

Inquiry into Elder Abuse in Queensland

April 2025

Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia.

Our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the living experience of dementia across Australia.

Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education, and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

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Dementia in Australia

Dementia is the term used to describe the symptoms of a large group of complex neurocognitive conditions which cause progressive decline in a person's functioning.

Dementia is not just memory loss - symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease.

Dementia is one of the largest health and social challenges facing Australia and the world. In 2025, there are an estimated 433,300 people living with dementia in Australia. This figure is projected to increase to an estimated 812,500. An estimated 1.7 million people in Australia are involved in the care of someone living with dementia. In Queensland there are an estimated 85,200 people living with all forms of dementia in 2025. This figure is projected to increase to an estimated 168,300 by 2054.¹

¹ Dementia Australia (2023) Dementia Prevalence Data 2024-2054, commissioned research undertaken by the Australian Institute of Health and Welfare

Dementia is the leading cause of disease burden among Australians aged 65 and over.² Dementia is the second leading cause of death for Australians and the leading cause of death of women.³

Introduction

Dementia Australia welcomes the opportunity to provide this submission to the Inquiry into Elder Abuse in Queensland. This submission addresses the terms of reference and is informed by feedback from dementia advocates who are people with lived experience (living with dementia, carers and former carers).

Dementia, and other forms of cognitive impairment, increases a person's vulnerability and risk of elder abuse.⁴ In particular, the degenerative nature of dementia – which impacts on individual's cognitive skills and decision-making – can make people with dementia more vulnerable to human rights abuses.

As their cognitive abilities decline, people living with dementia can find it increasingly difficult to report their experiences of abuse and may not be able to provide evidence of abuse to the relevant authorities. In some cases, people with dementia may be considered an unreliable witness, even if they feel able to present their evidence. People with dementia may also be reluctant to report abuse because of fear of retaliation by the individual or concern for losing support – especially if the perpetrator is a family member or informal carer.⁵

As dementia progresses, many individuals will come to depend on their families and carers for support across all aspects of their daily living and medical care and the thought of losing this support can be daunting. Detecting abuse amongst people with dementia can also be difficult, as many common signs of and reactions to abuse, such as withdrawal or increased dependence, may be difficult to distinguish from dementia symptoms.⁶

Nature and extent of elder abuse

Elder abuse involves various forms of neglect and abuse, including physical, sexual, psychological, emotional, and financial abuse. Existing studies on elder abuse, including the National Elder Abuse Prevalence Study, have not captured the experiences of people living with dementia in the community or in residential aged care settings. As a result, the full extent of elder abuse within this group remains largely unknown. However, we know that people living with dementia are particularly vulnerable to elder abuse and at an increased risk due to factors

² Australian Institute of Health and Welfare (2022) Dementia in Australia, AIHW, Australian Government

³ National Health and Medical Research Centre, Cognitive Decline Partnership Centre (CDPC) (2019) Supported Decision-Making in Dementia Care: Final Project Report. Sydney: NHMRC Cognitive Decline Partnership Centre, <https://cdpc.sydney.edu.au>

⁴ Kaspiew R, Carson R, Rhoades H (February 2016). Elder abuse: Understanding issues, frameworks, and responses. Research report No 35, Chapter 3. <https://aifs.gov.au/publications/elder-abuse>

⁵ Burgess AW, Phillips SL. Sexual abuse, trauma, and dementia in the elderly: a retrospective study of 284 cases. Vict Offender. 2006; 1 (2): 193 – 204

⁶ Paris BE, Meier DE, Goldstein T, Weiss M, Fein ED. Elder abuse and neglect: how to recognize warning signs and intervene. Geriatrics. 1995; 50 (4): 47 – 51

such as cognitive impairment, dependence on others for care, and difficulty in recognising or reporting abuse.⁷

We surveyed Dementia Advocates and respondents reported experiences of psychological and emotional abuse, often rooted in patronising behaviour and verbal disrespect.

“Elder abuse begins with the patronising names "darling" etc/ It progresses to ignoring their needs and dismissing them. Ultimately it leads to more unpleasant forms of abuse”. Current carer

Financial abuse was also reported, with individuals in vulnerable situations experiencing manipulation and control over their finances

Most survey respondents were aware of services available in Queensland to support people living with dementia experiencing abuse. There is some level of public awareness, though further education and outreach may be necessary to ensure that all individuals in need are aware of the support options available to them.

When asked about the most effective support in addressing elder abuse for people living with dementia, most respondents indicated increased monitoring and regulation of care services.

Relationships where elder abuse occurs

Most elder abuse occurs within family and kinship relationships. Carers, often family members, are identified in the literature as both the primary providers of support and, at times, the perpetrators of abuse. The findings from The Empowering Futures Report (2024) from the Australian Human Rights Commission, highlighted the risks associated with granting powers of attorney to individuals without appropriate safeguards.⁸ Many carers, despite their close relationship to the care recipient, may misuse their position of trust, leading to neglect or financial exploitation. Relationship risk factors for elder abuse include family disharmony, conflicted relationships, and a history of family violence.⁹ These dynamics can create an environment where abuse is more likely to occur, as strained family relationships often lead to neglect, emotional abuse, or physical mistreatment.

“My experience has been focused on a person in a care home, where family have withheld their physical emotional support. More contact with people in care should be monitored”. Current carer

Risk and protective factors, barriers, and enablers

Older individuals with dementia, whether they live in the community or in residential aged care, face heightened risks of abuse due to several factors, including cognitive impairment,

⁷ Rogers, M. M., Storey, J. E., & Galloway, S. (2023). Elder Mistreatment and Dementia: A Comparison of People with and without Dementia across the Prevalence of Abuse. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(5), 909–918. <https://doi.org/10.1177/07334648221145844>

⁸ Australian Human Rights Commission. (2024). *Empowering futures: A report on enduring powers of attorney*. Australian Human Rights Commission.

⁹ University of Sydney. (2019). *Elder abuse: A guide for general practice care*.

behaviour changes, functional dependency, and overall poor health or frailty.¹⁰ On the other hand, abuser risk factors often include caregiver burden and stress, negative caregiving motivation, and psychiatric or psychological problems. In many cases, the abuser is a trusted individual, typically a family member, such as the older person's own children, who the individual relies on for care.¹¹ These dynamics can create a situation where the vulnerable person is subjected to mistreatment by those closest to them.

People impacted dementia have told us that family dynamics play a significant role, with individuals not reporting or seeking help due to fear of escalating family conflicts. Lack of awareness of support services and stigma of elder abuse are significant barriers to accessing support.

“Having been in the position of being told by police what I was experiencing was elder abuse and then they referred me to free legal help. But the fear of compromising family relationships is too great to go down this path. I need my family.” Person living with dementia

Other barriers include fear of consequences or retaliation and dependence on the abuser for care or financial support. The fear of retaliation can lead to silence, while dependence on the abuser for basic needs can create a sense of entrapment, making it difficult for victims to escape abusive situations.

Our survey respondents identified two major barriers to seeking support: lack of awareness of available support services and cognitive impairment affecting the ability to report abuse. There is a need to increase awareness of support services and ensure that individuals living with dementia have the support and resources needed to recognise and report abuse effectively. Navigating complicated legal and service systems can be a daunting task for those in vulnerable positions, especially for those already dealing with cognitive decline.

“Cognitive impairment affects people living with dementia being able to recognise or report abuse, and the fear of consequences can definitely demotivate them.” Former carer

Protective factors include strong legal safeguards such as well-implemented adult guardianship services. People impacted by dementia told us that clearer and more consistent legal frameworks would help improve responses to elder abuse for people living with dementia, along with more community awareness, education and dementia-specific support.

“More social media and TV spaces education of elder abuse is very important”.

Effectiveness and cohesiveness of responses to elder abuse

Current responses to elder abuse in Queensland include a mix of adult guardianship services, violence protection services, and community-based programs. People impacted by dementia

¹⁰ University of Sydney. (2019). Elder abuse: A guide for general practice care.

¹¹ University of Sydney. (2019). Elder abuse: A guide for general practice care.

told us that they don't think current policies and services in Queensland effectively address elder abuse for people living with dementia and their carers.

In Queensland, the legal framework surrounding financial enduring powers of attorney (EPOA) is a critical issue in the prevention of elder abuse. The Queensland Public Advocate has already developed a framework which could serve as a strong foundation for harmonising EPOA laws across all Australian states and territories.¹² This framework aims to address the discrepancies in how financial powers of attorney are recognised and administered, with Queensland currently requiring only one witness for the execution of an EPOA, while other jurisdictions, such as Victoria, require two. Although these differences may appear minor, they create inconsistencies in how institutions like banks and other service providers handle financial decisions made under powers of attorney, particularly for older individuals at risk of abuse.

The variation in EPOA laws across states also complicates the ability of people to trust that their legal wishes will be honoured, especially when they move or travel interstate. Mutual recognition provisions exist, but the lack of consistency can still result in confusion and potential exploitation of vulnerable individuals. Incorporating this model law into Queensland's legislative framework would contribute to preventing elder abuse and would provide clearer protections for vulnerable individuals.

Additionally, the Empowering Futures Report (2024) from the Australian Human Rights Commission highlights that education about enduring powers of attorney is minimal, with a large proportion of Australians unaware of the safeguards that could be incorporated into these legal tools. This gap in knowledge is a significant barrier to preventing abuse, particularly financial abuse, and highlights the need for improved public awareness and education on legal safeguards for vulnerable individuals, especially those living with dementia.¹³

Recommendation: Queensland Government harmonise EPOA legislation with other states and territories to ensure consistency and clarity across Australia.

Addressing the systemic factors contributing to elder abuse

Strategies to combat elder abuse need to address the legal context of abuse, in addition to the social factors which may contribute to abuse. Whilst the following recommendations may not be in scope of this consultation – it is important that the Queensland government take into consideration two key contributing factors which may lead to cases of abuse:

- Carer capacity to provide safe and appropriate care for people with a cognitive impairment.
- Education of elder abuse and dementia for frontline staff.

¹² Queensland Government. (2024). Model financial enduring powers of attorney law.

¹³ Australian Human Rights Commission. (2024). Empowering futures: A report on enduring powers of attorney. Australian Human Rights Commission.

Carer capacity

Carers of people living with dementia take on a physically and emotionally demanding role – often without the support of paid carers or carer supports. In many cases, carers will have to juggle taking care of their loved one, with managing their own health concerns and needs. Understandably, the impact of caring can take its toll, leading to carer burnout. In some cases, the increasing demands of caring for people with dementia, can also lead to carers experiencing abuse themselves¹⁴ – as demonstrated by the following case study.

Case study:

“I want to share examples of elderly carers of people with dementia being physically and emotionally abused by the person with dementia. This can result in serious harm to the carer, which in turn impacts on the care they can offer to the person who is hurting them. I know someone who has twice experienced the person with dementia trying to kill them. I know someone else who is constantly being yelled at for supposedly trying to confuse and torment the person they care for. These are not isolated examples. They are indicative of the levels of fear and lack of predictability experienced by many older people who care for a person with dementia. These carers often feel isolated by their experiences as they wish to remain loyal to the person they care for and also are encouraged by the government, service agencies and family to keep caring for the person at home.”

It is critical that capacity building supports are in place to provide carers with strategies and resources to cope with the demands of caring, as well as practical supports to help carers respond to behavioural symptoms of dementia. Such supports will help to mitigate the negative impacts of caring and prevent situations developing where the demanding impacts of caring can lead to abuse and neglect.

Research to date suggests that structured interventions that combine information, education, skills training, and psychosocial therapies, led by qualified professionals, tend to show the most positive improvements in carer outcomes.¹⁵ Carers also highly value access to respite care and peer support.¹⁶

Recommendation: Additional supports and resources should be provided to carers and family members to help improve carer capacity and enable them to provide adequate and safe care for people with dementia.

Dementia education and awareness

QLD public servants and frontline workers should be educated about the specific complexities of dementia, and the relationship between elder abuse and people with a cognitive impairment. Education should address the signs of abuse in people with a cognitive impairment, the

¹⁴ Hansberry MR, Chen E, Gorbien MJ. ‘Dementia and elder abuse’. Clinics in geriatric medicine. 2005 1;21(2): 315-32.

¹⁵ Jackson D, Roberts G, Wu ML, Ford R, Doyle C. ‘A systematic review of the effect of telephone, internet or combined support for carers of people living with Alzheimer’s, vascular or mixed dementia in the community’. Archives of gerontology and geriatrics. 2016 1;66: 218-36.

¹⁶ Smith R, Drennan V, Mackenzie A, Greenwood N. ‘The impact of befriending and peer support on family carers of people living with dementia: a mixed methods study’. Archives of gerontology and geriatrics. 2018 1;76: 188-95.

challenges with reporting information and how to engage with people with dementia, such as using supported decision-making techniques.

Dementia Australia strongly recommends the inclusion of specific dementia education for all Queensland Civil and Administrative Tribunal QCAT staff who are involved in preparing and hearing guardianship cases. Education should address the signs of abuse in people with a cognitive impairment, the challenges of reporting information and how to engage with people with dementia, such as using supported decision-making techniques.

Recommendation: QCAT employee education should include dementia awareness training to improve their capacity when investigating potential incidents of abuse towards a person living with dementia.

Conclusion

This submission emphasises the need for stronger protections for people living with dementia in Queensland regarding elder abuse. Feedback from people with lived experience highlights that individuals with dementia are especially vulnerable to physical, psychological, financial, and emotional abuse and neglect. Respondents indicated that current policies and services are insufficient in addressing their needs.

To better protect people living with dementia, it is recommended that Queensland enhance consistency in financial enduring powers of attorney laws and increase dementia education as well as education on legal systems. Additionally, improving carer support and providing dementia-specific training for frontline staff are key steps in reducing elder abuse and ensuring that individuals with dementia receiving appropriate care and protection.

Dementia Australia would welcome the opportunity for further consultation as the inquiry progresses. The Dementia Australia Policy team can be contacted at policyteam@dementia.org.au .