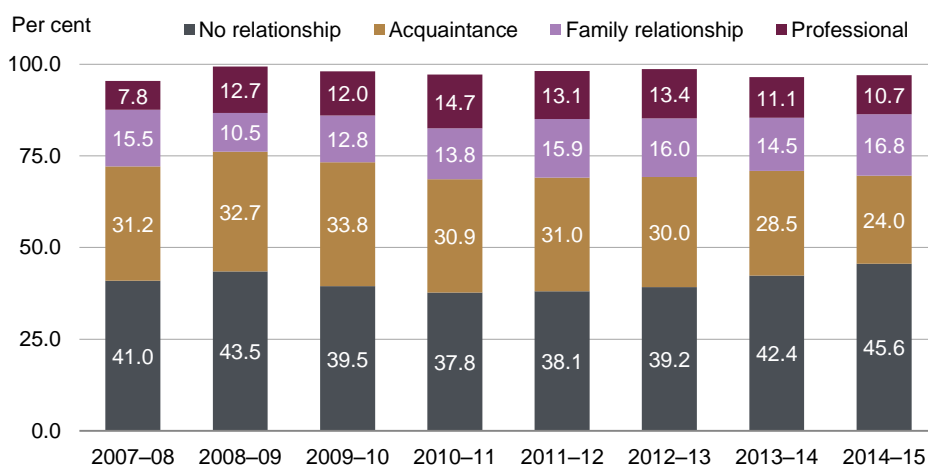


Source: Queensland Police Service, unpublished data (8 February 2016)

Note: Rates calculated by QGSO based on estimated resident population aged 60 years or older at the beginning of the financial year as sourced from ABS 3101.0 Sep 2015.

Family relationships<sup>73</sup> accounted for only a small proportion of all offences against the person for reported victims aged 60 years and older in 2014–15; 16.8% of those where a relationship was stated (Figure 22)<sup>74</sup>. No relationship and acquaintance relationship<sup>75</sup> have consistently accounted for the majority of offences against the person over this period for this age cohort. Professional relationships (excluding work relationships)<sup>76</sup> comprise the majority of the remainder relationship types recorded for this age cohort.

**Figure 22 Offences against the person, relationship of offender to victim, selected relationship types**



Source: Queensland Police Service, unpublished data (8 February 2016)

Note: Reported victims records coded as 'unknown' and 'not stated' for relationship type were excluded from analysis. Relationship types 'Work' and 'Friend' not charted. Data ordered by 2014–15 proportions.

Of those offences against the person in 2014–15, where there was a family relationship between the victim and offender, 2 in 5 victims were classified as a non-immediate relative relationship, a further 2 in 5 were classified as parent/child relationships. The remainder were victims whose offender was a current partners or ex-partners<sup>77</sup>.

<sup>73</sup> Includes parent-child relationships, current and ex-partner/spouse/de facto relationships and other relative relationships.

<sup>74</sup> Reported victims records coded as 'unknown', 'not stated' or 'not applicable' were excluded from analysis.

<sup>75</sup> Includes family friend, flat/housemate, neighbour, non-family member known to victim and new or old acquaintance.

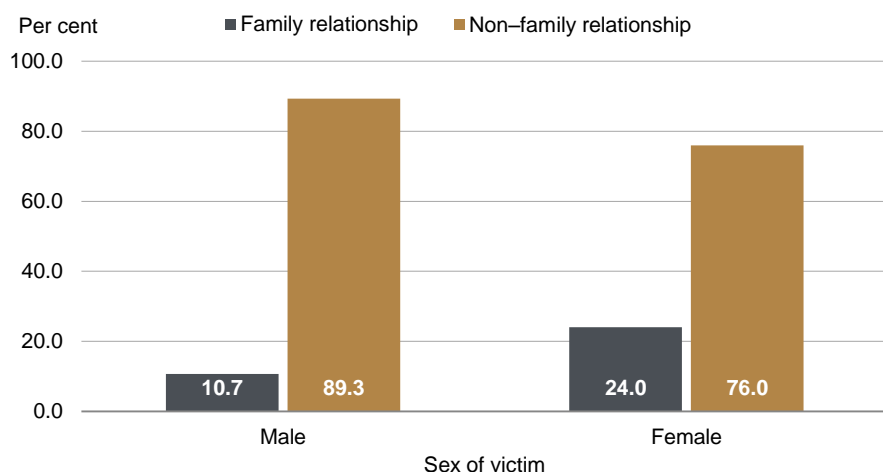
<sup>76</sup> Includes associate, carer, client, colleague, educator, guardian, patient, professional, student, teacher, and tutor.

<sup>77</sup> Includes current and ex-partner/spouse/de facto relationships.

### 4.7.3. Offender to victim relationship by victim sex

While both males and females aged 60 years and older were more likely to be victims of offences against the person committed by an alleged offender with whom they have a non-family relationship with, the proportion of offences committed by a family member were notably higher for female victims over the five years to 2014–15 (Figure 23).

**Figure 23 Relationship of offender to victim by sex, five years to 2014–15**



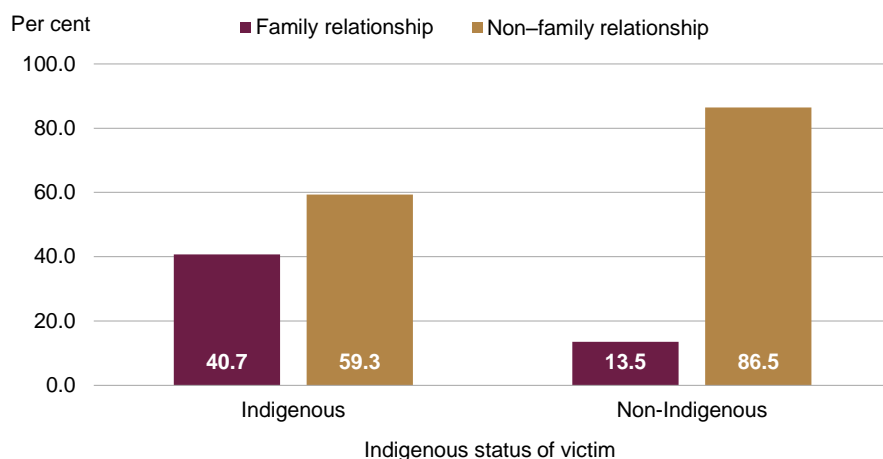
Source: Queensland Police Service, unpublished data (8 February 2016)

Note: Reported victims records coded as 'unknown' and 'not stated' for relationship type were excluded from analysis.

### 4.7.4. Offender to victim relationship by victim Aboriginal and Torres Strait Islander status

Over the five years to 2014–15, 6.4% of reported victims of offences against the person aged 60 years and older were of Aboriginal and Torres Strait Islander origin<sup>78</sup>. Aboriginal and Torres Strait Islander victims were significantly more likely than non-Indigenous victims to know their alleged offender through a family relationship over this period (Figure 24). While not shown below, the data also indicate that among Aboriginal and Torres Strait Islander victims of offences against the person, females aged 60 years and older are significantly more likely than males in this age cohort to have a family relationship with their alleged offender (46.2% and 33.9% respectively).

**Figure 24 Relationship of offender to victim by Indigenous status, five years to 2014–15**



Source: Queensland Police Service, unpublished data (8 February 2016)

Note: Reported victims records coded as 'unknown' and 'not stated' for relationship type were excluded from analysis, as were records where Indigenous status or sex were not stated.

<sup>78</sup> Based on only those records where Indigenous status was known.

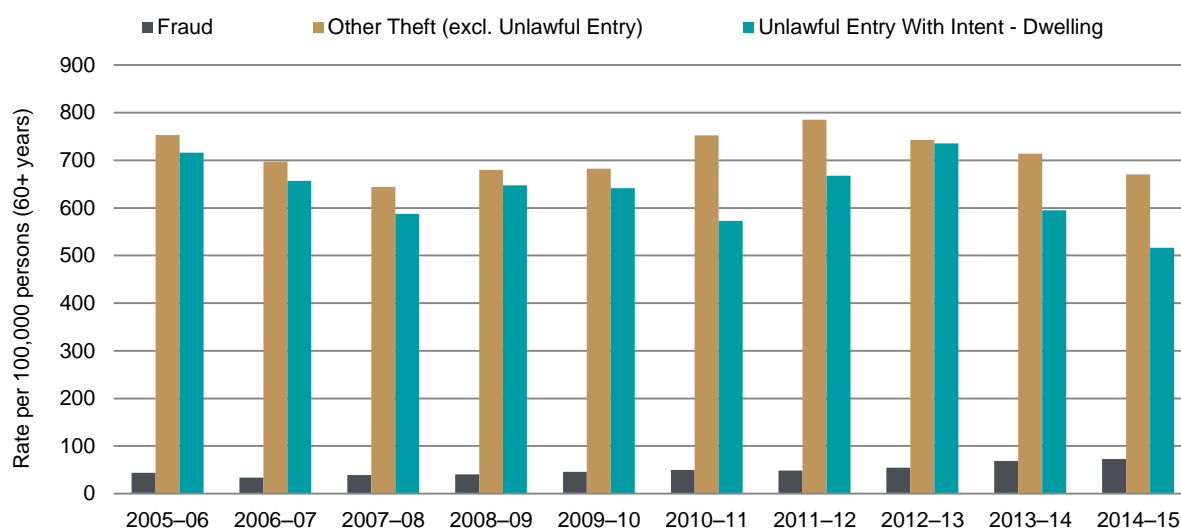
### 4.7.5. Selected offences against property

As QPRIME does not capture the relationship of offender to victim for offences against property, these data are unable to be used as an indicator of elder abuse specifically. However, this data does highlight the vulnerability of older people across these offence categories.

Over the four years to 2014–15 there has been a small but steady decline in the rate of persons aged 60 years and older reported as victims of the offence category of 'other theft' (Figure 25). Despite this, the reported victimisation rate for 'other theft' was estimated at 670.7 per 100,000 persons aged 60 years and older in 2014–15. The reported victimisation rate for 'unlawful entry with intent (dwelling)' has also shown a decline over the last two years reaching 516.4 per 100,000 for this age cohort in 2014–15.

Comparatively, although the numbers are much lower, there has been a steady increase in the number of persons aged 60 years or older reported as victims of fraud, with the number more than doubling from 230 reported victims in 2006–07 to 660 reported victims in 2014–15<sup>79</sup>. While still very low, the reported victimisation rate for fraud offences has increased over the 10 year period from 43.6 to 72.4 per 100,000 persons aged 60 years and older.

**Figure 25 Selected offences against property**



Source: Queensland Police Service, unpublished data (22 April 2016)

Note: Only person victims shown.

<sup>79</sup> Includes fraud by cheque, fraud by computer, fraud by credit card, identity fraud and other fraud.





## 4.8. Queensland Wide Inter-linked Courts data

- ✓ Demographics available (Defendant only)
- ✗ Relationship available
- ✓ Locality available (Defendant and Court)
- ✗ Elder abuse identifier

### 4.8.1. Background

Queensland Courts is the data custodian of the Queensland Wide Inter-linked Courts (QWIC) administrative dataset which commenced collection for the Magistrates Courts in October 2000 and the Supreme and District Courts in March 2005. The QWIC database records details of court appearances (e.g. dates, court location of appearance) for criminal matters as well as outcomes of court appearances (e.g. sentences). Matters are entered into the QWIC system and finalised by a clerk. A registrar or senior officer then verifies the finalisation and all details on QWIC by ticking the 'event verified' box. Only 'verified' records can be accessed for statistical purposes. The scope of the population is criminal defendants in Queensland courts, applicants and respondents in domestic violence order application matters and child protection matters.

### 4.8.2. Data captured

The QWIC system does not routinely collect victim information. Based on all matters relating to offences against the person<sup>80</sup> for the 10 year period to 2014–15, 38% of charges in QWIC did not contain any victim records at all. Of the 62% that did have a victim record, 6% are missing the victim's date of birth, 1% are missing the victim's sex (or recorded as 'unknown'), while less than 1% are missing both date of birth and sex information. The lack of victim information is higher in Supreme and District court matters, with 71% of charges not containing any victim information compared to 22% in the Magistrates Court.

Based on this review of the QWIC administrative dataset, outcomes of criminal matters for offences against the person that could be defined as elder abuse are not able to be identified as such due to:

- no record of relationship between the victim and perpetrator
- inconsistent data capture pertaining to the victim's date of birth.

It should be noted here that in response to Recommendation 119 in the *Not Now Not Ever* Report, the Queensland Government passed legislation so that domestic and family violence (DFV) related convictions are recorded in the QWIC system. It is the intent of this legislation that it will assist in ensuring that an offender's pattern of domestic violence behaviour is more easily identifiable on a person's criminal history and therefore ensures that offenders can be sentenced more appropriately. It also provides greater protection for victims against future violence through timely identification of this type of conduct by agencies to reduce escalated violence.

The prosecuting agency can include a circumstance of aggravation on charges lodged in the courts. However, the final judgement as to whether a conviction is labelled as a DFV offence lies with the judicial officer determining the case. A DFV offence can be attributed in the QWIC system to any offence where the offence is also domestic violence or associated domestic violence, not just offences against the person. There is presently no-scope for the QWIC system to incorporate notifications of convictions considered to be elder abuse.

<sup>80</sup> Based on selected offence codes from the Australian Standard Offence Classification using the categories of 'Homicide and related', 'Acts intended to cause injury', 'Sexual assault and related', 'Abduction, harassment and other offences against the person', and 'Robbery, extortion and related offences'. Unpublished data provided by Courts Performance and Reporting Unit, DJAG (data custodians) to QGSO.

## 4.9. The Public Trustee of Queensland

- ✓ Demographics available
- ✗ Relationship available
- ✓ Locality available
- ✗ Elder abuse identifier

### 4.9.1. Background

The Public Trustee of Queensland (the Public Trustee) provides services to the Queensland community, including acting as administrator of financial matters for clients with impaired decision-making capacity<sup>81</sup>, and is a major supporter of the DCCSDS elder abuse awareness campaign *'Trust your instinct'*. The Public Trustee has reported it has experienced increased demand for its services driven by the Baby Boomer generation meeting retirement age. Not only does this generation have larger and more complex asset structures than previous generations, they are also expected to have a longer life expectancy than previous generations<sup>82</sup>.

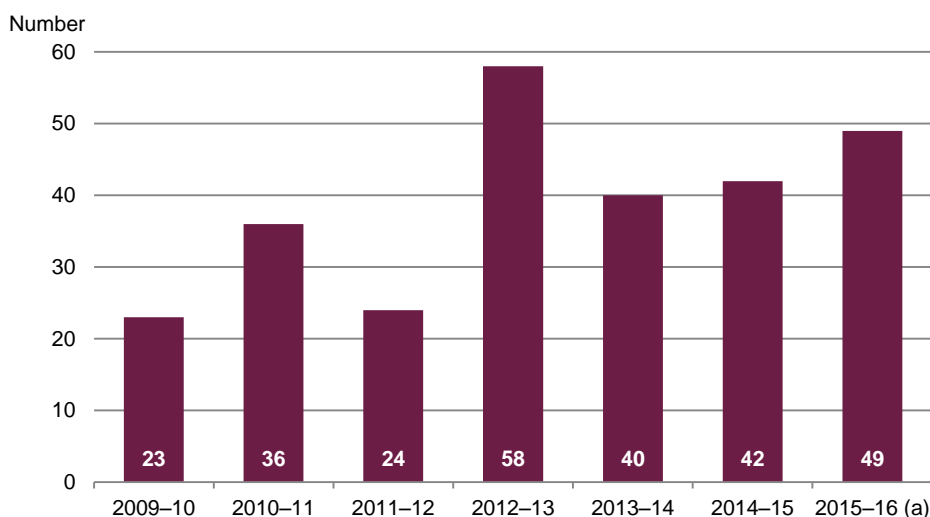
The Public Trustee has advised QGSO that the data provided in relation to elder abuse matters is limited to those where evidence of misappropriation exists and where a referral was made for legal advice on recovery of the funds.

### 4.9.2. Key points

Since July 2009, the Public Trustee has referred 272 matters to its legal department in relation to suspected misappropriation of funds for persons aged 60 years and older. The number dealt with each year is highly variable, ranging from 23 up to 58 in the seven years reported (Figure 26). Notably:

- the number of female clients (175) substantially outweighed the number of male clients (97)
- the average client age at the time of referral was 82 years<sup>83</sup>.

**Figure 26** Number of legal referrals for misappropriation of funds, clients 60 years and older, Queensland



Source: The Public Trustee of Queensland customised request, unpublished data

(a) To April 2016.

Note: 2009-10 is the earliest year information from the Public Trustee database can be extracted.

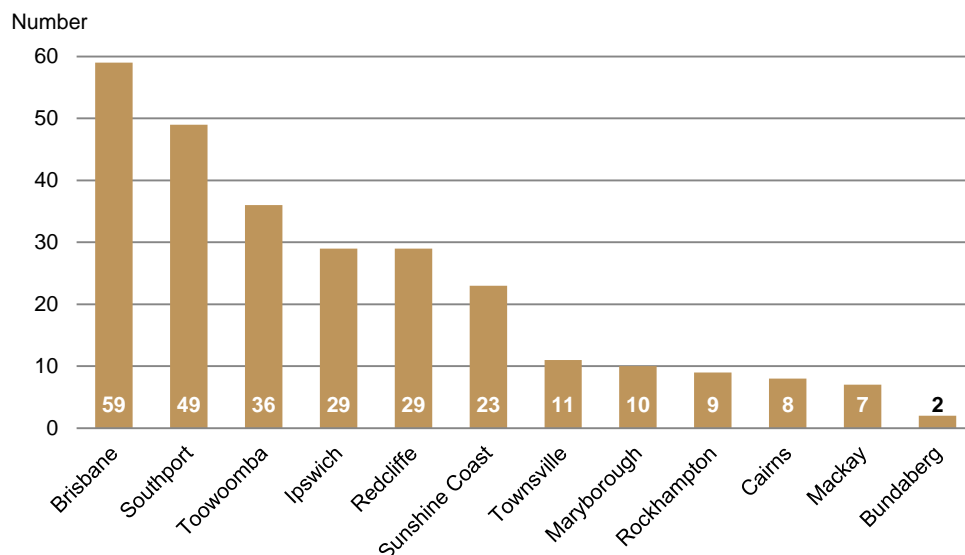
<sup>81</sup> For example, preparing tax returns or paying bills.

<sup>82</sup> The Public Trustee of Queensland *annual report* 2014-15

<sup>83</sup> The Public Trustee of Queensland, unpublished data.

Since July 2009 the Brisbane, Southport and Toowoomba regions have together accounted for more than 1 in 2 (52.9%) legal referrals for misappropriation of funds (Figure 27). The concentration of referrals in the south-east corner of the state is consistent with a greater proportion of the state's population residing in this region.

**Figure 27** Number of legal referrals for misappropriation of funds, by Public Trustee region, clients aged 60 years and older, 2009–10 to 2015–16 (to April), Queensland



Source: The Public Trustee of Queensland customised request, unpublished data

Note: Public Trustee regions do not align with local government areas. Regions where there were no referrals are not shown.

While the data provides an indication of the vulnerability of older people to financial abuse, this data is unable to specifically provide insight into the relationship between victim and alleged perpetrator. This information is not recorded in a way that can be readily extracted from the Public Trustee database.

## 4.10. The Office of the Public Guardian

- ✓ Demographics available
- ✗ Relationship available
- ✓ Locality available
- ✗ Elder abuse identifier

### 4.10.1. Background

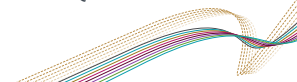
The Office of the Public Guardian (OPG) is an independent body empowered by the *Public Guardian Act 2014* to protect the rights and interests of adults with impaired capacity to make their own decisions, and to investigate complaints and allegations of harm<sup>84</sup>. Harm can include physical, sexual, psychological and financial abuse (including abuse of a power of attorney), neglect and exploitation. OPG recognises that a significant challenge in identifying elder abuse is that abuse and mistreatment are often unrecognised and hard to detect, while people subject to abuse are unlikely to speak out due to feelings of shame, fear of retaliation or because close family members are involved<sup>85</sup>. Abuse concerning older clients, particularly related to financial matters, constitutes the majority of matters referred to OPG for investigation<sup>86</sup>.

Notably, OPG's investigative function is a reactive rather than proactive function; in that a complaint or allegation must be made before an investigation can commence. Complaints or allegations can be raised by any member of the public, or

<sup>84</sup> OPG also has the function to protect the rights and interests of children and young people in out-of-home care (foster care, kinship care, residential care) and youth detention.

<sup>85</sup> OPG, *Newsletter* Summer 2016

<sup>86</sup> OPG, *Annual report* 2014–15



can be brought to attention through the work of OPG's community visitor program. Community visitors make regular visits to the forensic disability service, authorised mental health services, and other places prescribed by a regulation where adults with impaired capacity live. They also play an important role in identifying issues of abuse which may otherwise have remained undetected or unreported.

OPG's role is to investigate complaints or allegations regarding abuse, neglect, exploitation, or inappropriate or inadequate decision-making arrangements for an adult. Investigations often involve consideration of whether the current decision-making arrangements provide an adult with impaired capacity with the appropriate assistance or protection of their rights. OPG's primary focus is the protection of the adult; however, OPG may assist in bringing the alleged perpetrator to justice by referring matters to the appropriate authority.

OPG's investigation will gather evidence to find out whether the allegations can be substantiated on the balance of probabilities. The purpose of an investigation is to identify the level of risk for the vulnerable person and the action needed to best protect them. Where possible, OPG tries to resolve allegations informally. However, if necessary, OPG will refer evidence to the Queensland Police Service for investigation where allegations are of a criminal nature, or guardianship or financial administration matters to the Queensland Civil and Administrative Tribunal (QCAT).

Data on investigations carried out by OPG are maintained within the organisation's Resolve database which holds data from 2011–12 onwards. Client demographic information collected includes age, sex and Indigenous status; however, the relationship between the client and person/party alleged to have committed the abuse is not captured in the Resolve database.

#### 4.10.2. Data captured

In 2014–15, OPG closed 177 investigations into alleged abuse of adults with an impaired capacity aged 60 years or older, a notable increase of 63.9% compared with the number of closed investigations in 2011–12 (Table 7). Allegations concerning financial management were the most common allegations OPG investigated over the four years, followed by allegations concerning neglect.

**Table 7 Closed investigations by nature of allegation, Queensland adults aged 60 years and over with impaired capacity**

	2011–12	2012–13	2013–14	2014–15
<b>Nature of allegation</b> <sup>(a)(b)</sup>	<b>Number</b>			
Financial management	63	119	123	141
Neglect	14	39	30	36
Emotional abuse	9	12	9	22
Self-neglect	9	10	4	4
Physical abuse	4	14	4	3
Other (specified) <sup>(c)</sup>	57	20	2	0
Other (not specified)	38	78	50	68
<b>Total investigations</b>	<b>108</b>	<b>163</b>	<b>149</b>	<b>177</b>

(a) Multiple allegations are possible within an investigation, hence summing allegations will not equal to the total number of investigations.

(b) Categories for nature of allegation within the database have changed over the timeframe shown; categories shown reflect the category selection at the time the investigation was active. Caution should be taken in comparing allegation categories over time.

(c) Other (specified) includes assault, capacity, financial administrator, financial attorney, financial other, health care attorney/guardian, personal matters attorney, personal matters guardian, personal matters other, sexual abuse.

Source: Office of the Public Guardian customised request, unpublished data



In 2014–15, a QCAT application was made in one-quarter of investigations (25.4%), while the adult's enduring power of attorney was suspended in a further 14.7% of investigations (Table 8). An allegation of harm was not substantiated in 1 in 5 investigations in 2014–15 (22.0%), while a further 1 in 5 allegations was not investigated as the adult was assessed as having capacity or had deceased (20.3%).

**Table 8 Closed investigations by case outcome, Queensland adults aged 60 years and over with impaired capacity**

	2011–12	2012–13	2013–14	2014–15
<b>Case outcome <sup>(a)</sup></b>	<b>Number</b>			
QCAT application made (interim/normal/third party)	32	46	34	45
Allegation not substantiated	22	29	36	39
Enduring power of attorney suspended <sup>(b)</sup>	3	20	19	26
Decline to investigate - adult has capacity	21	18	16	21
Informal advice given	10	23	20	21
Decline to investigate - adult deceased	15	18	17	15
Other case outcome <sup>(c)</sup>	5	9	7	10
<b>Total investigations</b>	<b>108</b>	<b>163</b>	<b>149</b>	<b>177</b>

(a) Categories for case outcome within the database have changed over the timeframe shown; categories shown reflect the category selection at the time the investigation was active. Caution should be taken in comparing case outcome categories over time.

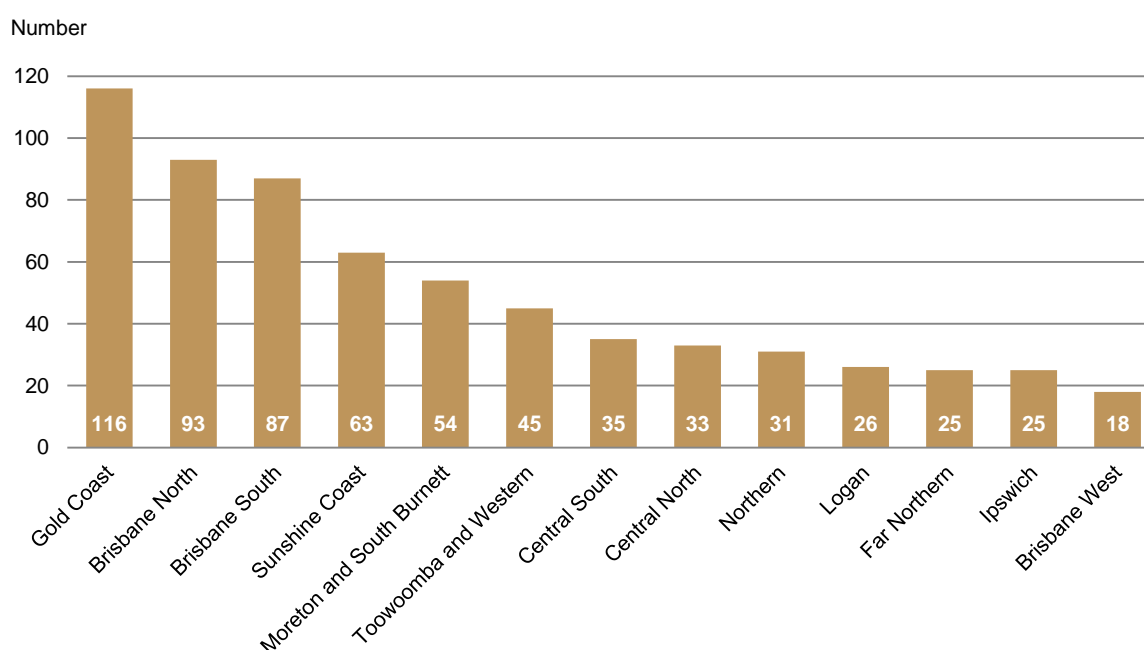
(b) Includes outcome types of 'financial mismanagement', 'non-payment of fees', 'other', 'QCAT application - normal application', and 'QCAT application - third party application'.

(c) Includes case outcomes types of 'advice given - formal', 'decline to investigate - inappropriate referral', 'decline to investigate - QCAT order made', 'other', and 'referral made to external agency'.

Source: Office of the Public Guardian customised request, unpublished data

Of total investigations closed by OPG over the period 2011–12 to 2015–16 (YTD), the highest proportion were for clients who resided at the Gold Coast (17.8%) followed by Brisbane North (14.3%) and Brisbane South (13.4%) (Figure 28). Clients aged 85 years or more made up more than half (51.6%) of all investigations closed by OPG over this timeframe (Figure 29).

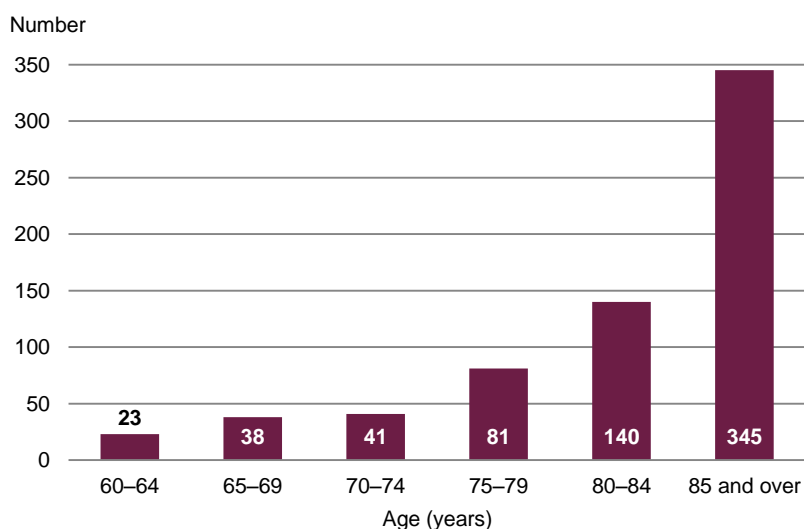
**Figure 28 Closed investigations by location of client (aged 60 years or older with impaired capacity) at start of investigation, by OPG region, 2011–12 to 2015–16 (to March)**



(a) Most recent address of client used. Cases where address not provided (n=11) or where clients were outside of Queensland (n=6) not charted.

Source: Office of the Public Guardian customised request, unpublished data

**Figure 29** Closed investigations by age group of client (aged 60 years or older with impaired capacity) at start of investigation, 2011–12 to 2015–16 (to March)



Source: Office of the Public Guardian customised request, unpublished data

## 4.11. Queensland Civil Administrative Tribunal

- × Demographics available
- × Relationship available
- × Locality available
- × Elder abuse identifier

### 4.11.1. Background

The Queensland Civil Administrative Tribunal (QCAT) is an independent tribunal that makes decisions on a range of issues including matters involving adults with impaired decision-making capacity. These people, in many cases, are elders.

QCAT can appoint:

- an administrator to assist these adults by making certain financial decisions on their behalf, or
- a guardian to make certain personal and health care decisions on their behalf.

When a person is appointed guardian or administrator (the appointee) for an adult with impaired capacity, they are in a legally appointed position and are accountable to QCAT. Guardians are usually family or friends, with a Public Guardian only appointed as a last resort.

QCAT may suspend or revoke guardianship appointments if the appointed administrator or guardian does not perform their duties in accordance with the Guardianship and Administration Act 2000. Some of these cases would fit the definition of elder abuse.

QCAT has advised QGSO that it does not specifically record information in its database that would enable instances of elder abuse by QCAT appointees to be easily identified. While individual case files may contain such information, an audit of these files, similar to that being conducted by Townsville Community Legal Service of their SLASS files, would need to be undertaken.

## 5.0 Barriers to elder abuse data collection

As noted previously, elder abuse is widely acknowledged to be under-reported. Recognised barriers to the reporting and/or detection of elder abuse are varied and include:

Victims:

- unaware of services available
- reluctance to involve the Police, especially where abuse involves family members
- isolated from friends and the broader community – unable to share their concerns with others in a safe environment
- reluctance to sometimes acknowledge when abuse has occurred.

Other

- changes in the way administrative datasets are kept over time
- changes in the accuracy of recording cases by staff
- the multivariate nature of elder abuse (complexity, not black and white) and how this is recorded in databases.

Many types of elder abuse can coexist and thus determining incidence of different types of elder abuse is tricky. For example Brisbane SLASS has found that “financial abuse is generally accompanied by a pattern of other forms of abuse such as psychological and social abuse. Social isolation and intimidation were identified as key factors in the perpetration of financial abuse”<sup>87</sup>.

## 6.0 Conclusion

DCCSDS funding is intended to provide evidence-based and responsive services to vulnerable Queenslanders that are not provided elsewhere, enabling them to improve their lives and better access opportunities<sup>88</sup>. Administrative datasets are a cost-effective way to improve the evidence base, as they utilise existing infrastructure, are usually collected systematically and regularly, can be available at smaller geographic areas, and can yield information about specific target populations<sup>89</sup>. For example, the administrative datasets reviewed in this document provide a measure of elder abuse experiences that have come to the attention of agencies through the delivery of services, and thus can be used to answer questions about service provision, resource capacity, and service utilisation amongst the older population in Queensland.

However, limitations of using administrative datasets for statistical purposes can include the varying quality of data from operational systems, as well as the type of questions that administrative data can answer<sup>90</sup>. For example, in the context of this report, administrative datasets are unable to answer questions about the prevalence of elder abuse within Queensland. Privacy legislation and confidentiality protocols also need to be considered when accessing and using administrative data outside the purpose it was originally collected for.

<sup>87</sup> Brisbane SLASS *annual report 2011–12*

<sup>88</sup> Department of Communities, Child Safety and Disability Services, *Older people investment specification* version 3.0.

<sup>89</sup> ABS, 4529.0.00.002 - *Bridging the data gaps for family, domestic and sexual violence*, 2013

<sup>90</sup> *Ibid.*



## 7.0 Technical notes

### 7.1. Queensland Police Service data explanatory notes

Reported offenders have been matched based on personal identifying information to give a count of individuals that have been proceeded against by police each year within each offence type, no matter how many times they offended in the reference year. Reported victims data have undergone a similar process, i.e. these data describing unique offenders count each offender one per year in each of the shown offending categories, no matter how many times they offended.

The most recent years' data are preliminary and subject to change.

Rates are also subject to change when estimated resident populations are revised and finalised.

Data are supplied on the condition that they not be supplied to any other person or agency without appropriate authorisation from QPS.

Crime statistics are presented under three broad offence divisions: offences against the person; offences against property; and other offences. These three primary divisions have been developed to facilitate the understanding of crime statistics by grouping similar offence categories together. Following are the offence sub-divisions located within each of these primary categories.

#### *Offences Against the Person*

The offence division of offences against the person includes the following offence sub-divisions: homicide (murder), other homicide; assault; sexual offences; robbery; and other offences against the person (including life endangering act, kidnapping/abduction, stalking).

Reported victims statistics are compiled on the basis of one victim per counted offence. The statistics do not provide a unique victim count. For example, where the same victim is subjected to multiple offences belonging to different offence sub-divisions within an incident, then in accordance with the Most Serious Offence (MSO) rule, that victim would be recorded for each most serious offence per sub-division. For example if a person is kidnapped and then raped, they would be counted twice – once as a victim of kidnapping/abduction/deprivation of liberty and once as a victim of rape.

The offence subdivision of sexual offences is an exception to the national counting rule. The counting rule applied by the QPS in respect of this group of offences is that for each victim the MSO per ANCO subdivision is counted on the basis of time and place. The effect of using this rule is that if a victim is subjected to numerous sexual offences over a long period of time by one offender and these actions come to the attention of police at one point in time, the MSO per separate incident based on time and place is counted. Therefore, a count of 10 victims of sexual offences may mean there were 10 victims or that one victim was subjected to 10 offences over an unspecified time period by one or more offenders. Fluctuations in the number of reported victims for this offence category must therefore be considered with caution, due to the effects of the current counting rule.

It is important to remember that these statistics are derived using a system that's primary function is to service operational policing. Consequently, there may be slight variations between offence and victim counts. There are several offence groups in offences against the person where the victim may be an organisation rather than an individual person. Examples include robbery committed upon a banking institution or business, and extortion committed upon organisations. It should be noted that these offences are not included in the victim count.

For more information on counting rules used by Queensland Police see:

<https://www.police.qld.gov.au/corporatedocs/reportsPublications/statisticalReview/Documents/Explanatory%20Notes.pdf>

#### *Offences Against Property*

The offence division of offences against property includes the following offence sub-divisions: unlawful entry with Intent; arson; other property damage; unlawful use of motor vehicle; other theft (excluding unlawful entry); fraud; and handling stolen goods.

#### *Other Offences*

The offence division of other offences includes the following offence sub-divisions: drug offences; prostitution offences; liquor (excluding drunkenness); gaming, racing and betting offences; breach of domestic violence protection orders; trespassing and vagrancy; Weapons Act offences; good order offences; stock related offences; traffic and related offences; and miscellaneous offences.



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