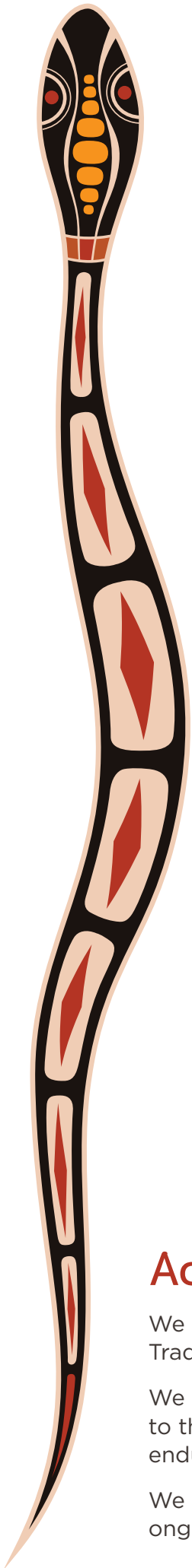


National Prevention Framework

FOR THE ABUSE
AND MISTREATMENT
OF OLDER PEOPLE





Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of Country throughout Australia.

We recognise Aboriginal and Torres Strait Islander peoples as belonging to the world's oldest continuous living cultures, and acknowledge their enduring connection to land, waters, culture, community, and kin.

We pay our respects to Elders past and present, and thank them for their ongoing contribution, guidance, and leadership.

Acknowledgements

The *National Prevention Framework for the Abuse and Mistreatment of Older People* was commissioned and funded by the Australian Government Attorney-General's Department (AGD). The authors acknowledge the support and assistance provided by the AGD Family and Community Safety Branch officers and AGD executive.

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Design and visual identity for the Framework were developed by **Andrew Pegler Media**, with thanks to Andrew Pegler, Jann Gilbert and Julie Harris for their creativity and expertise.

We thank the members of the project Steering Committee for their guidance, expertise, and thoughtful challenge throughout the development of the Framework. The Steering Committee helped test emerging ideas, strengthen the Framework's approach, and ensure it reflected a wide range of community, service, policy, and lived experience perspectives:

- Dilnaz Billimoria
- Jade Brady
Seniors Rights Service
- Prof Valerie Braithwaite
Australian National University

- Dr Susan Cochrane
Relationships Australia
- Maria Dimopoulos
Settlement Council of Australia
- Fiona Guthrie
Way Forward
- Bev Lange
Elder Abuse Action Australia
- Kathy Mansfield
- Dr Elizabeth McEntyre
- Kevyn Morris
- Vicki Nash
Elder Abuse Action Australia
- Steph Travers
People with Disability Australia
- Shannon Wright
Seniors Rights Service

We also thank everyone who contributed through consultation, co-design, interviews, workshops, focus groups, and review processes. This includes older people, people with lived and living experience of abuse and mistreatment, carers, family members, community members, practitioners, service providers, peak bodies, researchers, advocates, and people working across government, legal, financial, health, aged care, disability, housing, community, and social service systems.

We particularly acknowledge the generosity of people who shared personal, professional, cultural, and community knowledge on a sensitive and complex issue. Their contributions helped keep the Framework grounded in real experience, and helped ensure it is practical, respectful and useful for the people and communities it is intended to support.

The detailed approach to consultation and co-design is described on p. 99 of this Framework.

Safety and support

This Framework discusses the abuse and mistreatment of older people. Some people may find this content distressing, especially if it reminds them of their own experiences or the experiences of someone they care about.

If you or someone else is in immediate danger, call triple zero (000).

You do not have to work out what to do alone. The services below can provide support, information, or referral.

Some situations involving abuse or mistreatment can become more dangerous if the person causing harm thinks someone is seeking help, planning to leave, reporting concerns, or changing financial, legal, housing, or care arrangements.

If you are supporting an older person, speak with them privately and safely, respect what they want where possible, and seek specialist advice before taking action that could increase risk.

If you need ...	Contact
Emergency help	Triple zero (000)
Information or advice about abuse or mistreatment of an older person	1800ELDERHelp (1800 353 374)
Domestic, family, or sexual violence support	1800RESPECT (1800 737 732 or text 0458 737 732)
Crisis support if you are distressed or overwhelmed	Lifeline (13 11 14 or text 0477 13 11 14)
Culturally safe crisis support by and for Aboriginal and Torres Strait Islander people	13YARN (13 92 76)
Language support	Translating and Interpreting Service (131 450)
Aboriginal language support	Aboriginal Interpreter Service (1800 334 944)
Support to use the phone if you are deaf, hard of hearing, or have a speech disability	National Relay Service (TTY 133 677 or Voice Relay 1300 555 727)

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An overview of the Framework



Introduction

Everyone has the right to feel safe, respected, valued, and in control of their own life as they age.

But across Australia, older people continue to experience abuse and mistreatment. It is not always easy to see. Harm can happen in families, friendships, caring relationships, services, institutions, and communities. It can involve violence, neglect, pressure, control, humiliation, financial exploitation, isolation, or decisions being made about an older person without them.

It may happen gradually, in private, or in relationships where there is love, dependence, obligation, fear or trust. It may be explained away as ‘care’, ‘help’, ‘family business’, ‘stress’ or ‘just the way things are’. It may also be caused or made worse by services and systems that are hard to access, unsafe, discriminatory, overly complex, or unclear.

Research tells us that around 1 in 6 older people in the Australian community has experienced some form of abuse in the previous year. The true extent of harm is likely to be higher, because abuse and mistreatment is often hidden or underreported. Some older people may not recognise what is happening as abuse. Some may feel ashamed, fear losing family relationships or care, or not know where to get safe help. People around them may also miss the signs, feel unsure what to do, or assume that someone else is better placed to act.

Prevention means acting early. It means building families, communities, services, and systems where older people are respected, heard, connected and supported. It means strengthening rights, dignity, autonomy, and choice before harm occurs. It also means noticing risks before they escalate and responding safely when abuse or mistreatment has happened.

The *National Plan to End the Abuse and Mistreatment of Older People 2026–2036*

sets a national direction for this work. This Framework helps turn that direction into practical action.

The words we use

Language matters. The words we use can affect whether people feel respected, blamed, included, or able to seek help.

In this Framework, we use ‘older people’ to describe people in later life. We use ‘Elder’ when referring to Aboriginal and Torres Strait Islander people who are recognised by their communities as respected holders of cultural knowledge, authority and responsibility.

Because (capital E) Elder has this specific and important meaning, we mostly use ‘abuse and mistreatment of older people’ rather than ‘elder abuse’. This wording is also clearer and safer for some communities where ‘elder abuse’ may not translate well or may not be the term people prefer for their own experience. Some services still use ‘elder abuse’ in their names, so we use their wording to refer to them.

We mostly use ‘person causing harm’ rather than ‘perpetrator’. This recognises that harm can be deliberate, opportunistic, or unintentional, and that people causing harm may be family members, carers, friends, workers, services, or systems. The term is not used to minimise the seriousness of the harm or the need for accountability.

We use ‘people with lived and living experience’ for those who have experienced, or are currently experiencing, abuse or mistreatment. Some people may prefer other words, such as ‘victim’, ‘victim-survivor’, or ‘survivor’. The way people choose to self-describe should always be respected.

You can find a full glossary of terms on p. 154 of this Framework.

What abuse and mistreatment can look like

Abuse and mistreatment of older people can take many forms. It can be obvious or subtle. It can happen once or many times.

Type of abuse or mistreatment	What it can look like
psychological or emotional abuse	Behaviour that causes fear, distress, shame, humiliation, confusion, or loss of confidence. This can include threats, insults, intimidation, controlling behaviour, harassment, manipulation, or treating an older person as though their wishes do not matter.
financial abuse	Taking, misusing, controlling, or pressuring an older person to give up their money, property, assets, bank accounts, superannuation, benefits, or financial decision-making. This can include theft, misuse of an Enduring Power of Attorney, pressure to change a will, pressure to transfer property, or being denied access to one's own money.
physical abuse	Behaviour that causes physical pain, injury, fear, or harm. This can include hitting, pushing, rough handling, inappropriate restraint, locking someone in a room, or misusing medication to control or sedate a person rather than to meet their health needs.
sexual abuse	Any sexual behaviour involving an older person without their full and informed consent. This can include sexual assault, unwanted touching, sexual comments, forced nudity, inappropriate handling during personal care, unwanted exposure to sexual material, or behaviour that violates a person's body, sexuality, gender identity, or dignity.
neglect	Failing to meet an older person's basic needs when there is a responsibility to provide care or support. This can include not providing enough food, fluids, medication, hygiene, medical care, mobility support, communication support, social contact, or safe living conditions.
cultural or spiritual abuse	Using, denying, or disrespecting a person's culture, language, identity, spirituality, religion, Country, community connection, or cultural obligations to control or harm them. This can include stopping someone from practising culture or religion, preventing connection with Country or kin, forcing religious or cultural practices on them, or using culture, religion, or spirituality to justify abuse.

Other patterns to recognise

Some abuse and mistreatment is easier to recognise when we look at the pattern of behaviour, not just one action.

Pattern or tactic	What it can look like
coercive control	A pattern of behaviour that limits an older person's freedom, choices, safety, or independence over time. It can include monitoring, threats, isolation, financial control, emotional manipulation, intimidation, or making the older person feel they have no safe option but to comply.
inheritance impatience	When someone treats an older person's money, property, home, business, farm, or other assets as though they are already entitled to them. This can include pressure to transfer assets early, change a will, act as guarantor, give large 'gifts', move into residential care so a home can be sold, or preserve money for inheritance rather than the older person's own needs.
technology-facilitated abuse	Abuse or mistreatment carried out or made easier through digital technology. This can include controlling online banking, changing passwords, monitoring a phone or accounts, taking or sharing images without consent, using digital wallets or cards without permission, impersonating someone online, or using technology to threaten, scam, isolate, or control them.
scams and fraud	Deliberate attempts to deceive someone into giving money, personal information or access to accounts. Scams may involve strangers, but risk can increase when an older person is isolated, digitally excluded, under pressure, or dependent on someone else to manage technology or banking.
systemic mistreatment	Harm caused or enabled by systems, policies, services, or organisational cultures. This can happen when services are inaccessible, unsafe, discriminatory, overly complex, culturally unsafe, or designed in ways that remove an older person's choice, dignity or access to support.

Abuse types, patterns, and tactics often overlap. For example, financial abuse may involve threats, social isolation, or coercive control. Cultural or spiritual abuse may involve isolation, psychological abuse, or coercive control. Looking at the whole pattern can make it easier to recognise what is happening and respond safely.

Understanding prevention

Prevention means taking action to stop abuse and mistreatment from happening, escalating, or recurring.

Prevention is often described in 3 levels: primary, secondary and tertiary prevention. These terms are useful in policy, public health and service design, but they are not always the clearest way to talk about practical action.

In this Framework, we use plain-language descriptions instead.

Prevention level	What this Framework calls it	What it means
Primary	Prevent harm before it starts	Acting before there are signs of abuse or mistreatment, by strengthening rights, respect, connection, planning, safeguards and support.
Secondary	Notice risk early and respond	Recognising warning signs, emerging concerns or increased risk, and taking safe action before harm becomes more serious.
Tertiary	Respond to harm and support recovery	Responding after abuse or mistreatment has happened, to improve safety, reduce further harm, support recovery, and, where appropriate, support justice and accountability.

These levels are connected. Prevention does not always happen in a straight line, and different forms of prevention may be needed at the same time.

For example, helping an older person plan ahead while they are well may prevent future financial abuse. Noticing early signs of isolation, pressure or control may stop a situation from escalating. Responding safely after harm has occurred can reduce the chance of further abuse and support the older person to recover.

Throughout this Framework, actions are organised around these 3 prevention stages.

Prevention does not always happen in a straight line, and different forms of prevention may be needed at the same time.



About this Framework

Preventing abuse and mistreatment is not the responsibility of older people alone. Everyone has a role in creating the conditions for older people to live safely, with dignity, autonomy and respect. That is why the *National Prevention Framework for the Abuse and Mistreatment of Older People* is for all of us: older people, families, friends, communities, frontline workers and service providers, local businesses, local councils, organisations, and peak bodies. It is designed to help everyone understand what they can do to prevent abuse and mistreatment, notice risks earlier, and respond safely when harm has occurred.

The Framework is designed to be practical. It includes:

- actions people can take in different roles, settings, and situations
- stories that show what prevention can look like in everyday life

- resources to support practical action, including tools developed especially for this Framework
- case studies showing how people, communities, and organisations are already working to prevent abuse and mistreatment.

The Framework recognises that older people are not all the same. People's experiences are informed by culture, language, gender, sexuality, disability, health, housing, finances, family relationships, location, care needs and past experiences. For this reason, parts of the Framework can be adapted to different people, communities, services, and settings.

Together, these elements help put the vision of the National Plan into practice – that all older people:

- are safe, valued, heard and respected
- have their rights protected and promoted
- live free from abuse and mistreatment.

Guiding principles

These principles informed how the Framework was developed and should guide how it is used. They are intended to keep prevention practical, safe, respectful and centred on older people's rights, dignity, autonomy and choices.

Principle	What this means
Put older people at the centre	Older people should be listened to and involved in decisions that affect them. Their wishes, strengths, needs, and life experience should guide what happens next. Wherever possible, older people should be supported to make and communicate their own decisions.
Respect people's rights, dignity and choices	Older people have the right to live free from abuse and mistreatment. They have the right to be treated with dignity and respect. Keeping someone safe should not mean unnecessarily taking away their choice, control, independence, or privacy.
Challenge ageism	Ageism means treating someone differently because of their age. It can make abuse and mistreatment easier to excuse, miss, or minimise. Preventing abuse means challenging language, beliefs, practices, and systems that make older people seem less valuable, less capable, or less deserving of respect.
Prevent harm early	Prevention means acting before harm happens, noticing warning signs early, and responding before things become more serious. It also means responding after harm in ways that reduce the chance of it happening again.
Respond in safe, respectful and trauma-informed ways	People may have past or current experiences of trauma, violence, discrimination, or loss. Responses should build safety and trust, offer choice, and avoid blaming, shaming, or rushing the older person. Services and systems should take care not to cause further harm.
Learn from lived experience and community knowledge	Older people, people with lived and living experience, carers, families, communities, and practitioners all hold important knowledge. Local communities also understand their own strengths, risks, relationships, and safe ways to seek support.
Make prevention culturally safe and inclusive	Prevention needs to work for older people from many different cultures, identities, languages, communities and life experiences. This includes Aboriginal and Torres Strait Islander-led approaches, culturally safe practice, language support, disability inclusion, LGBTIQ+ inclusion, and responses that work in rural, regional, and remote communities.

Principle	What this means
Use a gender-aware approach	Gender can affect how abuse and mistreatment happens, how people seek help, and what support is available. Older women may face risks linked to lifelong financial inequality, caring roles, sexual violence, intimate partner violence, and gendered ageism. Older men may face barriers such as shame, fear of not being believed, or fewer services that recognise them as people experiencing abuse. A gender-aware approach recognises these patterns without assuming every situation is the same.
See the whole person	Older people are not defined by age alone. Their experiences may also be shaped by culture, language, gender, sexuality, disability, health, housing, finances, location, family relationships and past experiences. Prevention should respond to the whole person and their circumstances.
Everyone has a role	Preventing abuse and mistreatment is not the responsibility of older people alone. Families, friends, neighbours, communities, services, organisations, businesses, peak bodies, and governments all have a role in creating conditions where older people are safe, respected, heard, and supported.



Using this Framework

The Framework is organised around the people, groups, and organisations who can play a role in prevention.

You do not need to read the whole Framework from start to finish. You can go straight to the section that best matches who you are, what you do, or the situation you are trying to understand. More than one section may be relevant to you.

Find your section

If you are ...	Start with ...
An older person looking for information for yourself	The older person
A family member, friend, neighbour, community member, or someone with a personal relationship with an older person	Family, friends and community
Someone who provides regular unpaid care or support to an older person	Informal carers
Someone who leads, coordinates, organises, or holds influence within a community group or network	Community leaders
A worker or service provider whose role brings you into contact with older people, families, carers, or people who may be causing harm	Frontline workers and service providers
A leader, manager, board member, policy lead, funder, regulator, peak body, industry association, or organisation influencing services, systems or sectors	Organisations and peak bodies
Someone who owns, manages, or works in a local business that older people use	Local businesses
Someone working in local government, community planning, local programs, facilities, services, or community development	Local councils

Icon legend

Icons are a visual cue for what abuse and mistreatment may look like for people from different communities.



Aboriginal and Torres Strait Islanders



Cognitive impairment



Community wide



Culturally and linguistically diverse



Disability



LGBTIQ+



Regional, rural and remote

What you'll find in each section

Each section is designed to help you understand your role in prevention and take practical action. Most sections include:

- an explanation of who the section is for and why that role matters
- actions across the 3 prevention stages
- stories that show what prevention can look like in everyday situations
- resources to support practical action
- case studies showing how people, communities, services, or organisations are working to prevent abuse and mistreatment.

The actions are not a checklist that every person must complete. Actions vary in different situations. Use the actions that fit your role, setting, community, responsibilities, and local context.

Ways to use the Framework

You can use this Framework to:

- find actions you can take in your role, setting, or community
- understand what kind of prevention or response may be needed in a particular situation
- learn from stories about what prevention can look like in practice
- adapt resources for your own community, service, organisation, or setting
- review whether your current practices are safe, accessible, and respectful for older people
- build local relationships and referral pathways with relevant services
- develop training, checklists, conversations, guidance, or local resources
- draw on case studies for ideas about prevention in action.

The evidence behind the Framework

At the end of this Framework, you will find the research and analysis that informed it.

It includes the Evidence Review, stakeholder map, behavioural systems maps, and Theory of Change developed through the project. Together, these materials explain what is known about abuse and mistreatment, who has a role in prevention, how the broader system influences risk and response, and how practical action can support change over time.

What the Framework does not replace

This Framework is not a crisis response guide, legal advice, medical advice, financial advice, or a substitute for professional safeguarding processes.

It does not replace organisational policies, mandatory reporting obligations, professional judgement, or the specific laws and service pathways that apply in each state and territory.

Laws, services and reporting pathways differ across Australia. The actions in this Framework should be adapted to local contexts, while keeping the older person's safety, dignity, autonomy, and rights at the centre.

Where there is serious or immediate risk, contact emergency services or an appropriate specialist service.

The Prevention Framework



**This section is
colour-coded for
easy navigation**



The older person



Family, friends,
and community



Frontline workers and
service providers



Organisations
and peak bodies

The older person

Everyone has the right to feel safe, respected, and in control of their own life as they age.

This section focuses on steps you can take to stay connected, make your wishes known, protect your choices, and get support if something does not feel right.

Abuse and mistreatment are never your fault. Sometimes harm builds slowly, especially in close relationships or care arrangements. You may feel unsure, embarrassed, worried about upsetting someone, or afraid that asking for help will make things worse.

You do not have to work it out alone. Speaking with someone you trust, getting independent advice, or contacting a support service can help you understand your options and decide what feels safest for you.

How to use this section

This section is organised around 3 stages:

1. Prevent harm before it starts
2. Notice risk early and respond
3. Respond after harm has happened and support recovery.

For each stage, you will find:

- **What you can do** – suggested actions
- **What it might look like for you** – practical examples.

Then you will find:

- **How other people like you are making a difference** – real examples
- **Things to help you** – tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

If you are in immediate danger or do not feel safe, call triple zero (000) if you can.

If it is not safe or possible to call 000 yourself, ask someone you trust to do it for you. You do not have to manage this situation alone.

In non-urgent situations, speak with an elder abuse, family violence, legal, health, or community support service about your options and what feels safest for you.

Prevent harm before it starts

What you can do

Plan ahead for important decisions

Planning early can help make sure your wishes are known and respected, especially if a stressful or urgent situation comes up later.

It can help to learn about tools such as Enduring Powers of Attorney (EPOA), Advance Care Directives and wills.

Get independent advice before you sign anything and talk to people you trust about what matters to you.

Stay connected and keep support broad

Staying connected can support your wellbeing and make it easier to get information, advice, and different points of view.

Where possible, keep your own direct relationships with friends, family members, neighbours, community groups, cultural groups, faith groups, or services. Try not to rely on just one person for all your care, contact, information, or decisions.

Keep access to your money, and important documents

Where possible, keep your own bank card, PINs, identification, legal documents, and account information.

If digital services are difficult, ask about non-digital options or support to build your confidence. You don't have to do everything alone, but it's better if you can still see what is happening and make decisions about your own affairs.

Keep your voice central in support arrangements

Support should feel respectful, agreed and fair. You should be able to ask questions, say no without fear, change your mind, and stay involved in decisions about your life.

Needing help does not mean giving up privacy, dignity or control. If you are unsure whether something feels right, talk it through with someone you trust or seek independent advice.

What it might look like for you

Planning ahead before care decisions become urgent



Aunty Shirley is an Elder living in a small remote community in the Top End. She has always been on Country and likes sitting outside in the cool of the early evening, watching children play between houses.

As her health needs increase, a hospital nurse says she may eventually need aged care in a large regional centre, far from family, cultural responsibilities, and familiar health services.

Aunty Shirley understands she may need more care, but she worries that if decisions are made during a crisis, no one will ask what matters to her.

While she is still well, she asks an Aboriginal Health Practitioner to help her plan ahead. Together, they speak with the local Aboriginal Community Controlled Health Organisation about home support, transport and trusted family involvement.

Aunty Shirley records her preferences and tells her family that connection to Country, Language, ceremony and Community must stay central to her care.

Staying involved in decisions after a dementia diagnosis



Tony is a retired accountant and was recently diagnosed with early-stage dementia. He is worried but still pays his own bills, shops for himself, and knows what he wants for his future.

At a family meeting, Tony's adult children speak as if everything has already changed. One says they should 'take over the bank accounts now'. Another says Tony should move into care before he becomes 'too difficult'. Tony feels people are talking about him, but not to him.

At his next GP appointment, Tony asks what the diagnosis does and does not mean. Tony then speaks with a dementia support worker and a community lawyer about supported decision-making.

Tony writes down his preferences for health care, money and living arrangements, and makes clear who he trusts to help with complex decisions. He knows he may need more help over time, but dementia does not erase his rights, preferences or dignity.

Staying independent beyond one trusted helper



After her husband dies, Anjali moves to Australia to live with her daughter and son-in-law. Her family is loving, and Anjali enjoys helping with the grandchildren after school. At first, it feels natural to let her daughter manage appointments, letters, phone tasks and important documents.

After a few months, Anjali realises almost everything now runs through one person. If her daughter is busy, she cannot get to the shops. If a letter arrives, she waits for it to be explained. If she wants to visit the temple or speak to a service, she needs help.

Nothing has gone wrong, but Anjali decides to build more independence early. She joins a multicultural seniors group, learns about community transport, asks her GP clinic to book professional interpreters, and keeps copies of her own documents. She remains close to family while building her own connections and choices.



Notice risk early and respond

Pay attention to early warning signs

If something feels uncomfortable, unfair, or not quite right, pay attention. Many harmful situations are not obvious at first. They may happen gradually or be explained as 'help', 'care', 'stress', 'family business', or 'just the way things are'.

You do not have to label something as abuse before asking for information, advice or support.

Check your money, accounts, and legal arrangements

Regularly check your bank statements, accounts, bills, will, EPOA, and other legal documents. Make sure they still reflect your wishes.

If someone helps manage your money, you can ask for records, updates or explanations. If you feel pressured, rushed or unsure about loans, transfers, property, guarantees or family arrangements, it is okay to pause and get independent advice.

You can also ask your bank about changing PINs, passwords or account access, checking recent transactions, setting up alerts, or limiting who can use your accounts.

Talk privately to people you trust or a support service

It can help to speak with someone who is not directly involved, such as a GP, health worker, legal service, community worker, cultural or faith leader, neighbour or friend.

You can also contact a specialist helpline or local service for advice. You have the right to be listened to, treated with respect, and taken seriously. Many services can arrange an interpreter.

Get support if someone close to you is struggling

Someone close to you may be dealing with mental health concerns, substance use, gambling, unemployment, housing insecurity, financial stress, or other challenges.

You can ask services about support for them, while also getting advice about protecting your own safety, money, home, health, and peace of mind. Getting help for someone else should not mean putting yourself at risk.

What it might look like for you

Getting private support when help starts to feel controlling



Maria lives alone in a small regional town. She is private by nature and goes to the library most weeks, where staff set aside the latest large-print mysteries for her. Her nephew, Daniel, helps with

shopping and appointments because she no longer drives.

Lately, Daniel has been asking for more money for petrol and his time. When Maria hesitates, he reminds her that people at church do not know she had a long-term female partner. One day, he removes a framed photo of her late partner before visitors arrive, saying he is 'protecting' her from gossip.

Maria calls an LGBTIQ+ ageing service from the library, where Daniel cannot overhear. The peer worker helps her think through safe next steps. Maria explores community transport, asks a trusted neighbour to be an emergency contact, and connects with legal and counselling support. She begins rebuilding privacy, choice and support beyond Daniel's control.

Getting support before care becomes unsafe or overwhelming



Samir likes sitting near the kitchen window after breakfast, listening to music and watching the street wake up. He has dementia and is cared for by his wife, Nadia.

For a long time, Nadia manages well. But as Samir's needs increase, she becomes exhausted. She snaps when he repeats questions, forgets his tablets, and sometimes leaves him in the same clothes for days. Samir knows Nadia loves him, but he no longer feels safe leaving things as they are.

At his next GP appointment, Samir asks to speak privately. He says Nadia is tired, angry and missing important care tasks, but he does not want her punished.

The GP helps them connect with dementia support, respite care and carer counselling. A community nurse begins visiting, and Samir attends a day program twice a week. Nadia gets breaks, and Samir has more than one person checking on his wellbeing.

Acting early when something feels wrong with your money



Martin loves cooking and is always trying new recipes. Because he has arthritis, he sometimes gives his granddaughter, Chloe, his bank card so she can buy special ingredients after work. He expects her to return it after each purchase.

After a few weeks, Martin notices his balance is lower than expected. His statement shows tap-and-go purchases he does not recognise, including petrol, takeaway food and online subscriptions. Chloe says it must be a bank mistake. When Martin asks questions, she becomes irritated and says he is 'getting paranoid'.

Martin feels embarrassed, but calls his bank. They confirm his card may have been added to a digital wallet.

Martin cancels the card, changes his PIN, sets up transaction alerts and creates a lower-limit account for everyday spending. He also reviews his legal documents and decides Chloe should not have any formal role in managing his money.



Respond to harm and support recovery

What you can do

Remember that what happened was not your fault

Abuse and mistreatment can leave people feeling ashamed, embarrassed, confused, or responsible. These feelings are common, but the harm was not your fault.

It can help to speak with someone who makes you feel safe and respected, such as a trusted friend, family member, GP, counsellor, advocate, community worker, legal service or specialist support service.

Reconnect at your own pace

Abuse and mistreatment can leave people feeling isolated or unsure who to trust.

Recovery may include reconnecting with trusted people, community, culture, faith, hobbies, services or everyday routines that matter to you. You can do this slowly, in ways that feel safe and manageable.

Get help with financial or legal problems

If abuse or mistreatment has affected your money, property, legal documents, housing, care arrangements or decision-making rights, you can seek advice.

A legal service, financial counsellor, bank, advocate, or elder abuse service may be able to help you understand what happened, protect your accounts, change legal arrangements, recover money where possible or reduce the risk of further harm.

Choose what support feels right for you

You may want help to manage an important relationship while setting clearer boundaries. Mediation, counselling or family dispute resolution should only happen if it feels safe, appropriate and voluntary.

Some people also choose to share their experience, support others or advocate for change. Others do not. Both choices are valid. If you want to share your experience, look for safe and supported ways to do this through an advocacy organisation, peer group, community organisation or older persons' service.

What it might look like for you

Reconnecting with people and support after being isolated



Ken is a keen birdwatcher and keeps a close eye on the rosellas and rainbow lorikeets that visit his backyard. He has severe hearing loss and uses

hearing aids, assistive devices, and text messages to communicate.

His partner, Denise, once helped with appointments and services, but became controlling. She hid batteries and chargers, turned off captions, deleted messages from friends, and told professionals it was easier to speak to her because Ken 'doesn't follow things anymore'. Ken became cut off and began doubting anyone would take him seriously.

After a hospital admission, Ken writes a note asking to speak without Denise present. Staff arrange communication support and a disability advocate. After leaving the relationship, Ken restores safe communication channels, updates his supported decision-making arrangements, and begins counselling. Later, he joins an advocacy group to improve service responses for older people with hearing loss.

Taking back control after someone misuses legal authority



Aunty Sarah is a Community Elder who likes knowing who is coming by before they arrive, and always keeps a small tin of biscuits ready for visitors she knows and trusts. She appointed her niece, Leanne, as her EPOA because Leanne was organised and lived nearby.

At first, Leanne helped with bills and appointments. Over time, Aunty Sarah stopped receiving bank statements. Leanne said everything was 'under control'. Then Aunty Sarah's electricity was disconnected. A community worker helped her check her accounts and found large withdrawals, unpaid bills and transfers she did not understand.

Aunty Sarah contacts an Aboriginal Legal Service. An outreach lawyer visits her at home, reassures her the misuse was not her fault, and helps her revoke the EPOA, secure her accounts and request records. Aunty Sarah is also connected with a local Elders group and culturally safe aged care program, supporting both financial safety and healing.

Rebuilding safety and trust after sexual assault in aged care



Lorna lives in residential aged care. She enjoys having her granddaughter, Jess, paint her nails every Saturday and is particular about choosing the colour herself. She values privacy and likes knowing which staff will help with showering and dressing.

One male care worker begins making Lorna feel unsafe during evening shifts, when fewer people are around. At first, Lorna tells herself she may be overreacting. Then, during showering support, the worker touches Lorna sexually and tells her not to make a fuss. Lorna feels frightened and ashamed. She worries staff will not believe her or that they will blame her memory.

Lorna tells a daytime nurse she trusts. The nurse takes her seriously and helps her contact an independent aged care advocate. With Lorna's consent, Jess is included as support, without speaking for her. Lorna asks that the worker have no further contact with her, that her care preferences be recorded, and that the assault be reported. With advocacy, specialist sexual assault support and trusted staff, Lorna begins rebuilding safety, privacy and control over her care.



CASE STUDY



How other people like you are making a difference

Protecting redress payments from financial pressures

Financial counsellors in Western Australia identified a risk of financial abuse linked to lump-sum payments from the National Redress Scheme. In some cases, families saw the money as shared 'family money', rather than personal compensation for serious harm.

Counsellors helped older recipients plan before pressure emerged. They explained that the payment belonged to the individual survivor, then supported each person to identify their own priorities, such as buying a car, visiting traditional lands, or meeting other personal needs.

This helped older people decide how much, if any, they wanted to share. It supported clear boundaries, protected the purpose of the payment, and kept the older person's wishes at the centre.

Resources and tools

Things to help you



1800ELDERHelp
(1800 353 374)

Advice and referral about abuse or mistreatment of older people in your state or territory.

1800 RESPECT (1800 737 732)

24/7 counselling and support for domestic, family and sexual violence.

Advance care planning

Tools to help you record your future health, care and personal wishes.

Am I safe and respected?

A short self-check tool to help you notice whether you are being treated safely and respectfully.

Be Connected – Digital safety for older Australians

Free courses and guides to help you build digital skills and stay safer online.

Celebrate Ageing

Projects and resources that challenge ageism and promote respect for older people.

Older Persons Advocacy Network (OPAN)

Free, independent advocacy for people seeking or receiving government-funded aged care.

Home at Last program

Housing information and support for older people experiencing housing stress or homelessness.

Know your rights fact sheet

Plain-language information about your rights when receiving aged care.

Relationships Australia mediation services

Counselling and mediation to support safer conversations about family, care, finances and living arrangements.

Safe and Savvy guide

Practical guidance on scams, fraud, and elder financial abuse.



My Aged Care support for individuals in rural, remote, and very remote areas

Information about aged care options for people living outside major cities.



Aged Care services for people who are from culturally, ethnically and linguistically diverse backgrounds

Information about finding aged care that respects language, culture, and identity.

Money matters

Multilingual videos about financial abuse, warning signs and protecting your money.

Seniors Rights Service multilingual resources

Information in community languages about rights, abuse, financial abuse and where to get help.

Within My Walls

Short films in multiple languages about abuse and mistreatment in family settings.



Community Care at ACON

Counselling, care coordination, peer support and ageing support for LGBTQIA+ people in NSW.

My Aged Care LGBTQIA+ support page

Information about finding inclusive, respectful and safe aged care.

Qlife

Free and anonymous peer support for LGBTQIA+ people in Australia.



10 questions for Aboriginal and Torres Strait Islander peoples when seeking residential aged care

Questions to help you find culturally safe, respectful residential aged care.

13YARN (13 92 76)

24/7 crisis support by and for Aboriginal and Torres Strait Islander people.

Mob Strong Debt Help

Free financial counselling for Aboriginal and Torres Strait Islander people.

My Journey to Dreaming Diary

A planning diary for recording future health care, end-of-life wishes and trusted decision-makers.

Yarning about aged care

A conversation guide about aged care, rights and future planning.

Yarn, move, do

A workbook about healthy ageing, wellbeing, connection and staying strong in community.



Talking to loved ones about needs, support, and boundaries

A conversation guide for older people

Supporting loved ones can bring meaning, connection and a sense of family or cultural responsibility. But it is also okay to have limits.

This guide can help you talk with family or others close to you about what support you can give, what support you need, and where your boundaries are.

A simple way to start the conversation

Many people find these conversations difficult. It can help to think beforehand about what you want to say. You can use this structure, or adapt it to suit you and your relationships.

1. Say what has been happening

Describe the situation clearly, without blaming yourself or the other person.

'I've been looking after Sarah most days lately, and I've realised I haven't had much time to leave the house or see my friends.'

2. Say how it affects you

Explain how the situation is affecting you, and why it matters.

'I love spending time with my granddaughter, and I'm glad I can help, but I've started feeling really run down.'

3. Say what you need

Be as clear as you can about what you are asking for.

'From now on, I'd like to keep Tuesdays and Thursdays free so I can go to my walking group.'

If you feel unsafe

This guide is for conversations that feel safe enough to have. If you feel frightened, pressured, threatened or controlled, speak with someone you trust or contact a support service before raising the issue directly.

For free and confidential advice, call 1800ELDERHelp on 1800 353 374.

In an emergency or life-threatening situation, call triple zero (000).

4. Talk about what could work for everyone

Try to find an arrangement that feels manageable and fair. It may help to talk it through first with someone you trust, or imagine what advice you would give a friend in your situation.

'I want to keep looking after Sarah on the other days. I love her, and this way I'll have more energy to enjoy our time together.'

If the conversation feels hard

You might feel guilty, nervous, uncomfortable or unsure. That does not mean you are doing the wrong thing. It may simply mean the relationship matters to you.

It can help to practise first with someone you trust, write down what you want to say, or start with a smaller conversation.

If you are worried about how the other person may react, or you feel unsafe, pressured or controlled, get advice before raising the issue directly.

If you have tried talking before and nothing changed, you might involve a trusted and neutral person, such as a friend, community leader, Elder, mediator, counsellor or support worker. An outside person can sometimes help everyone slow down, listen and find a fairer way forward.

When to get extra help

You do not have to navigate difficult family situations on your own. If the conversation feels overwhelming, unsafe, or difficult to resolve, these services may be able to help.

Resource	Telephone	Link
Compass		compass.info
Relationships Australia	1300 364 277	relationships.org.au
Gambling Help Online	1800 858 858	gamblinghelponline.org.au
Family Drug Support	1300 368 186	fds.org.au
National Debt Helpline	1800 007 007	ndh.org.au



Family, friends, and community

People close to an older person often notice things others may miss. You might see changes in their wellbeing, relationships, home life, finances, confidence or connection to others.

This section focuses on everyday ways to stay connected, respect the older person's choices, keep support networks broad, and seek advice early if something feels wrong.

Sometimes helping can slowly turn into taking over. Noticing this early – in yourself or someone else – can help prevent harm. Seeking support when you feel overwhelmed or unsure is a responsible step that can protect both you and the older person.

This section also includes extra guidance for **informal carers** and **community leaders**.

How to use this section

This section is organised around 3 stages:

1. Prevent harm before it starts
2. Notice risk early and respond
3. Respond after harm has happened and support recovery.

For each stage, you will find:

- **What you can do** – suggested actions
- **What it might look like for you** – practical examples.

Then you will find:

- **How other people like you are making a difference** – real examples
- **Things to help you** – tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

If you think an older person is in immediate danger or in an unsafe situation, call triple zero (000). You are not expected to investigate abuse, confront someone, or manage a serious situation alone.

In non-urgent situations, speak with an elder abuse, family violence, legal, health, or community support service about safe next steps.



Prevent harm before it starts

What you can do

Stay connected and keep support networks broad

Keep regular, ordinary contact through calls, visits, shared meals, neighbourly check-ins, family contact or community activities. Everyday connection helps older people stay visible, included and able to raise concerns.

Try not to let all care, contact, information or decision-making narrow down to one person. Encourage connection with friends, neighbours, extended family, community groups, cultural or faith groups, and services.

Respect choices and support independence

Ask rather than assume. Involve the older person in decisions that affect them and respect their preferences, routines, relationships, culture, identity and sense of purpose.

When helping with transport, forms, banking, appointments, technology or services, keep the older person involved and informed. Explain what you are doing, ask what they want, and make sure they can still access their own money, documents, information and support.

Support future planning on the older person's terms

Encourage conversations about wills, advance care directives, Enduring Powers of Attorney, banking arrangements, care preferences and living arrangements.

These conversations should be led by the older person, not by what is easiest for others. Encourage them to get independent advice before signing documents or making major decisions.

Keep money, housing and authority clear and fair

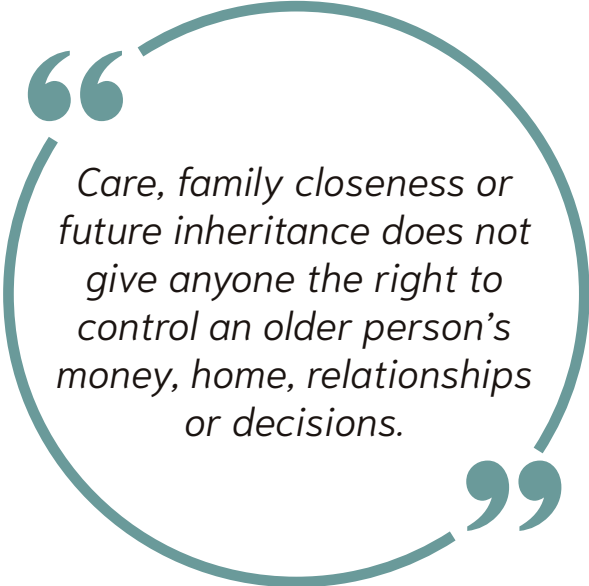
Do not treat an older person's money, home, pension, compensation or legal authority as shared family assets by default.

If financial help, shared housing, family contributions or decision-making authority are involved, make the arrangement clear, voluntary and fair. Care, family closeness or future inheritance does not give anyone the right to control an older person's money, home, relationships or decisions.

Look after your own wellbeing and seek help early

Pay attention when support starts affecting your patience, health, relationships or sense of safety.

If you are feeling overwhelmed, resentful, trapped, impatient or worried about your own reactions, seek help early. Talk to a GP, counsellor, carer support service, respite service, community organisation or trusted person. Getting support for yourself can help protect both you and the older person.



Care, family closeness or future inheritance does not give anyone the right to control an older person's money, home, relationships or decisions.

What it might look like for you

Slowing down a granny flat plan to protect housing security



Mark and his partner are juggling mortgage stress, childcare and the rising cost of living. Building a granny flat on their property feels like a

solution for the whole family. Mark's mother, Aileen, has recently sold the home she worked hard to keep. She is practical with money, proud of her independence, and does not like making a fuss.

Mark encourages Aileen to put a large share of the sale proceeds into the build. When she asks what would happen if things changed, he reassures her quickly and avoids questions about title, written agreements or future sale.

Bronwyn, Mark's sister, points out that Aileen could lose both money and housing security. Mark pauses the transfer, encourages Aileen to get independent legal and financial advice, and makes clear the decision must work for her.

Stepping back when support starts to take over



Colin has always liked things done properly. He is particular about his tools, proud of the jobs he has done around the house, and quick to tease his

sister, Rachel, about her driving or Sunday roast. Since his stroke, he uses a wheelchair, gets tired easily, and sometimes needs more time to say what he wants.

Rachel helps with transport, appointments, forms, banking and calls with services. She loves Colin, but when she is tired, it feels quicker to do things herself. She starts keeping his bank card in her bag, answering for him, and booking services without checking first.

Rachel realises Colin's disability does not remove his right to choose. She goes back to asking what help he wants, keeps his money and information accessible, and looks for formal support so everything does not rest on her.

Planning support before treatment away from Country



Kylie works at the local school and spends weekends ferrying her children between sport, family visits and community events. Lately, she has also

been helping her father, Arthur, prepare to travel to town for specialist heart treatment. Arthur is used to being the person others turn to. He knows the back roads, family stories, and who needs a lift, meal or hand.

Everyone is focused on appointments, transport and accommodation. Kylie can see that Arthur will also be away from Country, routines, and people who know him well. Without clear support, he could become isolated or too dependent on one person.

Kylie talks with Arthur about what matters while he is away, who he trusts, and how he wants to stay connected. She works with an Aboriginal Health Worker to plan transport, accommodation, communication and cultural support.

Notice risk early and respond

What you can do

Notice changes and warning signs early

Changes may show up in the older person's routine, mood, communication, social contact, living conditions, finances or confidence.

They may stop answering calls, withdraw from activities, seem fearful, appear anxious around someone, or give short or restricted answers. Try not to dismiss this as 'just family stress' or 'none of my business'. A gentle check-in can make a difference.

Create safe chances to talk privately

Look for a calm, private moment to check in. Ask how they are going, whether anything has changed, whether they feel able to make their own choices, or whether they want help with anything.

Keep the conversation gentle and non-judgemental. The aim is not to interrogate them, but to make it easier for them to share worry or uncertainty if they want to.

Keep a safe way to stay connected

If someone is limiting the older person's contact with others, even brief regular contact can matter.

This might be regular calls, short visits, messages, doorstep check-ins, or contact through a trusted person. Keep it simple and safe, so the older person is not completely cut off.

Offer support without taking over

If your concern continues, you do not have to wait for a crisis. You can quietly share information, help the older person contact a service, or seek advice yourself from an elder abuse, family violence, legal, health or community support service.

Ask what kind of help would feel useful, what they want to happen next, and whether they would like support to explore their options. Let their privacy, safety and choices guide your response.

Notice pressure, control or strain – including in yourself

Risk can come from someone else's behaviour, or from patterns you notice in yourself. If you or someone else is becoming controlling, impatient, overprotective, or gatekeeping money, care, contact, information or decisions, pause and take it seriously.

Stress, worry or good intentions do not make it okay to speak for an older person, pressure them, isolate them, or take over decisions. Safer alternatives might include slowing decisions down, sharing responsibilities, using respite, bringing in outside support, or getting advice early.

Think carefully before formal legal or justice responses

Abuse and mistreatment are serious, and emergency, legal or police responses may be necessary. If someone is in immediate danger, call triple zero (000).

In non-urgent situations, try to understand what the older person wants and what feels safe to them. Some people want the behaviour to stop, but do not want an immediate police, legal or relationship-ending response. Supporting them to get advice can help them make informed choices while preserving safety, control and dignity.



What it might look like for you

Keeping connection to culture and community



Tahlia, who lives on Gamilaraay Country in remote NSW, has started to worry about her Uncle Robert, an Elder in the community. Since he began spending more time in town for appointments and family

business, his sons, who live off Country, have become dismissive of his connection to culture, Country and community.

When a well-known community member dies, they refuse to drive Robert back for Sorry Business. Tahlia takes him to the funeral and supports him to show respect from his family. But she notices he seems quieter and less settled.

Tahlia knows this is more than ordinary family tension, but she also knows it needs a careful response. She privately asks Robert whether he still feels free to stay connected to culture and community in the ways he wants. When he says he feels worn down and shut off from important parts of his life, Tahlia asks what support would feel safe and useful. With Robert's agreement, she helps him contact an Aboriginal Community Controlled service he knows and trusts. She also helps him safely plan for the next visit to his community.

Keeping the older person's voice in interpreted conversations



Amina has known Mrs Nguyen for years through their local council community garden. Mrs Nguyen is quiet at first, but funny once comfortable, with strong opinions about coriander, tomatoes and the right way to make soup.

Mrs Nguyen has been coming to the garden less often since her husband died. Her daughter, Lan, now helps with banking, paperwork and appointments. Lan may feel she is simply keeping things organised, but she does most of the talking and answers for her mother. Mrs Nguyen mentions paperwork to sign but seems unsure what it is for.

While watering the garden, Amina gently asks what would help Mrs Nguyen feel more confident at appointments. Mrs Nguyen is not ready to say much, but nods when Amina asks about an independent interpreter. Together, they write: 'I would like an interpreter. Please speak to me directly.' Amina does not know what Mrs Nguyen will decide next, but she keeps the conversation open and lets her know she can ask again anytime.

Protecting a partner from being pushed aside



Michael has been Len's partner for nearly 30 years. They are not legally married, but they have built a life together: a shared garden, close friends, and Sunday lunches Len still likes to help plan.

Since Len developed early cognitive decline, he sometimes needs more time to process information, but can still say who he trusts and what he wants.

Recently, his estranged nephew, Simon, has reappeared and started calling himself the family representative. He answers Len's phone, discourages visitors, refers to Michael as 'just a friend', and speaks as though he should decide Len's care.

Michael sees that Len is becoming isolated when he most needs trusted people around him. He keeps showing up respectfully and, with Len's agreement, helps him get legal advice, record his wishes, and make sure care providers understand that Michael is his partner and a key person in his life.

Respond to harm and support recovery

What you can do

Listen, believe them and respect their choices

If an older person tells you they are being harmed, pressured, controlled or mistreated, take them seriously.

Stay calm. Listen without blaming, minimising or taking over. Ask what they want to happen next, what feels safest, and what kind of help they would accept.

Help with practical steps, if they want you to

Practical needs may include transport, appointments, contacting services, finding somewhere safe, gathering important items, or creating distance from the harmful situation.

Offer help as an invitation, not a direction. For example: 'Would you like me to sit with you while you call?' or 'Would it help if we looked at the options together?'

Support safety and boundaries

Do not excuse, minimise or go along with pressure, control, threats, intimidation or exploitation. Respect the boundaries the older person wants to set. This may mean not passing information to the person causing harm, not pressuring the older person to 'keep the peace', and not putting family reputation or convenience ahead of their safety and autonomy.

You do not have to confront the person causing harm yourself. It is often safer to seek advice first.

Help rebuild safe support

After abuse or mistreatment, the older person may feel ashamed, isolated, frightened or unsure who to trust. Stay in respectful contact and help them reconnect with trusted people, routines, community, culture, faith, hobbies or services. This is especially important if the person causing harm has been isolating them.

Support might include an elder abuse service, family violence service, legal service, financial counsellor, housing service, health professional, counsellor, community organisation, Aboriginal Community Controlled Organisation, multicultural service, LGBTIQ+ service, disability advocate or aged care advocate.

Explore family support only when it is safe and wanted

Some older people want the harmful behaviour to stop, but do not want an immediate police, legal, or relationship-ending response.

Where it is safe and the older person wants it, support may include counselling, mediation, family dispute resolution, carer support, financial counselling, or housing support. It may also include support for the person causing harm, such as addiction support, mental health support, gambling support, housing support, or financial counselling.

This should only happen if it is safe, voluntary, and does not put pressure back on the older person. Mediation or family discussions are not appropriate if they could increase risk, minimise the abuse, or make the older person feel less safe.

Get advice if you are unsure

Family relationships can make it hard to know what to do. You can seek advice without taking over the older person's choices. A support service can help you think through safety, confidentiality, practical next steps, and how to respond in a way that respects the older person's wishes.



What it might look like for you

Keeping contact open when monitoring becomes control



Neil has known Greg for years. Greg used to stop by after short walks to talk about the footy, unfair crossword clues and supermarket specials.

When Greg's mobility declined, his partner encouraged him to use a smartwatch and other monitoring devices, saying they were for safety.

Over time, the monitoring became control. Greg's partner called whenever he left the house, questioned him after short visits, and became angry if Greg turned the device off. Greg stopped dropping in to Neil's and began saying there was 'no point' going out.

Neil worries about overstepping. But when Greg says he feels watched and frightened, Neil listens. He does not confront Greg's partner. With Greg's agreement, he helps Greg contact an elder abuse or family violence service from a safe phone, and they agree on a safer way to stay in touch.

Supporting recovery after neglect over time



Julie has lived next door to Tom for years. She works part-time at the local post office and knows how quickly concern can turn into gossip

in a small community. Tom can be blunt and grumbles about almost everything, but he has a dry sense of humour and loves pottering in his garden.

After Tom's nephew starts helping him following a fall, Julie sees less of Tom in the garden and notices he has stopped coming into the post office to pay bills or collect parcels. When she does see him at the front gate, he looks unwashed, seems weaker, and mentions he has missed appointments and run short of food and clean clothes.

When Tom says care is often left undone and that asking for help leads to arguments, Julie does not rush him. With his agreement, she helps him reconnect with health care, access private online counselling, and contact local care services so future support does not depend only on family.

Standing beside someone through advocacy and legal help



Terry has been friends with Pam for decades. They met through a local choir, although Pam always joked that Terry was better at carrying music

folders than carrying a tune.

When Pam is suddenly moved into residential aged care, Terry is alarmed. Pam has early-stage dementia but had still been making plans and saying clearly what she wanted. Terry learns that Pam's son, Darren, who holds Enduring Power of Attorney, has sold her house, taken control of her finances, and told staff to restrict visits from friends.

When Terry reaches Pam, she is distressed and isolated. He knows this cannot be dismissed as 'just the dementia'. With Pam's agreement, he helps her contact an independent aged care advocate and specialist elder abuse legal service. Terry keeps visiting as long as Pam wants him to, so she is not left alone in a process she did not choose.

“

Terry learns that Pam's son, Darren, has sold her house, taken control of her finances, and told staff to restrict visits from friends.

”



How other people like you are making a difference

Building everyday connection through Neighbours Every Day

Relationships Australia's **Neighbours Every Day** campaign encourages people to build respectful, supportive relationships with those around them. The campaign offers practical tools for creating connection throughout the year, with Neighbour Day providing an annual prompt for local action.

Neighbourly connection can help prevent abuse and mistreatment by reducing isolation. A neighbour who checks in, shares a conversation, invites someone to a local activity, or notices changes in routine can help an older person stay visible, included, and connected.

These everyday relationships can be especially important if someone is trying to isolate an older person from friends, family, services, or community. A simple, trusted connection outside the household can make it easier for concerns to be noticed and support to be offered early.

Resources and tools

Things to help you



1800ELDERHelp
(1800 353 374)

Advice and referral about abuse or mistreatment of older people in your state or territory.

Family Agreements Checklist

Helps people think through care, money, and living arrangements before problems develop.

Helping others to respond

Practical guidance for supporting an older person safely and respecting their wishes.

Neighbours Every Day

Tips and resources for building neighbourly connection and reducing social isolation.



NACCHO Elder Care Support Program

Helps Elders, families, and carers access and navigate culturally safe aged care.

Yarning about aged care and your rights

A conversation guide for talking respectfully with Elders about care, rights, and future planning.



Elder Abuse Prevention Brochures

Plain-language information in community languages about abuse, rights, and getting help.

Within My Walls

Short films in multiple languages showing abuse and mistreatment in family settings.



Mosaic App: LGBTQIA Aged Care

Information and tools to help LGBTQIA+ older people and supporters find inclusive aged care.





Respect, support, and boundaries with older loved ones

A conversation guide for family members

Supporting an older person can be an important part of family and community life. But support should still respect the older person's choices, limits and independence.

This guide can help you check your assumptions, talk more clearly about support, and notice when helping may be starting to turn into taking over.

1. Think through your assumptions

Before offering help, asking for support, or making plans, pause and ask yourself what you may be assuming.

For example:

- How much time do I assume they want to spend helping with grandchildren?
- How much money do I assume they need for their own expenses?
- How long do I assume they would be comfortable having someone stay with them?
- What do I assume they need help with?
- How easy would it be for them to say no to me?

2. Check your assumptions with the older person

Even with people we know well, we can get it wrong. Ask the older person what they want, rather than assuming.

If you believe an older person is at risk of harm or mistreatment ...

You can call 1800ELDERHelp on 1800 353 374 for free and confidential advice, information, and support.

If they, or you, need immediate assistance in an emergency or life threatening situation, call triple zero (000).

You might ask:

- 'Would you like me to come to the appointment with you?'
- 'Would you prefer to speak to the doctor yourself, or would you like me to help?'
- 'When would you like me to pay back the money you're lending me?'

If saying no seems hard for them, offer real choices. For example, instead of asking, 'Can I leave the children with you on Tuesday?', you could ask, 'Would you prefer I leave the children with you or with their aunt this Tuesday?'

3. Respect their right to decide

You may not always agree with the older person's choices. If you are genuinely worried about their safety, you can raise your concerns respectfully or seek advice.

But if the older person is able to make their own decisions, it is important to respect their right to choose what feels best for them, even if you disagree.

4. Notice your own emotions

Family support can bring up strong feelings, such as guilt, worry, protectiveness, frustration or stress. These feelings do not make you a bad person, but they can affect how you respond.

For example, feeling hurt may make it harder to hear 'no'. Financial pressure or stress may lead you to ask for more than the older person feels comfortable giving.

Taking time to notice your reactions can help you respond in ways that respect both you and the older person.

5. Remember boundaries can change

An arrangement that worked well before may not work now. An older person's health, finances, energy, social needs or support needs may change over time.

Regular conversations can help make sure support arrangements still feel fair, safe and manageable for everyone.

Signs you may be overstepping

Pause and check if:

- you assume the older person will say yes before asking
- health workers, services or others start talking to you instead of directly to them
- the older person seems withdrawn, hesitant or uncomfortable when you ask for something
- they are missing usual activities, friendships or routines because of what you need from them
- you feel hurt, frustrated or angry when they say no or set limits
- you keep asking after they have already given an answer
- you make decisions for them without involving them
- you use their money, bank card, home or belongings without clear permission
- you treat their time, money, home or support as something you can rely on by default.

When to get extra help

You do not have to navigate difficult family situations on your own. If the conversation feels overwhelming, unsafe, or difficult to resolve, these services may be able to help.

Resource	Telephone	Link
Carer Gateway	1800 422 737	carergateway.gov.au
Relationships Australia	1300 364 277	relationships.org.au
Compass		compass.info
Dementia Australia	1800 100 500	dementia.org.au
Gambling Help Online	1800 858 858	gamblinghelponline.org.au
Family Drug Support	1300 368 186	fds.org.au
National Debt Helpline	1800 007 007	ndh.org.au



SPOTLIGHT



Informal carers

Informal carers often have a close and trusted role in an older person's life. You may notice changes in their care needs, wellbeing, relationships, finances or living situation before anyone else does.

Caring can also be stressful, tiring and isolating, especially if too much rests on one person. When carers are overwhelmed or unsupported, care can become rushed, controlling, neglectful or harmful, even when that is not what anyone intended.

Getting help early is not a failure. It can help protect both you and the older person, and keep care safe, respectful and sustainable.

How to use this section

This spotlight section has 4 parts:

- **What you can do** – suggested actions
- **What it might look like for you** – practical examples

- **How other people like you are making a difference** – real examples
- **Things to help you** – tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

If you think an older person is in immediate danger or in an unsafe situation, call triple zero (000). You are not expected to investigate abuse, confront someone, or manage a serious situation alone.

In non-urgent situations, speak with an elder abuse, family violence, legal, health, or community support service about safe next steps.

Prevent harm before it starts

What you can do

Build your knowledge and skills as a carer

The support an older person needs may become more complex as their health, mobility, communication, memory or personal care needs change.

Seek information, training or advice about the older person's condition, care needs and available services. It can help to learn how harm happens in caring relationships, including through burnout, overprotection, financial pressure, isolation or taking over decisions without meaning to.

Set clear and fair boundaries

Be honest with the older person, and yourself, about what support you can provide and where extra help may be needed.

Talk about expectations early, including tasks, limits, expenses and what should happen if the arrangement stops working. Where possible, put important arrangements in writing.

Protect the older person's choices in everyday care

The older person should stay involved in decisions about their care, routines, money, relationships and daily life wherever possible.

Ask what they want, give them time to answer, and support them to do what they can for themselves. Try not to speak for them, rush them or take over because it feels quicker.

Plan for your own changing needs

Your ability to provide care may change over time because of your health, energy, work, finances, family responsibilities, housing or wellbeing.

Check in with yourself regularly. Think about what would happen if you became unwell, had a crisis, or could no longer provide the same level of care. A backup plan can help protect both you and the person you care for.

Notice risk early and respond

What you can do

Notice signs of burnout and seek support early

Burnout may show up as exhaustion, resentment, impatience, isolation, feeling trapped, or being worried about your own reactions. These are signs to seek support, not signs that you have failed.

Respite, counselling, carer support, peer groups, help from family or friends, or extra services for the older person can all help keep care safe and more sustainable.

Keep others appropriately involved

Try not to let care narrow down to only you. Where possible, keep trusted family, friends, neighbours, community members or services involved in ways the older person is comfortable with. This can reduce pressure on you and make sure the older person has more than one person checking in.

Respond early when care needs change

Care needs can change gradually or suddenly. The older person may need more help with mobility, memory, communication, medication, personal care, transport, meals, money or emotional support.

Do not wait for a crisis point. Talk with the older person and relevant services about what extra support may be needed, who could step in if you couldn't provide care, and what services could be brought in early.

Respond to harm and support recovery

What you can do

Do something if the caring arrangement is no longer safe

Warning signs might include missed care, rough handling, shouting, threats, controlling behaviour, financial pressure, leaving the older person without support, or making decisions without them.

It might also include times when you feel frightened of your own reactions or worried you may cause harm.

Seek advice early. A GP, carer support service, aged care service, disability service, elder abuse service, family violence service, counsellor or community organisation can help you find safer options.

Rebuild safety, trust, and boundaries after harm

If harm has happened, the priority is the older person's safety, dignity and choices.

Where safe and appropriate, supported conversations may help clarify what needs to change. This might include clearer roles, new boundaries, extra services, respite, changes to living arrangements, different money or care arrangements, or other safeguards.

You do not have to manage this alone. Getting support can help protect the older person and rebuild safer, more sustainable care.



What it might look like for you

Getting help before carer burnout affects daily care



Sana works part-time at a childcare centre and used to play netball with friends on Thursday nights. Since her mother, Farah, moved to

Australia to live with Sana and her family, those routines have slowly fallen away.

As Farah's mobility declines, Sana is juggling work, children, showering, transport, medication, meals, and appointments. In her community, family care feels natural, and Sana worries that formal support would look like failure. But she is starting to skip outings, rush routines, and make small decisions for Farah to save time.

Farah once loved cooking for big family gatherings and still insists on choosing the spices for her favourite dishes. Now, when Farah wants to help in the kitchen, Sana often says it is quicker if she does it herself.

At a GP appointment, the doctor talks plainly about carer burnout and safe care. Sana agrees to respite, help with showering and transport, and a family discussion about what she can realistically do alone.

Using independent interpreting to keep someone's voice heard



Kara works at the local school office and is the person friends call when something needs organising. Lately, she has been helping her parents more in their remote town. Her mother, June, is deaf, loves gardening,

and remembers everyone's birthdays. Her father, Trevor, used to fix things for neighbours, but is tiring under the demands of care.

Because Auslan interpreters are hard to access locally, Kara often drives June to appointments, explains letters, helps with banking and interprets in health settings.

At a bank appointment, she catches herself answering for June rather than interpreting. June has also become quieter.

Kara contacts a disability advocacy service and learns how to request independent or remote interpreting. She also speaks with a local Care Finder about extra in-home support, so June's voice stays central and care does not rest on family alone.

Seeking support when dementia changes sexual behaviour



Margaret has been best friends with Ron for more than 30 years. They met through a local theatre group, and Ron can still recite lines from old

productions when he is having a good day. As his dementia progresses, Margaret helps with appointments, medication, meals and changes in his memory and behaviour.

Lately, Ron has started making repeated sexual comments, ignoring Margaret's refusals and becoming agitated when she sets limits. Margaret feels unsettled in his home but tells herself it may be part of caring.

Her GP gives Margaret space to explain what is happening. The GP says dementia can affect impulse control and sexual behaviour in ways that create safety risks. With advice from dementia and health services, Margaret sets clearer boundaries, arranges extra in-home support, involves Ron's family, and plans what should happen if the behaviour escalates.



How other people like you are making a difference

Supporting carers early so care stays safe and sustainable

Dementia Support Australia's **Staying at Home** program shows how respite, education, and peer connection can help carers keep caring arrangements safe and sustainable.

Staying at Home is a free carer wellbeing and dementia respite program for carers of people living with dementia. It includes 2-night respite retreats, online webinars, and information sessions. The program helps carers take a break, connect with others, build confidence, and learn practical dementia care strategies. Topics include changed behaviours, respite planning, self-care, meaningful activity, accessing community supports, and planning for the future.

For informal carers, this kind of support can make a major difference. It can reduce isolation, give carers time to rest, and help them understand how care needs may change over time. It also introduces the person living with dementia to respite and tailored support, so care does not have to depend on one person alone.

When carers are supported early, they are less likely to become overwhelmed or burnt out. This helps protect the wellbeing of carers while supporting safer, more respectful, and more consistent care for the person living with dementia.

Resources and tools

Things to help you

Carer Gateway

- Looking after yourself
- Self-development

Support for unpaid carers, including counselling, respite, coaching, wellbeing tools and skill-building.

Carer stress and abuse

Helps carers recognise stress, burnout and pressure, and find support before things escalate.

Circles of Support manual – Resourcing Inclusive Communities

A guide to building a shared support network so care does not fall on one person.

Self-care for people caring for someone with dementia

Practical ideas for managing stress, asking for help and taking breaks while caring for someone with dementia.

The fine line: helpful or harmful care for older people

Helps carers recognise when well-intentioned support may start to affect an older person's rights, choices or dignity.



SPOTLIGHT



Community leaders

Community leaders and groups can shape how a community talks about older people, responds to concerns, challenges disrespect and creates opportunities for connection.

People may come to you because they know you, trust you, or feel safe talking with you. You may also notice when someone becomes more isolated, stops attending usual activities, seems worried, or is being spoken for or controlled by someone else.

Your role is not to investigate abuse or manage serious situations alone. But you can help keep people connected, take concerns seriously, and support people to find appropriate help.

How to use this section

This spotlight section has 4 parts:

- **What you can do** – suggested actions
- **What it might look like for you** – practical examples

- **How other people like you are making a difference** – real examples
- **Things to help you** – tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

If you think an older person is in immediate danger or in an unsafe situation, call triple zero (000). You are not expected to investigate abuse, confront someone, or manage a serious situation alone.

In non-urgent situations, speak with an elder abuse, family violence, legal, health, or community support service about safe next steps.

Prevent harm before it starts

What you can do

Make community settings welcoming and accessible

Look at the groups, gatherings and spaces you help run. Think about whether older people can take part easily, safely and comfortably. Consider transport, timing, cost, language, cultural safety, physical access, seating, sound, lighting, toilets, food, and whether people feel known and welcomed.

Build genuine intergenerational relationships

Create regular opportunities for older and younger people to spend time together through shared interests, practical tasks, cultural activities, volunteering, sport, faith, food, storytelling or community projects.

Design these activities so older people are not treated only as people who need help. They should be able to take part as peers, contributors, knowledge-holders, leaders and valued community members.

Use familiar stories to make concerns easier to recognise and discuss

People may not recognise abuse or mistreatment when it is described as 'family business' or 'just the way things are'. Use stories, examples and language that feel familiar in your community to show what mistreatment can look like, including financial pressure, isolation, disrespect, coercion, control or being pushed out of decisions.

Frame speaking up as an act of care, not disloyalty. Connect help-seeking with respect, safety, dignity, kinship, family responsibility and looking after one another.

Set clear expectations about respect and inclusion

Use your influence to model how older people should be treated. Speak respectfully about older people. Challenge harmful jokes, ageist comments, exclusion, or attitudes that minimise pressure, control or exploitation. Make it clear that isolating, intimidating, humiliating or taking advantage of an older person is not acceptable.

Notice risk early and respond

What you can do

Notice changes early and follow up

Pay attention to changes in people you see regularly. Someone may stop attending usual activities, become quieter, seem anxious, appear cut off from others, or have someone else answering for them or controlling their contact.

If something seems off, follow up gently. Do not assume it is none of your business, but do not jump to conclusions either. A simple check-in can help keep the door open.

Create low-pressure chances to talk privately

Look for a calm, private opportunity to speak with the older person directly. You do not need to force a disclosure or solve everything at once. Ask how they are going, whether anything has changed, or whether they would like support with something. If they share a concern, listen carefully and help them think about safe next steps, including whether they want support to contact a service.

Respond to harm and support recovery

What you can do

Stay connected and keep including the older person

After abuse or mistreatment, an older person may feel ashamed, isolated, frightened or unsure who to trust. Keep reaching out respectfully. Continue inviting them to community activities, checking in, and making space for them to participate at their own pace. Staying connected can help reduce isolation and support recovery.

Help connect the person with support

Your role is not to investigate abuse or manage the situation alone. But you can help the older person find support if they want it.

This might include an elder abuse service, family violence service, legal service, health service, Aboriginal Community Controlled Organisation, multicultural service, LGBTIQA+ service, disability advocate, aged care advocate or counselling service.

Offer help as an invitation: 'Would you like help finding someone to talk to?' or 'Would it help if I sat with you while you called?' Keep the older person's safety, privacy and choices at the centre.

What it might look like for you

Strengthening respect and understanding through Elder and youth gatherings



Aunty Marlene is a Kaurna Elder in a regional community on the Adelaide Plains. She has noticed young people have fewer chances to spend

time with Elders, hear and speak Language, and learn directly about respect, kinship, care, obligations and responsibility.

She worries that when generations become disconnected, Elders, seniors and older people can start to be seen as a burden rather than as knowledge-holders and leaders.

With the local Aboriginal Community Controlled Organisation and schools, Aunty Marlene helps organise regular gatherings on Country. Young people prepare food, listen to stories, learn words in Language, and hear from Elders about culture and respectful support.

The gatherings give Elders a regular place to be seen, heard and connected, and help young people learn that respect means listening, patience, inclusion and care, not taking over.

Young people prepare food, listen to stories, learn words in Language and hear from Elders about culture and respectful support.

Noticing when someone is being kept away



Mrs Le has been part of a Vietnamese seniors group in Melbourne's north for years. She is usually early, helping set up tea and welcome

new members. Lately, she has stopped attending. When she returns, her daughter, Trang, stays beside her, answers for her, and says Mrs Le is 'too tired' to join activities.

Huong, the group coordinator, notices Mrs Le seems quieter and looks to Trang before answering. She does not want to embarrass Mrs Le or confront Trang in front of others.

A few days later, Huong calls to say the group has missed her and offers to drop off the program calendar. During the visit, she gently asks whether Mrs Le still feels able to attend when she wants. Huong does not push. She offers translated support information, says Mrs Le can speak privately any time, and keeps inviting her back.

Keeping the Shed a safe place to return to



Phil has attended the local Men's Shed for years. He likes fixing old furniture, making strong tea, and giving blunt but useful advice about everyone

else's projects. The Shed is one of the few places where he feels relaxed.

After Phil's adult son, Dean, moves back home, the Shed coordinator, Russell, notices a change. Phil misses sessions, looks exhausted, and leaves early when his phone rings. One day, Phil says Dean has been drinking heavily and things at home are 'not always good'.

Russell knows his role is not to investigate or confront Dean. In a quiet moment, he asks whether Phil feels safe going home and whether he wants help talking through options. With Phil's agreement, Russell helps him call an elder abuse helpline from the Shed office and makes clear the Shed is still a safe place to attend.





How other people like you are making a difference

Bringing Elders and young people together

The Aged Rights Advocacy Service hosts annual Intergenerational Elders and Youth Gatherings in regional South Australia, led through its specialist Aboriginal Advocacy work.

The gatherings bring First Nations Elders and young people together to share stories, culture, knowledge, and guidance. They are designed to strengthen respect for Elders, build trusted relationships, and create space for respectful conversations about Elder abuse and safety.

This kind of intergenerational work responds to ageism, invisibility, weak community understanding, and disconnection between generations. It helps younger people hear directly from Elders, understand their role in community, and learn what respectful care, support, and connection can look like.

Resources and tools

Things to help you

Australian Human Rights Commission Community resources

Posters, bookmarks and social media tiles in 20 languages about signs of abuse and where to get help.

Community education resource kit for elder abuse prevention

A practical kit to help community leaders run culturally responsive conversations about older people's rights, warning signs and where to get help.

Elder Abuse Educator Training

Free training for bilingual community educators and leaders on running culturally safe information sessions.

Lunch & Learn sessions

Free education sessions about abuse and mistreatment of older people, hosted by Elder Abuse Action Australia.

Preparing your community for their future

A guide to help community leaders start conversations about ageing, decision-making and future planning.

Respect Older People: Call It Out

Campaign materials to help communities challenge ageism, sexism and disrespect toward older people.

Within My Walls

Short films in multiple languages showing abuse and mistreatment in family settings.

Active bystanding against ageism ladder

This ladder shows different ways people can respond to ageism, from small everyday actions through to more direct responses. Choose the action that feels safest, most appropriate, and most achievable in the moment.

REPORT

Report the behaviour

I'd like to raise this formally because everyone deserves to be treated with dignity and respect.

- Support an older person to make a complaint or raise concerns with management, a service provider, or the relevant complaints body.
- Share details accurately and respect the older person's wishes and privacy.

CALL OUT

Call out the behaviour

- If someone is intentionally ageist, calmly disagree in the moment.
- Challenge the behaviour privately or publicly, depending on the situation.
- Focus on challenging stereotypes, not attacking the person.

I know you're trying to help, but shouldn't we be able to choose for ourselves, no matter our age?

Call in and educate

What do you mean, a 'seniors' moment? Everyone forgets things.

- If harm was not intended, compassionately point out past ageist behaviour.
- Gently question assumptions and ask what they meant.
- Explain why age-based assumptions can be harmful.

CHECK IN

Check in with the older person

- Ask if they are okay and validate their experience.
- Offer to help them raise concerns or access information.

I noticed they kept talking over you in there. Would you like help following that up or making a complaint?

DIFFUSE

Make a light-hearted comment to interrupt the situation

Are we assuming Stefanos can't do it just because he's had more birthdays?

- Use humour or a gentle question to interrupt the behaviour without starting an argument.
- Show that you do not agree with the age-based assumption.

Leave a pointed silence and redirect the conversation

- Show you are uncomfortable by pausing briefly and moving the conversation on.

Looking out for mates as we get older

A conversation guide for Men's Sheds

Instructions for Shed president or facilitator

Purpose: This script is designed to start a casual, low-pressure conversation about the abuse and mistreatment of older people. It uses a 'someone else' approach, discussing the issue through fictional examples and stories about other people rather than asking participants to talk about their own experiences directly. This can help reduce feelings of blame or defensiveness and make it easier for people to engage with a sensitive topic.

Delivery: Read aloud during a 'down tools' morning tea, at lunchtime or during a regular team discussion or announcement. Keep it conversational; there's no need to read it word-for-word.

Choose a quiet space where everyone can hear clearly and feel comfortable asking questions or joining the discussion. Some sheds may include female members. This script includes language and examples written with a primarily male audience in mind, so please tailor the content to suit your local shed and audience.

Preparation: You may want to do some preliminary reading about this topic before you run the session. This is a good website: <https://www.compass.info/elder-abuse/>. If someone approaches you after the chat, be ready to listen without judgement and point them to the support options at the end, which you can print out or share a web link to:

- Helping me respond (<https://www.compass.info/elder-abuse/responding/helping-me-respond/>)
- Helping others to respond (<https://www.compass.info/elder-abuse/responding/helping-others-to-respond/>)



Start reading aloud here

Righto fellas, tools down and grab a cuppa for a minute. I just want to have a quick yarn with you all about a pretty serious topic today: elder abuse, or the mistreatment of older people.

Now, I know what you might be thinking, that it only happens to other people, or you only hear about it on the news. But the reality is, it affects 1 in 6 older Australians. That's nearly 15% of older people living in the community.

And when we say 'abuse', it's not just black eyes and physical violence. There are actually 6 main types of mistreatment going around:

- physical
- psychological or emotional
- financial
- sexual
- neglect
- cultural or spiritual.

We do a lot of good work in this shed, but one of the best things we do is look out for our mates. We all know that as we get older, life can throw some curve balls. Health changes, retirement, and sometimes, family dynamics can get really bloody complicated.

Sometimes, blokes are doing it tough at home and keeping it to themselves. It might not be happening to you, but chances are, you know a mate, a neighbour, or a relative who is going through a rough patch with how they're being treated by their own family. Sometimes they might even be causing the abuse themselves, without even realising they are doing it.

I'm going to run through 3 quick scenarios about some blokes who are doing it tough. Have a listen and just shout out what you reckon is going wrong in each one.

Scenario 1: Dave's wallet

Let's call this bloke Dave. Dave's adult son moved back in a while ago after a tough break-up. At first, it was just temporary. But the son isn't paying a cent for board, and he gets a really nasty temper when Dave asks him to chip in. Recently, the son offered to 'help out' by taking over the finances. He switched the bank statements and bills to email so Dave can't see them anymore.

Yesterday, Dave got a call from the energy provider saying his account is thousands of dollars in arrears and they are about to disconnect his electricity. Turns out, the son has been draining Dave's pension the second it hits the account. Dave has been left with absolutely zero cash, he's literally surviving on tea and biscuits and sitting in the dark because he can't afford to run the heater. But Dave doesn't want to see his own flesh and blood end up on the street or with a criminal record, so he just keeps quiet and takes it.

(Pause and ask the room): What do you reckon is going on here?

(Wait for answers, then say): Yeah, spot on/that's close. This is financial abuse. Just because it's family doesn't mean it's not theft.

“

Dave has been left with absolutely zero cash, he's literally surviving on tea and biscuits and sitting in the dark because he can't afford to run the heater.

”

Scenario 2: Mick's burnout

Next up is Mick. Mick's wife has dementia and her care needs have gone through the roof. Mick's doing it all on his own, 24/7. He hasn't been down to the shed or seen his mates in months.

He's completely exhausted, not sleeping, and his patience is shot. Lately, he's been losing his temper and yelling at her. The other day, he was so burnt out he forgot to give her her medication and skipped showering her because it was just too hard to manage. Sometimes he locks her in her bedroom at night so he can get a good night's sleep.

(Pause and ask the room): What's the main issue here?

(Wait for answers, then say): Exactly/that's close. This is severe carer burnout leading to neglect. Mick isn't a bad bloke, but he's overwhelmed, and now his wife isn't getting the safe care she needs.

Scenario 3: Bruce's grandkids

Lastly, there's Bruce. Bruce's daughter and son-in-law live not too far away. He used to see the grandkids all the time, school pick-ups, weekends, the lot. That time with them means everything to him. But lately, things have shifted.

They've started treating him like he's a burden. Whenever Bruce tries to give advice or speak up, his daughter snaps at him, tells him he's 'losing his marbles', and should just stay out of it. They've also started controlling when, and if, he gets to see the grandkids. Visits get cancelled last minute or only happen if Bruce 'behaves' and keeps his mouth shut.

The absolute kicker is the pressure: whenever Bruce stands up for himself or pushes back on anything, the son-in-law threatens to cut him off completely and stop him seeing the grandkids altogether. Bruce now finds himself walking on eggshells, biting his tongue, and going along with things he's not comfortable with, just to stay in their lives.

(Pause and ask the room): What's happening to Bruce?

(Wait for answers, then say): Yeah, spot on/that's close. It's emotional and psychological abuse, and what they call coercive control. They're using his love for his grandkids to control him and keep him quiet.

Why it's tough to speak up

Thanks for having a crack at those, gents. Like I said at the start, mistreatment is about control, money, disrespect, and carer burnout just as much as anything physical.

A lot of blokes don't speak up because:

- they don't want to dob in family
- they feel embarrassed
- they're worried they might lose their independence, or
- they reckon no one can really help.

If any of those stories sound like a mate of yours, or even if it's something happening in your own home, you don't have to just cop it. You don't have to navigate it alone, and getting help doesn't automatically mean calling the cops and locking up your kids. There are people who can help untangle the mess, offer mediation, or get you some respite if you're burning out.

Four steps you can take

If you or a mate need a hand, here are a few things you can do.

1. Notice the signs

Get a feel for what's going on. If something seems off, changes in behaviour, money issues, someone looking anxious or run down, trust your gut. You can gently ask things like: 'Are you alright?', 'Do you feel safe at home?' You don't need to have all the answers, just noticing is a good start.

2. Listen and back them

If they open up, give them time to talk. Stay calm, don't judge, and don't rush to fix it. Just let them know you've got their back. Don't make promises you can't keep but do let them know they're not alone.

3. Think about safety

If you reckon someone might be in danger, safety comes first. If it's urgent or things are getting physical, call 000. Otherwise, help them think about small steps that might make them feel a bit safer.

4. Help them connect to support

You don't have to handle it on your own. Anyone can call 1800ELDERHelp (1800 353 374). It's free and confidential, and they can offer advice or connect you with the right local service. You can call for advice yourself or encourage the person to call if they feel comfortable. Sometimes just knowing what options exist can make it a bit easier to take the next step.

If money or legal stuff is part of it, it's worth getting some proper advice. There may be options, like changing who helps manage decisions, sorting out property issues, or making changes with the bank.

Mediation or advocacy can also help, especially for complicated family situations.

If your mate is unsure, you can say: 'I can share a few resources with you if you're interested, just to see what kind of support's out there.'

Watch out for ...

A couple of things to keep in mind if a mate opens up:

- Don't go marching in and confronting their family, that can make things worse.
- Don't try to fix everything yourself.
- Don't push them into doing something they're not ready for.

Best thing you can do is listen, back them, and help them take the next step when they're ready. It's their call what they do next, the goal is just to make sure they've got options and support. And if they brush it off the first time, don't worry, just check in again another day.

I'll leave a few flyers with those numbers on the notice board and next to the kettle. Look out for yourselves and look out for your mates. Alright, grab a biscuit and back to it.

"If your mate is unsure, you can say: 'I can share a few resources with you if you're interested, just to see what kind of support's out there.'"

Frontline workers and service providers

Frontline workers and service providers may see or hear things that others miss: changes in health, care, money, housing, decision-making, service access, family relationships, or how one person speaks for another.

You may work directly with older people, and you may also work with family members, carers, support workers or others whose behaviour may be placing an older person at risk.

Your role is to notice, respond within your professional responsibilities, and use the right support, escalation or referral pathways. You are not expected to manage complex or unsafe situations alone.

How to use this section

This section is organised around 3 stages:

1. **Prevent harm before it starts**
2. **Notice risk early and respond**
3. **Respond after harm has happened and support recovery.**

For each stage, you will find:

- **What you can do** – suggested actions
- **What it might look like for you** – practical examples.

Then you will find:

- **How other people like you are making a difference** – real examples
- **Things to help you** – tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

If you believe an older person is in immediate danger, or there is an urgent risk to their safety or someone else's safety, follow your organisation's emergency and escalation procedures straight away. This may include calling triple zero (000) and meeting any legal or professional reporting obligations that apply to your role. Do not try to manage the situation alone.

In non-urgent situations, seek guidance from a supervisor, safeguarding lead, specialist elder abuse service, family violence service, legal service, or other appropriate pathway.



Prevent harm before it starts

What you can do

Use key life or service transition points to start preventive conversations

Treat moments like entering care, hospital discharge, bereavement, diagnosis, changes in mobility, new financial arrangements, or increased care needs as prompts for early conversations about rights, preferences, support, and safety.

Where relevant, reinforce these same expectations with family members and carers so support does not slide into control, pressure, or exclusion.

Talk about rights, choices, and respectful support in routine interactions

Do not wait until something goes wrong. Use routine conversations to talk with older people about their preferences, their right to make decisions, what respectful support looks like, and where to get help if something does not feel right.

Use culturally safe and inclusive practice in every conversation

Approach conversations about respect, decision-making, money, care, and family roles with warmth, cultural humility, and openness.

Recognise that people may have different values, relationships, obligations, and ways of communicating. Use approaches that make it safer for older people, family members, and carers to discuss concerns without shame, blame, or assumptions.

Create opportunities for people to speak privately about concerns

Build routine opportunities for older people to speak privately, without family members, carers, or others always being present.

Where relevant, also make space for family members, carers, or others involved in care to speak separately about stress, conflict, or worries they may not feel able to raise in front of the older person.

Slow down major decisions and revisit consent

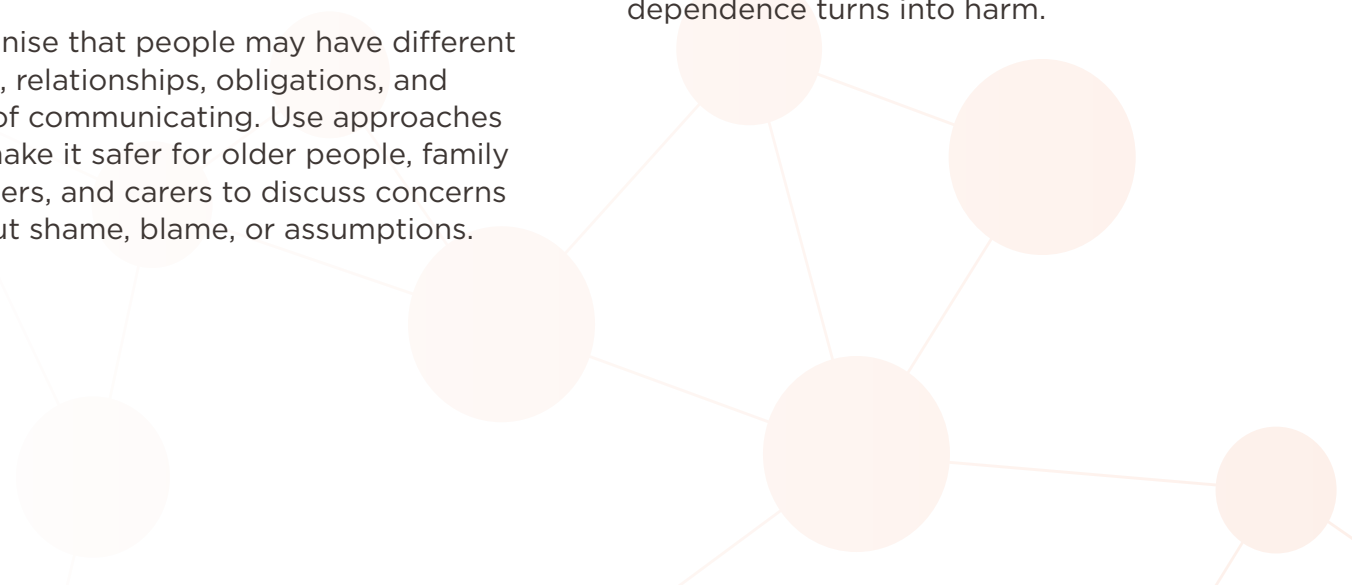
Build in pauses, follow-up conversations, or opportunities to revisit consent when important decisions are being made about care, living arrangements, finances, or authority.

Where relevant, use these moments to check whether stress, dependence, or pressure from others may be influencing the decision.

Include family members and carers in ways that support the older person's autonomy

Engage family members and carers constructively but do so in a way that does not sideline the older person or assume the family's interests are always aligned with theirs.

Where support people are under strain or facing competing pressures, acknowledge this early and, where appropriate, connect them with support before stress or dependence turns into harm.



Provide clear, relatable examples of what abuse and mistreatment look like

Many older people do not describe their experiences as abuse. They may see what is happening as normal family conflict, stress, duty, obligation, or 'just the way things are'.

Use clear, culturally relevant examples of behaviours that cross a line. These examples can also help family members and carers understand the difference between support, stress, conflict, and harmful behaviour.

Support carers, family members, and others under strain to seek help early

Use routine service contact to ask about stress, role pressure, money worries, housing instability, conflict, or worries about coping.

Where appropriate, offer early, non-shaming pathways to support so people can get help before stress, resentment, dependence, or fear about their own behaviour turns into harm.

What it might look like for you

The examples below are grouped by professional setting. You can read the ones most relevant to your role or look across settings for ideas that may apply to your work.

Banking and finance

Slowing down family financial help before risk is locked in



Natalie works in customer service at a bank branch. She meets Mei, an older woman who recently arrived in Australia on an Assurance of Support visa

and lives with her son, Victor. Mei was a keen mahjong player before moving and is looking for a local group.

Victor answers most questions for Mei and asks for online banking, electronic-only statements and access linked to his own email. He says he is just making things easier. Natalie notices Mei has little chance to speak and does not seem to understand what Victor is doing.

Natalie pauses the changes as part of ordinary banking practice. She arranges an independent interpreter, explains each option clearly, checks what Mei wants, and avoids doing things that would leave Victor managing Mei's banking for her.



Primary health, hospital, and allied health

Planning discharge around connection to Country



Nathan is an Aboriginal Hospital Liaison Officer at a metropolitan hospital. He is supporting Aunty Lorraine, an Aboriginal Elder from a remote Kimberley community, who has been far from home for several weeks receiving cancer treatment. She is tired of hospital routines and misses familiar voices, family news and people who know her properly.

As discharge planning begins, some staff see city-based residential aged care as the simplest option. Nathan knows this may seem practical, but it does not reflect what matters most to Aunty Lorraine: returning to Country, staying linked in connected to community, and recovering where she feels known, safe, and culturally connected.

Nathan brings her wishes back to the centre. He speaks with Aunty Lorraine, involves her niece Kirra in a way that respects Aunty Lorraine's voice, and works with the team to explore safe options and cultural supports on Country.

Aged care

Making staff support part of safe care



Tessa is a senior nurse in a residential aged care facility. She supports Alan, a retired school crossing supervisor who lives with dementia and sometimes becomes distressed during personal care. Alan responds best when staff greet him calmly and explain each step before touching him.

Tessa notices Moira, a newer care worker, is finding Alan's care difficult. Moira calls him 'impossible', seems tense before entering his room, and swaps tasks when his care is due. Tessa knows unsupported worker stress can become a risk to residents.

Rather than waiting for an incident, Tessa checks in with Moira and makes clear that asking for support early is part of safe care. She also reviews Alan's care plan with the team so personal care can be calmer, safer and more consistent.

Community and social services

Building everyday connection before concerns arise



Amelia is a community development worker in a social housing complex. She notices several older residents rarely use the shared spaces. Gordon, who lives alone, keeps to himself and has stopped coming to tenant meetings.

Amelia wants residents to know where to get help with money, family pressure, housing or planning ahead, but knows a formal session about 'elder abuse' is unlikely to draw people in.

She organises a low-key BBQ in the common area, with food, conversation and practical information about staying safe and independent at home. Gordon starts talking with Val and Mick, neighbours he barely knew, and they discover a shared love of *Hard Quiz*. The conversation is informal, but it begins to build trust, connection and a familiar pathway to support.

Rather than waiting for an incident, Tessa checks in with Moira and makes clear that asking for support early is part of safe care.

Legal and justice

Using legal forms to reflect kinship and cultural authority



Warren is a lawyer with Aboriginal Legal Service (NSW/ACT). He is working with Aunty Miriam, an Aboriginal Elder from Newcastle who wants to

put her future planning in order while she is well. She has come in to make an Advance Care Directive and an Enduring Power of Attorney, alongside other legal issues that have started to surface around family property, a car sale, and money owed to her.

Across more than one appointment, Warren learns that the standard legal approach does not fit neatly with the people Aunty Miriam trusts. The younger relative she wants involved, Tane, is not a biological child but has long held important responsibilities within her kinship network. She also wants Uncle Noel, a respected community leader, recognised if major decisions need to be made.

Rather than treating the forms as fixed templates, Warren uses them to Aunty Miriam's advantage. Warren takes time to understand Aunty Miriam's world and records her wishes clearly and lawfully, reducing the risk that default decision-makers later sideline her kinship connections, cultural obligations or instructions.

Notice risk early and respond

What you can do

Notice and document early signs of risk

Pay attention to changes in behaviour, communication, decision-making, access to money or services, family dynamics, or who is allowed to speak.

Notice when a person appears fearful, overwhelmed, overly dependent, controlling, desperate, or worried about their own behaviour. Where concerns arise, record observed behaviours, statements, and contextual changes clearly and factually so they can be tracked and acted on appropriately.

Check in privately and ask about concerns

When warning signs are present, create opportunities to speak with the relevant person privately and without pressure. Ask gentle, direct, non-leading questions rather than waiting for certainty or hoping the issue resolves itself.

Explore the person's wishes, concerns, and sense of safety

Before taking next steps, seek to understand what the person wants, what they are worried about, and what support feels safe and acceptable to them.

Where the person is not the older person, consider how their needs, choices, and behaviour may be affecting the older person's safety and autonomy.

Seek advice early when concerns are unclear

Where warning signs are present but the situation is uncertain, or where you are unsure what is within your role, discuss the concern promptly through appropriate professional channels.

Do not carry the uncertainty alone. Seek guidance from a supervisor, safeguarding lead, senior colleague, specialist service, or other appropriate pathway.

Pause when access, communication, or decisions seem controlled

When someone appears to be filtering contact, speaking for another person, or influencing important decisions in ways that raise concern, do not proceed as though everything is routine.

Take appropriate steps within your role to hear directly from the relevant person, clarify their wishes, and seek guidance where needed.

Connect the person to support in a practical way

When concerns first emerge, explain relevant supports, advocacy, complaints pathways, and next steps in plain language.

Where extra help is needed, make warm referrals or supported connections rather than leaving the person to navigate the system alone. Where the person's stress, dependence, or concern about their own behaviour may increase risk to an older person, connect them to appropriate support early.

Seek support for yourself too

Responding to possible abuse or mistreatment can be difficult, especially when the situation is unclear, emotionally charged, or involves family, culture, trauma, disability, dependence, or fear.

Use supervision, debriefing, peer support, employee assistance programs, or other professional supports where available. Looking after your own wellbeing can help you stay grounded, act within your role, and respond safely and respectfully.

What it might look like for you

The examples below are grouped by professional setting. You can read the ones most relevant to your role or look across settings for ideas that may apply to your work.

Banking and finance



Kavya works in the fraud and compliance team at a superannuation fund. She is reviewing high-value withdrawal and rollover

requests linked to the same financial adviser. One belongs to Bill, who is nearing retirement and wants to move a large part of his super into an urgent online investment promising high returns through crypto and other assets.

Bill's explanation is vague and repetitive. He seems more confident repeating the adviser's promises than explaining the investment, where the money will go, or what protections he may lose.

Kavya documents the concerns, pauses the transfer, and contacts Bill directly. She explains the risks in clear language and checks what he understands. Bill remains unsure, so Kavya escalates the matter through the fund's vulnerable member process before any money leaves the account.

Primary health, hospital, and allied health

Keeping disability and decision-making capacity separate



Dr Aisha is a GP. She is seeing Rob, an older man with motor neurone disease who now needs significant support with mobility, communication and personal care. Rob used to restore old radios. He still likes explaining how each part works, when he has the energy.

Rob's daughter, Alice, comes to the appointment and says Rob can no longer make decisions for himself. She asks Dr Aisha to write a letter supporting permanent residential aged care, saying the situation at home is too hard.

Dr Aisha can see Alice is under pressure, but she also sees that Rob can understand information, express preferences and take part in decisions when given time and support. She speaks with Rob directly, documents his decision-making abilities, and helps the family explore care options guided by Rob's wishes, not assumptions about his physical disability.

Aged care

Calling out a privacy breach before it escalates



Lachlan is a residential aged care worker on night shift. While checking on residents, he sees his colleague, Ryan, using a personal phone near

Elsie's room. Elsie is asleep. Ryan laughs and shows Lachlan a photo he has taken of her in bed, making a derogatory comment about how she looks and saying other staff would 'get a laugh out of it'.

Lachlan knows this is not harmless. Elsie has not consented, she is in a private and vulnerable situation, and night shift has fewer staff and less supervision.

Lachlan acts immediately. He tells Ryan to stop, makes sure the image is not shared, documents what he saw, and reports the incident through the facility's process. He also seeks support from his manager, recognising that challenging a colleague can be difficult.



Community and social services

Checking in privately when money pressure becomes visible



Tyson works at an Aboriginal Community Controlled art centre in a remote NSW community. He has known Mervyn for years. Mervyn is an older Aboriginal artist whose paintings are sold in metropolitan galleries, but lately he seems tired and confused when he comes in.

After each payment from a gallery sale, Mervyn asks Tyson to help him get cash straight away. His grandson, Corey, often waits nearby, and once tried to answer for him. Tyson knows repeated requests for money may be humbugging, but he also understands he needs to respond carefully and respectfully.

Tyson finds a private moment to check in with Mervyn. He asks whether the money is for Mervyn's own needs, talks through safer options – such as smaller withdrawals or regular payments for essentials – and asks whether Mervyn would like support from a trusted Aboriginal Community Controlled Organisation or financial counsellor.

Legal and justice

Listening carefully when dementia is used to dismiss concern



Owen is a community lawyer. He is contacted by Harold, a retired mechanic who still loves tinkering with engines in his shed. Harold lives with fluctuating dementia and says he is worried money is going missing from his account.

Harold sounds clear and distressed, but when Owen follows up, Harold's daughter, Nicole, intercepts the contact. She says there is no issue and that Harold is confused and making accusations he does not understand.

Owen knows cognitive decline can lead people to dismiss real concerns too quickly. Rather than closing the matter, he works with Mara, the legal service's in-house social worker, to find a safe way to speak with Harold directly. They start gathering early information, including bank records, and use a capacity-sensitive approach so Harold's concern is taken seriously and the situation can be understood.

Respond to harm and support recovery

What you can do

Respond supportively when abuse or mistreatment is disclosed or identified

Take disclosures and confirmed concerns seriously. Listen calmly, validate the person's experience, and avoid minimising, blaming, or taking over. How you respond in the first conversation can affect whether the person feels safe to seek further support.

Prioritise immediate safety and reduce the risk of further harm

Where abuse, mistreatment, or serious risk is present, consider what needs to happen now to stabilise the situation, reduce danger, and prevent escalation. Follow your organisation's emergency, safeguarding, or escalation procedures where needed.

Clarify the person's wishes, choices, and priorities

Before taking next steps, seek to understand what the person wants to happen, what feels safe, and what outcomes matter most to them. Where the person is not the older person, consider how their needs, choices, and behaviour are affecting the older person's safety and recovery.

Take appropriate action within your role and seek support where needed

Follow the professional, organisational, or legal steps relevant to your role. Involve supervisors, safeguarding leads, specialist services, or other practitioners rather than trying to manage the whole situation alone. Stay within your role while making sure the concern is not ignored or passed over.

Connect people to coordinated support in a practical way

Help the person or people access the supports they need to address the abuse and its impacts. This may include advocacy, legal help, health care, counselling, financial support, housing, respite, safeguarding, family violence support, disability advocacy, aged care advocacy, or culturally specific services. Where possible, make warm referrals or supported connections rather than leaving people to navigate complex systems alone.

Support recovery and reduce the risk of recurrence

The immediate response is only one part of recovery. Support rebuilding, stability, and longer-term safety. Stay alert to patterns that could lead to further harm, and help put safeguards in place so the same situation is less likely to happen again.

Seek support for yourself

Responding to abuse or mistreatment can be emotionally difficult, especially when the situation involves trauma, family conflict, serious risk, grief, cultural complexity, or uncertainty about what to do. Use supervision, debriefing, peer support, employee assistance programs, or other professional supports where available. Looking after your own wellbeing can help you respond safely, respectfully, and within your role.

What it might look like for you

The examples below are grouped by professional setting. You can read the ones most relevant to your role or look across settings for ideas that may apply to your work.

Banking and finance

Uncovering coerced debt behind financial hardship



Omar is a financial counsellor. He meets Judith, an older woman who has fallen behind on repayments for a \$90,000 loan on a high-performance

sports car. Judith runs the raffle table at her local club and feels ashamed that anyone might think she is careless with money.

At first, it looks like a hardship matter. But over several appointments, Omar notices Judith does not drive the car, seems unclear about the loan, and becomes anxious when her son, Jason, is mentioned. Gradually, it becomes clear Jason pressured her to take out the loan, because he had poor credit, then stopped making repayments.

Omar helps Judith document what happened, then negotiate hardship support and a managed repossession that considers her safety. He also explores account protections, credit file safeguards, and legal and other support.

Gradually, it becomes clear Jason pressured her to take out the loan, because he had poor credit, then stopped making repayments.

Primary health, hospitals, and aged care

Protecting dignity and safety in end-of-life care



Lucas is a palliative care social worker. He is supporting Helen, an older lesbian woman receiving end-of-life care in hospital. Helen's partner, Ros, has been by her side throughout. They travelled together when they were younger and lately have been remembering their trips to Turkey and Greece.

Helen's estranged sister, Elaine, and brother-in-law, Graham, have started visiting more often. After these visits, Helen becomes tense and withdrawn. Ros tells Lucas they have been pressuring Helen to repent for her sexuality and make religious statements she does not want to make.

Lucas recognises this as spiritual abuse, not just family disagreement. He speaks with Helen about who she feels safe having near her, puts visitor boundaries in place, and ensures Ros is recognised and included in line with Helen's wishes.

Aged care

Taking a sexual assault disclosure seriously



Harriet is the clinical lead in a residential aged care facility. One resident, Nola, used to work as a florist and loves fresh flowers in her room.

Another resident, Frank, has visited before to admire them, and staff have seen the visits as friendly.

One morning, Nola tells a nurse that Frank came into her room and sexually assaulted her. Some staff are unsure what to do. Nola's memory can fluctuate, and one person suggests moving her 'for her own safety'.

Harriet knows Nola's disclosure must not be dismissed or treated as a behaviour management issue. She makes sure Nola receives compassionate, trauma-informed care, documents the disclosure and reports through the required serious incident processes. The aged care facility manages the risk posed by Frank rather than placing the burden on Nola to move.



Community and social services

Balancing support needs with the older person's safety



Julian is a mental health social worker. He supports Melissa, a woman with severe mental ill health and a hoarding disorder, who lives with her 83-year-

old mother, Doreen. Doreen used to make ceramics at the neighbourhood arts centre, but her pottery wheel is now pushed into the shed because the house is so crowded.

Over time, Julian realises Melissa is not only struggling herself. She is threatening Doreen, turning away support workers, and making the home feel unsafe. Doreen wants the abuse to stop but does not want her daughter criminalised or homeless.

Julian does not try to support both women alone. He uses supervision to clarify his role, keeps working with Melissa on the issues contributing to risk, and ensures Doreen is offered separate elder abuse or family violence support in her own right.

Doreen is not ready to cut ties with Melissa, and the situation will not be resolved quickly. Julian helps make sure Doreen is not left to manage the threats, unsafe living conditions, and blocked support on her own. At the same time, Melissa gets support for her own needs, without Doreen being expected to absorb the harm.

Legal and justice

Recognising family violence behind a housing dispute



Rebekah is a specialist elder abuse lawyer supporting Irene whose adult son, Blake, has moved into her home and become abusive and controlling.

Irene is proud, sharp-tongued, and quick to tell services she does not want strangers 'poking around'. She loves Blake, but their relationship has always been difficult.

When Blake had nowhere stable to stay, Irene let him move in temporarily. Now he refuses to leave, yells at her, takes over parts of the house, and makes her feel unsafe. Irene has been told it is a civil matter because Blake lives there too.

Rebekah knows tenancy pathways may not be enough. She helps Irene explore a family violence or protection order that could require Blake to leave. Selina, a social worker, supports Irene through the guilt, grief and fear of taking legal action against her son. Together, they help Irene begin rebuilding safety, control and confidence in her own home, at a pace she can manage.

Selina, a social worker, supports Irene through the guilt, grief and fear of taking legal action against her son.



How other people like you are making a difference

Linking health, legal, housing, and community support

The Eastern Community Legal Centre and Eastern Health's Engaging and Living Safely and Autonomously (ELSA) Health Justice Partnership shows how a 'no wrong door' approach can connect older people with coordinated support.

ELSA embeds legal and financial counselling help within Eastern Health services. This means an older person who discloses harm, shows signs of distress, or raises concerns in a trusted health setting can be linked directly with specialist support, rather than being left to find separate services on their own.

The model uses co-case management, bringing together health workers, a community lawyer, a financial counsellor, and social work advocacy where needed. This integrated pathway can help older people address connected issues such as misuse of Powers of Attorney, family violence, debts, housing insecurity, financial pressure, and access to welfare.

By bringing support together around the older person, ELSA helps reduce service fragmentation, preserve autonomy, and make it easier for people to engage with legal and financial options safely.

Resources and tools

Things to help you

For all frontline workers
and service providers

Abuse of Older People Response Toolkit

Practical guidance on recognising abuse, listening supportively, thinking about safety and making referrals.

NSW Elder Abuse Toolkit

A 5-step toolkit for identifying, documenting and responding to abuse of older people.

Service Providers Toolkit: Recognising and Responding to Abuse of First Nations Older People

Guidance for recognising and responding to abuse in culturally informed ways with Aboriginal and Torres Strait Islander older people.

Banking and finance

Financial Abuse Industry Guideline

Guidance for banks on recognising, preventing and responding to financial abuse.

Safe & Savvy: A guide to help people avoid scams, fraud and elder financial abuse

Plain language information about scams, fraud and elder financial abuse.

No More Humbug: Reducing Aboriginal Financial Elder Abuse in the Kimberley

Training resources on recognising Aboriginal financial abuse and harmful financial pressure.

Primary health, hospitals, and allied health

Care of older persons in the emergency department

Guidance for emergency departments, including responding to suspected abuse of older people.

RACGP aged care clinical guide (Silver Book)

Guidance for GPs and health professionals on caring for older people in the community and residential aged care.

Abuse and violence: working with our patients in general practice (RACGP White Book)

Guidance on recognising, responding to, and managing cases of domestic, family, and sexual violence.

Aged care

Actions to support older Culturally and Linguistically Diverse people: A guide for aged care providers

Practical actions for providing more inclusive and culturally responsive aged care.

First Nations Hub

Resources to support culturally safe aged care for Aboriginal and Torres Strait Islander older people.

Silver Rainbow Aged Care Coaching Program

Coaching and resources to help aged care services better support LGBTIQ+ older people.

Community and social services

Elder Abuse Protocol: Guidelines for Action

Practical guidance on identifying abuse, responding safely and linking older people with support.

Legal and justice

Best Practice Guides for Legal Practitioners

Guidance on elder financial abuse and assessing mental capacity in legal practice.

Identifying and Acting on Elder Abuse: A Toolkit for Legal Practitioners

Toolkit for lawyers on recognising abuse, talking with clients and taking safe action.

No Wrong Word

A guide for practitioners on how older people may talk about abuse and mistreatment

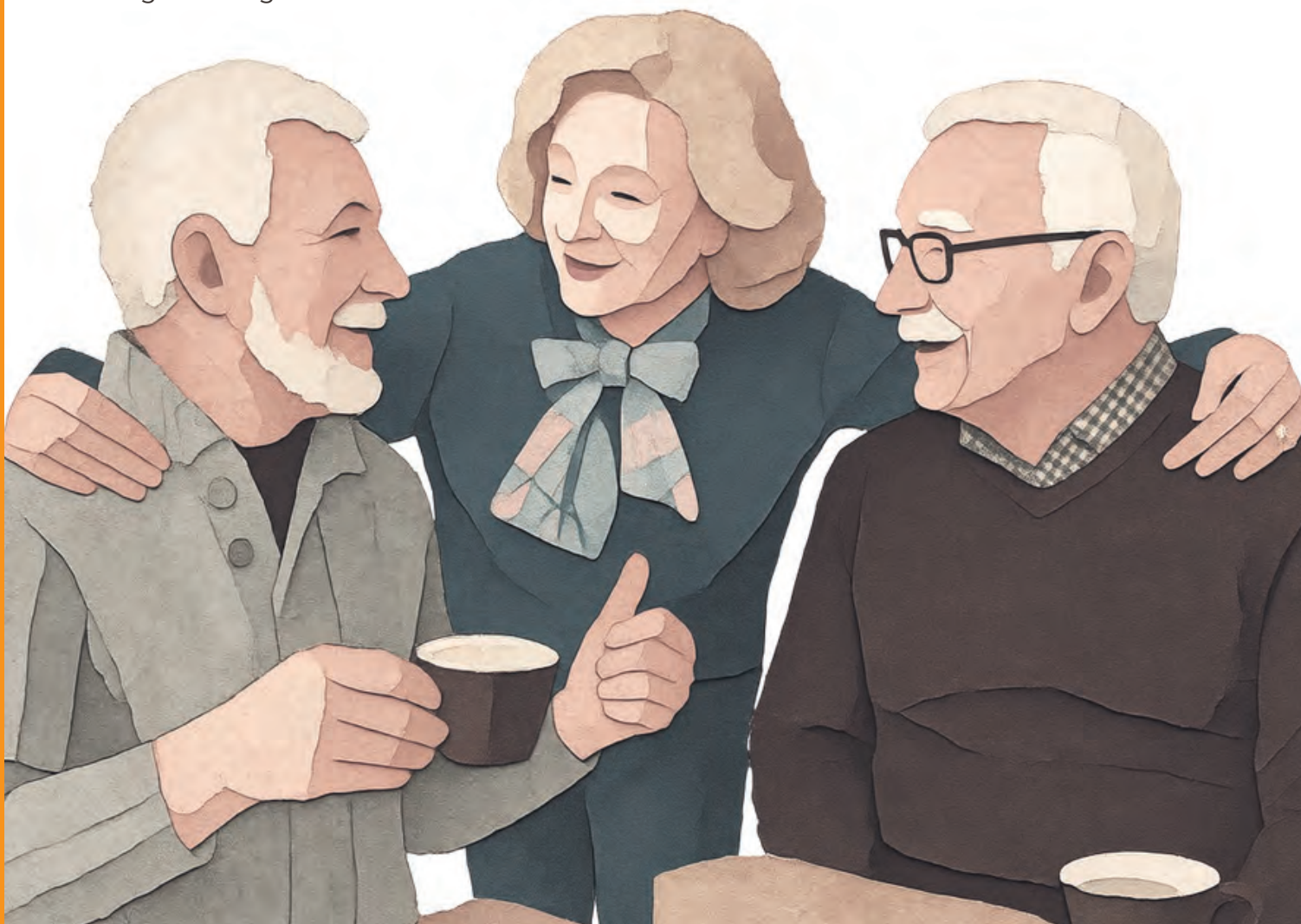
Older people rarely describe their experiences using terms like abuse, coercive control, financial exploitation, or neglect.

More often, they talk about what life feels like, what's changed, what they're worried about, or what they're trying to make sense of. They may speak indirectly, soften what is happening, describe it as a family issue, or frame it through duty, gratitude, faith, culture, or generational norms.

That means practitioners can't rely solely on obvious signs or explicit disclosures. A passing comment, a small phrase, a story that sounds like good news, or a vague feeling of unease may be the first clue that something is not right.

No Wrong Word is not a diagnostic tool. It is designed to help practitioners notice and respond to the everyday language older people may use when they are experiencing abuse, mistreatment, control, or growing risk.

Hearing one of the following phrases does not prove that abuse is occurring. But it may be a red flag that something should be explored further, with sensitivity and respect. Speak with the older person in a way that supports their safety, privacy, and choice.



Feelings and metaphors

People often talk about how a situation feels rather than what's happening. Emotions, sensory language, and metaphors can provide important clues about fear, control, or loss of autonomy.

It's like I have to walk on eggshells around my daughter-in-law in my own home

I feel like a guest in the home I paid for

I feel like I'm back in the closet — like I have to hide parts of myself just to keep the peace

I'm worn down — it's easier to give in than to keep saying no

I still feel trapped even though my son says he's only trying to help

The family are very involved in my affairs these days, but I guess they know best

My daughter gets a little rough when she's in a hurry

They do like to keep a close eye on me

There's a bit of pressure on me to help out the family

He's a bit of a pest when we're alone, if you know what I mean

Softened or euphemistic language

People may downplay or soften what's happening, using everyday or indirect language instead of naming harm directly. What sounds mild or vague can sometimes signal something more serious.

Behaviours

Sometimes people describe what is happening in concrete terms, but without labelling it as abuse or recognising its significance. These descriptions can be signals of pressure, control, or harm.

My granddaughter demands money every pension day and says she'll hurt herself if I don't give it to her

He doesn't like me talking to people without him there

My kids tell me I'm confused whenever I say 'but that's not what we decided'

They keep asking me to sign things when I'm tired

He keeps touching me even though I've told him to stop

I used to make my own appointments, but now my daughter does all that for me

Since he moved back in, things have changed around the house

I don't really see my old friends much these days

My son handles all the banking now

Changes in everyday life

Small changes in routines, roles, relationships, or independence can signal growing risk. What has shifted in a person's day-to-day life may be as important as what is explicitly said.

I used to dress how I liked, but it's easier not to make a fuss

Good news that may hide risk

Sometimes a person describes a new arrangement with relief, gratitude, or excitement, but the story may still contain warning signs. Not every apparently positive change is straightforward.

My niece says she'll care for me at home, so there's no need to involve anyone else

I'm selling the house so the family can buy somewhere bigger and we can all be together

My grandson's going to move in to help out and it'll be such a relief

I won't need to make decisions about that anymore, which is a weight off my shoulders

They've promised I'll always be looked after

How people make sense of what's happening

People explain or justify what's happening through the lens of family roles, cultural expectations, faith, or generational beliefs. These frameworks can influence how they interpret, tolerate, or respond to harm.

You just have to get on with it at this age

I don't want people gossiping about me or my family

I suppose I should be grateful they're willing to help

I'm probably making more of this than I should

That's what marriage is, isn't it?

I just want the behaviour to stop – I just want to live in peace

I don't want to bring shame on the family

It's just bad karma – what can I do?

She's my daughter – I can't say no

Conversation guide

What to say when a person's words gives you pause

1. Start with respectful curiosity

Pause and make room to understand what the person is telling you. Ask open, gentle questions that help them say more in their own way.

2. Stay with their own words

Use the person's language as your starting point. Explore what they mean, rather than correcting, labelling, or translating too quickly.

3. Make space and check safety

Where possible, create opportunities for the person to speak freely. Pay attention to whether they seem able to talk openly, and check what feels safe and acceptable to them.

4. Respond without taking over

Take the concern seriously, but stay within your role. Acknowledge what you've heard, explain options clearly, and seek advice or connect the person to support where needed.

“

Can you tell me a bit more about that?

What does that look like for you day to day?

How does that feel for you?
What happens when that comes up?

”

“

When you say he's being a bit of a pest, what do you mean by that?

You said things have changed around the house. Can you tell me more?

What do you mean when you say it's easier not to make a fuss?

”

“

Is this something you feel able to talk about right now?

Would it help to speak somewhere a bit more privately?

What feels safest for you at the moment?

Do you ever feel scared of them, or worried about how they might react?

What would you like to happen next, if anything?

”

How your pharmacy can prevent elder abuse

In Australia, 1 in 6 older people experience some form of abuse or mistreatment each year. Because pharmacy staff see older people more regularly than almost any other health professional, you may notice early signs that something is wrong.

Spotting the signs



Stella suddenly stops using Webster packs because she 'can't afford them anymore'. She says she has not been 'given enough money'. Her adult son talks over her, manages her finances and makes decisions about medications on her behalf.

Dimitrios' wife has become increasingly frustrated in her role as carer. At the pharmacy she speaks over him, appears resentful, and sometimes delays collecting medications because they interfere with her social plans. When giving him a flu shot, you notice bruising on his body.



During a Home Medicines Review, you notice Fatima appears unwashed, has lost weight, and is struggling to manage daily tasks. The home appears neglected, there is little food available, and medications are disorganised.



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What to do if you are concerned

1. Check in privately

- If possible, speak with the patient in a consultation room.
- Listen without judgement, and validate their experience.
- If you are unable to speak privately, encourage the person to return later or contact the pharmacy when it is safe to talk.

2. Refer discreetly

- Share the elder abuse hotline: 1800ELDERHelp (1800 353 374) for free, confidential support and referrals.
- Direct them to Compass (www.compass.info), a national website with information, advice, and support services about elder abuse, healthy ageing, and where to get help.
- Be mindful of confidentiality and who is present during conversations, particularly in small communities.
- Respect the older person's choices and autonomy if they do not want help.

3. Escalate urgent safety concerns

- Community pharmacists generally do not have mandatory reporting obligations for elder abuse.
- However, if someone is in immediate danger or at serious risk of harm, call triple zero (000).

“

I noticed you seemed worried about paying for your medications today. Is everything okay at home?

We haven't seen you for a little while. Is getting to the pharmacy becoming difficult?

Is there anything happening at home that's making it harder to manage your health or medications?

”



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Organisations and peak bodies

Organisations and peak bodies influence the conditions in which older people receive support. Decisions about policy, practice, workforce, funding, partnerships, service design and standards can affect whether abuse or mistreatment is prevented, noticed, or allowed to continue.

This section focuses on system-level prevention: making services safer, more accessible, more inclusive, and better able to respond when concerns arise.

Small changes to organisational design, culture and accountability can make it easier for staff to respond well, and harder for abuse or mistreatment to be missed or minimised.

This section also includes extra guidance for **local businesses** and **local councils**.

How to use this section

This section is organised around 3 stages:

1. **Prevent harm before it starts**
2. **Notice risk early and respond**
3. **Respond after harm has happened and support recovery.**

For each stage, you will find:

- **What you can do** – suggested actions
- **What it might look like for you** – practical examples.

Then you will find:

- **How other people like you are making a difference** – real examples
- **Things to help you** – tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

Organisations should have clear procedures for responding when an older person is in immediate danger, or when there is an urgent risk to their safety or someone else's safety. These procedures should make it clear when staff, volunteers, or members should ring triple zero (000), how to escalate concerns internally, and what legal or professional reporting obligations may apply. No one should be left to manage serious safety concerns alone.

In non-urgent situations, organisations should support staff, volunteers, members, or service users to seek advice from appropriate elder abuse, family violence, safeguarding, legal, health, or community services.

Prevent harm before it starts

What you can do

Make respect, choice and older people's voices visible in everyday practice

Build respect, dignity, choice and autonomy into everyday service interactions, including intake, forms, scripts, digital tools, complaints processes and routine communication.

Older people should be spoken to directly, listened to, and involved in decisions that affect them. Their voices, including people with lived experience of abuse or mistreatment, should also shape policy, service design, governance, consultation, co-design and evaluation.

Use structured approaches to decision-making capacity

Where capacity is relevant, use structured, decision-specific approaches rather than informal impressions or quick judgements.

Capacity can depend on the decision, context, timing and support available. A person may need help to understand information or communicate their wishes but still be able to make the decision themselves.

Build cultural safety through partnerships and everyday practice

Cultural safety should be built into recruitment, training, supervision, leadership, partnerships, accountability and service design.

Work with Community Controlled, grassroots and local organisations that are already trusted by older people and communities. These partnerships can make prevention, support and recovery pathways more accessible, culturally safe and locally relevant.

Make it clear services must not be used to control or harm others

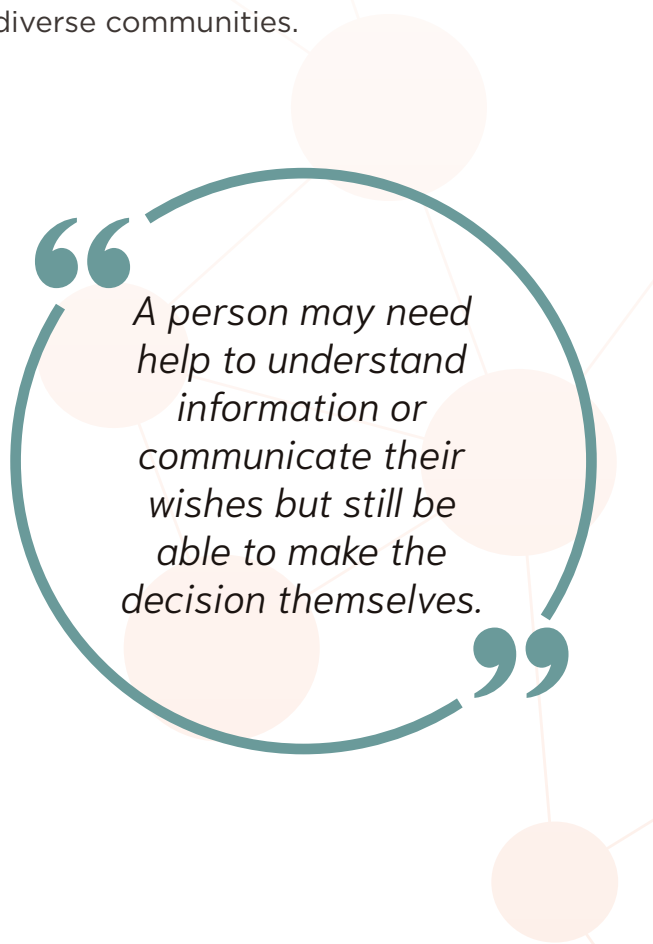
Policies, terms of use, member standards and service agreements should clearly state that products and services must not be used to control, coerce, exploit or harm another person.

This could include misuse of banking products, digital tools, service access, threatening messages or other patterns of harm. Organisations should back this up with systems for identifying misuse, escalating concerns and taking appropriate action.

Invest in research and evaluation

Support, commission or participate in research and evaluation that improves prevention and response.

This includes testing whether programs, tools, policies and service models are working as intended, and addressing evidence gaps for under-researched groups and settings, including residential care, cognitive impairment, Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, and culturally and linguistically diverse communities.



A person may need help to understand information or communicate their wishes but still be able to make the decision themselves.

What it might look like for you

Implementing accessible and supported decision-making



A financial and legal peak body notices a pattern across its member organisations. Older people with disability, communication barriers

or sensory impairments are sometimes assumed to lack capacity because they communicate differently, cannot read standard-print documents, or find complex digital forms difficult.

The peak body recognises this as a prevention issue. It works with older people with disability to develop a practice standard for accessible information, including Easy Read, large print, screen-reader compatible documents and communication supports.

The standard requires staff to use supported decision-making wherever possible, rather than defaulting to family members, Enduring Powers of Attorney or substitute decision-makers.

The guidance makes clear that communication difficulty is not the same as lack of capacity. Older people should be given the tools, time and support they need to understand their options and express their own wishes.

Establishing sector-wide safety standards



An aged care peak body hears repeated concerns from older LGBTIQ+ people and advocacy organisations. Some older people fear entering

residential aged care because they may be misgendered, separated from a partner, have their chosen family excluded, or feel pressured to hide their identity.

The peak body recognises these as risks to dignity, safety, identity and wellbeing. It works with older LGBTIQ+ people and specialist organisations to develop sector-wide guidance.

The guidance identifies deliberate misgendering, forced re-closeting, exclusion of chosen family, and denial of same-sex relationships as unacceptable forms of mistreatment.

The peak body then supports members to put the guidance into practice through policies, staff training, care planning, complaints processes and leadership expectations. This helps shift service norms before harm occurs.



Notice risk early and respond

What you can do

Build routine enquiry into service contact

Do not rely only on older people making a direct disclosure before support is offered. Where appropriate, include sensitive questions in intake, health checks, assessments, reviews and regular service contact.

This can help identify subtle warning signs early and create opportunities for support without requiring the person to name what is happening as abuse.

Use a ‘no wrong door’ approach to help-seeking

When an older person seeks help through any part of your organisation, they should be actively connected to the right support rather than turned away or left to navigate the system alone.

This may include clear referral pathways, warm referrals, care navigation, service directories, staff training, and strong local relationships across health, aged care, legal, housing, financial, disability, family violence and community services.

Make resources safe to access

Assume some people may be monitored, controlled or worried about retaliation.

Design websites, forms, brochures, appointment reminders, helplines, emails and referral materials with safety in mind. This may include quick-exit buttons, discreet printed materials, safe wording, advice on clearing browser history, and non-digital options.

Make it safe and supported to raise concerns

Staff, volunteers and members need clear procedures for what to look for, who to speak to, how to document concerns, and when to escalate externally.

Practical tools such as flowcharts, scripts, referral pathways and documentation templates can reduce uncertainty. People who raise concerns in good faith should be protected from retaliation and supported through supervision, debriefing, cultural supervision, peer support, specialist advice or employee assistance programs.

Implement practical financial safeguards

Design systems that help identify and respond to possible financial exploitation early, rather than relying only on individual staff to notice concerns.

This may include transaction monitoring, alerts, safe delays or holds, clearer consent checks, and trusted contact options where appropriate. Safeguards should protect older people from exploitation while respecting their autonomy, privacy and right to make their own financial decisions.

Prioritise flexible, person-centred responses

Many older people want harmful behaviour to stop without necessarily wanting family relationships to end or punitive action to be taken.

Responses should be guided by the older person's wishes, relationships, culture, circumstances and sense of safety. Use the least intrusive response that can safely meet their needs, and offer support in ways people can actually access, including face-to-face, telephone, outreach, interpreter-supported and non-digital options.

What it might look like for you

Formalising the use of interpreters



A health and legal service notices that older culturally and linguistically diverse clients often attend appointments with adult children who interpret for them. At first, staff see this as practical. But a case review shows family interpreting has sometimes allowed relatives to answer for the older person, minimise concerns, or selectively translate information about money, care or legal documents.

The organisation updates its protocols so family members are not used as interpreters for formal health, legal, financial or safety-related discussions.

Staff are trained to arrange independent interpreters, speak directly to the older person, and check privately whether they want family members present. The organisation also embeds routine enquiry where there are risk indicators, such as sudden property transfers, pressure to sign documents, unexplained financial stress or fear of family conflict.

The organisation treats language access as a safeguarding issue, not just a communication preference.

Addressing the digital banking gap



A bank notices more suspicious activity among older customers in rural and remote areas. Branch closures and poor internet access have left some customers dependent on adult children, neighbours or others to manage online banking.

Some customers have shared passwords, allowed relatives to set up banking apps, or had cards added to digital wallets without fully understanding the risks.

The bank recognises that digital-only service models can create conditions for financial abuse. It introduces alerts for unusual spending, pauses for high-risk account changes, and extra checks when cards are added to new devices.

It also creates safe non-digital pathways, including mobile banking visits, partnerships with trusted local organisations, and secure phone or in-person verification. The aim is to slow risky changes, preserve control and interrupt exploitation early.

Respond to harm and support recovery

What you can do

Establish multidisciplinary teams for complex cases

Bring together professionals across relevant disciplines, such as health, legal, financial, aged care, housing, disability, family violence, police, safeguarding and community services.

Multidisciplinary teams can help coordinate responses, reduce service gaps, and keep the older person's safety, wishes and rights at the centre. They need clear governance, role clarity, information-sharing arrangements and safeguards for privacy, choice and autonomy.

Embed trauma-informed and well-supported responses

Design responses that promote safety, trust, choice, collaboration and empowerment, and avoid causing further harm. This includes reducing the need for older people to repeat traumatic experiences to multiple services.

Staff, volunteers, members and practitioners also need support when responding to abuse or mistreatment. Build in supervision, debriefing, peer support, reflective practice, cultural supervision, employee assistance and vicarious-trauma safeguards where appropriate.

Use a bifocal approach to family support

Where harm occurs within family relationships, keep the older person's safety, wishes and recovery at the centre, while also responding to the needs and behaviour of the person causing harm, where appropriate.

The person causing harm may be experiencing mental ill health, substance use, gambling harm, homelessness, debt, trauma or dependence on the older person.

Responding to these issues does not excuse the harm, but support such as treatment, housing, financial counselling or behaviour-change services may reduce further risk.

Build recovery and healing into response plans

Do not stop once immediate safety concerns have been addressed. Recovery takes time and will look different for each older person.

Response plans should consider what support the older person needs to rebuild safety, confidence, connection, independence and control. This may include counselling, peer support, cultural support, legal help, financial counselling, advocacy, housing, health care, aged care or practical support.

Recovery also means reducing the risk of recurrence by strengthening safeguards, reviewing care or financial arrangements, and putting safer long-term supports in place.

Advocate for stronger adult safeguarding pathways

Organisations and peak bodies can advocate for clear, accessible and independent adult safeguarding functions across Australia.

This can include stronger reporting and referral pathways, better coordination between services, good-faith reporting options for third parties, and safeguarding bodies with the functions needed to respond effectively.

Safeguarding should be grounded in human rights: protecting older people's safety while respecting autonomy, choice, dignity, culture, relationships and decision-making.

What it might look like for you

Adopting a trauma-aware and healing-informed approach



An Aboriginal Community Controlled Health Organisation (ACCHO) learns that a respected Elder has experienced financial abuse

and psychological harm from family members. The Elder is reluctant to approach mainstream services because of past racism, fear of police or child protection involvement, and concern about being separated from family, services and Country.

The ACCHO treats the situation as more than a referral. It coordinates support from an Aboriginal Health Practitioner, social and emotional wellbeing worker, legal service, financial counsellor and arranges, as directed by the Elder, cultural healing on Country.

The team works at the Elder's pace. They focus first on safety, food, housing, money and trusted relationships. They avoid making the Elder repeat their story, and explain options clearly, respecting their choices about family contact. The goal is not only to stop further harm, but to support recovery, dignity and control.

Responding to harm without severing family ties



A community support organisation reviews cases where older people disclosed abuse by an adult child but did not want police involvement.

In one case, an older parent was being shouted at, pressured for money and sometimes physically intimidated. They were frightened but also loved their child and worried that reporting them could lead to homelessness, prison or permanent family breakdown.

The organisation develops a flexible pathway that allows staff to safety-plan with the older person while respecting their wishes about family contact, where this can be done safely.

The organisation uses a bifocal approach. Staff focus first on the older person's safety, autonomy and recovery. At the same time, where appropriate, they help connect the adult child with support such as alcohol and other drug treatment, housing assistance, financial counselling or mental health care. This does not minimise the abuse. It creates safer options for people who want the harm to stop but are not ready to end the relationship.

“They were frightened but also loved their child and worried that reporting them could lead to homelessness, prison or permanent family breakdown.”

How other people like you are making a difference

Making financial systems safer by design

The Australian Financial Complaints Authority (AFCA) and the Australian Banking Association (ABA) show how financial systems can be designed to better prevent and respond to financial abuse of older people.

AFCA's approach to financial abuse of older people helps set expectations for how complaints involving suspected abuse should be assessed. This matters because financial harm is not always just a 'bad transaction'. It may involve coercion, misuse of authority, lack of informed consent, or a financial product that should not have been approved in the circumstances.

AFCA can also require financial firms to take steps to resolve complaints, which may include refunding fees, paying money to make good losses, cancelling a loan, or arranging a repayment plan.

The ABA's industry guideline supports earlier prevention by encouraging banks to build internal processes for recognising warning signs, protecting customer confidentiality, having safe and private conversations, training staff, escalating concerns, and referring customers for hardship or other support.

Together, these approaches show how organisations and peak bodies can move prevention beyond individual staff vigilance, and into stronger product design, complaints handling, staff training, and industry-wide expectations.

Resources and tools

Things to help you



Carer-inclusive workplace initiative

Tools and training to help workplaces better support staff with unpaid caring responsibilities.

EveryAGE counts

Campaign resources to help organisations recognise and challenge ageism in attitudes, policies and practice.

Financial Abuse Industry Guideline

Guidance for banks and financial services on recognising and responding to financial abuse.

Practical tips for rights-based and person-centred care

Short guidance on building trust, communicating accessibly and supporting older people's independence.

Safety by Design

A framework for designing safer digital products, services, forms and reporting pathways.

Serious Incident Response Scheme (SIRS) provider resources

Tools and guidance to support serious incident reporting, investigation, follow-up and organisational learning.

Commonwealth Evaluation Toolkit

Guidance on planning, conducting and using evaluation to improve programs and services.

Trauma-informed Care and Practice Organisational Toolkit

A quality improvement tool to help organisations strengthen trauma-informed culture, policy and practice.



Actions to support older Aboriginal and Torres Strait Islander people: A guide for aged care providers

Practical actions for aged care providers to support culturally safe care for Aboriginal and Torres Strait Islander older people.

Indigenous Evaluation Strategy guide

Guidance on evaluating programs affecting Aboriginal and Torres Strait Islander peoples in ways that centre their priorities and knowledge.



Actions to support older Culturally and Linguistically Diverse people: A guide for aged care providers

Practical actions for aged care providers to deliver more inclusive and culturally responsive care.

Different languages, same aged care

Free translation support for eligible aged care providers to make information more accessible.



Silver Rainbow training program

Training and practical resources to help aged care services provide safer, more inclusive care for LGBTIQ+ older people.

Partnering with older people and communities

A practical guide for organisations and peak bodies

Older people and grassroots organisations often know where systems feel unsafe, confusing or hard to use. Partnering with them early can help you build trust and design work that is safer, more accessible and more useful in practice.

Use this guide when your organisation is designing a policy, service, campaign, resource, funding process, standard or pathway that affects older people.

Start with the decision

Before you invite people to take part, be clear about what they can influence. Ask:

- **What decision are we making?**
For example: a campaign, resource, service pathway, funding priority or sector standard.

- **What is still open to change?**
Be honest about what is fixed, such as budget, timing, policy direction or service model.
- **Who is most affected?**
Think beyond the people and organisations you already know, including older people who are often left out of engagement.
- **Who already has trust?**
A local grassroots group, ACCO, ethno-specific service, faith leader, neighbourhood centre, seniors group, disability organisation, multicultural worker or peer advocate may be more trusted than a mainstream service or peak body.

Choose the right kind of partnership

Use this approach	When it works best
Listening and consultation	You need to understand experiences, barriers, language, concerns or priorities before deciding what to do.
Co-design	The problem, solution, message, pathway or resource is still open to change.
Advisory or reference group	You need ongoing guidance, challenge, accountability and diverse perspectives.
Co-leadership or shared governance	People with lived experience or grassroots groups should help set priorities, make recommendations or oversee the work.
Community-led action	Trusted local groups are best placed to design or deliver the work.

Use this meaningful partnership check

Use this approach	When it works best
Late engagement or 'co-design' in name only	Involve people while decisions can still change. Be clear about the type of input you are seeking and how it will be used.
Asking one older person to represent all older people	Include diverse voices and be clear that each person speaks from their own experience.
Expecting grassroots groups to provide access or advice for free	Pay, fund, or otherwise resource their contribution, and recognise their expertise.
Making participation easier for the organisation than for participants	Use plain language, accessible formats, interpreters, transport support, flexible options, and allow enough time for people to prepare and respond.
Asking people to retell traumatic experiences to 'educate' the system	Focus on what needs to change, make personal disclosure optional, and plan for confidentiality and support if sensitive issues come up.
Holding a consultation and never reporting back	Share what changed, what did not change, why, and what happens next.

A one-minute planning tool

Before you begin, complete these sentences:

The decision we need community input on is

The parts people can genuinely influence are

The parts that are already fixed are

The people most affected but least likely to be heard are

The grassroots or community organisations that already hold trust are

The barriers we need to remove, and the supports we will provide, are

The way we will protect privacy, safety and choice is

The way we will show what changed is

A partnership is meaningful when people can say ...

“

We were involved early enough to shape the work. We knew what we could influence. We were supported to take part safely. Our time and knowledge were valued. And we were shown what changed because we were involved.

”



SPOTLIGHT



Local businesses

Local businesses are often part of an older person's everyday life. They may be places where older people are known, greeted by name, and noticed if something changes.

You do not need to be an expert in abuse and mistreatment. Your role is to create a respectful environment, make trusted information easy to find, and give staff simple guidance on what to do if they are worried.

Small changes to customer service, privacy, staff guidance and business processes can help older people feel respected, stay connected, and access support if they need it.

How to use this section

This spotlight section has 3 parts:

- **What you can do** – suggested actions

- **What it might look like for you**
– practical examples
- **Things to help you** – tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

If you think an older person is in immediate danger or in an unsafe situation, call triple zero (000). You are not expected to investigate abuse, confront someone, or manage a serious situation alone.

In non-urgent situations, speak with an elder abuse, family violence, legal, health, or community support service about safe next steps.

Prevent harm before it starts

What you can do

Make your business welcoming, accessible, and respectful for older people

Review your physical space, service style, and customer processes so older people can participate comfortably and confidently.

This might include clear signage, readable information, accessible seating, patient service, quieter options, and enough time for older customers to ask questions or make decisions. Make sure staff understand that older customers should be treated with dignity, respect, and patience.

Use your community role to challenge ageism and disrespect

Model respectful language and behaviour. Challenge jokes, comments, or service practices that treat older people as incapable, difficult, invisible, or less important. You can also support local campaigns, awareness days, or community activities that promote dignity, safety, and respect for older people.

Notice risk early and respond

What you can do

Give staff simple guidance on what to do if they are worried

Staff do not need to investigate abuse or solve the situation themselves. But they should know what to do if something seems off.

Provide a short, practical process for noticing concerns, speaking respectfully, involving a manager where appropriate, and offering referral information. This can help staff respond safely and consistently, rather than guessing in the moment.

Put safeguards around transactions or interactions that could be misused

Think about how your business could be used to pressure, control, or exploit an older person. This may be relevant if your business involves payments, contracts, bookings, medicines, accounts, property, deliveries, repairs, transport, or service access.

Simple safeguards might include checking consent, slowing down high-pressure decisions, speaking directly with the older person, giving information in writing, or escalating concerns to a manager.

Respond to harm and support recovery

What you can do

Learn from concerns that arise

If staff notice recurring concerns or unsafe patterns, use this as a prompt to improve your business processes.

You might need clearer staff guidance, better referral information, safer communication practices, more private ways for customers to ask for help, or stronger safeguards around transactions. The aim is not to turn staff into investigators, but to make sure your business is safer and more prepared next time.

What it might look like for you

Noticing changes in everyday interactions



Vera lives in a regional town where the local bank branch has closed, so she uses the post office for everyday transactions. Staff know her well. She usually

chats while paying bills, asks after their families, and brings handwritten lists so she does not forget anything.

Lately, staff notice changes. Vera seems anxious, her routine is irregular, and her handwriting on forms looks shaky. She also becomes tense when her adult son, Ben, waits nearby.

Mira, a post office worker, is worried but knows it is not her role to investigate or confront Ben. Following staff guidance, she gently checks in with Vera, lets her manager know what she has noticed, and makes sure Vera can easily take trusted support information without anyone else seeing. The post office remains a familiar place where changes are noticed and support can be quietly offered.

Resources and tools

Things to help you

1800ELDERHelp phone line posters

Posters in English and community languages that businesses can display so people know where to get help.

Age and Disability-friendly Guide for traders and businesses

Low-cost tips for making businesses more accessible, inclusive and welcoming.

Age Positive Communication Toolkit

Guidance on using respectful, inclusive language about older people and ageing.

Challenging a high-pressure sale



Katherine visits a local telco shop to replace her mobile phone. She wants something simple so she can call her sister, receive texts from her GP clinic, and look at photos of her grandchildren.

The salesperson becomes impatient. He speaks quickly, skips key contract details, and says, 'Most people your age prefer us to just set this up for them.' He starts steering Katherine towards an expensive plan with features she is unlikely to use.

The store manager, Claire, steps in calmly. She slows the conversation, asks Katherine what she needs, provides clear written information, and encourages her to take the plan home before signing.

Afterward, Claire updates the sales process. Staff must avoid pressure tactics, check that products are suitable, explain terms clearly, and give customers time to decide. This makes the store safer and more respectful without assuming older customers cannot choose for themselves.

Australian Human Rights Commission: elder abuse resources in 20 languages

Bookmarks, posters and social media tiles in 20 languages about signs of abuse and where to get help.

Concerned about an older person? A guide to understanding elder abuse

Plain-language guidance to help staff recognise concerns and respond carefully.

World Elder Abuse Awareness Day resources

Posters, banners and messages to support local awareness activities around World Elder Abuse Awareness Day (15 June).



SPOTLIGHT



Local councils

Local councils influence many of the everyday places, programs and services that older people use, including libraries, community centres, public spaces, local events, grants, consultation processes and local partnerships.

These settings can affect whether older people are visible, included, connected, respected and able to access support close to home.

Your role is not to investigate abuse or manage serious safety concerns alone. But councils can help create local conditions that reduce isolation, challenge ageism, strengthen community connection and make referral pathways easier to find.

How to use this section

This spotlight section has 4 parts:

- **What you can do** - suggested actions
- **What it might look like for you** - practical examples

- **How other people like you are making a difference** - real examples
- **Things to help you** - tools, services, and resources.

You don't need to read this section from beginning to end. You can go straight to the part that feels most relevant.

If you think an older person is in immediate danger or in an unsafe situation, call triple zero (000). You are not expected to investigate abuse, confront someone, or manage a serious situation alone.

In non-urgent situations, speak with an elder abuse, family violence, legal, health, or community support service about safe next steps.

Prevent harm before it starts

What you can do

Build prevention into local planning and access

Build prevention into mainstream council work, including positive ageing, health and wellbeing, access and inclusion, community safety, transport, housing, libraries, emergency planning and community development.

Ask how council policies, programs, facilities, communications and partnerships can help older people stay visible, connected, respected and able to access support. Make sure information and participation are available through phone, in-person, printed, translated, accessible and non-digital options, not only online or through family members.

Create age-inclusive community participation

Use libraries, community centres, neighbourhood houses, public spaces, events, grants and partnerships to support older people's participation in local life.

This might include intergenerational activities, volunteering, arts and culture, sport, local history, gardening, food, civic participation or community education. Involve older people early in planning these activities, before decisions are already made.

Support local groups to build prevention capability

Council grants, venues, partnerships, staff time and practical support can help trusted local groups run prevention activities in ways that suit their community.

This might include support with translation, outreach, printed materials, venue access, transport, facilitation or small grants for community-led activities. The aim is to help local groups reach people in ways mainstream services may not.

Notice risk early and respond

What you can do

Help staff and volunteers notice and respond to concerns

Council staff and volunteers may notice when something seems off, especially in libraries, customer service, community transport, home support, community centres, local events, housing-related programs, and aged or disability services.

Provide simple guidance on what to look for, who to speak to internally, how to document concerns where appropriate, and where to refer for advice or support. Staff do not need to investigate abuse, but they should know how to respond respectfully and safely.

Make referral pathways clear, safe and accessible

Make it easier for older people, carers, neighbours, community members and local organisations to ask for information or seek advice when they are worried.

This might include private spaces to talk, phone and in-person options, translated resources, clear referral information, community sessions, and partnerships with elder abuse, family violence, legal, health, housing, advocacy, Aboriginal Community Controlled, multicultural, disability and LGBTIQ+ services.

Pathways should be easy to understand and safe to use, including for people who may be monitored or controlled by someone else.

Respond to harm and support recovery

What you can do

Coordinate local supports around safety and recovery

After abuse or mistreatment, older people may need practical support to rebuild safety, stability, confidence and connection.

Councils can help connect people with local supports such as housing, transport, libraries, community centres, social groups, meals programs, advocacy, legal help, financial counselling, health services, cultural groups and community activities. The older person's wishes, safety, privacy and choices should guide what support is offered.

Where safe and wanted, councils can also help older people reconnect with ordinary routines, trusted relationships and a sense of belonging.

Learn from local concerns and improve future responses

Use local experiences, service feedback, community input and de-identified case learnings to improve council policies, staff guidance, partnerships and referral pathways over time.

This might include identifying gaps in transport, housing, social connection, language access, digital access, staff training or local service coordination. Learning from concerns can help councils strengthen future prevention and response, rather than treating each issue as a one-off.

What it might look like for you

Building safeguards into granny flat approvals

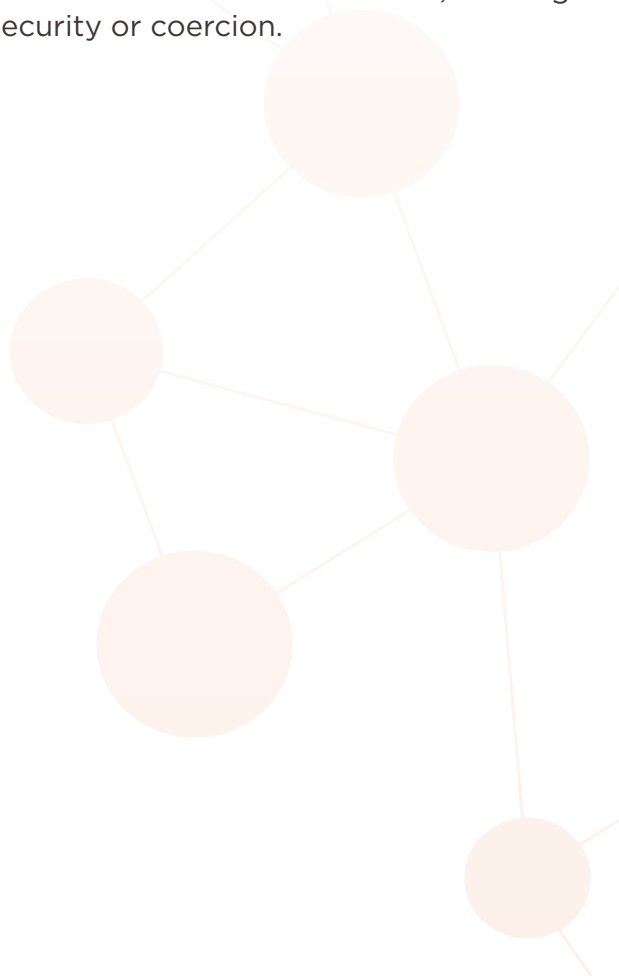


A council planning team notices more applications for granny flats, subdivisions and home modifications to support multigenerational living. These

arrangements can help older people stay close to family and age in place, but they can also create risk if an older person contributes savings without independent advice or a written agreement.

The council treats this as a prevention opportunity. For relevant applications, it provides a plain-English information pack about informal granny flat arrangements, independent legal and financial advice, and documenting rights and expectations before money is exchanged or construction begins.

The information is available in community languages and accessible formats. Staff present it as standard information for all families, not as an accusation. This helps families slow down, plan ahead and reduce the risk of financial abuse, housing insecurity or coercion.



Checking in after cancelled trips on community transport



A local council coordinates community transport for older residents. One volunteer driver notices that a regular passenger, who usually attends a weekly social group, has missed several trips. When the driver calls, the woman's nephew answers and cancels all future bookings, saying she is 'too sick to go out anymore'.

Because the council has trained staff and volunteers to notice changes in routine and contact, the driver records the concern and follows the internal pathway.

A council support worker arranges a routine check-in and finds the woman withdrawn, unkempt and reluctant to speak while her nephew is nearby. When the worker finds a safe moment to speak privately, the woman discloses that her nephew has been stopping her from leaving and neglecting her care. The council connects her with aged care navigation, health support and legal advice.

One volunteer driver notices that a regular passenger, who usually attends a weekly social group, has missed several trips.



How other people like you are making a difference

Making positive ageing visible in community spaces

The Barwon Elder Abuse Primary Prevention Network, Barwon Community Legal Service, the City of Greater Geelong, and local community partners show how councils and community organisations can make prevention visible in everyday places.

Through the Barwon Urban Knitting Community Project, local residents and craft groups from neighbourhood houses, libraries, and community hubs created blankets, beanies, and other handmade items. These were displayed at the Geelong Library & Heritage Centre during June for World Elder Abuse Awareness Day, before being donated to local organisations supporting vulnerable people.

The related Changing Mind & Positive Ageing Expo brought together local services and community members through a free event celebrating positive ageing. The expo included information stalls, expert presentations, interactive demonstrations, and the relaunch of the Barwon Elder Abuse Referral Guide.

Together, these initiatives used familiar community spaces and strengths-based activities to challenge ageism, reduce isolation, increase understanding of abuse and mistreatment, and make support services easier to find. They show how local councils can help make prevention part of ordinary community life.

Resources and tools

Things to help you

Age Positive Communication Toolkit

Templates and guidance for using respectful, inclusive language and images about older people.

Age-friendly Cities and Communities Information Kit for Local Government

Guidance for councils to embed age inclusion across planning, services, infrastructure and partnerships.

Better practice guide for inclusive engagement

Guidance for designing accessible, culturally safe and inclusive community engagement.

Collaborative hub

Guides and templates to help councils build local partnerships, referral pathways and collaborative responses.

The InterGen Project Community Toolkit

A toolkit for councils to design, run and evaluate intergenerational programs and activities.

World Elder Abuse Awareness Day event ideas

Practical ideas for local events, displays and conversations around 15 June.



How to use ...

The Ageing safely: Looking out for ourselves and our neighbours slide deck

Ageing safely: Looking out for ourselves and our neighbours is a 30-minute interactive community awareness presentation for local councils to use with residents.

It is designed to help communities understand the abuse and mistreatment of older people, reduce stigma, and encourage safe, supportive action. Council staff such as healthy ageing officers, librarians, customer service staff and community development workers can deliver the session. You do not need to be an elder abuse or legal expert.

Download the slide deck and speaker notes here.

Tips for a successful session

Use positive, empowering framing

Older people may be reluctant to attend events labelled 'elder abuse'. Consider promoting the session with strengths-based language such as *Planning ahead*, *Ageing safely* or *Protecting your rights*. The presentation still addresses abuse and mistreatment clearly.

Choose a trusted, accessible location

Libraries, community centres, bowling clubs, RSLs and neighbourhood houses can work well. Tea, coffee and light refreshments can help create a welcoming environment.

Use the speaker notes and discussion prompts

The slide deck includes speaker notes and short scenarios to help participants recognise mistreatment; including coercive control, financial abuse and carer burnout.

Tailor the session to your community

Add local support services and referral pathways. You may adapt the slides to your council's branding, while keeping fonts large, contrast high and layouts uncluttered.

Provide take-away information

Give participants printed support information they can take privately, including **Compass.info** and 1800ELDERHelp (1800 353 374).

Be prepared for disclosures

Some people may raise concerns after the session. Make sure facilitators know your council's safeguarding and referral processes before delivering the presentation.



The Framework building blocks



How we built the Prevention Framework

The *National Prevention Framework for the Abuse and Mistreatment of Older People* is based on five building blocks:

- an Evidence Review
- stakeholder engagement
- an interactive stakeholder map
- behavioural systems maps
- a Theory of Change.

The building blocks help us move from evidence to action. Together, they explain what is known, what matters in practice, who has a role to play, why abuse and mistreatment can persist, and how practical actions can contribute to prevention.

Building block	The question it helped answer	How it informed the Prevention Framework
Evidence Review	What do we know from research, policy, and practice evidence?	Identified key risks, settings, life transitions, priority groups, and promising approaches.
Stakeholder consultation and co-design	What do people with lived, professional, community, and sector knowledge say about what matters in practice?	Grounded the Prevention Framework in real-world experience, implementation issues, language preferences, and practical needs.
Interactive stakeholder map	Who is involved, affected, responsible, or able to influence change?	Helped organise the Prevention Framework around user groups and show that prevention requires many actors.
Behavioural systems maps	Why does abuse and, mistreatment persist and where can cycles of harm be interrupted?	Identified key drivers, feedback loops, ageism as a system-wide influence, and leverage points for prevention.
Theory of Change	How are the Prevention Framework's actions expected to contribute to change?	Linked practical actions to mechanisms, outcomes, and the ultimate goal of preventing abuse and mistreatment.

The following sections describe each building block in more detail. They are designed for readers who want to understand how the Prevention Framework was developed, what it is based on, and how the different stages of the project fit together.

A note on risk factors and drivers

The following sections discuss factors that can increase the risk of abuse and mistreatment. These factors help explain where prevention may be needed. They are not excuses or justifications for abuse or mistreatment. **Abuse and mistreatment are never acceptable.** People, services, organisations, and systems all have responsibilities to prevent harm, respond safely, support accountability, and uphold older people's rights.

Evidence Review

To understand what is known about the abuse and mistreatment of older people and how we can prevent it, we reviewed:

- academic research
- Australian policy documents
- inquiry reports
- relevant sector evidence.

We identified developing evidence, including gaps in what is known about some communities, settings, and intervention models.

We framed the Evidence Review around 5 questions:

1. **Who** is most at risk, who may cause harm, and whose voices are often missing from policy and service responses?
2. **Where** does abuse and mistreatment occur, and how do different settings affect risk, opportunity, and response?
3. **When** are older people most vulnerable, and what life events or transitions create opportunities for prevention?
4. **How** do systems, services, social norms, and access barriers influence prevention and response?
5. **What** works, or shows promise, to prevent abuse, intervene early, support safety, and enable recovery?

The full Evidence Review with detailed methodology, supporting evidence, literature synthesis, and references is available as a companion document to this Prevention Framework.

What the evidence tells us

Abuse and mistreatment are common, but often hidden

According to the 2021 *National Elder Abuse Prevalence Study*, around 1 in 6 older people living in the community had experienced some form of abuse in the previous year. This is likely to underestimate the true extent of harm because abuse and mistreatment is often underreported, and the study did not include people living in residential aged care or people with significant cognitive impairment.

This matters for prevention because many older people experiencing abuse or mistreatment may never formally report it. They may not recognise what is happening as abuse, feel ashamed, fear losing family relationships or care, or not know where to get safe help.

Abuse and mistreatment take many forms

The Evidence Review describes 5 commonly recognised types of abuse and mistreatment:

1. Psychological or emotional
2. Financial
3. Physical
4. Sexual
5. Neglect

It highlights cultural and spiritual abuse as an important emerging or distinct form of harm, especially where an older person's culture, language, identity, spirituality, Country, or community connection is denied or used to control them.

The forms of abuse are not always separate. For example, financial abuse may come with psychological abuse in the form of threats, forced social isolation, or coercive control.

People, relationships, settings, and systems influence risk

The Evidence Review shows that abuse and mistreatment are not caused by one factor alone. Risk can be shaped by:

- an older person's circumstances
- the behaviour and needs of the perpetrator
- their relationship
- the setting
- the systems around them.

Important risk factors include social isolation, disability, cognitive impairment, functional dependence, housing insecurity, financial hardship, family conflict, carer strain, substance use, gambling, mental health concerns, service gaps, and legal complexity. Broader forms of discrimination – including ageism, sexism, racism, ableism, homophobia, and transphobia – increase risk and make it harder for older people to access safe support.

Life transitions create both risk and opportunity

The Evidence Review identifies key moments when older people can be more vulnerable to abuse or mistreatment. These include bereavement, the onset of dementia or cognitive impairment, increasing frailty or care needs, changes in living arrangements, financial transitions, and greater reliance on another person.

These same moments can also create prevention opportunities. A hospital discharge, new care arrangement, major financial decision, move into aged care, new diagnosis, or change in housing can be a good time to talk about rights, preferences, safety, support, and future planning.

Prevention efforts need to fit people's lives and contexts

The Evidence Review highlights that some older people face additional barriers to safety and support, including people who are:

- Aboriginal and Torres Strait Islander
- culturally and linguistically diverse (CALD)
- LGBTIQ+
- living with disability
- in rural and remote areas
- experiencing social or financial disadvantage

This is why the Prevention Framework does not assume one pathway will work for everyone. It includes actions tailored to different user groups, practical examples, and stories illustrating a range of different circumstances, so prevention efforts can be adapted to the older person's culture, identity, language, relationships, location, disability, care needs, and support network.

What works to prevent and respond to the abuse and mistreatment of older people

The Evidence Review identifies a range of approaches with stronger or emerging evidence. These include helplines, multidisciplinary case management, training for carers, advance planning, community-building, professional education, financial literacy, housing interventions, legal support and advocacy, mediation and restorative justice, psychosocial support, screening and risk assessment, and supported decision-making.

It draws on behavioural science. This includes using social norms to reduce ageism, helping people plan ahead for future decisions, and reducing sludge – the unnecessary friction or complexity within systems and services that can make it harder for older people and those around them to get help.

Stakeholder engagement

Throughout this project, we used a combination of Steering Committee oversight, targeted stakeholder consultation, and co-design. This ensured the Prevention Framework reflects real-world experience and the needs of everyone working across different parts of the system.

This integrated approach combined human-centred design, behavioural insights, and systems thinking. It allowed us to move beyond a purely top-down policy perspective and, instead, ground the Framework in how abuse and mistreatment are experienced, recognised, and responded to in practice.

Steering Committee oversight

The project was guided by an external 13-member Steering Committee that met monthly to provide strategic advice, test emerging insights, and ensure the Framework reflected a wide range of experiences, communities, and service contexts.

Members brought community, cultural, service delivery, legal, health, regulatory, and system-level expertise. This included representation from Aboriginal and Torres Strait Islander communities, LGBTIQ+ communities, multicultural and multifaith communities, people with disability, peak bodies, frontline service providers, aged care regulators, and people with lived experience.

Targeted stakeholder consultation

There were over 75 stakeholder consultation activities throughout the project. These took a range of forms, including:

- one-on-one interviews
- small group interviews with multiple representatives from the same organisation
- repeat conversations with key stakeholders as the work progressed
- in-person focus groups with community members
- discussions held as part of existing meetings or forums.

This flexible approach allowed us to meet stakeholders in ways that suited their context, availability, and preferred way of contributing.

We heard from:

- Aboriginal and Torres Strait Islander communities
- aged care (residential and in-home)
- CALD communities
- family members and informal support networks
- government stakeholders
- LGBTIQ+ communities
- older people
- peak bodies
- people experiencing homelessness
- people living in rural and remote areas
- people who may be at risk of causing harm
- people living with cognitive decline or dementia
- people with disability
- people with lived experience of abuse and mistreatment

- professionals in relevant occupations (including those working in legal, financial, health, policing, and community service roles)
- service providers (including community legal centres, financial counselling services, mediation and advocacy services, housing and homelessness support services, and family and relationship services).

The purpose of consultation evolved across the project. Early engagement focused on building a shared understanding of the system, including who is involved, how abuse occurs, and where there are knowledge or service gaps. As the project progressed, consultations increasingly focused on testing and refining potential responses, including the design of practical tools and resources, the structure and accessibility of the Framework, and the development of prevention actions that different groups could take.

Consultations were respectful, inclusive, and sensitive to the topic. Where appropriate, trauma-informed approaches were used to support safe participation. In some cases, an appreciative inquiry approach was applied, encouraging participants to reflect not only on challenges, but also on examples of what is working well.

Co-design

In later stages of the project, consultation focused on co-designing and user-testing the Prevention Framework. This included developing diverse and realistic stories that illustrate how different people can undertake prevention activities and testing the structure, clarity, and accessibility of the Framework for different users and contexts.

In parallel, we co-designed a suite of new resources with different groups of end users. This process involved jointly identifying gaps in existing knowledge and resources, followed by an iterative co-design approach with multiple stages of development, testing, and feedback.

Interactive stakeholder map

We identified the people and organisations involved in abuse and mistreatment of older people: those affected by it, those who may cause harm, and those who work to prevent or respond to it. We also explored how these stakeholders relate to each other, and their degree of influence.

Click [here](#) to view an introductory presentation to the map.

Click [here](#) to go straight to the map so you can explore it on your own.

Understanding the layers of influence

The **socio-ecological model** is a way of understanding how different layers of influence impact an older person's experience of abuse or mistreatment. It recognises that risk, protection, and access to support are shaped not only by individual circumstances, but by relationships, community services, and the surrounding systems and institutions.

We used the socio-ecological model to group stakeholders based on the level at which they operate or have influence.

Level 1: Individual

The older person is at the centre. This level includes personal factors that affect vulnerability and support needs, such as age, gender, health, or living situation.

Level 2: Family/informal network

This level includes close personal relationships – like family members, carers, neighbours, and friends – that influence emotional, financial, and caregiving dynamics.

Level 3: Community

Daily services and supports, including local health providers, advocacy groups, and community organisations.

Level 4: System

The institutions that set the rules, fund services, and influence broader outcomes, including governments, regulators, courts, and policymakers.

Stakeholders with specific focus areas

Some stakeholders focus on supporting groups of older people who face additional risks of harm or barriers to support. They can play a critical role in culturally safe, community-led, or identity-affirming prevention and response efforts.

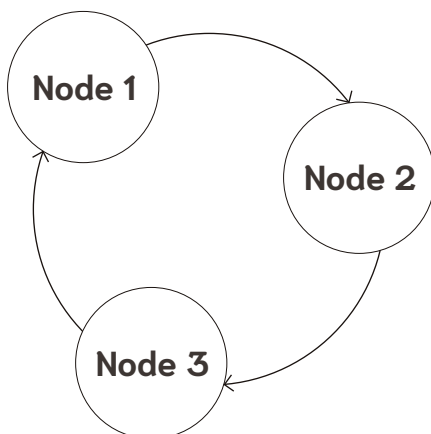
The interactive stakeholder map specifically highlights stakeholders that consist of, work with, and support older people who are Aboriginal and Torres Strait Islander, LGBTIQ+, or from CALD communities.



Behavioural systems maps

We used behavioural systems mapping to explore the broader systems in which abuse and mistreatment happen. It shows how people's actions and the consequences are influenced by their world.

To help us develop the Prevention Framework, we used a method called causal loop diagramming. In a causal loop diagram, each circle is called a node. A node is something that can increase or decrease, like stress, isolation, or access to support. Arrows connect these circles, showing how one node leads to another. A feedback loop is created when the arrows eventually link back to where they started.



Vicious loops are feedback loops that reinforce harm. These help explain why abuse and mistreatment can keep going or get worse, even when no single big event happens. Each step makes the next one more likely, building the risk and severity of harm. For example:

1. Poor sleep creates stress.
2. More stress makes it harder to sleep.
3. You get even more stressed.

We also separate what sits inside a loop from what sits around it, since many important conditions influence what happens in the loop without being part of the loop itself. We call these external influences. External influences can make a loop more likely to start, intensify it faster, or make it harder to interrupt.

Systemic drivers of abuse and mistreatment

Our behavioural systems mapping identified six main drivers of abuse and mistreatment:

1. Attitudes of entitlement
2. Ambiguity of abuse
3. Dependence
4. Help-seeking and disclosure
5. Social isolation
6. Carer burnout.

Together, they highlight the most common and impactful patterns reflected in the evidence and show where prevention efforts are most likely to make a meaningful difference.

The unique role of ageism

Ageism refers to how we think (stereotypes), feel (prejudice), and act (discrimination) toward people based on their age. Ageism underpins all forms of abuse and mistreatment of older people. Across our Evidence Review and stakeholder consultations, ageism consistently emerged as a broad external factor that influences how abuse begins, escalates, and remains unaddressed.

In the below causal loop diagrams, we treat ageism as a system-wide influence spanning every theme. We highlight the specific points where ageism makes particular vicious loops worse. These are marked directly on the map, where you will see ageism tagged to relevant boxes and arrows.

Map legend



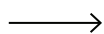
Node



Influence on a node



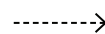
Influence of ageism
or ageist beliefs



Connections between nodes



Connection between ageism
and a node



Connection between an
influence and a node



Peripheral pathway
within the loop

1. Attitudes of entitlement

What do we mean by attitudes of entitlement?

Entitlement refers to beliefs that an older person's money, assets, or compensation payments are not fully theirs to control, but something that others (often family) can claim, control, or draw on as a matter of right, rather than through clear, voluntary agreement. Entitlement can show up as:

- seeing an older person's savings, pension, home, or redress payment as shared family money
- expecting early inheritance or repayment for care as an assumed entitlement, rather than through explicit, fair, and mutually agreed arrangements
- treating legal authority – like an Enduring Power of Attorney (EPOA) – as a right to make decisions or access funds.

Why this theme matters for the abuse and mistreatment of older people

Entitlement is a powerful driver of financial exploitation and coercive control. It can turn help, relationships, or informal support into pressure, manipulation, or theft – especially when an adult child is stressed, dependent, or in a position of authority. It also makes harm harder to prevent and stop, because the person causing harm may genuinely feel justified ('I deserve this', 'it's only fair', 'it's family money').

“

Entitlement makes harm harder to prevent and stop, because the person causing harm may genuinely feel justified.

”

Financial stress and entitlement

An adult child under significant financial pressure and reliant on a parent, may come to view early access to the parent's money or assets as reasonable or necessary. This can make it easier for informal borrowing to shift into more coercive or deceptive financial behaviours. Sometimes the older person complies, for example, repeated 'temporary' loans or allowing the use of their bank card to help manage household bills.

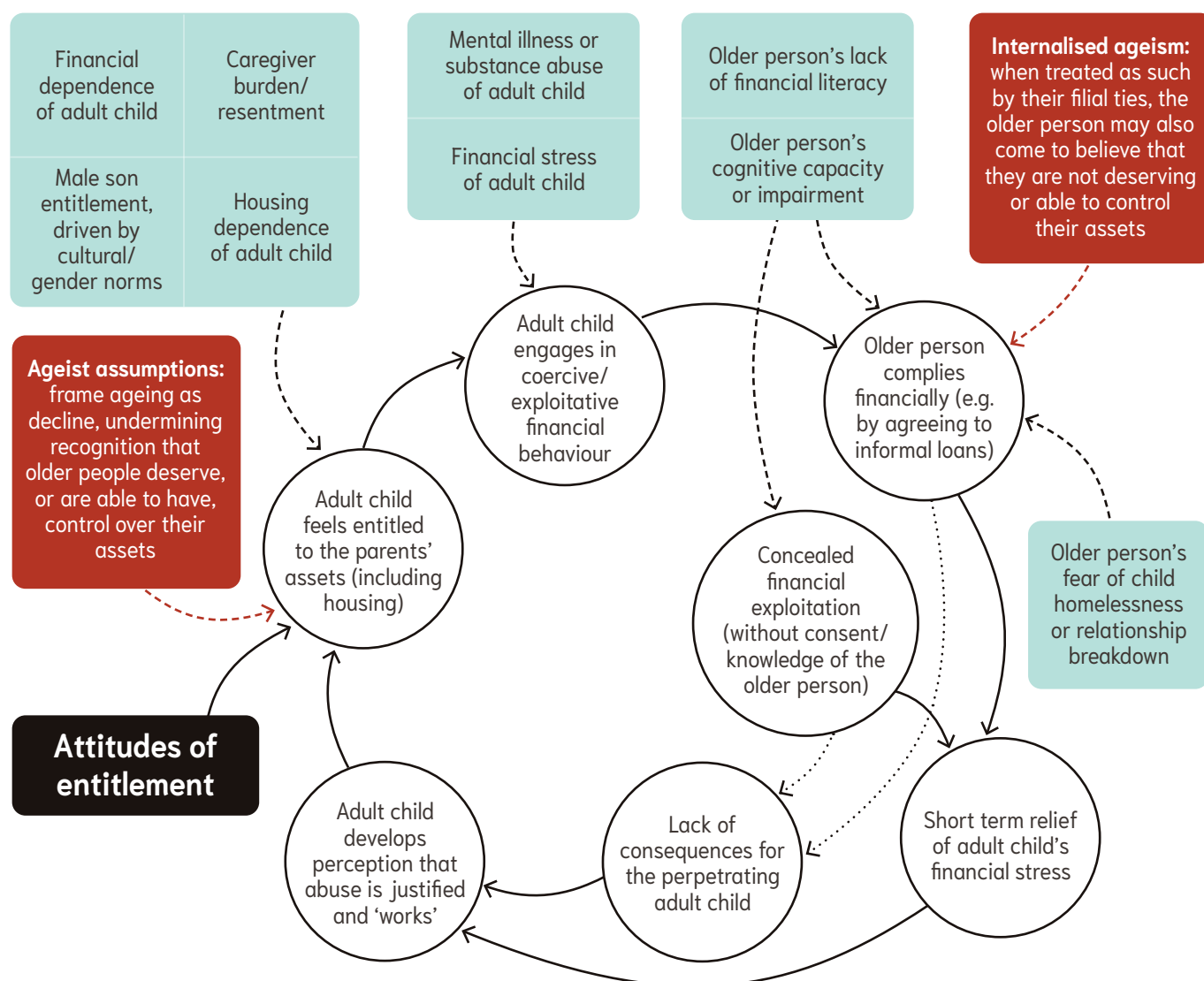
In other situations, the adult child may access funds without clear consent, such as using an EPOA to move money, drawing from joint accounts, or setting up online transfers the older person does not fully understand.

In both patterns, the adult child's immediate financial stress is reduced, and nothing appears to go wrong, so there are few apparent consequences. This combination of short-term relief and lack of accountability can reinforce the perception this is justified, effective and low-risk, strengthening their sense of entitlement and enabling further concealed or coercive financial conduct.

Map 1

Financial stress and entitlement

How money stress and lack of consequences turn 'help' into escalating financial abuse



Perversion of cultural obligations

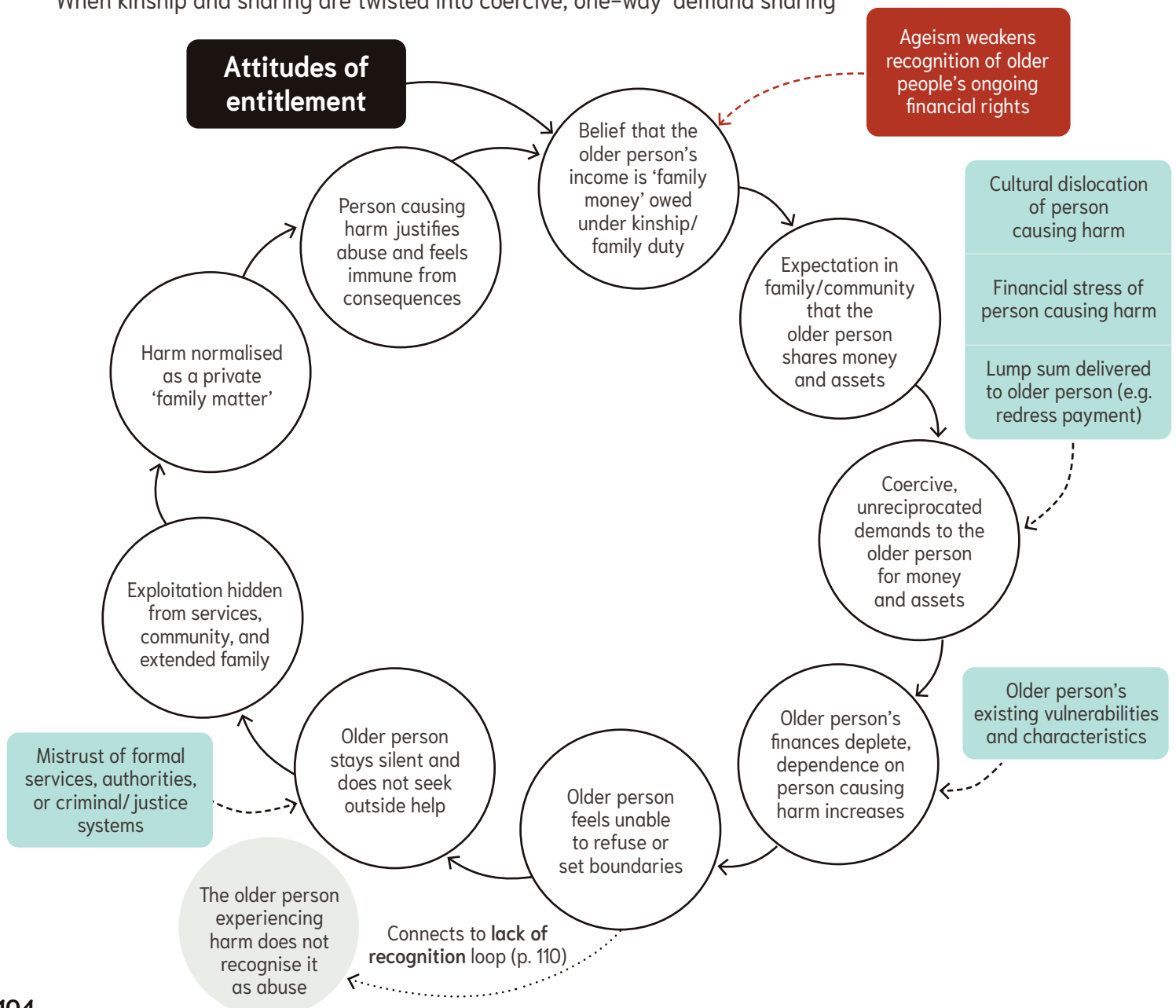
In some families and communities, genuine kinship and wealth-sharing traditions can be redirected to position an older person's pension or redress payment as 'family money'. This can solidify into an expectation that the older person will regularly hand over cash, cards or other assets to meet perceived cultural or family obligations. Some relatives engage in one-sided 'demand sharing', using the language of obligation to justify repeated requests that reduce the older person's income and increase their dependence on the person causing harm.

Declining these requests may risk tension, shame or being seen as disregarding cultural or family responsibilities, making it very hard for the older person to set boundaries. They'll often stay silent and avoid external support, meaning services, community leaders and extended family may perceive generosity rather than underlying exploitation. This culturally justifies the behaviour and it becomes consequence free, which further entrenches a sense of entitlement and perpetuates the cycle.

Map 2

Perversion of cultural obligations

When kinship and sharing are twisted into coercive, one-way 'demand sharing'



2. Ambiguity of abuse

What is ambiguity of abuse?

Ambiguity of abuse is absence of a clear, shared understanding and/or awareness of what constitutes the abuse and mistreatment of older people, and how it might manifest. This lack of understanding is shared across older people, families, bystanders, services, and the justice system.

Why this matters for the abuse and mistreatment of older people

Ambiguity creates hesitation and delay at every point where harm could otherwise be noticed, named, and stopped. When actors across the system do not share a clear understanding of what abuse looks like, harmful behaviour is more likely to be excused as normal family conflict, temporary stress, or caregiving challenges. That uncertainty slows action across the whole system. Older people may self-silence because they're unsure what they're experiencing is abuse. Bystanders and professionals may hesitate or default to non-abuse explanations, so concerns aren't recorded or escalated early. The person causing harm can persist without challenge, and the situation often only becomes visible once it reaches crisis point.



Bystander uncertainty

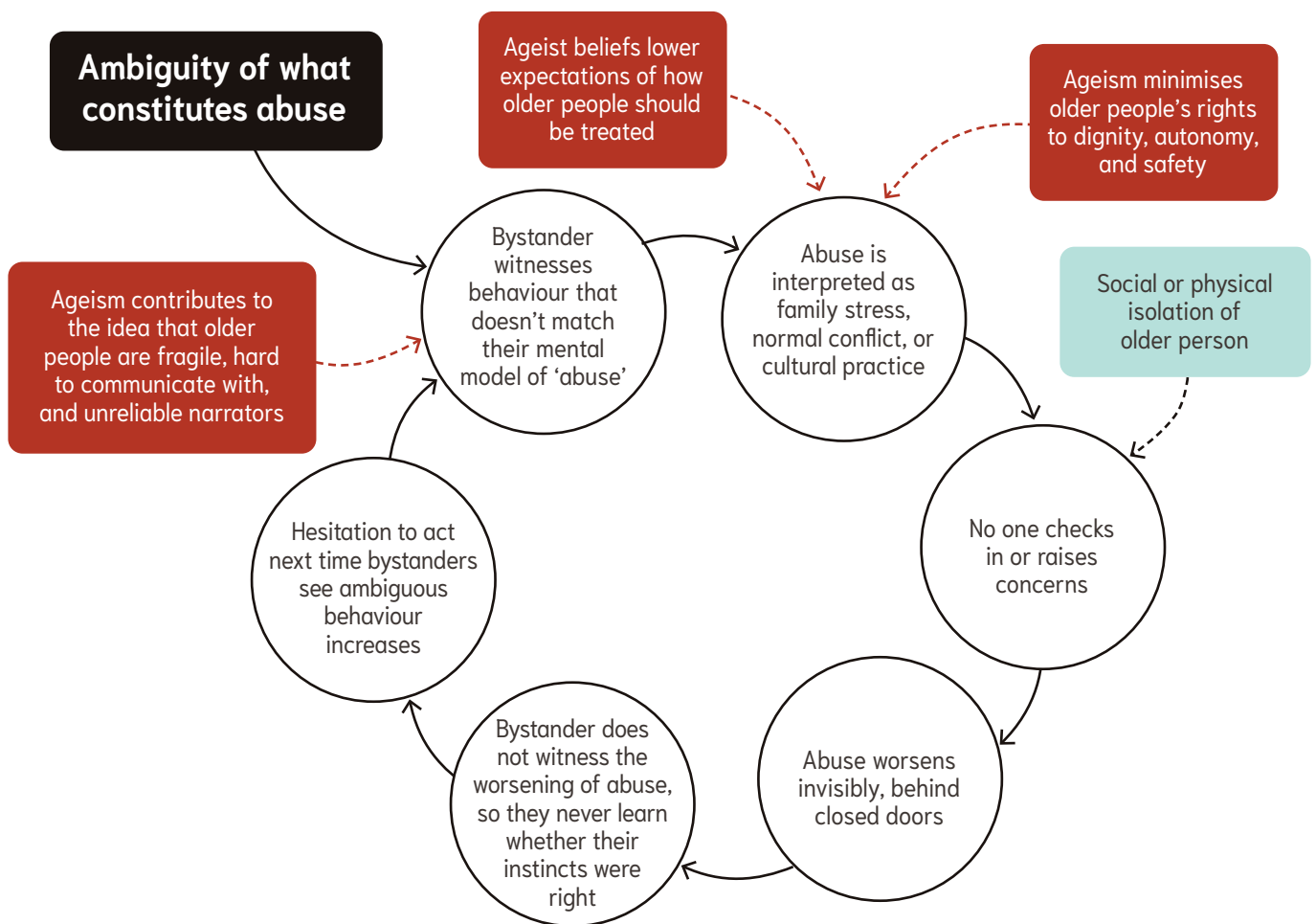
Bystanders might see behaviour that feels uncomfortable but don't fit their mental image of 'real' abuse. Raised voices, controlling behaviour, or signs of financial pressure can appear as normal family conflict or cultural practice. Out of politeness, fear of misreading the situation, or uncertainty about what's appropriate, a bystander may choose not to check in or raise concerns, believing it's 'not my place to interfere.' The behaviour then continues unchecked, and abuse can worsen out of sight, in largely invisible ways.

Because the bystander does not get feedback that something harmful was occurring, they never confirm their instincts. Instead, the absence of visible consequences reinforces their sense that these situations are ambiguous, easy to misinterpret, and not their role to question. The next time they witness behaviour that seems 'off', this accumulated uncertainty makes them even less likely to act.

Map 3

Bystander uncertainty

Bystanders can't act because they can't accurately identify abuse



Invisibility of abuse within systems

When community members and professionals hold narrow or inaccurate ideas about what ‘abuse’ looks like, many forms of mistreatment go unrecognised. Sexual abuse of older women, for example, is often overlooked because ageist and sexist stereotypes depict older women as asexual and ‘not at risk.’ Older people may describe their experiences in softened or indirect terms, and professionals may misinterpret this as family stress, complex dynamics, or normal ageing.

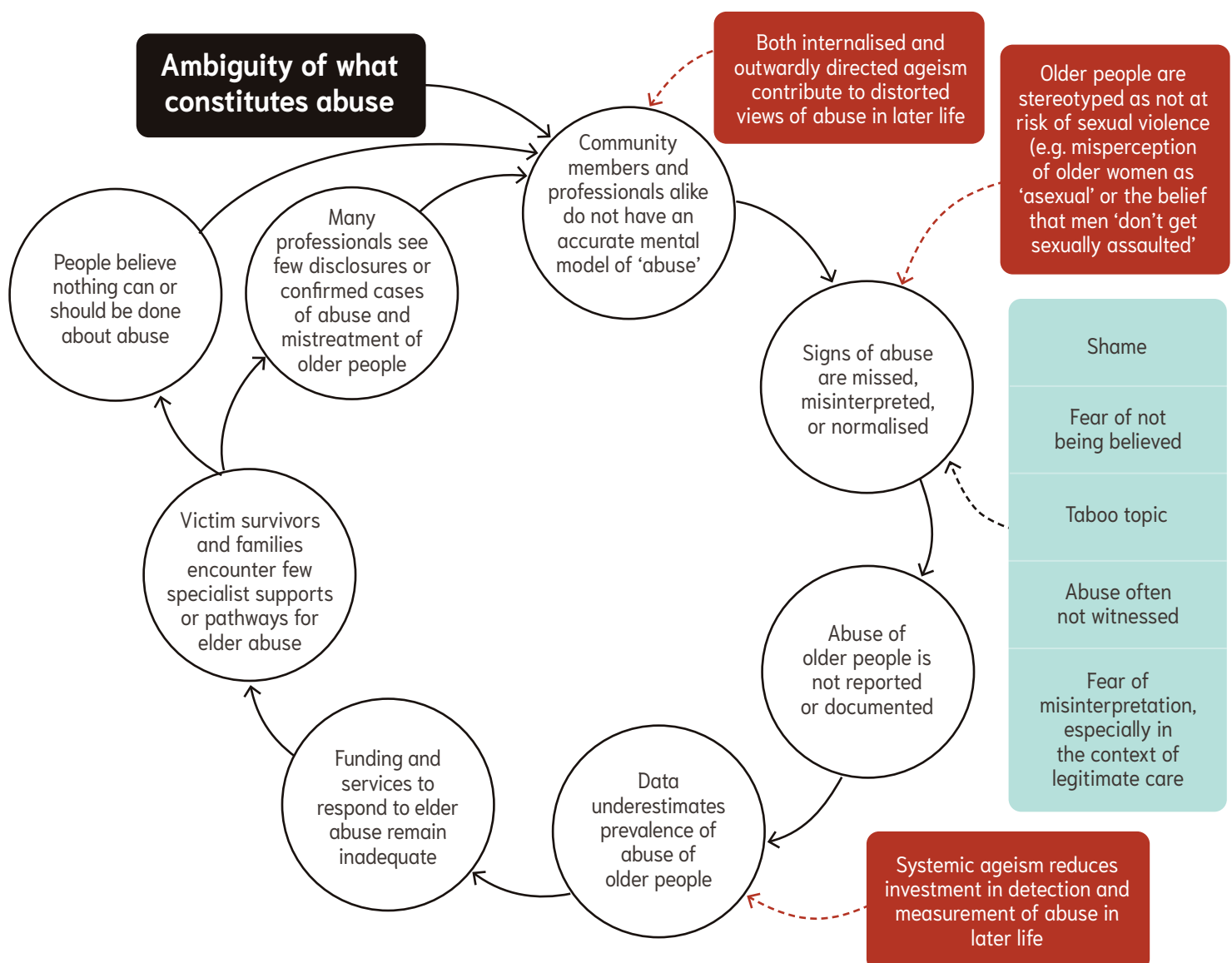
In cases of sexual abuse, older women may feel shame, fear disbelief, or struggle to explain it, particularly if a perpetrator is a staff member or caregiver.

As a result, seeking help does not reflect true need, and only the most acute cases reach formal systems. This leads to data that significantly underestimates prevalence, limiting investment in training, screening and response. When older people do seek help, they often encounter long waitlists, restrictive thresholds or services ill equipped to respond. These experiences reinforce community perceptions that assistance is ineffective or unavailable, further entrenching the invisibility of abuse within systems.

Map 4

System invisibility

If people don’t name abuse, systems don’t see abuse



Professional minimisation

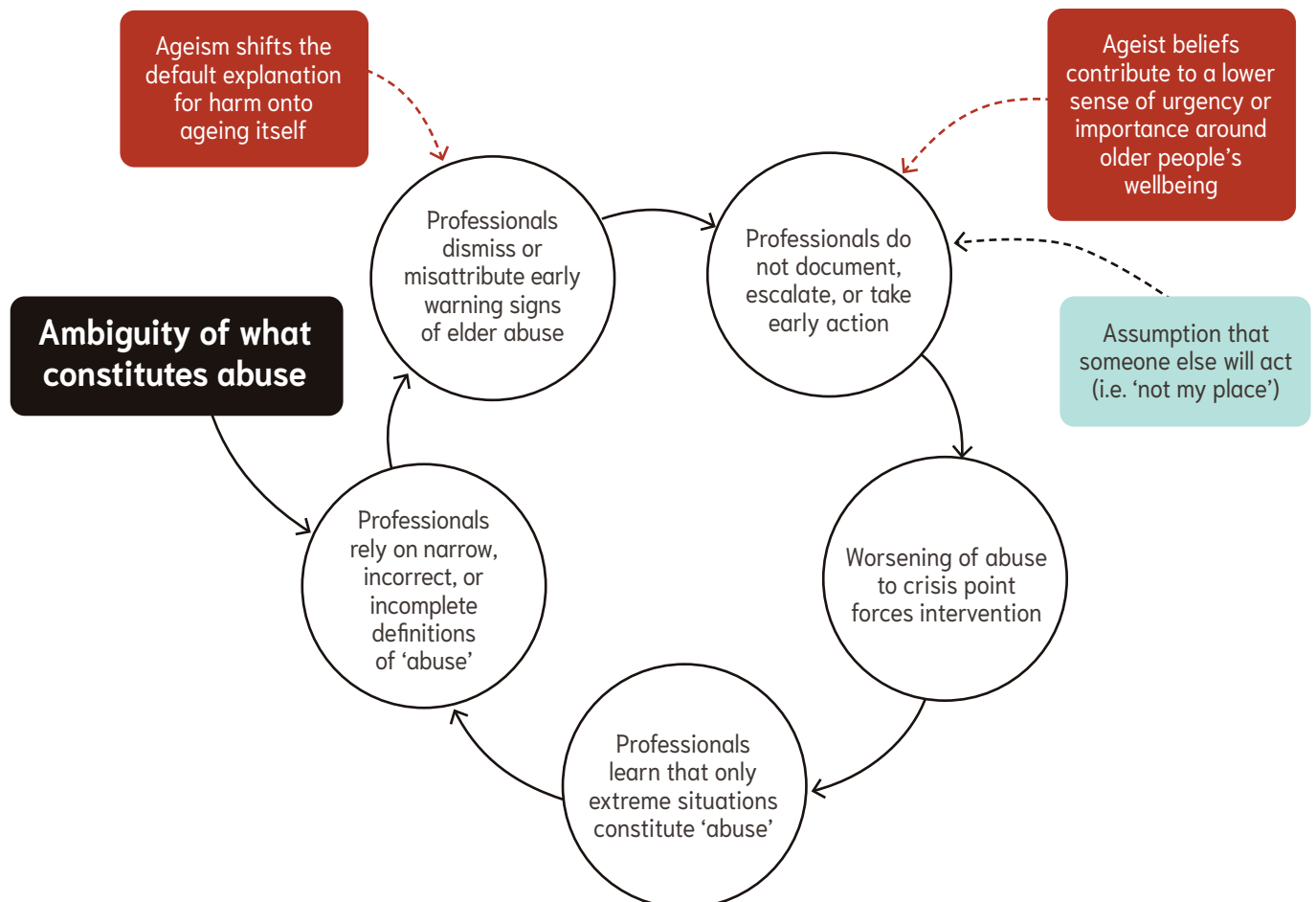
Many professionals work with narrow or incomplete definitions of abuse, often shaped by organisational thresholds, lack of training, or the belief that only physical harm warrants intervention. As a result, early warning signs – such as increasing isolation, financial irregularities, controlling behaviour, or subtle indications of fear – are dismissed, normalised, or attributed to ageing, ‘carer stress’, family conflict, or cultural dynamics rather than recognised as potential abuse. When early indicators are minimised, professionals rarely document, escalate, or take preventive action. Without early checks, the situation continues to deteriorate until harm becomes acute, visible, or impossible to ignore.

By the time intervention occurs, the older person is often in crisis, and the systems involved must respond reactively rather than preventively. Crisis-driven responses inadvertently reinforce the belief among professionals that only severe or overt situations count as ‘real’ abuse. This further narrows their internal definition of abuse, making it even less likely that subtle, relational, or non-physical forms of harm will be recognised in future encounters.

Map 5

Professional minimisation

Frontline workers misclassify risk factors and signs of abuse because they don’t understand what it is



Normalisation by person causing harm

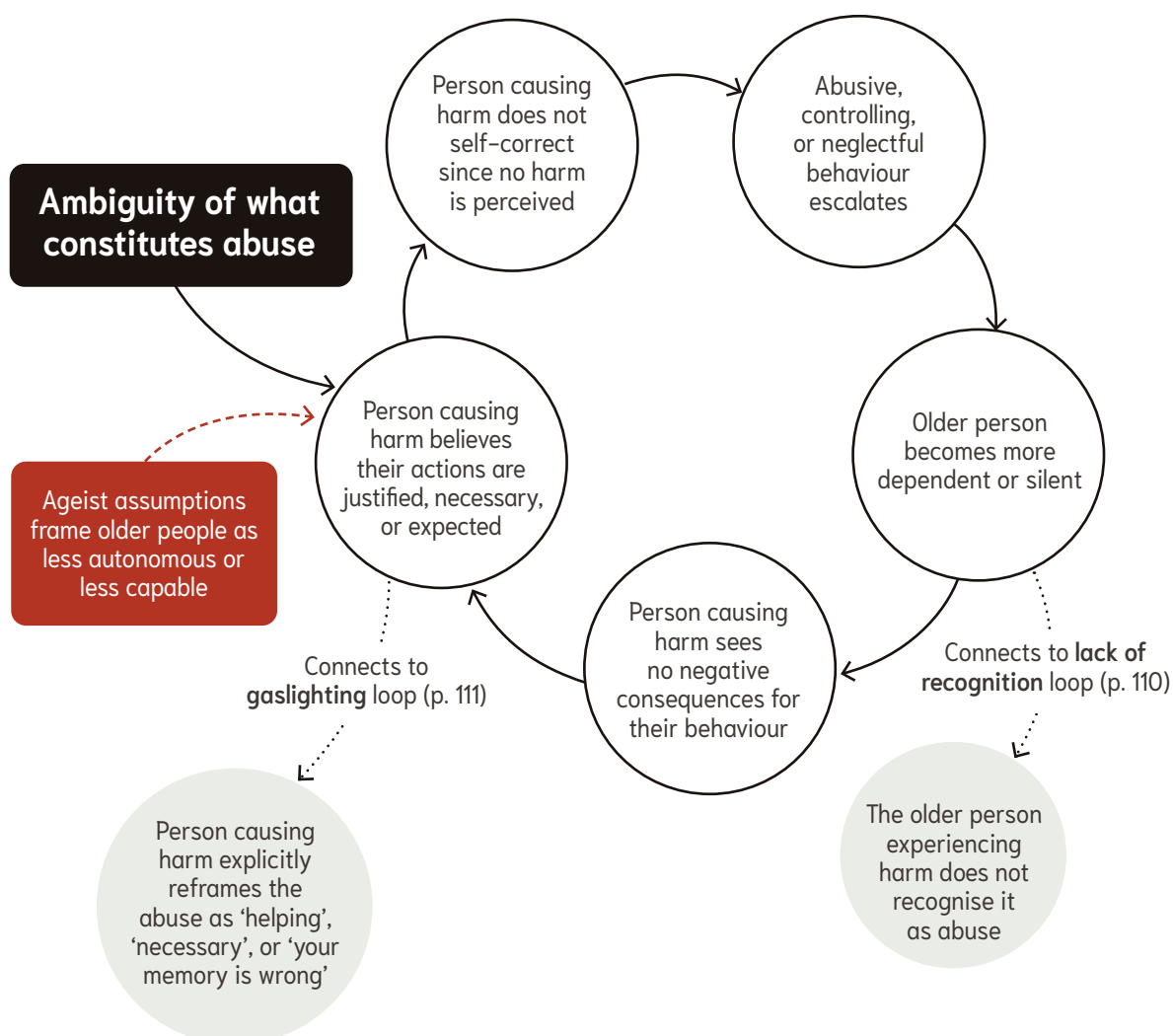
Some people causing harm do not recognise their own behaviour as abusive. Their actions are seen as justified, necessary, or simply 'what families do.' This may stem from entitlement to family resources, beliefs about filial piety or collectivism, assumptions about an older person's declining capacity, or the idea that taking control is a form of protection or efficiency. For example, adult children may expect unpaid childcare or household labour as part of cultural duty or believe taking over finances or decision-making is 'helping'.

Because they do not see their behaviour as harmful, there is no internal trigger for self-correction. Small oversteps, such as monitoring spending or making decisions without consent, escalate as more control is assumed. The older person's reliance on someone for transport, communication, or care, can make it harder to seek help. As the older person becomes more isolated or dependent, the person causing harm interprets this as confirmation that their approach is appropriate or necessary. The absence of consequences reinforces their belief nothing is wrong.

Map 6

Normalisation by person causing harm

Person causing harm does not recognise their behaviour as abuse



Lack of recognition

Many older people do not initially recognise non-physical mistreatment as abuse. Financial pressure, controlling behaviour, neglect, or verbal degradation may be reframed as normal family conflict, temporary stress, cultural obligation, or something they 'deserve' due to past parenting or relationship issues. Without a clear label, they do not see a reason to seek help or even talk to others about it.

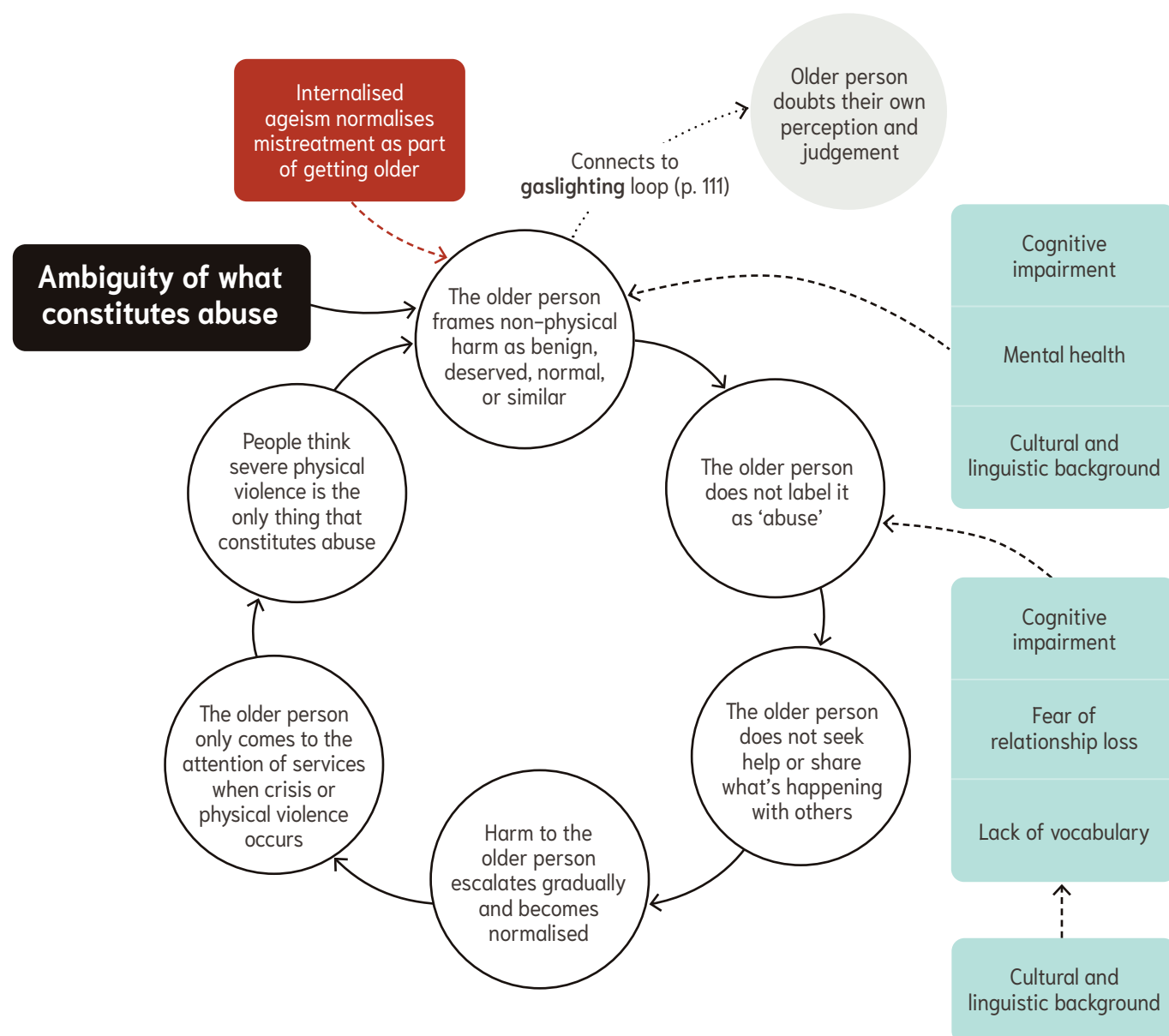
As a result, harm gradually escalates and becomes part of the everyday relationship. When a situation reaches the attention of services, it is often because a crisis has occurred or physical violence has made the harm visible. This reinforces a broader perception (held by the older person, their family, and sometimes by services) that only severe or physical violence 'counts' as abuse.

This belief then feeds back into the older person's own interpretation of earlier behaviours, strengthening the tendency to overlook or minimise non-physical harm and allowing the cycle to continue.

Map 7

Lack of recognition

The older person experiencing harm does not recognise it as abuse



Gaslighting

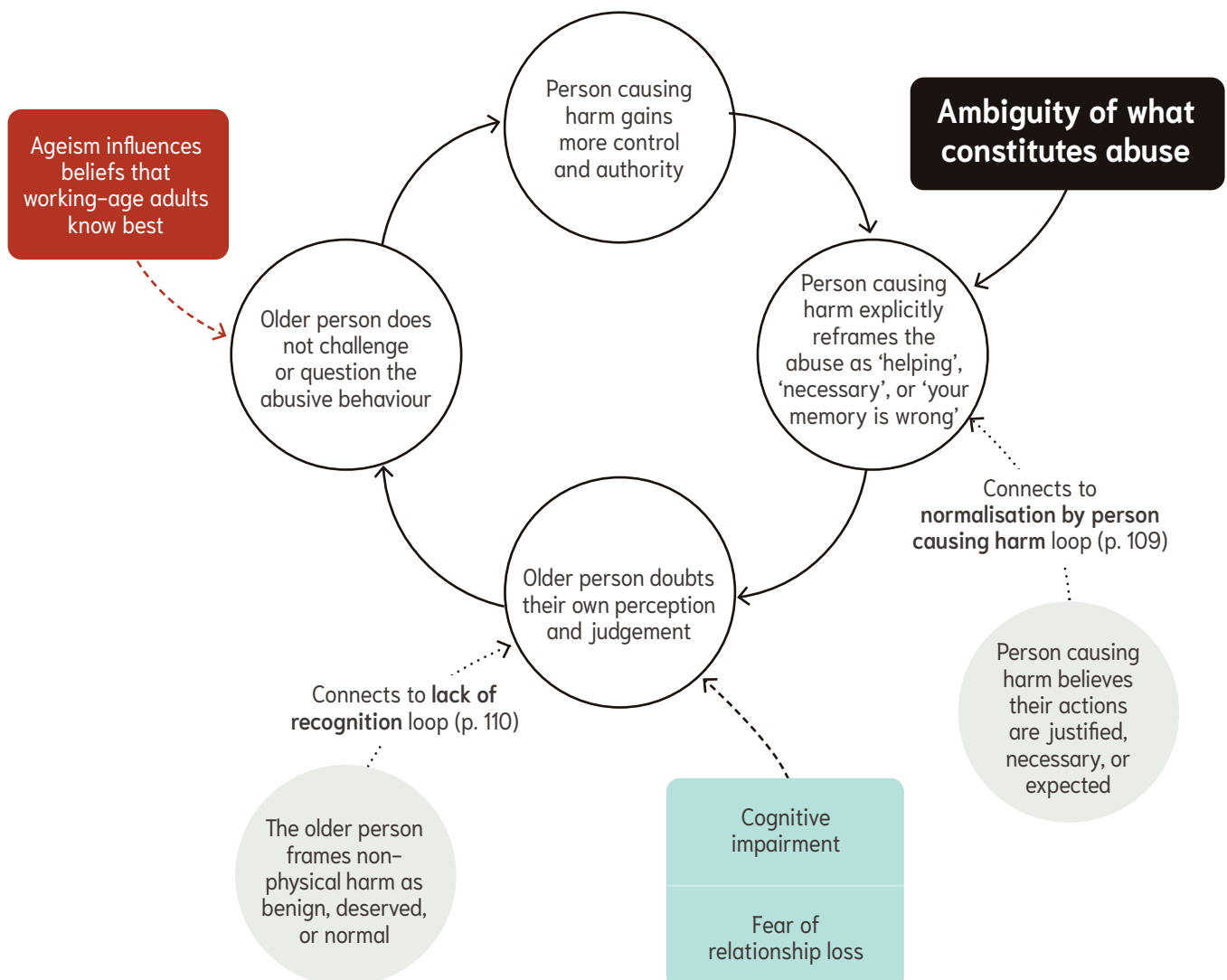
In some situations, the person causing harm gradually reshapes the older person's understanding of what is happening to them. Harmful behaviour is reframed as 'helping' or 'keeping you safe' or attributed to the older person's 'forgetfulness'. This creates doubt and confusion, particularly when the older person is already feeling vulnerable or dependent. As doubt grows, the boundary between support and control becomes increasingly blurred. The older person begins to second guess their own perceptions, making it harder to recognise when behaviour crosses a line.

Over time, they stop challenging or questioning increasingly intrusive or controlling actions, such as managing money, restricting visitors, or monitoring communication. The more the older person accepts these actions as necessary or in their best interests, the more control the person causing harm gains. This further limits the older person's access to alternative perspectives or sources of validation, making it even harder to question or challenge what is happening.

Map 8

Gaslighting

When the person causing harm shapes what's 'true'



3. Dependence

What is dependence?

Dependence occurs when an older person (or sometimes an adult child) relies on someone else for daily essentials. That reliance can be practical (care, housing, financial management) or emotional (fear of losing the relationship or being left without support, for example, due to social isolation).

Why this matters for the abuse and mistreatment of older people

Dependence can create a power imbalance that makes it harder for the older person to set boundaries, challenge harmful behaviour, or leave an unsafe situation. Older people may stay silent because challenging harm can mean they risk losing care, housing, money, or a close relationship. At the same time, the person providing help can gain more control over the older person's life, resources, and network. This creates further opportunities for coercion, neglect, or exploitation. Ageist assumptions (for example, 'older people can't manage') can entrench this harm, by legitimising the transfer of decision-making to others, further reducing autonomy.



Housing and reverse financial dependency

An adult child becomes dependent on the older person for housing or financial survival due to unemployment, mental health issues, substance use, or cost-of-living pressures. Ongoing stress, shame, and lack of alternatives contribute to a deterioration in the adult child's mental health and growing resentment, leading to tension within the family relationship. The adult child begins to engage in abusive and controlling behaviours, such as psychological, physical, or financial abuse.

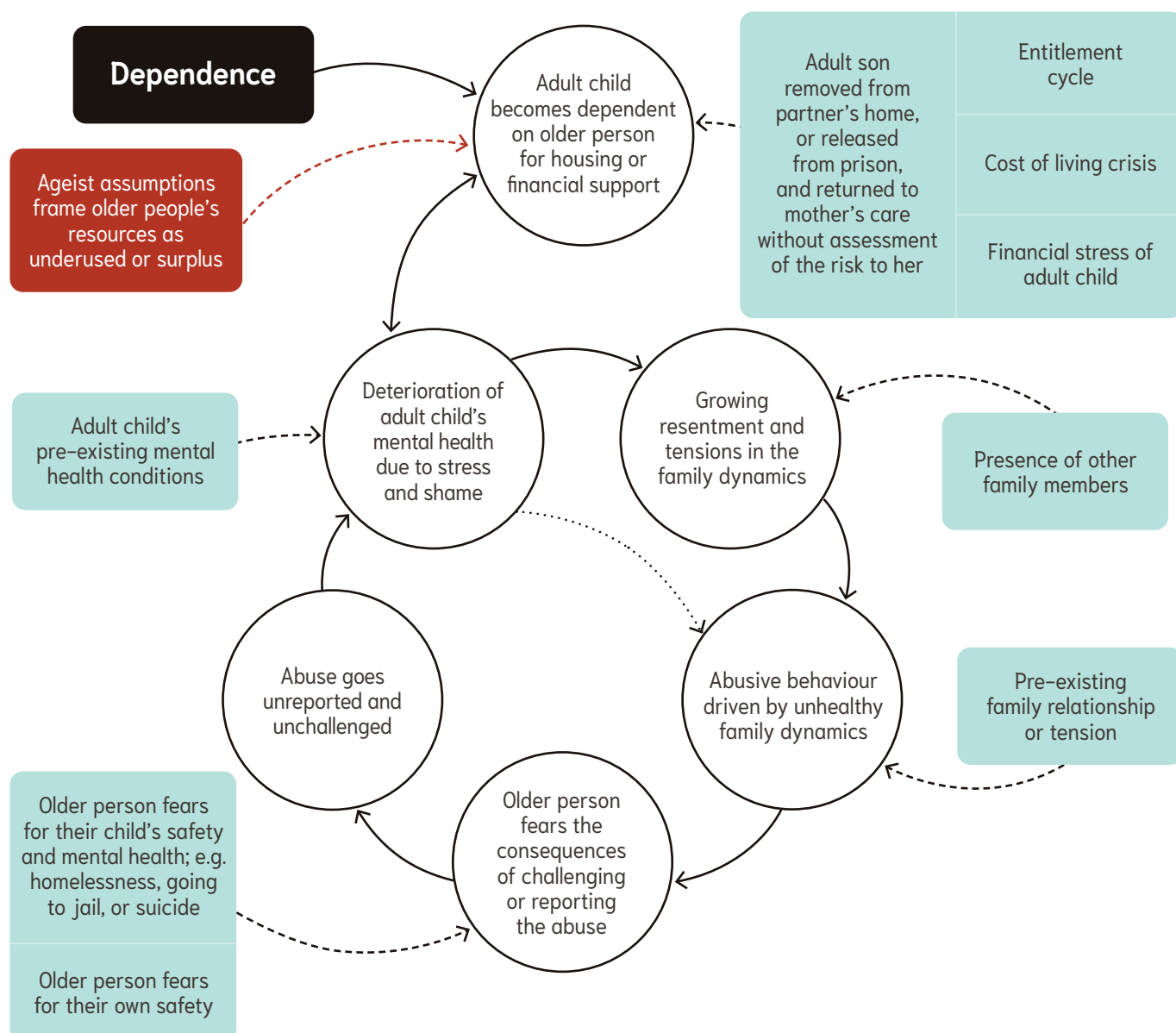
The older person endures it because they understand their child is dependent on them for survival. They fear that reporting the behaviour would result in their child becoming homeless, imprisoned, or otherwise.

As a result, the abuse goes unreported and unchallenged. As it goes on, the child's mental health and life stability further deteriorate, reducing their ability to live independently and deepening their dependence on the older person, reinforcing the cycle.

Map 9

Housing and reverse financial dependency

When the adult child's dependence traps the parent in ongoing abuse



Functional care dependence

As an older person's health changes, they may need more help with everyday tasks such as showering, meals, transport, or medication. Physical or cognitive decline often leads to greater reliance on one caregiver. As the caregiver becomes more central, a power imbalance can grow in the relationship. In some cases, the caregiver uses that imbalance to control the older person through coercion (pressure, threats, or manipulation) or through neglect (not providing safe care).

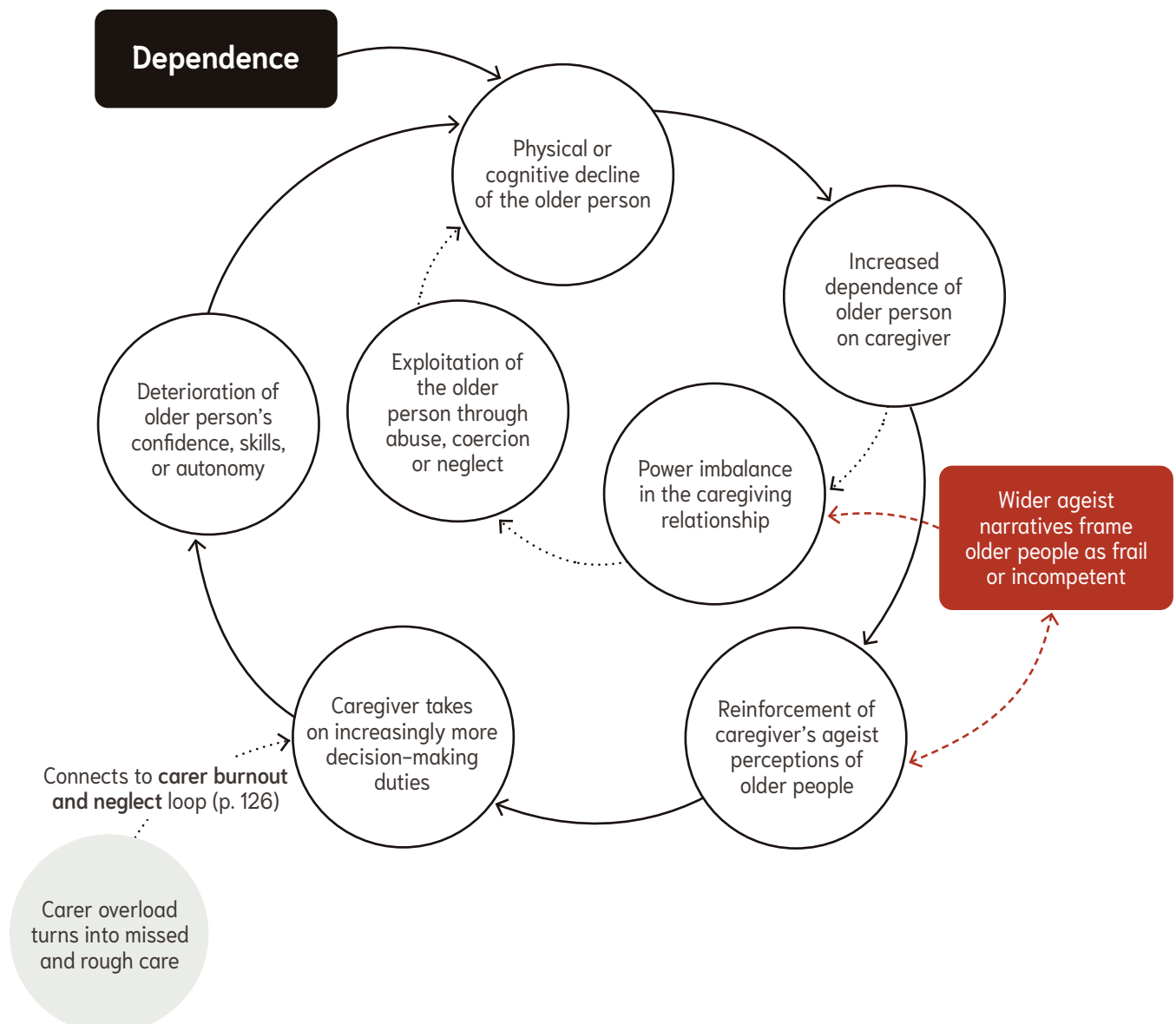
When this happens, the older person can lose confidence and day-to-day skills. They may have fewer chances to make choices or do things for themselves, so their autonomy decreases. Loss of autonomy can speed up further decline and increase care needs, making the older person even more dependent on the same caregiver.

The cycle can be reinforced by ageist beliefs, such as 'older people are frail or incompetent'. These beliefs can make it feel 'normal' for the caregiver to take over decisions and routines. Over time, higher care demands can add strain and increase the risk of rushed, missed, or rough care.

Map 10

Functional care dependence

How growing care needs erode autonomy and increase the risk of abuse



Financial dependence

When older people have limited financial resources or income, they may become reliant on family members for housing, income management, or help navigating digital and financial systems. For example, many women enter later life with significantly fewer financial resources due to lifelong structural inequalities, including the gender pay gap, unpaid caring roles, and lower superannuation balances.

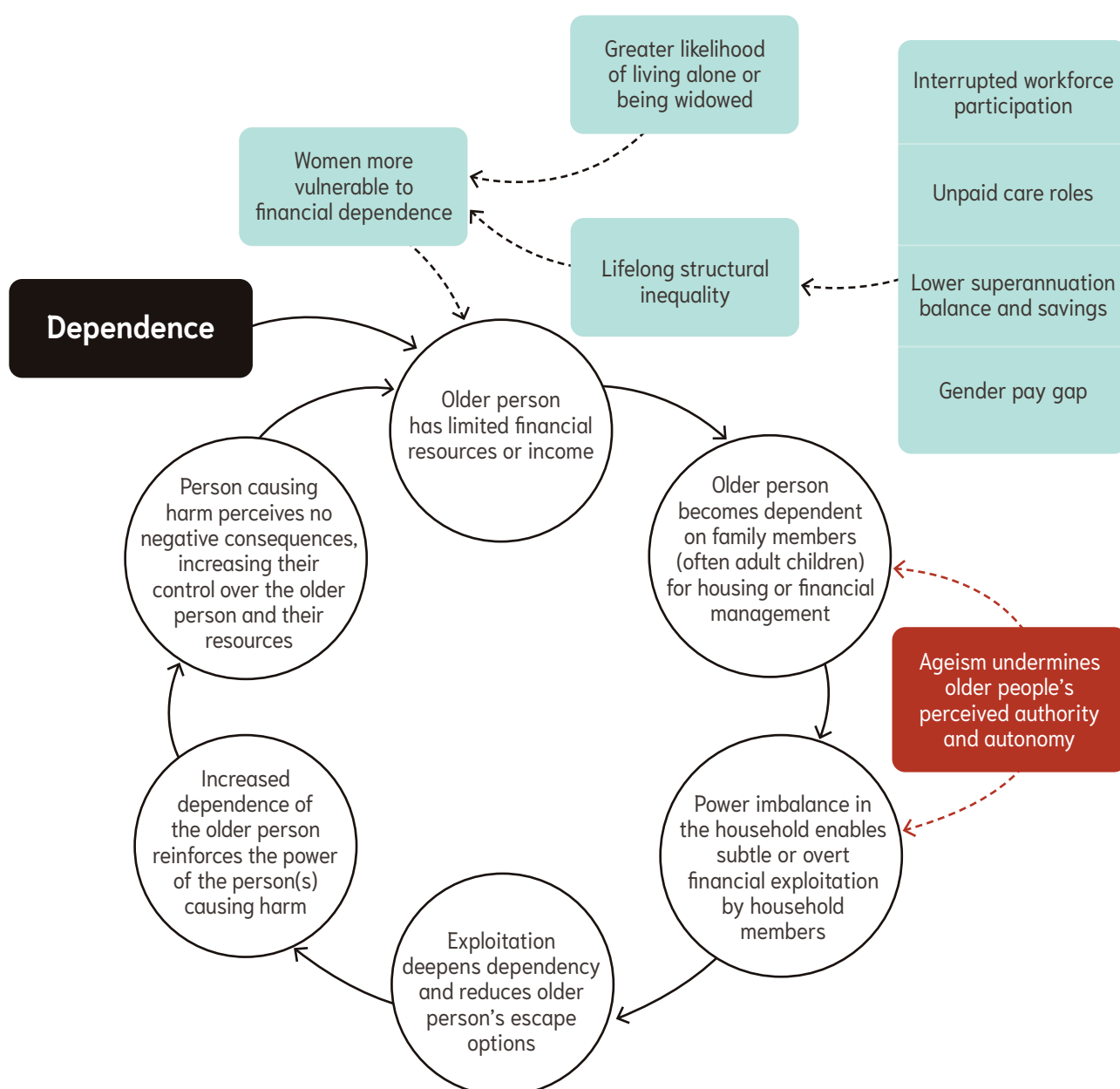
These factors increase the likelihood of financial dependence in older age. This reliance can create a power imbalance that may be exploited, such as when adult children feel entitled to control a parent's financial resources.

Because the older person has little or no financial safety net, challenging this behaviour can carry serious risks, such as eviction, poverty, or loss of family connection. As a result, dependence often deepens, reducing the older person's ability to resist or exit the situation.

Map 11

Financial dependence

When relying on family finances makes it too risky to resist exploitation



4. Help-seeking and disclosure

What is help-seeking and disclosure?

Help-seeking and disclosure refers to how older people (or people around them) share concerns about harm and access support. This can include talking to someone they trust – such as family or friends, or more formal pathways, like talking to helplines or the police. This theme covers barriers to help-seeking and disclosure.

Why this matters for the abuse and mistreatment of older people

If people can't speak up or ask for help, abuse is more likely to stay hidden and continue. Many older people weigh up real risks: fear of family fallout, of making things worse, or of losing care, housing, or connection. Where there are strong expectations of privacy or family loyalty, speaking up can feel shameful or disloyal.

Barriers also come from the system itself. Past experiences of discrimination or punitive responses can make services feel unsafe. Pathways can be hard to navigate (for example, lots of forms, online-only steps, unclear roles, or long delays). Over time, these things reduce trust, increase withdrawal, and make future help-seeking even less likely.



Systemic discrimination and mistrust

Past experiences of discrimination, criminalisation, or pathologisation (shaped by intersectional identities such as being Aboriginal and Torres Strait Islander, CALD, LGBTIQ+, or a person with disability) strongly influence how older people perceive formal systems.

Where legal, health, and regulatory responses are seen as punitive, culturally unsafe, or overly blunt, particularly in contexts of historical trauma and ageism, older people anticipate that seeking help will lead to disproportionate consequences.

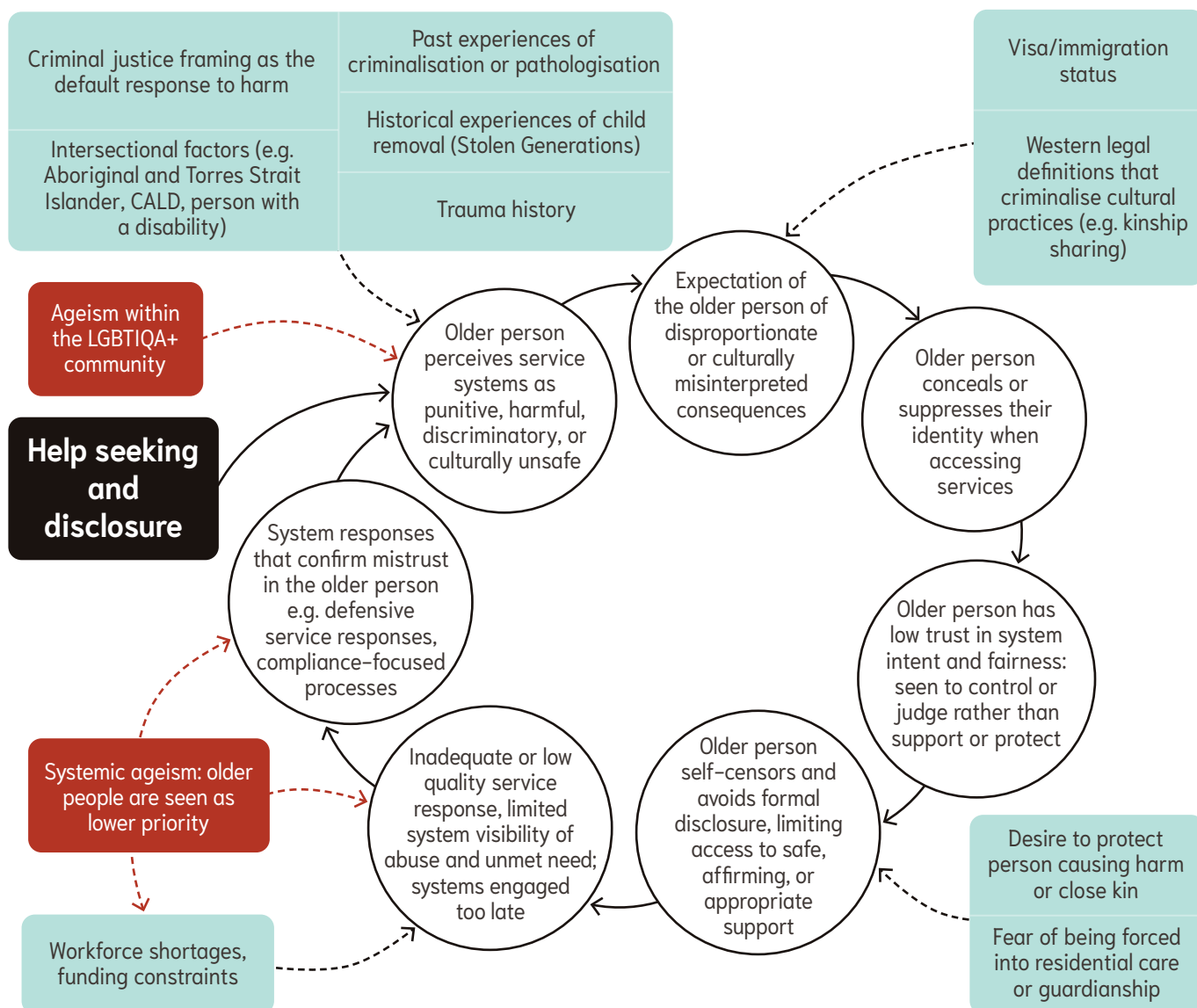
These may include arrest, family separation, child removal, or immigration impacts. This erodes trust in system intent and fairness, leading to self-censorship and avoidance of formal disclosure to protect family, cultural identity, and community standing.

Hiding abuse means opportunities for early support are lost. When systems do intervene, late or narrow responses often confirm fears that help will cause more harm than good, reinforcing mistrust and ongoing avoidance.

Map 12

Systemic discrimination and mistrust

When older people avoid disclosure due to perceiving the system as overly punitive or culturally unsafe



Stigma, shame, and family privacy norms

When harm occurs, older people often internalise blame and feel deep shame, interpreting abuse as a personal or parental failure rather than a violation of their rights. This shame is intensified by stigma surrounding family abuse, where harm is seen as something that ‘should not happen’ in respectable families, making disclosure feel humiliating and socially risky.

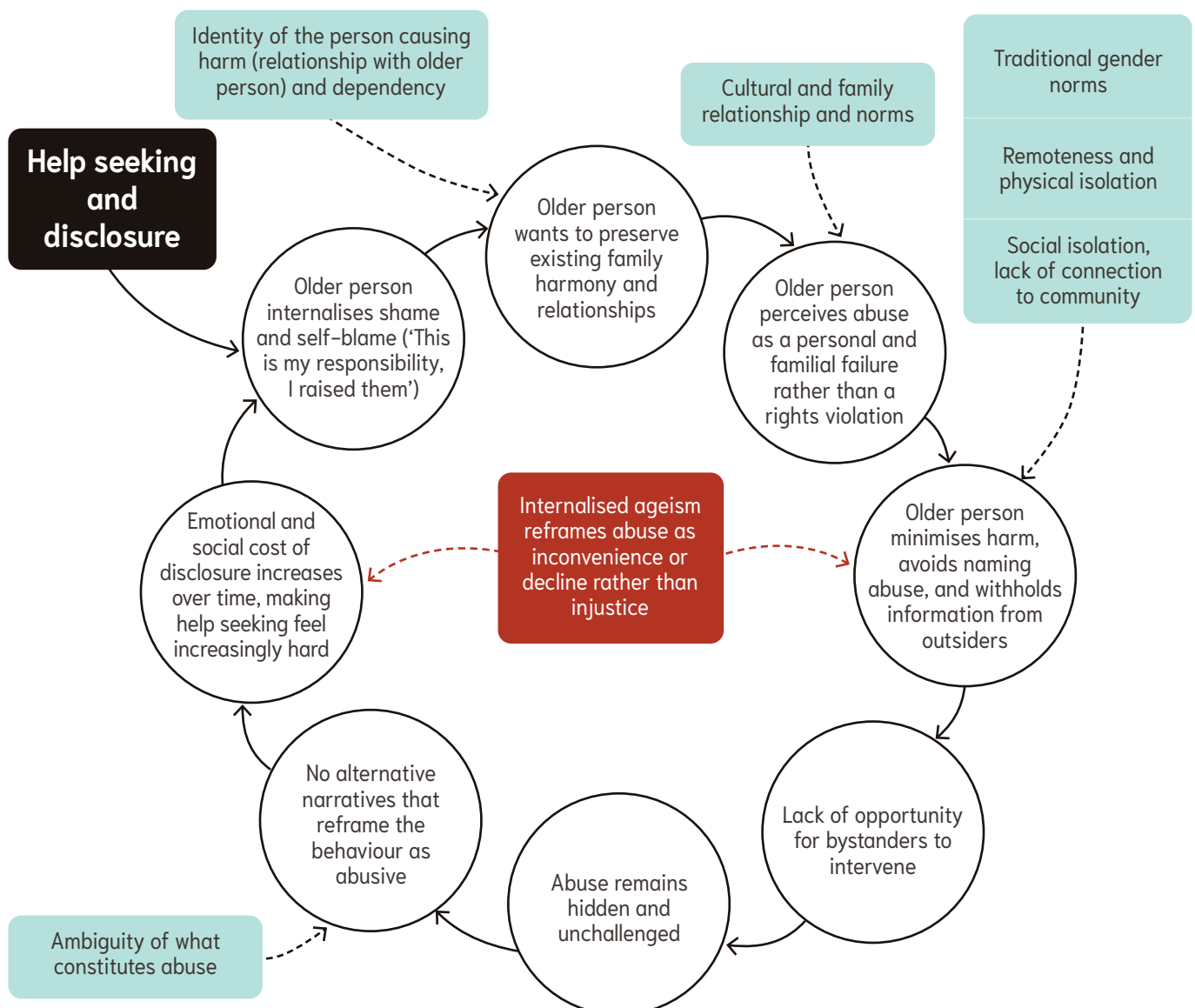
Strong norms of family loyalty and privacy encourage silence, prioritising protection of family relationships, cultural standing, and community reputation over personal safety. This leads to non-disclosure and self-censorship, keeping abuse hidden from both formal services and informal supports. Unchallenged abuse can escalate, reinforcing feelings of powerlessness, dependence, and isolation.

Over time, ongoing harm confirms the belief that silence is necessary and that speaking out would only worsen the situation, further deepening shame and stigma.

Map 13

Stigma, shame, and family privacy norms

When abuse is perceived as a private matter, decreasing the likelihood of help-seeking



Knowledge and accessibility of disclosure pathways

When experiences are not recognised as abuse and legal or system literacy is low, older people are uncertain about their rights and where to turn for help. Fragmented services and unclear roles make pathways appear complex and inaccessible, discouraging disclosure.

For those who attempt to seek help, practical barriers such as digital exclusion, physical isolation, cost, and administrative

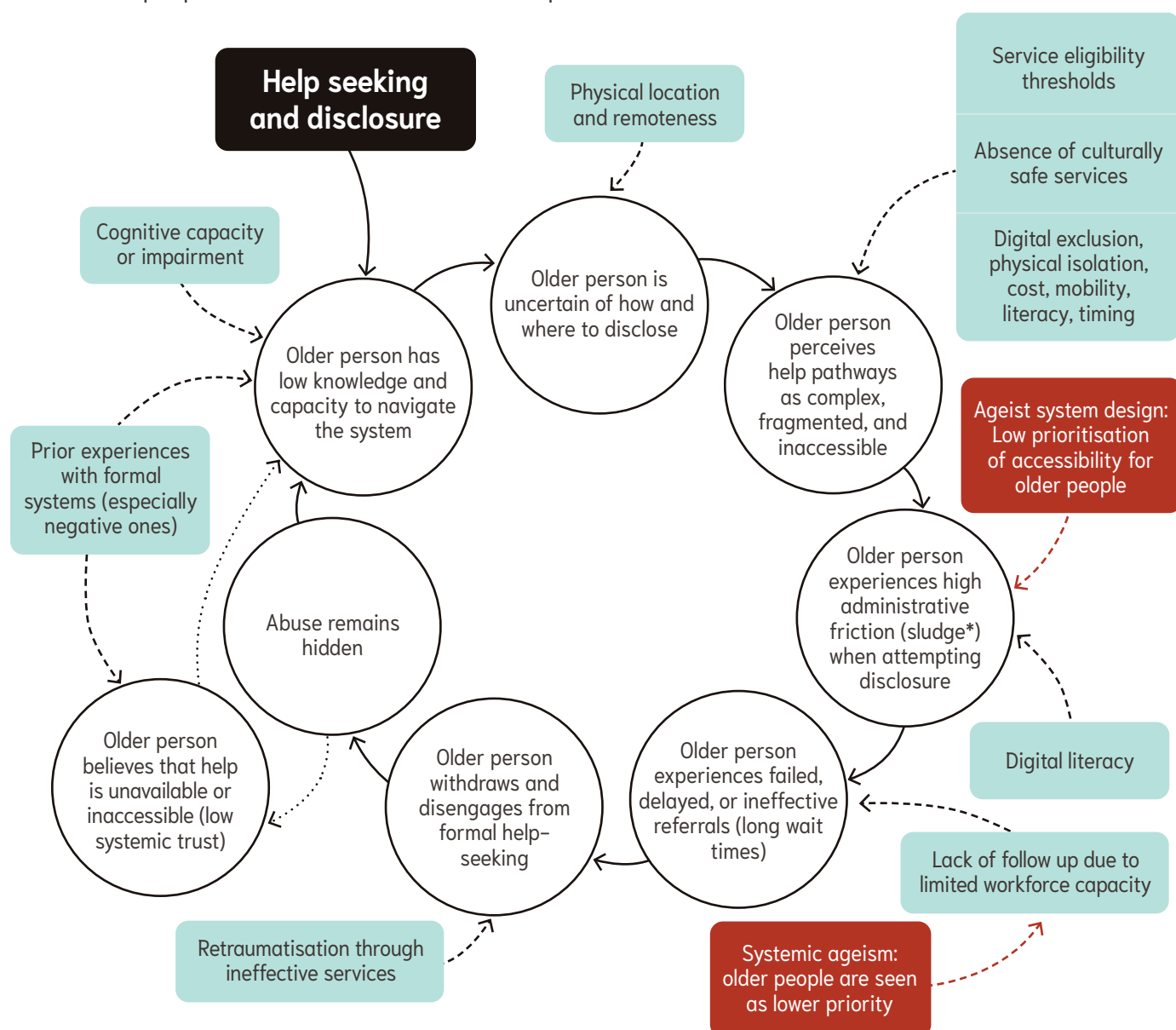
sludge often result in failed or delayed referrals. These experiences reinforce the older person's belief that the system is ineffective or not designed for people like them, leading to disengagement from formal support and increased reliance on family members, including people causing harm.

As abuse remains hidden and unaddressed, opportunities for validation or learning are lost, further entrenching low awareness and mistrust in the system.

Map 14

Knowledge and accessibility of disclosure pathways

When older people are unable to disclose their experiences



*Sludge is a term from behavioural science describing excessive or unjustified barriers within a process that stop people getting what they want or need from the process.

Organisational risk aversion

Services and organisations – such as aged care providers, hospitals and banks – often operate under concerns about regulatory sanctions, complaints or litigation. Frontline staff frequently work within unclear role boundaries and overlapping requirements, which can create uncertainty about protocols and potential consequences. To manage this risk, organisations may default to defensive, compliance-focused practices that rely on high evidentiary thresholds, rigid procedures and administratively heavy processes. These tend to emphasise documentation and escalation rather than flexible, supportive intervention.

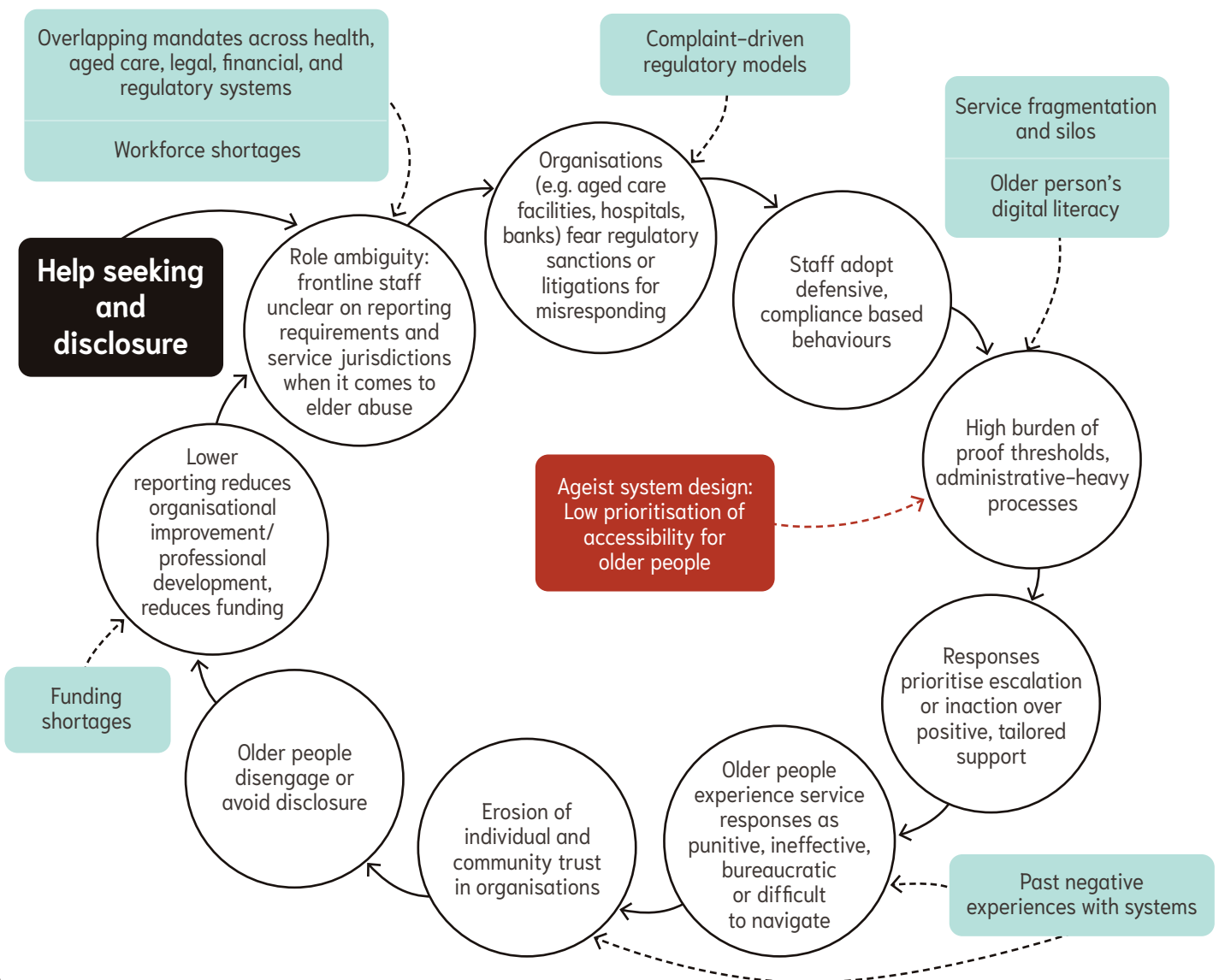
For older people, these responses can feel confusing or difficult to navigate, reinforcing perceptions that services are not accessible or helpful. This discourages disclosure and reduces engagement, limiting opportunities for learning and improvement.

Lower visibility of concerns can reinforce the perception that abuse is rare or not part of an organisation's remit. Over time, this sustains role ambiguity and heightens risk aversion, further embedding defensive and process-heavy responses. The loop continues as inaction or escalation is perceived as safer than early, proportionate support.

Map 15

Organisational risk aversion

When organisations are fearful of regulatory action, punitive responses are prioritised



5. Social isolation

What is social isolation?

Social isolation occurs when an older person has limited contact with other people, a small support network, or limited access to everyday social settings. This may occur unintentionally (for example, following bereavement or due to transport barriers) or deliberately, where contact is actively restricted by another person. Social isolation can be compounded by factors relating to physical or practical isolation, such as living remotely, poor internet, low digital confidence, or language barriers.

Why this matters for the abuse and mistreatment of older people

Social isolation increases risk because it reduces visibility and support. When fewer people are around, it is less likely someone will notice changes, ask questions, or offer help. Isolation can also make an older person more dependent on a single person for care, money, transport, or information. Sometimes, a person causing harm actively creates or maintains isolation because it makes it easier to control the older person and keep harm out of sight.



Coercive isolation and dependency

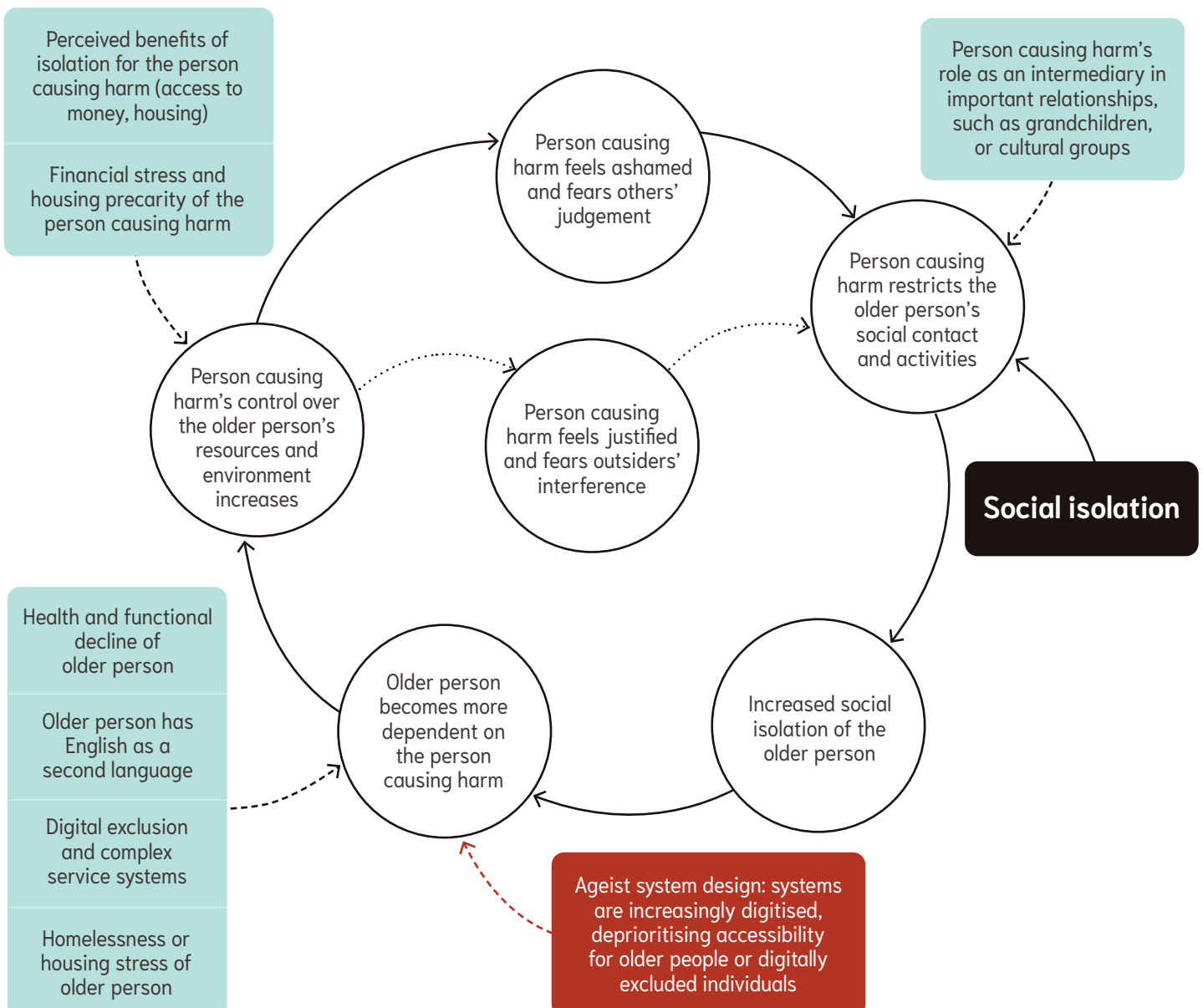
When the person causing harm restricts an older person's contact with friends, family, or services (sometimes framed as protecting them or keeping things in the family), the older person becomes more socially isolated. As isolation grows, they rely more and more on the person causing harm for care, money, and companionship. The dependence creates a power imbalance, allowing the person causing harm to manipulate or control the older person by threatening to further limit relationships.

This dependence gives the person causing harm, greater control over the older person's daily life and resources, making it easier for neglect or financial abuse to continue or quietly worsen out of sight. Over time, the person causing harm becomes increasingly afraid that if outsiders see what is happening, they will judge them, report them, or step in and remove access to the older person or their assets. Some are ashamed, while others feel justified but worry outsiders will 'misunderstand' and interfere. In both cases, fear of judgement or intervention leads them to further tighten restrictions on the older person's social contact, deepening isolation.

Map 16

Coercive isolation and dependency

When cutting off contact makes the older person more dependent



Mental health and self-silencing

When an older person is socially isolated, they are more likely to feel lonely, depressed, or low in self-worth. Isolation can be triggered by major life events such as the death of a loved one, declining health, or past trauma, and may worsen existing mental health challenges. As mood and mental health deteriorate, the older person can lose confidence and motivation to ask for help, or to stay engaged with services.

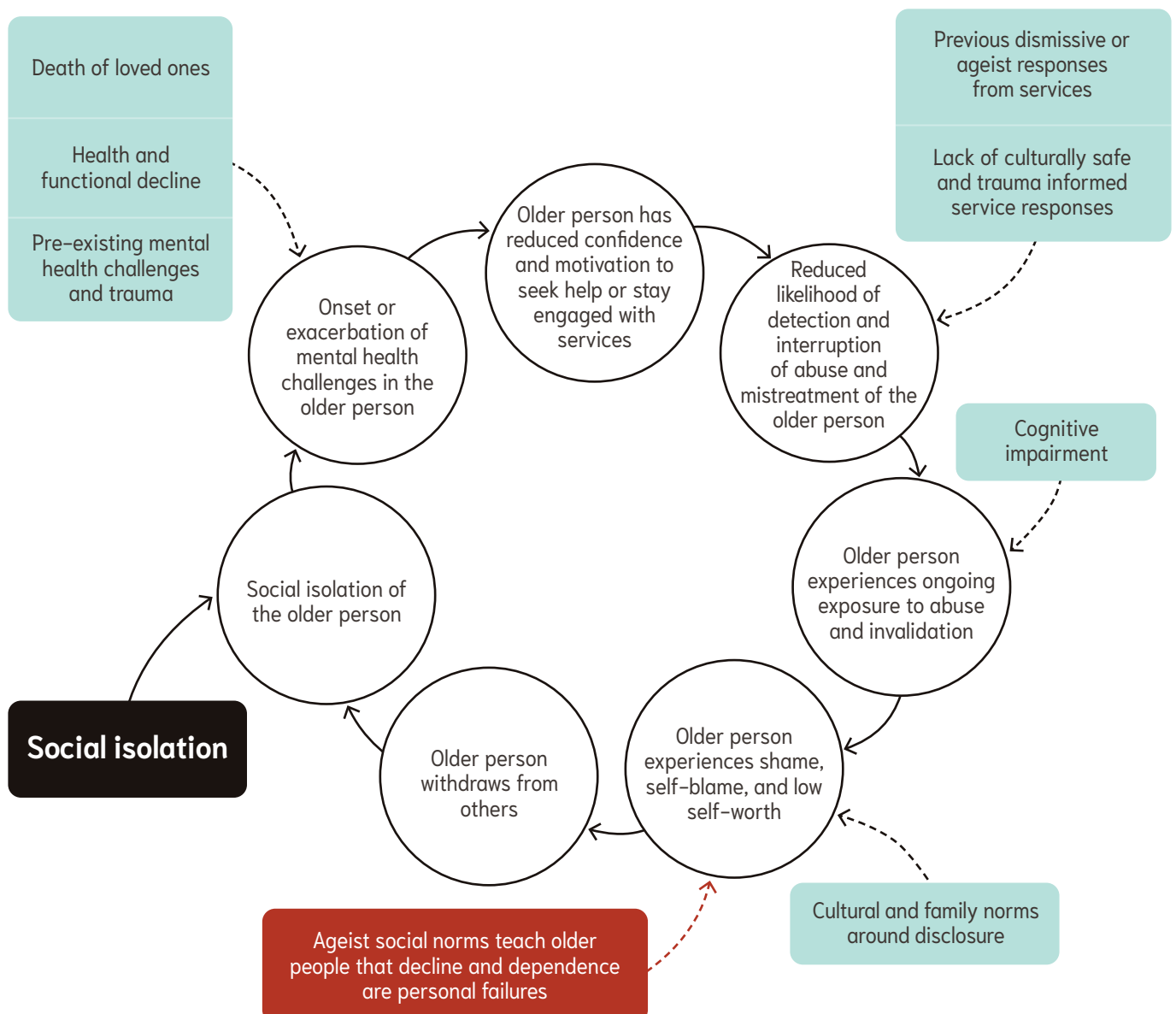
With less contact and support, abuse and mistreatment is less likely to be noticed or interrupted. The older person may experience ongoing abuse alongside invalidation, such as being minimised, blamed, or not believed. Shame, self-blame, and hopelessness build. Ageist social norms that frame decline or dependence as a personal failure can deepen these feelings.

In some cases, cognitive impairment and family or cultural norms about not disclosing private matters add barriers to seeking help. To cope, the older person may withdraw further from others, which again increases isolation.

Map 17

Mental health and self-silencing

When isolation and low mood make it harder to ask for help



Structural and digital isolation

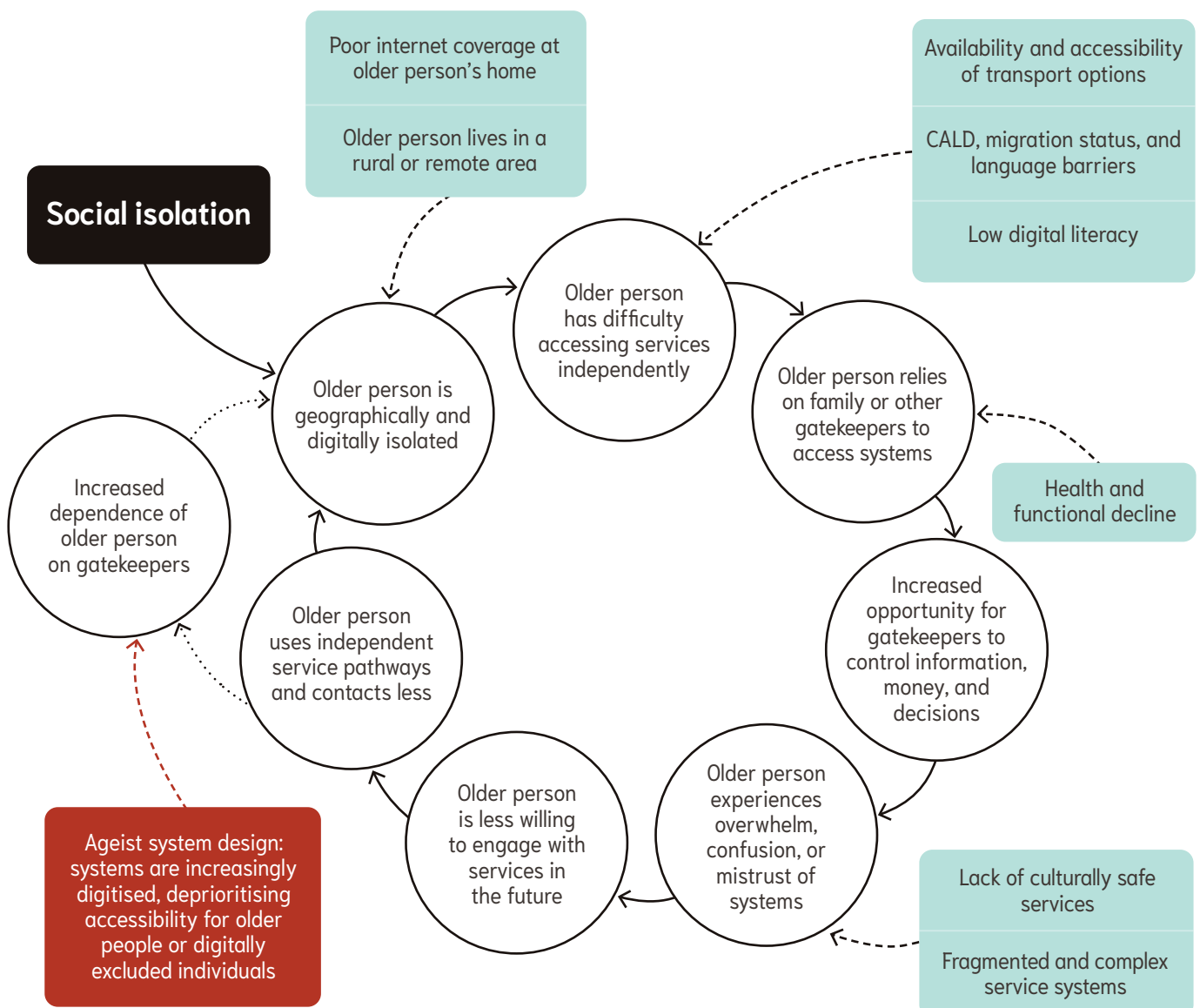
When an older person is geographically or digitally isolated, it can be hard to access services on their own. This is common in rural or remote areas, or when there is poor internet coverage. It can also happen when transport is limited, when there are language barriers, or when someone has low digital literacy. Health and functional decline can make it even harder to navigate service systems without support.

As independent access becomes harder, the older person may rely on family or other ‘gatekeepers’ to make calls, fill in forms, book appointments, or manage online accounts. That reliance can increase the gatekeeper’s control over information, money, and decisions. If services feel confusing, fragmented, or not culturally safe, the older person can feel overwhelmed or dismissed. They may lose trust in the system and become less willing to engage with services, using independent pathways less often. Over time, this reduces outside contact and oversight, making dependence on gatekeepers even stronger.

Map 18

Structural and digital isolation

When remoteness and digital systems leave older people reliant on gatekeepers



6. Carer burnout

What is carer burnout?

Carer burnout is when someone providing care to an older person becomes worn down over time by ongoing stress, high workload, and low support. It can show up as exhaustion, irritability, low patience, and feeling overwhelmed. We define carers as both informal (family and friends) and the care workforce (paid support workers and services).

Why this matters for the abuse and mistreatment of older people

When carers are under sustained strain, the quality and safety of care they provide can slip. Important tasks can get missed (providing meals, hydration, medication, appointments, or basic hygiene) and rough or impatient care can become normalised in the relationship. This can lead to further neglect or other harm, even when the person providing care did not set out to be abusive.

Burnout can become self-reinforcing. As care quality drops, the older person's health may worsen and their needs grow. Care becomes more complex and time consuming, further increasing carer stress. Without timely support (like respite, training, or flexible services), the cycle can keep escalating.



Carer burnout and neglect

When an older person's health and functional status declines, their care needs become more complex and intensive, often requiring family and other informal carers to provide many hours of hands-on support each week. As the workload and role strain increase, carers become stressed and eventually burnt out – their empathy, judgement, and emotional regulation gradually eroded.

Burnout plays out in 2 reinforcing ways:

First, exhausted carers have less time and bandwidth to organise appointments, chase services, or navigate fragmented systems,

so the older person receives less timely health care and support and their health deteriorates further.

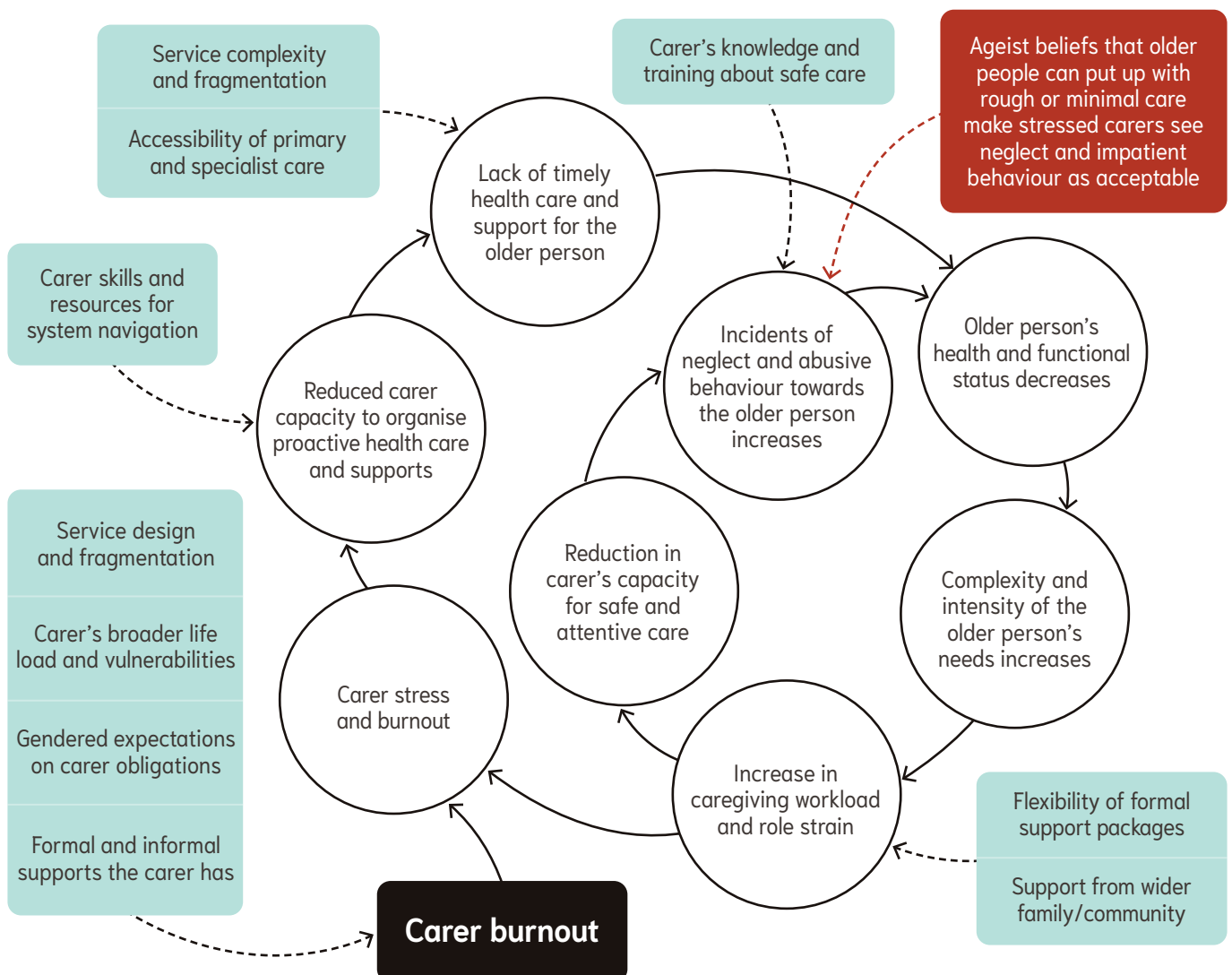
Second, the carer's capacity to provide safe, attentive care drops. Missed care, rough or impatient behaviour, and other 'stress-driven' neglect or psychological abuse become more common, especially when carers lack training and do not recognise these behaviours as abuse.

Poor treatment further harms the older person's health and functioning, which in turn increases the complexity of their needs and pushes the carer into even deeper stress and burnout, keeping the vicious cycle in motion.

Map 19

Carer burnout and neglect

When carer overload turns into missed and rough care



Workforce burnout and compromised care

When aged care and home care services are short-staffed, each worker has more residents or clients on their caseload and covers more shifts. The workload and role strain increase, pushing up stress and burnout. Burnt out staff have less emotional and physical capacity to provide person-centred care and are more likely to slip into rushed, task-only care or unintentional neglect.

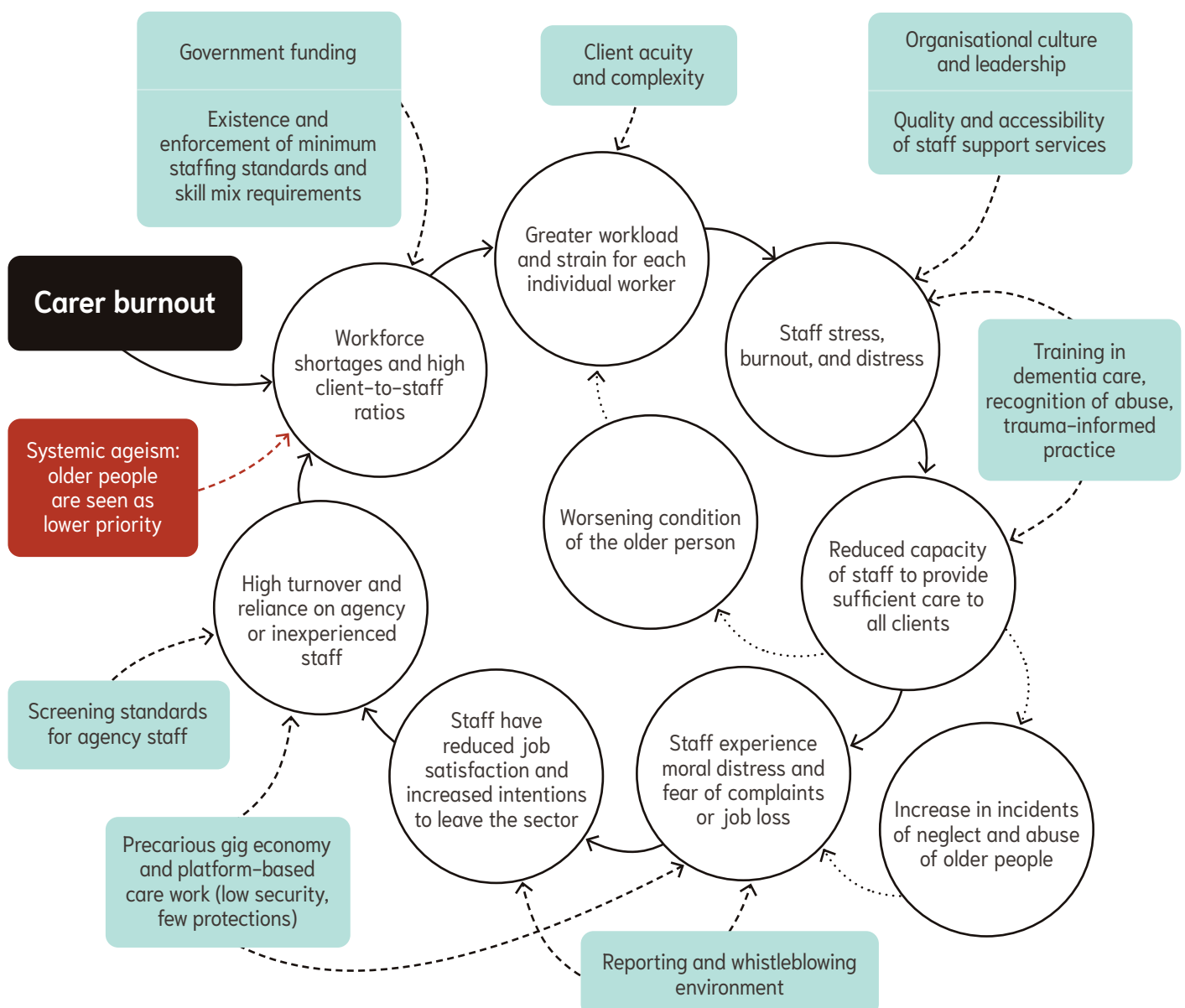
As they witness or participate in poor care and unresolved abuse, they experience moral distress and become more fearful of complaints, regulatory action, or losing their job. To avoid complaints or conflict, they keep concerns to themselves and keep working, which deepens stress, reduces job satisfaction, and drives workforce turnover.

Services then rely even more on agency and gig economy staff, worsening workforce shortages and workload. Fear is especially acute in these groups because they have insecure contracts, fewer protections, and limited income security.

Map 20

Workforce burnout and compromised care

How staff shortages and insecure work erode care quality



Theory of Change

We created a Theory of Change to clearly explain how and why our recommended prevention activities are expected to reduce harm. A Theory of Change:

- describes the problem we are trying to solve
- identifies the behaviours, conditions, and structures that need to change
- shows how different parts of the system interact
- explains the causal mechanisms that make change possible
- clarifies the short-, medium-, and long-term outcomes we expect to see.

Our Theory of Change identifies practical actions that can help interrupt harmful cycles, the mechanisms expected to make these work, and the outcomes they are intended to support for each of the 6 key drivers of abuse identified in our behavioural systems mapping.

Ageism sits across all 6 drivers: attitudes of entitlement, ambiguity of abuse, dependence, help-seeking and disclosure, social isolation, and carer burnout. It can make abuse and mistreatment easier to justify, harder to recognise, and slower to address.

The Theory of Change therefore treats ageism in 2 ways: as an underpinning, cross-cutting, system-wide influence on how older people are seen, heard, valued and treated; and as a direct target for prevention in its own right.

Guide to symbols in the diagrams

Individual, family, community, and organisation icons indicate who undertakes the intervention.



Number icons indicate whether the intervention is part of primary, secondary, and/or tertiary prevention.



The components of our Theory of Change

Intervention – The action taken, such as a program, initiative, or practice change.

Preconditions – The conditions or circumstances that must already be in place for the intervention to work.

Causal mechanism – The reason the intervention works. It describes the changes in people, relationships, or organisations that make different behaviour more likely.

Assumptions – Beliefs about how people or systems behave that must hold true for the intervention to work.

Risks – What could go wrong, including unintended consequences or harms if the intervention is poorly designed or implemented.

Short-term outcomes – The first visible signs of progress, often seen in individual behaviour or small interactions.

Medium-term outcomes – The broader changes that emerge as short-term shifts accumulate over time.

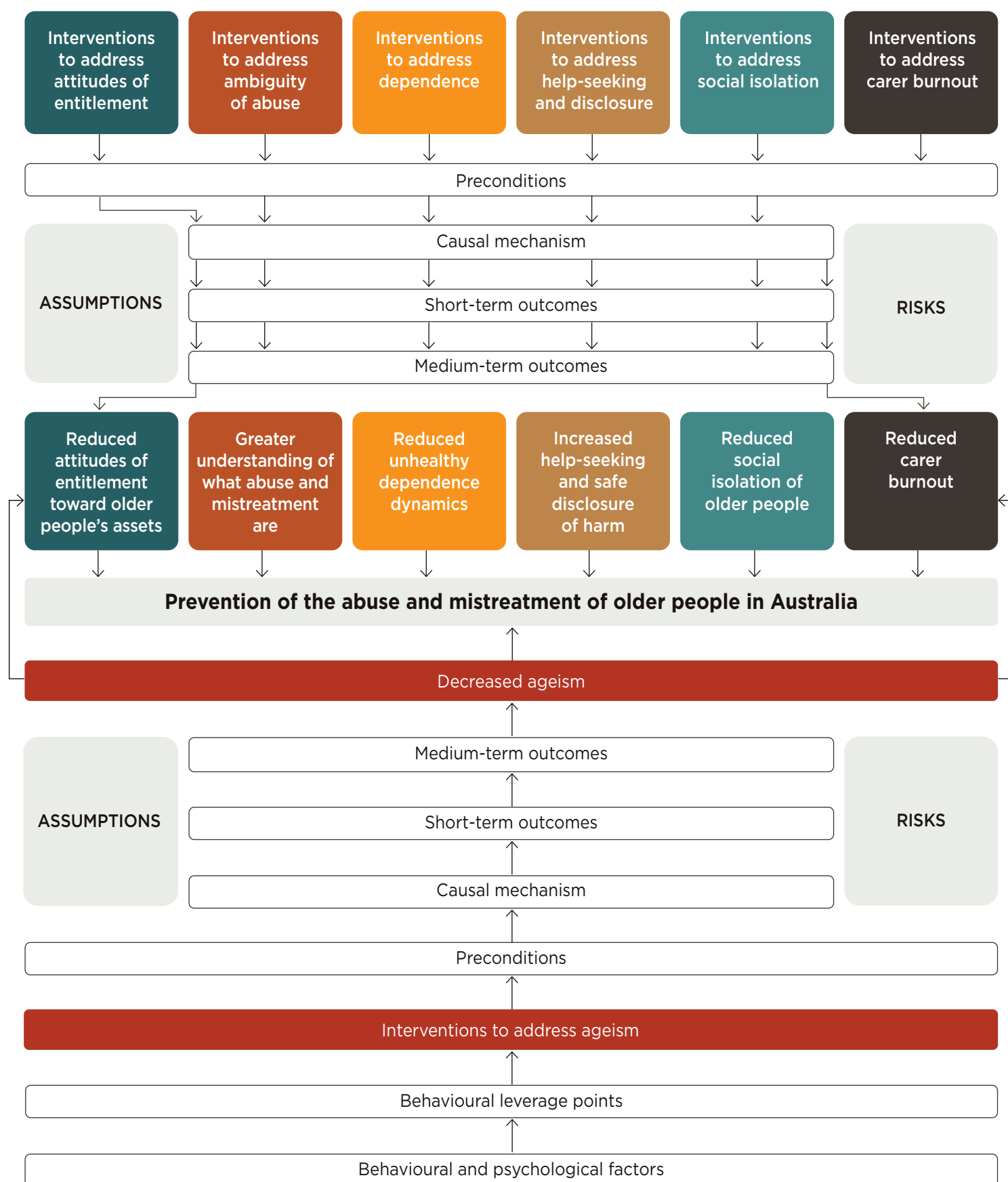
Long-term outcome – The sustained change within each theme. This is typically the ‘reverse’ of the problem identified (for example, reduced social isolation, reduced entitlement).

Ultimate outcome – Prevention of the abuse and mistreatment of older people in Australia.

Behavioural and psychological factors – Patterns in how people think, feel, or make decisions that can lead to predictable blind spots. They help explain why certain behaviours occur.

Behavioural leverage points – The specific psychological or relational levers an intervention can activate to counter harmful psychological drivers and support better decisions or actions. They identify where behaviour can be influenced most effectively.

Theory of Change structure at a glance





Giving clear information and support at key financial moments so decisions are informed, not pressured

1
2
3

Preconditions

- Frontline services are able to predictably identify key financial moments
- Supports are culturally safe, non-judgemental, and accessible to a range of reading, digital, and financial literacy levels
- Older people have access to neutral, independent advice
- Safe, quiet opportunities exist for private conversation

Causal mechanism

When older people receive support at key financial moments, they gain clarity, confidence, and space to think, which reduces the impact of pressure, stops informal requests from escalating unnoticed, and removes the 'they agreed' justification that fuels entitlement.

Assumptions

- Timely information reduces susceptibility to pressure
- Most older people want to maintain family harmony, so declining requests must feel culturally legitimate
- People causing harm respond to friction and visibility
- Independent advice is trusted more than family-mediated explanations
- If an older person successfully pauses or declines once, it becomes easier next time

Short-term outcomes

- Older people understand the decision in front of them and feel more confident expressing preferences
- Staff detect when a family member is answering on behalf of the older person
- Family members become aware that decisions are being checked independently
- Clear documentation of consent reduces the ease of covert transfers or use of joint accounts and enduring powers of attorney (EPOAs)

Risks

- Shame or fear if older people feel judged for being pressured or for wanting to help family
- Family backlash if boundary-setting is framed confrontationally rather than relationally
- Overwhelming or complex advice that reduces confidence instead of strengthening it
- Capacity of the older person may be under- or over-estimated if blanket approaches are used

Medium-term outcomes

- Informal pressure is less likely to escalate into coercive borrowing or deceptive transactions
- Older people retain control over banking arrangements, access cards, PINs, and decision-making authority
- The person causing harm experiences more friction and more visibility, reducing repeat attempts
- Older people are more likely to seek early advice when pressured

Long-term outcome

Reduced attitudes of entitlement towards older people's assets

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Making financial systems safer so exploitation is harder and more visible

1

2

3

Preconditions

- Organisations have the authority and policy framework to introduce guardrails
- Staff have training and scripts to implement safeguards confidently and respectfully
- Consent checks can be conducted privately
- Systems are designed to detect patterns, not just single transactions
- Safeguards are culturally safe and appropriate for a diversity of older people

Causal mechanism

When financial systems introduce simple, proportionate guardrails, harmful transactions become harder to execute and easier to detect, thus increasing visibility of the older person within the system and reducing opportunities for exploitation.

Assumptions

- Friction reduces exploitation without deterring legitimate transactions
- Older people accept verification steps when they are respectful and clearly explained
- Staff are more likely to intervene when they have clear scripts and organisational backing
- Visibility reduces entitlement
- Financial exploitation is detectable when multiple small signals are connected into a pattern

Short-term outcomes

- Older people are asked simple, respectful questions to verify intent
- Staff identify and correctly interpret more red flags
- Suspicious or unclear transactions are paused for brief verification
- People causing harm encounter 'friction' (extra steps, verification checks) that discourage repeat attempts
- Older people become aware of safer banking tools

Risks

- Safeguards that are too restrictive may disempower older people or slow legitimate transactions
- Older people may feel singled out if interventions appear ageist or paternalistic
- Without good scripts and supervision, some staff apply safeguards inconsistently
- The person causing harm may shift to cash, alternative accounts, or offline methods

Medium-term outcomes

- Staff gain confidence and normalise using guardrails as routine practice
- Misuse of EPOAs or joint financial instruments becomes easier to identify and challenge
- Older people maintain more control over accounts and decision-making authority
- Early warning systems lead to earlier, supportive intervention before harm escalates
- Families and communities come to expect accountability for shared finances

Long-term outcome

Reduced attitudes of entitlement towards older people's assets

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Supporting healthy cultural practices around money, authority, and inheritance

1

2

3

Preconditions

- Leadership and guidance that comes from within the community, not imposed externally
- Resources and messaging that affirms healthy cultural values of reciprocity, kinship, and obligation
- Safe, indirect, non-shaming ways to talk about money and boundaries exist
- Alternatives exist for meeting cultural obligations without relying on the older person's finances

Causal mechanism

When families and communities have clear, culturally grounded ways to distinguish healthy obligation from exploitation, people causing harm lose the ability to justify their behaviour and older people gain safer, more legitimate ways to set boundaries without shame or conflict.

Assumptions

- When cultural values are affirmed, people are more open to naming harmful distortions
- Most people want to act in ways that align with community expectations of respect and reciprocity
- Providing culturally acceptable alternatives reduces reliance on the older person's finances
- Older people will use boundary setting strategies when those strategies feel legitimate and culturally endorsed
- Social cues from respected figures strongly influence behaviour within kinship systems

Short-term outcomes

- Older people feel more culturally supported in saying 'no' or offering alternatives
- Community leaders reinforce messages that obligations do not override autonomy
- People causing harm experience subtle social correction ("that's not the right way")
- Conversations about money become possible in low-pressure, culturally congruent ways

Medium-term outcomes

- Exploitative practices become more visible within the community
- Community norms shift as demand sharing or taking over financial authority are no longer seen as legitimate expressions of obligation
- Families begin using culturally aligned conflict-resolution pathways
- People causing harm feel less socially validated in drawing on the older person's income or assets
- Culturally grounded boundary setting becomes normalised rather than shameful

Risks

- Perceived cultural disrespect if messaging is not co-designed
- Family conflict escalation if boundary-setting tools aren't culturally congruent
- Older person blamed if supports aren't framed carefully
- Oversimplification of obligations if examples don't reflect community variation
- Tokenistic resources that appear culturally safe but aren't practised or endorsed by leaders

Long-term outcome

Reduced attitudes of entitlement towards older people's assets

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Helping older people understand what abuse looks like and what they can safely do next

1
2
3

Preconditions

- Information that feels relevant, respectful, and safe to engage with
- Diverse and culturally appropriate ways of describing harm
- Trusted messengers or channels that older people are willing to learn from
- Ways to explore concerns without triggering fear, shame, or family conflict
- At least one safe option for what to do next

Causal mechanism

When older people see clear, culturally resonant examples of abuse that reflect their own experiences, they are able to recognise harmful behaviour, feel less confused or self-blaming, and become more confident in considering safe options for what to do next.

Short-term outcomes

- Older people recognise specific behaviours in their own lives as potentially harmful, not just 'family conflict' or 'normal ageing'
- Uncertainty and self-blame decrease and older people feel more validated in their concerns
- Older people feel safer to reflect on their situation privately or with a trusted person
- They become aware of at least one safe, low stakes option for what to do next

Medium-term outcomes

- Older people are more willing to raise concerns early
- Harmful behaviours become more visible to others because older people can describe them
- Trusted intermediaries identify risk earlier and offer proportionate support
- Patterns of minimisation and normalisation weaken; harmful behaviour is less likely to be dismissed as 'normal family stuff'
- Older people feel more empowered to quietly set boundaries or make small protective adjustments

Long-term outcome

Greater understanding of what abuse and mistreatment are

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia

Assumptions

- When information feels relevant and non-judgemental, older people are willing to engage with it
- Clear, relatable examples help older people map abstract ideas of abuse onto their own experiences
- Reduced shame and self-blame increase willingness to consider that harm may be occurring
- Trusted intermediaries respond constructively when older people share uncertainties or early-stage concerns
- Increased recognition of harm does not immediately increase risk for the older person

Risks

- Increased fear, distress, shame, or self-blame
- Misidentification of normal conflict as abuse
- Information reaches older people in unsafe contexts, which may trigger retaliation or monitoring by the person causing harm
- If examples conflict with cultural norms around duty, reciprocity, family hierarchy, or deference, older people may dismiss the content as 'not for people like me'
- Too much pressure for the older person to act
- Overconfidence in informal supports



Helping people recognise when their behaviour is harmful and offering them better ways to act

1
2
3

Preconditions

- Non-blaming, relatable ways to talk about harmful behaviours
- Messages that feel safe to engage with, not punitive or accusatory
- Trusted messengers or settings that family members will listen to
- Clear, feasible alternative behaviours that feel culturally and emotionally acceptable
- Safe, low-stakes pathways for support if the person wants to change

Causal mechanism

When people can recognise themselves in examples of behaviours that cross a line, and are shown safer, realistic alternatives, this will reduce defensiveness and enable them to shift toward more respectful, non-harmful ways of behaving.

Assumptions

- People causing harm can absorb information without feeling attacked if it's delivered in a non-judgemental way
- When people understand why a behaviour is harmful, they are more motivated to change it, especially if the change aligns with their self-image as a caring or responsible person
- Offering specific, safer alternatives makes behaviour change more likely than simply telling someone to stop
- The older person has at least some access to the benefits of safer behaviour (i.e. not fully isolated or controlled)

Short-term outcomes

- People causing harm, or at risk of causing harm, recognise specific behaviours of their own as harmful
- They can now identify moments of control, pressure, impatience, or disrespect as problematic, not just 'normal family stress'
- They become more open to considering safer, alternative ways of behaving
- They become more aware of available support options

Risks

- Information that feels blaming or moralistic may trigger denial, anger, justification, or an increase in harmful behaviour
- A person causing harm may tighten control over the older person if they fear outside scrutiny
- If materials feel like monitoring or enforcement, people may hide abusive behaviours
- If financial, caregiving, or housing pressures continue unabated, insight alone may not translate into safer behaviour

Medium-term outcomes

- People causing harm, or at risk of causing harm, use safer, more respectful behaviours more often and rely less on control, pressure, or coercion
- Decision-making becomes more shared, with greater respect for the older person's preferences and autonomy
- Harmful patterns become easier for others (and services) to recognise, because the family member is more willing to talk about stress or difficulties.
- The older person experiences more safety, predictability, and emotional space in everyday interactions

Long-term outcome

Greater understanding of what abuse and mistreatment are

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Helping people recognise when something seems 'off' and giving them easy, safe ways to check in

1
2
3

Preconditions

- Clear, culturally safe, low-risk ways to check in with the older person
- Visibility of the older person to others in the family or community
- Safe, low-stakes escalation pathways if needed
- No risk of retaliation by the person causing harm or at risk of causing harm

Causal mechanism

When bystanders clearly understand early signs of concern and have simple, low-risk ways to check in, this makes it more likely they will take small, respectful actions that increase the older person's visibility and surface issues earlier, rather than looking away.

Assumptions

- When uncertainty is reduced, many people will act on their instinct that 'something isn't right'
- Concrete examples help people recognise harm in everyday situations
- Most people want to help if they believe they can do so safely and respectfully
- Small, non-confrontational check-ins can meaningfully surface issues without escalating conflict or danger for the older person
- People will repeat helpful behaviours when they feel that their actions were appropriate and have made a positive difference

Short-term outcomes

- Bystanders more readily engage in early, low-stakes action (e.g. checking in, offering support)
- People feel more confident that it's appropriate and safe to express concern
- Older people experience small moments of validation and visibility
- Patterns of concern are surfaced earlier to trusted intermediaries
- 'Do nothing' is no longer the default response

Risks

- Bystanders may act in ways that feel intrusive or paternalistic to the older person
- If the approach to checking in clashes with cultural norms around family privacy, hierarchy, or indirect communication, bystanders may withdraw or older people may feel shamed
- If many people notice something but no one takes even a small action, everyone assumes someone else will, thus reinforcing inaction

Medium-term outcomes

- Harm is interrupted earlier because patterns are surfaced before they become entrenched or escalate
- People who might otherwise minimise concerns feel justified in acting when patterns recur
- Bystanders learn from these first attempts and feel more capable of acting again next time
- Opportunities for the person causing harm to isolate or control the older person diminish

Long-term outcome

Greater understanding of what abuse and mistreatment are

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Helping professionals recognise abuse and mistreatment and giving them clear, appropriate steps they can take

1
2
3

Preconditions

- Safe, proportionate action steps exist, including referral pathways
- Professionals have role clarity, psychological safety, and organisational backing
- Professionals have sufficient contact with the older person to notice changes
- Documenting or acting upon concerns does not place the older person at risk

Causal mechanism

When professionals clearly understand early signs of concern and have simple, safe, endorsed steps they can take, they are more likely to document patterns and take appropriate action, which increases the visibility of harm and interrupts escalation before crisis.

Assumptions

- When ambiguity decreases, professionals are more willing to act on early concerns
- Professionals are motivated to support older people when they feel confident their actions are appropriate and legitimate
- Clear, proportionate steps reduce fear of making the situation worse
- Early, gentle enquiry is acceptable to most older people and does not harm trust when done well
- Small, repeated actions can accumulate into meaningful system-level visibility

Short-term outcomes

- Professionals notice and correctly interpret early, subtle warning signs more often
- They start asking brief, respectful questions that validate the older person without demanding disclosure
- Early concerns are documented more consistently and accurately
- Older people experience interactions that feel attentive, validating, and safe

Risks

- Over-escalation due to fear or uncertainty
- Under-escalation if guidance is too vague
- Formulaic or checklist-driven practice
- Damaged relationship with the older person
- Retaliation if the person causing harm perceives questioning as outside interference
- Moral distress for professionals
- Organisational pushback or misalignment

Medium-term outcomes

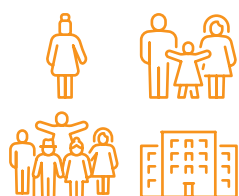
- Early concerns are surfaced more consistently across services, reducing the invisibility window
- Taking proportionate action feels more legitimate and expected
- Organisational norms shift toward early, relational, person-centred responses
- Organisational confidence grows as staff see that early, proportionate action is feasible and safe
- Cross-sector visibility improves, allowing patterns to be connected that previously looked like isolated issues

Long-term outcome

Greater understanding of what abuse and mistreatment are

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Helping older people stay independent in everyday tasks so they don't have to rely on one person for everything

1
2
3

Preconditions

- Accessible, non-stigmatising services with culturally and disability-appropriate supports
- Safe home environment
- Health issues are recognised early and managed proactively to prevent preventable decline
- Psychological safety and autonomy

Causal mechanism

When older people receive practical support, accessible tools, and encouragement to continue managing everyday tasks, autonomy is preserved and reliance on a single caregiver is reduced, preventing well-intentioned 'protective' takeovers of decision-making that can gradually erode independence.

Short-term outcomes

- Older people use aids, services, or strategies that make daily tasks easier and safer
- They complete more tasks independently, even if partially or with adjustments
- They report feeling more capable, confident, and involved in their own routines
- Care tasks are shared or supplemented before urgency or crisis emerges

Medium-term outcomes

- The older person maintains a higher level of functional ability for longer
- Power imbalances decrease because the older person retains control over daily tasks and choices
- Opportunities for coercion or neglect reduce because the caregiver is not the only support
- The caregiver experiences less strain, lowering the risk of rushed, rough, or resentful behaviour
- Professionals or community workers have more visibility into the older person's wellbeing, increasing chances of early intervention

Long-term outcome

Ultimate outcome

Reduced unhealthy dependence dynamics

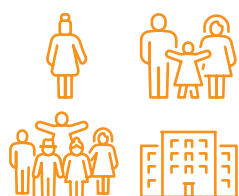
Prevention of the abuse and mistreatment of older people in Australia

Assumptions

- Confidence increases when older people experience small successes in daily tasks
- Older people maintain or regain skills when supports are introduced early and respectfully
- Caregivers behave differently when they're not the sole provider
- Older people are willing to use aids or accept support if it doesn't feel infantilising or stigmatising
- The person causing harm cannot completely block access to independence-support measures

Risks

- Support may be rejected if it feels patronising, stigmatising, or misaligned with cultural expectations
- A controlling caregiver may sabotage aids, appointments, or reablement approaches to maintain dependence
- Services with long wait times may arrive too late to prevent decline
- Partial independence may embolden a caregiver to withdraw needed support too quickly
- Overemphasis on self-management may unintentionally burden older people with unrealistic expectations



Sharing care and keeping the older person involved so care doesn't become control

1
2
3

Preconditions

- Availability of multiple care supports, with role clarity for all caregivers
- Autonomy and consent embedded in care planning
- Cultural alignment in how care roles are shared
- Safe and private ways for the older person to express preferences and agency
- Role clarity for all caregivers

Causal mechanism

When care is shared across multiple people or services and when the older person is at the centre of care decisions, no single caregiver becomes indispensable or dominant, thus reducing opportunities for control, increasing oversight, and preserving the older person's autonomy.

Assumptions

- Caregivers are willing to share tasks when support is available and accessible
- The older person can express preferences when given safe opportunities to do so
- Multiple carers reduce control and increase visibility
- Care quality improves when no one person is overwhelmed
- People causing harm cannot easily block all external involvement once multiple helpers are in the picture

Short-term outcomes

- The older person is at the centre of decisions about meals, routines, appointments, and personal care
- New carers begin taking on parts of the care load
- The primary caregiver feels supported and less overwhelmed
- Care tasks become more transparent since others can see how the older person is doing

Risks

- The primary caregiver may resist sharing care due to fear, pride, shame, or desire for control
- Handovers between caregivers may be inconsistent, causing confusion or gaps
- The person causing harm may escalate controlling behaviour if they perceive external involvement as interference
- Paid services may be unavailable, unaffordable, or culturally mismatched, limiting ability to diversify care
- The older person may feel overwhelmed if too many helpers appear suddenly without good coordination

Medium-term outcomes

- The older person maintains a stronger sense of agency and involvement
- The power imbalance with any single caregiver reduces
- Controlling behaviours, neglect, and rough care become harder to conceal because more people are present
- Care routines stabilise, reducing resentment or strain that can lead to mistreatment
- The broader care network (family, community, or services) can identify issues earlier

Long-term outcome

Reduced unhealthy dependence dynamics

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Addressing the financial and housing stress of the family members who depend on the older person

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Preconditions

- Accessible, non-judgemental support for adult children
- Options for safe financial separation
- Culturally safe approaches to family interdependence
- Stable housing pathways
- Adequate funding for services and effective referral pathways
- Privacy and protection for the older person

Causal mechanism

When the adult child's financial and housing stress is reduced, and when alternatives to total dependence on the older person become available, resentment, volatility, and coercive behaviours decrease.

Short-term outcomes

- The adult child accesses practical supports (housing assistance, financial counselling, employment pathways, mental health support)
- Immediate crises (rent arrears, debts, unemployment, substance use, gambling) begin to stabilise
- The older person experiences small reductions in financial demands or daily tension
- Professionals gain visibility into the household's dynamics and risks
- The adult child shows reduced frustration, emotional reactivity, or guilt-driven control

Medium-term outcomes

- The adult child becomes less reliant on the older person for basic survival
- Household conflict and coercive episodes reduce in frequency and intensity
- The older person has more freedom to make decisions without fear of destabilising the adult child
- External services maintain consistent oversight, disrupting secrecy and escalation
- The adult child develops more stable routines, identity, and coping strategies

Long-term outcome

Ultimate outcome

Reduced unhealthy dependence dynamics

Prevention of the abuse and mistreatment of older people in Australia

Assumptions

- Stress reduction decreases coercive or aggressive behaviour in some situations
- Adult children are willing to engage with support when it is framed as non-judgemental and dignity-preserving
- Stabilising one part of a person's life can reduce pressure in others
- Services can support an adult child without placing responsibility or risk back onto the older person
- The older person is safer when dependence and gatekeeping no longer govern the relationship
- The person causing harm does not have an unintermittent pattern of behaviour that persists regardless of external stabilisation

Risks

- The adult child may refuse support or become suspicious of external involvement
- Stabilisation may take time, during which stress and volatility continue
- The older person may fear that service involvement will 'punish' the adult child and therefore conceal harm
- If not culturally or trauma-informed, services may shame the adult child, triggering withdrawal or aggression
- Housing options may be limited, creating false hope and leaving the older person exposed without real alternatives



Making services trustworthy, culturally safe, and predictable

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Preconditions

- Support services exist and have sufficient operational capacity to implement and sustain changes
- Legislative and regulatory frameworks support transparent and documented help-seeking pathways
- Staff can be trained in culturally safe and trauma-informed practices
- Interpretation and language support are available where needed

Causal mechanism

When services are trustworthy, culturally safe, and predictable, everyone, including older people, their caregivers, and bystanders, experience less fear, anxiety, or shame around seeking help. This lowers the psychological cost of reaching out, making it more likely that people will seek help earlier and disclose concerns safely.

Assumptions

- When services are perceived as trustworthy and culturally safe, people are more willing to engage with them
- Trust in services can be shaped by service design and provider behaviour, not solely by individual history or past experiences
- Predictable and transparent responses reduce anxiety and avoidance among help-seekers
- Increased cultural safety reduces identity threat and makes helpseeking more likely

Short-term outcomes

- Older people, carers, and bystanders feel more comfortable making early, low-stakes enquiries
- Help-seekers describe interactions with services as predictable, respectful, and non-judgemental
- Services receive more early-stage contacts, for example from callers who are seeking information before harm has occurred or escalated
- Fewer people withdraw mid-conversation due to fear, confusion, or shame

Risks

- Changes in help-seeking services increase early disclosure without sufficient referral pathways or service capacity to respond
- Early engagement unintentionally triggers formal processes that escalate risk or harm
- Service design improvements benefit already-engaged groups more than marginalised communities

Medium-term outcomes

- Help-seeking pathways become known as more trustworthy
- People who previously disengaged re-engage with services
- Early-stage concerns are raised more consistently before situations escalate into crisis
- Repeated safe and consistent interactions build cumulative trust in services within the community

Long-term outcome

Increased help-seeking and safe disclosure of harm

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Reducing shame and normalising speaking up without undermining family or cultural values

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Preconditions

- Community leaders are willing to publicly model values-aligned language and behaviour
- Community messaging can be adapted to local cultural contexts
- Safe pathways are available if someone chooses to speak up
- Trust and cohesion levels within the community support buy-in

Causal mechanism

When speaking up is framed as consistent with cultural and family values, shame decreases and perceived social permission to seek help increases. Greater social permission to seek help reduces the relational risk of disclosure, making early help-seeking more likely.

Assumptions

- Shame, cultural conflicts, and fear of relational rupture are major barriers to help seeking
- People are more willing to speak up when help seeking actions are framed as consistent with their values
- Cultural and family values are flexible enough to accommodate different views of help seeking and speaking up about concerns can occur without necessarily breaking family or community relationships
- Low-stakes conversations about concerns can occur without automatically escalating conflict or punishment

Short-term outcomes

- People describe feeling less shame when acknowledging harmful dynamics including neglect, mistreatment, and abuse
- Older people and family members begin to perceive less conflict between community values and help-seeking behaviour
- Older people and family members feel more confident that raising concerns will not automatically rupture family relationships

Medium-term outcomes

- Conversations around both positive and negative attitudes and actions towards older people become normalised and expected within the community
- Bystanders feel less hesitant in expressing concern without it being in conflict with community values
- Early disclosure becomes more common before harm escalates
- Trusted leaders and community members consistently reinforce that seeking help is compatible with cultural values

Risks

- The intervention and relevant messaging are interpreted as undermining cultural or family authority
- The intervention and relevant messaging are culturally insensitive and erode community trust
- Fear of undermining cultural and family authority unintentionally leads to the development of messages and interventions that minimise seriousness of abuse and mistreatment

Long-term outcome

Increased help-seeking and safe disclosure of harm

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Making help-seeking simple, obvious, and doable even with low digital confidence or low system literacy

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Preconditions

- Non-digital access options, such as phone, in-person, or assisted access
- Clear, plain-language materials
- Clear, simple, and reasonable eligibility criteria for services

Causal mechanism

When accessing support does not require high digital confidence or system knowledge, people feel more capable of navigating services. Increased perceived capability reduces cognitive overwhelm and increases the likelihood of early helpseeking.

Assumptions

- Cognitive overload, system complexity, and the migration to digital systems meaningfully deter early help-seeking as people avoid it when they anticipate confusion or failure
- People will be willing to seek help if the pathway feels manageable
- Increased perceived capability increases people's likelihood of taking early action, and persisting even if some barriers come up

Short-term outcomes

- Older people report feeling more confident navigating services, even if they have low digital confidence
- Fewer people abandon the help seeking process due to encountering system navigation or digital barriers
- Services receive more early, exploratory enquiries rather than only crisis-driven contact

Risks

- Over-reliance on assisted pathways in some areas, but not providing them in others reduces older people's confidence in the long-term as digital literacy and system navigation skills remain undeveloped
- Increased demand is placed on systems without adequate capacity to meet those demands, leading to long wait-times or frustrating service experiences
- Reduced gatekeeping may allow inappropriate referrals

Medium-term outcomes

- Older people increasingly rely less on informal gatekeepers to access support
- Help-seekers, including older people, carers and bystanders express less confusion about where and how to seek help
- Repeat engagement with services increases as people experience navigation as manageable
- Differences in help-seeking rates between digitally confident and digitally excluded groups narrow

Long-term outcome

Increased help-seeking and safe disclosure of harm

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Providing safe, early pathways for people who are concerned about their own behaviour to get help

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Preconditions

- Existence of confidential, non-punitive support options and behaviour change interventions
- Availability of trained staff to respond to behaviour-change enquiries
- Legal and safeguarding frameworks allow proportionate response

Causal mechanism

When people can access non-punitive ways to seek help for concerning behaviour, fear of judgement and punishment decreases. Reduced shame and threat increase the likelihood that concerns are addressed before harm escalates.

Assumptions

- Not all abuse and mistreatment arises from malicious intent
- Fear of punishment, identity threat, and lack of appropriate services prevent early help-seeking for harmful behaviour
- Some people recognise early warning signs in themselves before their behaviour escalates, or are willing to seek help when they notice they are engaging in harmful actions

Short-term outcomes

- Information about behaviour change support becomes more visible and routinely available across service touchpoints
- Support service staff report feeling more prepared to respond to enquiries about behaviour change
- Services receive more enquiries about behaviour change

Risks

- Non-punitive framing perceived as minimising the seriousness of abuse and mistreatment of older people or playing into ageist narratives
- Confidentiality of help-seekers limits service ability to intervene if risk escalates
- Existence of the pathway unintentionally delays formal safeguarding where required

Medium-term outcomes

- People seek support for concerning behaviour earlier
- Escalation from low-level concern to mistreatment decreases in frequency
- Fewer cases progress to crisis-driven intervention because concerns were addressed sooner
- Early-stage self-referral becomes more common than externally triggered referral
- Community narratives begin to include the idea that seeking help for harmful behaviour is responsible and protective

Long-term outcome

Increased help-seeking and safe disclosure of harm

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Helping organisations respond in flexible, proportionate ways, not just defensive or compliance-heavy ones

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Preconditions

- Staff guidance on graded response options
- Services capacity to respond proportionately
- Legal and safeguarding frameworks allowing proportionate response
- Staff supervision structures to support reflective, tailored decision-making

Causal mechanism

When organisational responses are proportionate to the level of risk and do not default to punitive options, people perceive the system as fair and safe, making them more willing to seek help.

Assumptions

- When staff feel supported and safe to use judgement and flexible protocols, they make more proportionate decisions
- When institutions rely on compliance-heavy responses, help seekers experience service responses as punitive, ineffective, bureaucratic or difficult to navigate, and are more likely to disengage
- Proportionate organisational responses increase perceived fairness and safety, and encourages early help seeking

Short-term outcomes

- Staff demonstrate increased confidence in using judgement rather than defaulting to compliance-driven escalation
- More early, low-risk concerns are handled proportionately rather than being dismissed or overescalated
- People express less fear that raising a concern will automatically trigger punitive or disproportionate action

Risks

- Flexibility is interpreted or plays out as inconsistency; for example, staff uncertainty about appropriate thresholds for different responses increases variability
- Public perception that the seriousness of abuse and mistreatment of older people is being minimised
- High risk situations that do require defensive or compliance heavy responses slipping through the cracks

Medium-term outcomes

- Service users show increased willingness to re-engage with services after initial contact
- Rates of defensive and compliance heavy responses decrease
- Organisational norms increasingly favour proportionate, relational responses
- Trust in organisational responses grows through repeated safe interactions

Long-term outcome

Increased help-seeking and safe disclosure of harm

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



Rebuilding everyday connection and belonging so isolation doesn't turn into hopelessness

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Preconditions

- Accessible, inclusive ways to stay connected
- Safe, trusted places for social contact
- Culturally relevant and flexible ways to participate

Causal mechanism

Regular, low-pressure social contact rebuilds visibility and belonging, which increases confidence and makes further connection more likely.

Short-term outcomes

- Older people start showing up to small, regular contact points
- They feel more seen, welcomed, and less alone
- Others notice when their usual pattern changes or they don't show up
- Older people take small steps to reconnect on their own
- Early shifts in an older person's wellbeing become more visible to people around them

Medium-term outcomes

- Older people build and sustain multiple points of connection, not just one relationship
- Prolonged invisibility decreases and changes in wellbeing are noticed earlier
- Communities adopt a respectful norm of 'keeping an eye out' without intruding
- Older people feel more comfortable asking for small amounts of help early
- The window in which coercion or mistreatment can go unnoticed becomes smaller

Long-term outcome

Reduced social isolation of older people

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia

Assumptions

- When people feel welcomed and safe, they are willing to return to low-pressure social contact
- Small, consistent interactions rebuild trust more effectively than occasional structured programs
- Acquaintance-level relationships ('weak ties') are enough to notice absence and reduce invisibility
- People will notice and respond when someone's routine changes if they see this as part of their role
- A sense of belonging increases an older person's confidence to take small steps to protect their wellbeing
- The person causing harm cannot block every form of contact over time

Risks

- Boundary overreach by volunteers or neighbours
- Superficial or tokenistic engagement
- Retaliation from a controlling family member
- Cultural or social misalignment
- Contact experienced by the older person as intrusive or infantilising
- Activities appealing only to already-connected older people, inadvertently widening inequity



Keeping communication channels open when someone is restricting contact with the older person

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Preconditions

- Safe, discreet ways to stay in touch
- Trusted intermediaries who can maintain contact
- Culturally and contextually appropriate ways to connect
- Service settings that understand coercive control and respond safely

Causal mechanism

Keeping at least one safe, reliable communication channel open preserves the older person's visibility to others, which reduces the ability of the person causing harm to isolate them and increases the older person's sense of safety and options for seeking help.

Short-term outcomes

- Others can check in periodically and confirm the older person's wellbeing
- Changes in routine, mood, or communication patterns are noticed earlier
- The older person feels less cut off and more reassured that someone is still 'in their corner'
- The person causing harm finds it harder to create total isolation without detection

Medium-term outcomes

- The older person remains meaningfully connected to people outside the home, reducing the person causing harm's control over information and contact
- Coercive isolation becomes harder to sustain because outside contacts notice when something is wrong
- The older person maintains a sense of choice and agency, knowing they have safe ways to reach out if they need support
- Opportunities for unnoticed coercion or mistreatment shrink as the older person stays visible to a small network of others

Long-term outcome

Reduced social isolation of older people

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia

Assumptions

- If a communication channel feels safe and low-risk, the older person will use it when they can
- People in the older person's network will notice when communication patterns change
- Trusted intermediaries are willing to maintain gentle, consistent contact over time
- Small signs of distress or restricted communication are meaningful to observers
- The person causing harm cannot prevent all forms of outside contact indefinitely
- Maintaining even one open contact point increases the older person's sense of connection and perceived options
- Outside contacts will follow up in ways that do not escalate risk for the older person

Risks

- Increased monitoring or retaliation by the person causing harm
- Contact methods that inadvertently raise suspicion
- Others misinterpreting coercive control signs
- Overstepping by intermediaries
- Unsafe follow-up by services
- False reassurance if the communication channel is too infrequent or too weak to detect real changes



Making it easy for older people to stay connected independently rather than through gatekeepers

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Preconditions

- Accessible, low-barrier alternatives to online-only or gatekeeper-mediated access exist
- Practical supports are available for mobility, language, literacy, or digital barriers
- Trusted intermediaries exist who can support navigation without taking over control
- Bypass options exist when family members are gatekeepers of devices or accounts

Causal mechanism

When older people have simple, practical ways to access people, services, and information on their own terms, their reliance on gatekeepers decreases, meaning that the older person has more confidence and ability to stay connected.

Assumptions

- Most older people will use independent options if they are simple, respectful, and culturally appropriate
- Increasing autonomy increases visibility
- Gatekeepers are less able or motivated to restrict access when alternative pathways exist
- Older people prefer not to rely entirely on one person when safe, feasible alternatives are available
- Practical scaffolding can meaningfully offset structural barriers

Short-term outcomes

- Older people use at least one independent channel to access services or community spaces
- They feel more capable or reassured about navigating systems independently
- The person causing harm no longer controls every point of access
- Barriers that used to stop engagement become less overwhelming

Risks

- Increased independence may provoke controlling behaviour if not managed safely
- If supports feel complicated or intimidating, older people may disengage
- Independent help-seeking may conflict with norms of family responsibility
- Tokenistic or one-off supports may falsely signal 'problem solved' without increasing real autonomy

Medium-term outcomes

- The older person maintains multiple independent points of contact
- Services have more opportunities to notice changes in health, mood, or safety
- Early concerns surface sooner because professionals see the older person directly
- The 'gatekeeper bottleneck' weakens: one person can no longer filter or block access to information or support
- Older people maintain or rebuild trust and familiarity with service pathways, making help-seeking more likely when needed

Long-term outcome

Reduced social isolation of older people

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia



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Strengthening support around informal carers

Preconditions

- Informal carers can be identified and reached through existing service touchpoints
- Practical, emotional, and relational supports are available before carers reach crisis point
- Support is affordable, culturally safe, and available in formats that fit carers' lives

Causal mechanism

When informal carers are recognised early and surrounded with practical and emotional support, caring becomes more manageable and less isolating. This reduces overload, restores confidence and emotional bandwidth, and helps carers respond more patiently and safely even as care needs increase.

Short-term outcomes

- Carers feel less overwhelmed and less alone in their caring role
- Carers feel more confident in handling difficult or stressful care situations
- Carers are more aware of available supports and more willing to use them earlier
- Older people experience fewer rushed, rough, or missed care interactions driven by stress

Medium-term outcomes

- Patterns of stress-driven neglect or harmful responses reduce
- Carers seek help earlier, rather than waiting until the situation reaches crisis point
- Care relationships become more stable, with less conflict and reactivity
- Older people stay safer and better supported at home for longer
- Service systems shift more towards early support and prevention, rather than late crisis response

Long-term outcome

Reduced carer burnout

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia

Assumptions

- Not all abuse and mistreatment by informal carers is intentional; some arises when strain overwhelms capacity
- Carers are more likely to accept support when it is framed as normal, practical, and non-judgemental
- Early support can interrupt escalation before harmful patterns become entrenched
- Carers' behaviour improves when they have more emotional bandwidth, practical help, and confidence
- The quality and safety of care are influenced by the carer's support networks

Risks

- Carers may still avoid support because of guilt, stigma, or fear of judgement from family or community
- The carers under the greatest strain may be the least able to engage with support
- Services may focus too heavily on helping carers cope, rather than reducing the demands on them
- Supports may be less accessible for rural carers, culturally diverse communities, or carers with low incomes
- In some cases, broader carer support will not be enough and protective or safeguarding responses will still be needed



Creating the conditions for safe professional care

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Preconditions

- Funding, commissioning, and regulatory settings make safe staffing and skill mix feasible
- Services have workable rostering, supervision, and training models that fit shift realities
- Leaders are supported and accountable for creating psychologically safe teams
- Reporting pathways are clear, non-punitive, and linked to improvement, not blame

Causal mechanism

When workload is reduced to a manageable level and staff feel supported, workers have the time and emotional capacity to provide respectful, attentive care. Psychological safety and supportive supervision reduce moral distress and fear of complaints. This improves retention and continuity, which reduces errors and rushed care.

Assumptions

- Most carers want to deliver person-centred care when they feel supported and capable of doing so
- Care environments, including psychological safety of the staff, resourcing approaches, and leadership practices, have a significant influence on the rates of carer burnout
- High turnover increases workload and stress for remaining staff, contributing to burnout
- Sustainable workloads and supportive care environments can improve staff retention
- Organisational changes, even without increasing staff numbers can reduce stress and overwhelm through improvements to workload design, supervision, and culture

Short-term outcomes

- Staff report having more time to complete care tasks without rushing
- Overtime and last-minute shift changes decrease
- Staff describe workload as more predictable across shifts
- Staff describe feeling more supported by supervision and leadership
- Staff report having a solid understanding of available reporting pathways

Risks

- Changes to the care environment increase expectations of staff more than they reduce workload
- Increased expectations of 'person-centred care' increase the pressure on staff without providing increased support
- Funding and regulatory settings do not allow meaningful workload reduction and changes are viewed as perfunctory by the staff

Medium-term outcomes

- Staff turnover decreases as roles feel more sustainable
- Stress- and burnout-related sick leave declines
- Staff raise concerns earlier rather than waiting for escalation
- Fewer situations escalate due to staffing instability or emotional exhaustion
- Continuity of care improves as retention stabilises and workloads become more manageable

Long-term outcome

Reduced carer burnout

Ultimate outcome

Prevention of the abuse and mistreatment of older people in Australia

The unique role of ageism in the Theory of Change

Behavioural and psychological factors

Future-self discontinuity

People underestimate the connection between their present self and their future older self. Ageing feels like something that happens to someone else, far away in time. If older age feels irrelevant or alien, people dismiss risks, make fewer protective choices, and empathise less with older people's realities.

Representativeness bias

People often judge something by how closely it matches a familiar prototype or mental image, rather than by the full range of evidence. This can make narrow or extreme images of ageing, such as frailty or decline, feel representative of later life as a whole, reinforcing ageist assumptions and normalising paternalism, exclusion, or neglect.

Hot-cold empathy gaps

People who are not currently experiencing stress, pain, vulnerability, or dependence often find it hard to imagine what those states actually feel like in later life. This makes it harder to empathise with older people's inner experience, and easier to minimise psychological abuse, isolation, or erosion of autonomy.

Behavioural leverage points

- Reduce psychological distance between the present self and the future older self
- Replace narrow or stereotyped images of ageing with diverse, realistic, and strengths-based representations
- Make future wellbeing feel personally relevant and actionable now
- Normalise ageing as a shared, universal life stage rather than a departure from the norm
- Strengthen emotional resonance and perspective-taking about later-life experiences



Rewriting internal models of ageing to build empathy, identification, and realistic expectations about later life

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Preconditions

- People can access ageism-related content in ways that feel culturally relevant, respectful, and recognisable
- Discussions about ageing take place in psychologically safe, non-shaming environments where people feel free to reflect without fear of judgement
- Messages about ageing come through credible, community-trusted messengers who can model respect and counter stereotypes effectively
- People have access to realistic, varied, and authentic depictions of older people that counter narrow or deficit-based stereotypes
- Intervention materials and activities are designed so they do not inadvertently reinforce ageist stereotypes or 'othering' narratives

Causal mechanism

When people are exposed to diverse, authentic depictions of ageing and are supported to imagine their own future selves in a safe, reflective way, ageing feels more personally relevant and relatable, this reduces psychological distance, counters internalised stereotypes, and strengthens empathy for older people.

Short-term outcomes

- People express greater empathy and emotional understanding of older people's experiences, including vulnerability, autonomy, joy, identity, and relationships
- People begin to question previously unquestioned stereotypes, noticing where depictions of ageing are inaccurate, narrow, or harmful
- People start using more respectful, strengths-based language when talking about older people
- Participants show increased openness to learning about later-life planning, risk, autonomy, and rights

Medium-term outcomes

- Ageing is viewed more realistically and respectfully across community, family, and organisational settings, reducing 'othering' and widening the range of what is seen as normal ageing
- People recognise and challenge ageist behaviour more consistently, including subtle or well-intentioned forms
- Families and communities keep older people involved in decisions and daily life rather than defaulting to paternalism or protectionism
- Professionals show improved judgement in distinguishing between supportive care and overreach, reducing the normalisation of coercive or controlling behaviour
- People engage earlier with planning and safeguards, because later life feels relevant and foreseeable rather than distant and abstract

Assumptions

- When ageing feels personally relevant, people are willing to update their internal models
- Exposure to diverse, authentic representations of ageing can override narrow or stereotyped mental images
- People generalise improvements in understanding and empathy into their everyday behaviour
- Values-based framing strengthens identity alignment instead of provoking resistance

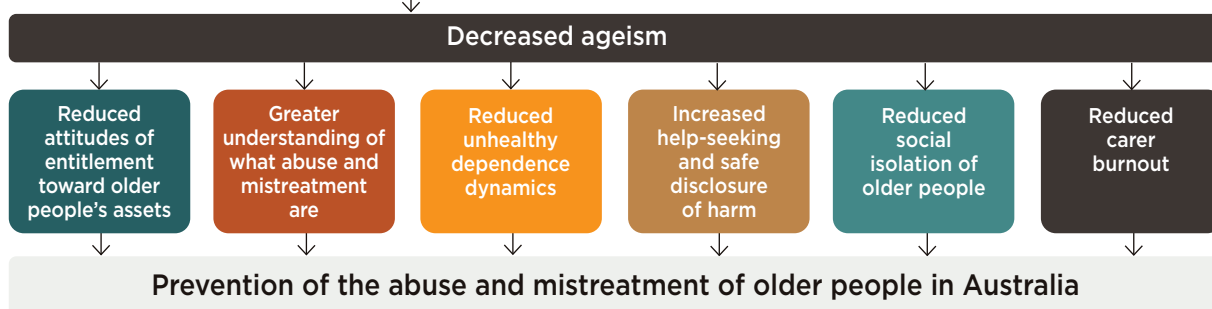
Risks

- If representations focus on decline or frailty, they may entrench the very beliefs the intervention aims to shift
- If content feels corrective, moralising, or evaluative, participants may disengage or reject the message
- Portraying only positive or 'successful ageing' narratives can erase the real challenges many older people face, making the initiative feel unrealistic
- If examples, metaphors, or imagery do not reflect the cultural backgrounds of participants, people may dismiss the content as irrelevant or incorrect
- Reflecting on one's future vulnerability may feel confronting; without scaffolding, participants may cope by minimising, withdrawing, or disengaging

Long-term outcome

Intermediary outcomes

Ultimate outcome



Behavioural and psychological factors

Outgroup homogeneity bias

People tend to see members of groups they do not belong to as more similar to one another than they really are. This can lead people to treat older people as one uniform group and overlook differences in their abilities, preferences, identities, and life experiences. Intergenerational contact disrupts by revealing the diversity of real lives and experiences.

Attribution bias

People often explain someone's behaviour or difficulty by focusing too much on personal characteristics and not enough on situational or environmental factors. This can lead people to assume an older person's difficulty is simply due to age, rather than poor service design, unclear communication, unfamiliar systems, or other contextual barriers.

Stereotype activation and confirmation bias

People tend to notice, interpret, and remember information in ways that confirm what they already expect to be true. This can reinforce ageist stereotypes when neutral or ambiguous behaviour is read as evidence of frailty, confusion, or dependence, while signs of competence, independence, and agency are overlooked.

Behavioural leverage points

- Create opportunities for meaningful interaction across age groups in which older people engage with younger people as peers, rather than solely as recipients of help
- Reduce perceived social distance through common interests and tasks that emphasise shared goals, values, and identities
- Provide counter-stereotypical experiences that directly challenge automatic assumptions that all challenges older people face are due to their age
- Make intergenerational encounters regular, relational, and authentic rather than one-off or performative



Increasing positive, authentic intergenerational connection to shift social norms and reduce othering



Preconditions

- Activities must reflect cultural, linguistic, and community norms so participation feels safe, familiar, and meaningful
- The environment must allow for regular, low-pressure, and voluntary interaction rather than one-off or tightly scripted encounters
- Activities must be practical, accessible, and inclusive for older people with different mobility, sensory, cognitive, or digital needs
- There must be sufficient diversity within the older and younger groups for people to encounter a range of personalities, capabilities, and life experiences
- Participation must feel safe, voluntary, and non-stigmatising for all age groups

Causal mechanism

When younger and older people interact regularly in equal-status, culturally safe, and genuinely relational settings, they gain direct experience of each other's individuality, strengths, humour, and humanity, which in turn reduces social distance, overrides automatic stereotypes, and corrects assumptions that any difficulties older people face arise solely from age rather than other contextual factors.

Short-term outcomes

- People notice diversity within the older age group, rather than treating older people as a homogenous 'other'
- Social awkwardness or discomfort between age groups decreases
- Participants reinterpret behaviours more accurately, recognising when challenges are due to context or design rather than age
- Older people feel more seen, respected, and included, especially when interactions are reciprocal

Medium-term outcomes

- Age-based assumptions weaken, replaced by more accurate and respectful understandings of older people's abilities, preferences, and needs
- Families, communities, and organisations interact with older people in more autonomy-supportive ways
- Younger adults become more attuned to subtle forms of ageism, and are more willing to challenge dismissive, exclusionary, or belittling behaviour in themselves or others
- Intergenerational relationships become part of everyday social fabric, not just isolated programs
- Older people gain more opportunities to contribute, strengthening social roles, identity, and dignity

Assumptions

- People will update their broader beliefs about ageing rather than treating the older people they meet as special cases who don't 'count' against their stereotypes
- Empathy and warmth developed in structured encounters carry over into everyday behaviour
- People approach intergenerational encounters with at least some openness to connection
- Older people are not positioned, subtly or explicitly, as dependent, passive, or in need of rescue, because this would reinforce stereotypes rather than dismantle them

Risks

- If older people are positioned as passive, frail, confused, or dependent in the activity, it can strengthen ageist assumptions rather than dismantle them
- Younger participants may dominate conversation or decision-making, reducing older people's autonomy and voice
- One-off or superficial encounters fail to build genuine connection and may increase cynicism
- If the shared environment, task, or activity is not accessible (e.g. hearing, mobility, cognitive load), younger people may unintentionally reinforce attribution bias
- If activities fail to reflect cultural or linguistic norms, older people may withdraw, younger adults may misinterpret that withdrawal, and both may feel the program is 'not for people like us'

Long-term outcome

Intermediary outcomes

Ultimate outcome

Decreased ageism

Reduced attitudes of entitlement toward older people's assets

Greater understanding of what abuse and mistreatment are

Reduced unhealthy dependence dynamics

Increased help-seeking and safe disclosure of harm

Reduced social isolation of older people

Reduced carer burnout

Prevention of the abuse and mistreatment of older people in Australia

Behavioural and psychological factors

Status quo bias

People tend to prefer existing arrangements and stick with familiar practices, even when better alternatives are available. This can keep ageist norms embedded in policies, forms, service pathways, and everyday processes because existing ways of doing things feel normal, neutral, and hard to question.

Implicit bias

People can hold automatic associations and attitudes that influence their judgement, even when these do not match their conscious beliefs or intentions. This can lead older age to be unconsciously associated with decline, dependence, or reduced capability, shaping decisions in ways that lower expectations of older people's agency or overlook their needs.

Diffusion of responsibility

When responsibility is spread across many people, each person can feel less personally responsible for acting. This can allow ageist norms to persist in organisations and systems because no one feels clearly accountable for noticing exclusion, challenging assumptions, or fixing harmful practices.

Behavioural leverage points

- Use language, signage, imagery, and role-modelling that make the presence, capability, and rights of older people highly visible and normal
- Make accessible, age-inclusive design the baseline setting (e.g., simpler forms, clearer instructions, universal design features, low-friction service pathways)
- Use structured prompts and decision aids to interrupt automatic ageist assumptions in professional judgement and policy-making
- Bring real stories, complaints, lived experience insights, and service-use data into routine governance processes
- Embed positive accountability cues that signal that inclusion of older people is monitored, valued, and rewarded



Challenging ageist norms and exclusion in institutions, systems, and everyday environments

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Preconditions

- Institutions must have clear visibility of how older people currently experience their services, environments, and policies via accessible, culturally safe mechanisms
- Decision-makers must have the authority, mandate, and organisational will to review and change entrenched practices
- Staff and decision-makers must be willing to question implicit assumptions about ageing, capability, and who their 'typical users' are
- Inclusive design principles, universal design knowledge, or relevant expertise must be available within or to the organisation
- Institutional processes must clearly identify who is accountable for identifying, escalating, and fixing ageist system features

Causal mechanism

When institutions make age-inclusive practice visible, redesign defaults to meet older people's needs, and assign clear responsibility for identifying and correcting exclusion, they disrupt automatic ageist assumptions, which in turn causes ageist norms to lose their perceived legitimacy and ensures that inclusive practice becomes the new standard across systems and service environments.

Short-term outcomes

- Staff start noticing exclusionary design features (e.g. forms, processes, signage, language, defaults)
- People begin questioning ageist assumptions in everyday decision-making, such as why tasks are taken over or why certain processes are considered too complex for older people
- Teams show increased willingness to adjust forms, scripts, and procedures
- Older people's feedback is sought more routinely, rather than through tokenistic consultation
- Small environmental improvements such as clearer instructions or simplified pathways are implemented

Assumptions

- Older people feel safe and respected enough to offer honest feedback on exclusionary practices
- Staff and decision-makers are willing and able to adjust long-held practices when provided with clear justification and support
- Making exclusion visible motivates action rather than defensiveness
- Inclusive design principles are feasible to implement within existing organisational constraints
- Leadership signals and accountability mechanisms meaningfully influence organisational norms

Risks

- Surface-level changes may give the appearance of inclusivity while deeper structural ageism remains untouched
- Staff may feel blamed, overwhelmed, or scrutinised, leading to defensiveness rather than reflective practice
- If accessibility features are added in a patronising or segregating way (e.g. 'the special form for older people'), it can deepen ageist assumptions
- If staff attribute feedback or barriers to individual older people's limitations, they may entrench attribution bias instead of challenging it
- If lived experience input is not culturally safe or genuinely embedded, older people may feel tokenised

Medium-term outcomes

- Age-inclusive design becomes embedded into routine practice, with new policies, processes, and environments created using universal or accessible design principles
- Staff consistently challenge paternalistic or exclusionary norms, leading to more autonomy-supportive service interactions with older people
- Policies and procedures are updated to remove hidden ageist assumptions, especially around consent, capability, communication, and decision-making
- Older people encounter fewer barriers and gatekeepers to service access
- Interventions in one part of the system spread to others as successful redesigns create momentum and peer influence across programs and sectors

Long-term outcome

Intermediary outcomes

Ultimate outcome

Decreased ageism

Reduced attitudes of entitlement toward older people's assets

Greater understanding of what abuse and mistreatment are

Reduced unhealthy dependence dynamics

Increased help-seeking and safe disclosure of harm

Reduced social isolation of older people

Reduced carer burnout

Prevention of the abuse and mistreatment of older people in Australia

Behavioural and psychological factors

Authority bias

People tend to place excessive trust in those perceived to have expertise, power, or institutional authority, even when those decisions contradict their own preferences. This can lead older people to defer automatically to doctors, service providers, or family members, undermining autonomy and masking early signs of mistreatment.

Information avoidance

Older people may avoid engaging with rights information, consent processes, or service agreements when doing so feels emotionally confronting or risks creating tension with others. This means important information is left unread or unasked, reducing opportunities to assert preferences or recognise when their rights are being eroded.

Internalised ageism

People can absorb age-based stereotypes and expectations so deeply that they begin to see them as natural or appropriate. This can lead older people to feel they should be cooperative, undemanding, and grateful for support, making it harder to set boundaries, assert preferences, or speak up when something feels wrong.

Behavioural leverage points

- Reduce automatic deference by validating older people's preferences early and often
- Make rights information emotionally safe, relationally neutral, and easy to discuss
- Reframe boundary-setting as an expected, respected part of ageing rather than a breach of social norms
- Provide structured opportunities for low-stakes practice in expressing preferences
- Shift relational expectations so that family, carers, and professionals see agency-supportive behaviour as the norm



Strengthening older people's voice, agency, and rights awareness in ways that avoid victim-blaming

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Preconditions

- Psychologically safe environments where older people can express preferences without fear of conflict or retaliation
- Service interactions that explicitly invite older people's views and treat autonomy as the default
- Rights information delivered in plain, culturally resonant, and emotionally approachable formats
- Culturally safe pathways that recognise diverse family norms and expectations around deference, decision-making, and harmony
- Availability of neutral, trusted intermediaries who can support conversations about rights without escalating family tension
- Rights information and agency-support practices must support people with varying cognitive capacity, communication styles, or fluctuating decision-making ability

Causal mechanism

When older people experience safe, supported opportunities to express preferences and have them taken seriously, rights information feels relevant rather than threatening, and asserting boundaries feels legitimate and socially acceptable, which in turn increases confidence and willingness to articulate views, ask questions, and signal when something feels wrong.

Short-term outcomes

- Older people show small acts of agency, such as asking for clarification or expressing a preference
- Rights information is read, retained, or raised in conversation rather than avoided
- Professionals and family members respond positively to older people's expressed views, reinforcing that it is safe to speak up
- Older people begin initiating low-stakes boundary-setting (e.g. declining an unwanted favour, requesting a different appointment time)
- Early signs of discomfort or mistreatment are mentioned sooner in trusted interactions

Medium-term outcomes

- A consistent pattern of shared decision-making emerges across services and family relationships
- Older people's preferences guide care routines, financial decisions, and service pathways more reliably
- Boundary-setting becomes normalised, reducing opportunities for unwanted overreach, subtle coercion, or paternalistic decision-making
- Rights erosion is detected earlier because older people feel able to articulate concerns before issues escalate
- Systems (services, care environments, families) begin reinforcing agency-supportive norms, reducing the social costs of speaking up

Assumptions

- When rights conversations feel safe and non-confrontational, older people will be more willing to engage with them
- If preferences are invited and respected in low-stakes moments, confidence will grow for higher-stakes decisions
- Professionals and family members respond better to boundary-setting when it is framed as part of good care, not resistance
- Interactions that support autonomy can be learnt and adopted across diverse cultural contexts when co-designed appropriately
- Older people will use supported opportunities for agency when they trust that doing so will not jeopardise relationships, care, housing, or family wellbeing

Risks

- Framing rights without care may feel accusatory or imply blame, increasing anxiety or withdrawal
- If a person causing harm is present or monitoring the older person, attempts to assert boundaries may provoke retaliation
- Rights language may be interpreted as culturally inappropriate or as challenging family hierarchy or reciprocity norms
- Services may solicit older people's views but fail to act on them, creating tokenism and eroding trust
- Cognitive load or complexity in rights information may still inadvertently exclude some older people

Long-term outcome

Intermediary outcomes

Ultimate outcome

Decreased ageism

Reduced attitudes of entitlement toward older people's assets

Greater understanding of what abuse and mistreatment are

Reduced unhealthy dependence dynamics

Increased help-seeking and safe disclosure of harm

Reduced social isolation of older people

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Prevention of the abuse and mistreatment of older people in Australia

Glossary

Term/phrase	Definition
Aboriginal Community Controlled Health Organisation (ACCHO)	An Aboriginal Community Controlled Organisation that provides health care and related supports.
Aboriginal Community Controlled Organisation (ACCO)	An organisation controlled by, and accountable to, an Aboriginal community. ACCOs provide services and supports that reflect community priorities, culture and local needs.
abuse and mistreatment of older people	A single or repeated act, or lack of appropriate action, that causes harm or distress to an older person in a relationship where there is an expectation of trust. It can be deliberate or unintentional, obvious or subtle, and may involve family members, friends, carers, professionals, services, institutions, technology, or systems. The Framework uses this term rather than 'elder abuse' wherever possible.
accountability	Steps taken to address behaviour that has caused harm and help prevent it happening again. This may include behaviour change, service involvement, legal or justice processes, repair, or other actions to improve safety.
Advance Care Directive/ Advance Health Directive	A legal document that records a person's wishes or instructions about future health care, personal care or end-of-life care. Names and rules vary across states and territories.
advance care planning	Planning ahead for future health, care and personal decisions. It helps make a person's wishes known if they later become seriously unwell or are unable to make some decisions.
attorney/enduring attorney	A person appointed under a Power of Attorney or Enduring Power of Attorney to make certain decisions for another person. An attorney must act within the authority they have been given. Duties and rules vary across states and territories.
autonomy	A person's ability to make decisions and live according to their own values, preferences and choices.
bilingual and bicultural worker	A worker with relevant language skills and cultural knowledge. They can support communication, trust and access to services.
capacity	A person's ability to make a particular decision at a particular time. Capacity is decision-specific and time-specific. A person should not be assumed to lack capacity because of their age, disability, dementia diagnosis, communication style or need for support.

Term/phrase	Definition
carer	A person who provides care, support or assistance to another person because that person is older, frail, has disability, a medical condition, chronic or terminal illness, or mental illness. In this Framework, the term may refer to informal carers or paid care workers where stated.
co-design	Designing services, resources or responses with people who have lived experience or relevant community knowledge. In co-design, people help shape the problem, the solution and how it is delivered.
coercive control	A pattern of behaviour that limits an older person's freedom, choices, safety or independence. It can include monitoring, threats, isolation, intimidation, financial control, emotional manipulation, or other behaviour that makes the person feel they have little safe choice but to comply.
cognitive impairment	Changes in memory, thinking, understanding, judgement or decision-making. Cognitive impairment can be temporary, fluctuating or ongoing. A person with cognitive impairment may still be able to make decisions or give information, especially with support.
communication disability	A disability that affects how a person understands, speaks, signs, writes, gestures or uses communication aids. A person with communication disability may still have decision-making capacity and should be supported to communicate their views.
community-led response	A response planned, guided or delivered by the community it is intended to support. Community-led responses draw on local knowledge, relationships, strengths and needs.
cultural and spiritual abuse	Behaviour that stops, restricts or undermines an older person's culture, spirituality, religion, identity, language, connection to Country, community connection or cultural obligations. It can include preventing cultural or religious practice, forcing practices on someone, disconnecting them from Country or community, or using cultural obligations to control them.
culturally and linguistically diverse (CALD)	A broad term for people and communities with diverse languages, cultures, ethnicities, nationalities, religions, migration histories and traditions. CALD communities are not one group, and support should be tailored to the person, family and community context.
culturally safe practice	Practice that respects a person's culture, identity, language, history, family and community connections. Cultural safety is judged by the person receiving the service, not only by the service provider's intention.
decision-making	The process of making choices about one's life, such as health care, money, living arrangements, relationships, services and daily routines.

Term/phrase	Definition
dementia	A term for conditions that affect memory, thinking, behaviour and daily functioning over time. A dementia diagnosis does not automatically mean a person lacks capacity. People with dementia may still make many decisions, especially with support.
digital exclusion/ low digital literacy	Difficulty accessing or using digital technology, such as devices, apps, online services or accounts. Digital exclusion can increase reliance on others for banking, health care, government services, communication and information.
dignity	The inherent worth of every person. In this Framework, dignity means older people are treated with respect, listened to, and supported to live in a way that reflects who they are and what matters to them.
dignity of risk	The right to make choices that involve some risk, including choices other people may not agree with. Supporting safety should not automatically remove an older person's choice or control.
early intervention	Support provided when there are early signs of risk or harm. Early intervention aims to stop concerns from escalating and connect people with help before the situation becomes more serious.
economic dependence	Relying on another person for money, housing, transport, care or access to services. Economic dependence can make it harder for an older person to refuse requests, leave an unsafe situation or seek help.
Elder	In many Aboriginal and Torres Strait Islander communities, an Elder is someone recognised by their community as a respected holder of cultural knowledge, authority, responsibilities and relationships. Not every older Aboriginal or Torres Strait Islander person is an Elder, and the meaning can differ between communities.
elder abuse	A commonly used term in research, policy, services and community awareness. This Framework generally uses 'abuse and mistreatment of older people' instead, because 'Elder' has a specific meaning in many Aboriginal and Torres Strait Islander communities and 'elder abuse' may not translate well across all communities.
enduring guardian/ guardian	A person appointed, or authorised by a tribunal or similar body, to make some personal, lifestyle or health decisions for another person if that person cannot make those decisions themselves. Names and rules vary across states and territories.
Enduring Power of Attorney (EPOA)	A legal document that appoints someone to make certain decisions for another person, usually about money, property or legal matters. It can continue to operate if the person later cannot make those decisions themselves. Names and rules vary across states and territories.

Term/phrase	Definition
family agreement/ assets-for-care arrangement	An arrangement where an older person gives money, property or other assets to another person, often a family member, in exchange for housing, care or support. Risks can arise if the arrangement is informal, unclear or not legally documented.
family of choice/ chosen family	People an older person sees as family, even if they are not biologically or legally related. This term can be important for LGBTIQ+ older people and for anyone whose trusted support network sits outside traditional family structures.
financial abuse	Misusing, taking, controlling or pressuring an older person to give up their money, property, assets, benefits, bank accounts, superannuation or financial decision-making. It can include theft, coercion, misuse of an Enduring Power of Attorney, or pressure to change a will or transfer property or savings.
financial administrator/ financial manager	A person or body appointed to manage another person's financial affairs when that person cannot do so themselves. This may happen through a tribunal or similar legal process.
financial hardship	Not having enough money or resources to meet basic needs, such as housing, food, bills, transport, medication or care. Financial hardship can increase stress, dependence and vulnerability to pressure or exploitation.
First Nations Peoples	A term used to respectfully refer to Aboriginal and Torres Strait Islander peoples. Some people and organisations prefer 'Aboriginal and Torres Strait Islander peoples', while others use 'First Nations'. Language preferences vary and should be respected.
First Nations-led response	A response designed, led or governed by Aboriginal and/or Torres Strait Islander people, organisations or communities. First Nations-led responses support culturally safe practice and self-determination.
fluctuating capacity	When a person's ability to make decisions changes over time or between situations. For example, a person may be clearer at certain times of day or make some decisions independently but need support with others.
formal carer/ paid care worker	A person who provides care or support as part of a paid role, such as an aged care worker, disability support worker, nurse, home care worker or personal care worker.
healing	A process of recovery from trauma, grief, violence, disconnection or harm. Healing may include cultural, spiritual, emotional, social and practical support, and should be guided by what the older person needs and wants.
Health Justice Partnership	A service model where legal help is provided in a health or care setting, such as a hospital, community health service or aged care setting. It can help people access legal support early, in a place where they already receive care or support.

Term/phrase	Definition
inclusive practice	Practice that recognises and responds to people's different identities, histories, needs and experiences. This includes older people who may face barriers to support because of culture, language, disability, location, sexuality, gender, social isolation or other circumstances.
independent interpreter	A qualified interpreter who is not a family member, friend, carer or person involved in the decision or service. Independent interpreters help make sure a person's words, wishes and concerns are communicated directly.
informal carer	A family member, friend, neighbour or other person who provides unpaid care or support to an older person. Informal carers may need information, support or respite to help care remain safe and sustainable.
informed consent	Agreement given freely after a person has received information they can understand about what is proposed, including risks, benefits, alternatives and likely consequences. Consent is not informed if the person is pressured, misled, excluded from information or unable to communicate privately.
inheritance impatience	A form of financial abuse where someone pressures an older person to give, transfer or preserve money, property, a home, business, farm or other assets for a future inheritance. It can include pressure to transfer assets early, act as guarantor, give large gifts, change a will or avoid spending money on the older person's own needs.
institutional neglect	Neglect that occurs within an organisation or service setting, such as aged care, health care, disability services, housing, justice or financial services. It can include missed care, unsafe staffing, poor oversight, or failure to respond to concerns.
intersectionality	A way of understanding how different parts of a person's identity and circumstances can overlap and shape their risks, barriers and support needs. For example, an older person may experience ageism, racism, disability discrimination, language barriers and social isolation at the same time.
LGBTIQA+	An acronym for lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual and other diverse sexualities, gender identities and sex characteristics. Each group within LGBTIQA+ has distinct experiences and needs. Some older people may prefer other words or no label.
low literacy	Difficulty reading, understanding or using written information. This can make it harder to understand rights, forms, legal documents, service information, medication instructions or pathways to support.

Term/phrase	Definition
mediation	A supported process where people in conflict try to reach an agreement with help from an independent person. Mediation may be useful for some family, financial or care disputes, but it is not appropriate where it would place the older person at risk or pressure them to compromise their safety.
multidisciplinary response	A response involving professionals from different fields working together, such as health, legal, social work, housing, aged care, financial counselling, police, advocacy or community services. This can help address complex needs that one service cannot address alone.
neglect	Failing to meet an older person's basic needs when there is a responsibility to provide care or support. This can include not providing enough food, fluids, medication, hygiene, medical care, mobility support, communication support, social contact or safe living conditions. Neglect can be deliberate or unintentional.
non-punitive response	A response that does not make punishment, police or court action the first or only option. It may still include accountability, safety planning, behaviour change or service involvement.
older person	A person in later life. For this Framework, this generally means people aged 65 and over, and Aboriginal and Torres Strait Islander people and people experiencing homelessness aged 50 and over. These ages should be applied flexibly because ageing is shaped by health, life experience, culture, disability, trauma and access to support.
people with disability	People with physical, sensory, intellectual, cognitive, psychosocial or communication disability. Risk of abuse can increase when people face dependence on others, communication barriers, social isolation, or assumptions that they cannot make decisions.
person causing harm	A person whose action, inaction or use of power causes harm to an older person. This may be a family member, spouse or former spouse, friend, neighbour, carer, professional, service provider or other trusted person. Harm may be deliberate, opportunistic or unintentional.
person with lived and living experience	A person who has experienced, or is currently experiencing, abuse or mistreatment. This term recognises people's experience without defining them only by the harm they have experienced. Some people may prefer terms such as victim, victim-survivor, survivor or another term.
person-centred practice	Practice that starts with the older person: who they are, what matters to them, what they want, what risks they are willing to take and what support they need. It involves the person in decisions that affect them.

Term/phrase	Definition
physical abuse	Behaviour that causes physical pain, injury or discomfort. It can include hitting, pushing, slapping, rough handling, inappropriate restraint, or using medication to control or sedate a person for reasons other than their clinical care.
place-based response	A response designed around the needs, strengths and realities of a particular place, including local services, community relationships, geography, transport, culture, language, workforce and access barriers.
primary prevention	Actions that aim to stop abuse or mistreatment before it happens. This includes building respect for older people, strengthening rights and autonomy, reducing risk factors, and creating safer families, communities, services and systems.
professionals in relevant occupations	People whose work brings them into contact with older people, families, carers or people who may be causing harm. This includes, for example, health workers, aged care workers, social workers, lawyers, police, banking and financial staff, community workers, housing workers and counsellors.
psychological or emotional abuse	Behaviour that causes fear, distress, humiliation, confusion or emotional pain. It can include threats, insults, intimidation, controlling behaviour, manipulation, harassment, isolation, or ignoring or overriding an older person's wishes.
recovery	The process of rebuilding safety, wellbeing, confidence, connection and control after abuse or mistreatment. Recovery can look different for each person and may continue after the immediate harm has stopped.
referral pathway	The route a person can take to access support, advice, protection or recovery services. A good referral pathway is clear, safe, accessible and suited to the person's needs, culture, language, location and circumstances.
restorative justice	A structured process that may bring together the person harmed, the person who caused harm and others affected, with the aim of accountability, repair and preventing further harm. It must consider safety, power imbalances and the older person's wishes.
regional, rural, and remote communities	Communities outside major urban centres. People in these areas may face barriers to support, including distance, transport, limited services, privacy concerns, digital exclusion and fewer specialist referral options.
restrictive practices	Practices or interventions that restrict a person's rights or freedom of movement. In aged care, recognised types include chemical restraint, physical restraint, environmental restraint, mechanical restraint and seclusion. Laws set requirements for their use, including that they are used only as a last resort to prevent harm.

Term/phrase	Definition
safeguarding	Actions that protect a person's rights, safety, dignity and wellbeing. Safeguarding should reduce risk without unnecessarily removing choice, control or autonomy.
safety planning	Working with a person to identify risks and practical steps to increase safety. This may include safe contacts, emergency options, changes to care or housing, legal protections, financial safeguards, or ways to seek help without increasing danger.
secondary prevention	Actions that identify early signs of risk or emerging harm and respond before the situation escalates. This includes noticing changes, asking safe questions, creating opportunities for private conversations and connecting people with support early.
sexual abuse	Any sexual behaviour involving an older person without their full and informed consent. It can include sexual assault, unwanted touching, sexualised comments, forced nudity, inappropriate handling during personal care, unwanted exposure to sexual material, or behaviour that violates a person's body, sexuality or gender identity.
social abuse	Behaviour that isolates an older person or limits their contact with other people. This can include stopping them from seeing friends, family, grandchildren, a partner, community members, services or other sources of support. Social abuse can make other forms of abuse harder to see.
social isolation	Having limited contact, connection or support from other people. Social isolation can increase risk because fewer people may notice changes, offer help or provide alternatives to depending on one person.
Stolen Generations survivors	Aboriginal and Torres Strait Islander people who were forcibly removed from their families, communities, Country and culture under past government policies, and their descendants. These experiences can shape trust, safety, help-seeking and responses to services.
strengths-based approach	An approach that recognises people's strengths, skills, relationships, culture, resilience and existing sources of support, as well as risks and needs.
substitute decision-making	When another person or body is authorised to make decisions for a person who is not able to make those decisions themselves. It should be used only where needed and, as far as possible, be guided by the person's will and preferences.
supported decision-making	An approach that helps a person make their own decisions, with support where needed. Support might include extra time, accessible information, an interpreter, communication aids, trusted supporters or help to understand options. The person remains the decision-maker.

Term/phrase	Definition
systemic abuse or systemic mistreatment	Harm caused or enabled by systems, policies, practices or service cultures, rather than only by one individual. It can happen when services are inaccessible, discriminatory, unsafe, overly complex, culturally unsafe, or limit an older person's choice, dignity or access to support.
technology-facilitated abuse	Abuse or mistreatment carried out or made easier through digital technology. This can include controlling online banking, redirecting electronic statements, monitoring someone's phone or accounts, taking or sharing images without consent, using digital wallets or cards without permission, impersonating someone online, or using technology to isolate, threaten or control them.
tertiary prevention	Actions in response to abuse or mistreatment. The aim is to support safety, reduce further harm, support recovery and, where appropriate, support justice and accountability.
trauma-informed practice	Practice that recognises a person may have experienced trauma and that systems and services can unintentionally retraumatise them. It emphasises safety, trust, choice, collaboration and empowerment.
warm referral	A referral where a worker actively helps connect a person to another service, rather than only giving them a phone number or website. This may involve making the call together, introducing the person to a named worker or following up to check the connection happened.
will and preferences	What a person wants, values and chooses for themselves. When someone needs support with decision-making, their will and preferences should guide the decision as much as possible. Here, 'will' means the person's wishes, not the legal document that sets out what happens to their estate after death.

