

Submission to the Select Committee into Elder Abuse.

Inquiry into Elder Abuse. .

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Thank-you for the opportunity to make a submission to the Committee's inquiry.

ABOUT THE WOMEN'S COUNCIL FOR DOMESTIC AND FAMILY VIOLENCE SERVICES

The WCDFVS is the peak non-government body in Western Australia committed to improving the lives of women and children in society, and ensuring they live free from family and domestic violence. The organisation provides a voice on domestic and family violence issues to help facilitate and promote policy, legislative and programmatic responses relevant to women and children who have experienced domestic and family violence.

The organisation has five core functions: promoting the protection of women and children through representing their needs to policy and decision makers; representation and advocacy on a range of national committees and advisory bodies; community education; research and training on emerging issues and trends related to FDV; and information and referrals to sections of the community that would provide appropriate help to women and children.

The WCDFVS has a few key goals:

- To strengthen their unified voice on domestic and family violence issues.
- To maintain the Women's Council for Domestic and Family Violence Services (WA) as an independent viable and credible organisation.
- To improve the access of women and children to Women's Refuges and services who are experiencing domestic and family violence.
- To provide leadership in the area of domestic and family violence issues to key stakeholders and the community.

- To increase the community awareness of the incidence, effects and responses to domestic and family violence.
- To collaborate with key stakeholders in the development of policies, legislation and programs which impact on women and children experiencing domestic and family violence.
- To ensure access and equity for all members in remote/rural locations.

Inquiries Terms of reference.

a) determine an appropriate definition of elder abuse;

The Women's Council supports the World Health Organization's definition of Elder abuse. 'Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.'

The definition goes on to outline the various forms of abuse that may occur.

The Women's Council believes that this definition covers abuse by family members, friends, paid carers and others such as accountants, anybody who is in a position of trust.

The Women's Council recommends that any definition should be as inclusive as possible.

Any definition should recognize that Aboriginal and Torre Strait Islanders may have a shorter life expectancy and the age at which they are recognized as Elders is earlier than Non Aboriginal peoples.

b) Identify its prevalence;

The World Health Organization estimated the prevalence rate of Elder abuse in western countries as ranging from 2-14%.

Advocare in WA estimates 1 in 20 older persons will experienced elder abuse.

The Examination of the Extent of Elder Abuse in Western Australia: Qualitative and Quantitative Investigation of Existing Agency Policy, Service Responses and Recorded Data report in 2011, concluded that no single source of data provided a window into the nature and extent of elder abuse.

But based on a range of international prevalence and incidence estimates for elder abuse victimisation, an average prevalence rate for WA was reported to be 4.6 per cent which translated to about 12,500 victims WA for 2011.

The first National Elder Abuse Annual report - released by Advocare - suggests 32.2 per cent of perpetrators are the older person's son and 30.7 per cent are the person's daughter.

The Women's Council believes these figures would be an under estimate of the issue, in a similar way to domestic violence victims, victims of elder abuse are often reluctant to make public their experiences.

There is an urgent need for further research into the issue of Elder abuse in WA, to improve our understanding of the issue, to accurately identify the current and projected level of Elder abuse that will occur in the future and to raise community awareness on this issue.

The recently released (June 2017) scoping study; Understanding Elder Abuse also supports the former Age Discrimination Commissioner Susan Ryan's call for a national elder abuse prevalence study.

c) Identify the forms of elder abuse, including but not limited to neglect;

Elder abuse can take many forms including physical, psychological, financial, social, sexual and neglect.

All of these forms of abuse are typical of the abusive behavior of perpetrators of Domestic and Family Violence. In Elder abuse perpetrators may be an intimate partner or family member some of these forms of abuse can be inflicted by a paid professional carer or other person in a work role who fails to act in a trustworthy manner.

Physical abuse includes all forms physical violence including rough handling/ restraints in care homes. Over or under medicating a person.

Threats to hurt the person, which may include threats to hurt others including pets.

Psychological abuse or emotional abuse includes verbal abuse, derogatory remarks about their age or capabilities, shouting to intimate and frighten, belittling them, threatening them with a nursing home, or eviction from their home.

Financial abuse includes running up debts in the victim's name, stealing their money or property, forcing them to sign legal documents that benefit the perpetrator, forcing the victim to support them, borrowing money and refusing to pay it back.

Social Abuse Includes isolating the victim from family and friends. Restricting their access to car, mobility devices and other assistive technology they may need.

Sexual abuse includes rape and any unwanted sexual contact. Inappropriate touching or sexually offensive language used by paid carers in nursing homes/hospitals.

Neglect includes failure to provide the basics of life, food, water, shelter and medical care. This can occur in the family home or in paid accommodation.

While victims of Elder abuse will commonly experience multiple types of abuse at the same time many will be reluctant to report the abuse to police or other family members. Fear of retribution, shame, and concern for the consequences for the perpetrator if they are a family member, all act as barriers to disclosing the abuse. Research in WA in 2017 by Amy Warren found 'the most significant individual barrier was women not recognizing their experiences as abuse'. Abuse that had occurred over many years was often seen as normal or something that "happens when you get old" and older women developed coping mechanisms to "tolerate abusive behaviour".

d) Identify the risk factors;

For women who have experienced domestic violence throughout their relationship continuing to live with the perpetrator is the biggest risk factor. The small amount of research on the issue indicates women are more likely to be victims than men.

An older person who is in a dependent relationship with either a family member or paid carer is at more risk if that person fails to act in a trustworthy manner.

If the older person has a significant disability, is frequently unwell, or has mental health issues the additional demands of caring for them may increase their risk of experiencing abuse.

Elder abuse occurs frequently in a family context and has many similar behaviours and impacts as Domestic and Family Violence. It is often intergenerational with adult children perpetrating violence against a parent. There is some research cited in the Scoping study: Understanding Elder Abuse that found adult daughters who self-identified as exhibiting abusive behaviours towards their mothers, all reported abuse or neglect in childhood and that older people who themselves have been victims of childhood family violence may be more likely to experience Elder abuse.

Victim guilt can be barrier to seeking help where older mothers especially believe the abusive behavior of adult children is due to their poor parenting.

Cultural norms and expectations.

Australia as a multicultural society needs to consider the needs and expectations of Culturally and Linguistically Diverse older people. The importance of family support, their connection to their community and the issue language barriers all contribute to increase the older person's vulnerability and dependence and raise the risk of Elder abuse.

Warren's research identified a number of generational and cultural norms as significant barriers to people experiencing elder abuse seeking help. These included generation beliefs about gender roles, the importance of privacy, the desire to manage their own problems and a high tolerance for hardship.

Needs and risks for older LGBTIQ people.

Research into the specific needs of older GLBTIQ people is urgently required. The impact of homophobia and discrimination particularly in nursing homes or other paid carer environments presents an additional risk of abuse.

Risk factors for perpetrators of abuse.

Research indicates more men than women are perpetrators.

Factors that increase the risk a person will perpetrate elder abuse include mental health issues, substance abuse issues, being social isolated, having financial problems and having a sense of entitlement to the older person's money.

The stress of providing care to an aging family member may place heavy burden on an adult child and may ignite longstanding family conflict between siblings and extended family members, raising the risk of Elder abuse.

e) Assess and review the legislative and policy frameworks;

There are no specific laws in Australia related to Elder abuse and no Commonwealth government policy.

The Australian Law Reform Commission (ALRC) in its inquiry in Elder Abuse made no recommendations to change existing criminal laws that currently are used to address criminal Elder abuse cases.

The WCDFVS supports the recommendation by the ALRC that a National Plan be developed to address the issue.

The WCDFVS supports the development of a WA State plan with strategies for the prevention and best practice response to Elder abuse.

f) Assess and review service delivery and agency responses;

Women's refuges accommodate and support women aged 60 years and over who have experienced Domestic and Family Violence/Elder abuse. The numbers may be small and there is a compelling argument that crisis accommodation with a mixed age range of families including young children is not the most ideal option for older women experiencing Elder abuse. For these women the need for safety is the primary concern, exit options after a short term stay in a refuge can also be challenging to secure.

The Women's Council recommends that a specialist refuge be established to provide short and longer term supported accommodation for older women, this also recognizes the fact that women 45 years plus are the fastest growing group of homeless people.

Service delivery to clients of elder abuse needs to consider the physical accessibility of service buildings, the importance of the provision of outreach to victim's homes to allow time for victims to build a relationship with a service and develop trust in a worker, the provision of information in paper form as current victims of elder abuse are not usually confident searching online for information and services.

Information also needs to be provided in other languages than English.

g) the capacity of the Western Australia Police to identify and respond to allegations of elder abuse;

It is the Women's Council understanding that Police training in responding to Elder abuse is not a priority. The Police have put a lot of work over the last 10-15 years into Domestic and Family Violence training and have improved their responses to this issue. Elder abuse now needs the same sort of focus particularly if a community campaign was to be undertaken, having well trained and skilled police officers (possibly a specialist unit) would be a necessity.

h) identify initiatives to empower older persons to better protect themselves from risks of elder abuse as they age;

A widespread community awareness campaign that clearly identifies the issue, its prevalence, warning signs and that Elder abuse like Domestic and Family Violence is everyone's responsibility. Elder abuse is not a private matter and we all have a role to play in responding and preventing Elder abuse.

i) consider new proposals or initiatives which may enhance existing strategies for safeguarding older persons who may be vulnerable to abuse;

The main recommendation in the recent Australian Law Reform Commission report into Elder Abuse-A National Legal Response (May 2017) was for the establishment of National Plan to combat Elder Abuse.

The Women's Council supports the development of a Commonwealth strategy evolving over time that builds on existing State and Territory policy and services. A plan that is supported by ongoing research, community awareness campaign and wide spread training across both government, non- government and business sectors.

References Joosten, M., Vrantsidis, F. and Dow, B. (2017) *Understanding Elder Abuse: A Scoping Study*, Melbourne: University of Melbourne and the National Ageing Research Institute
ALRC Summary Report 131, 2017.

“Put up and shut up”: The barriers and facilitators to women seeking help for domestic elder abuse Amy Warren 2017 Bachelor of Social Work (Honours) BSW (Student) Curtin University. (Unpublished)

j) Consider any other relevant matter.

Supporting Older Women who have experienced Domestic and Family Violence and Mistreatment

The Women's Council for Domestic and Family Violence Services (WCDFVS) in partnership with Advocare recently hosted the *Supporting Older women who have experienced Domestic and Family Violence and Mistreatment* forum held on the 26 March 2010 at City West Lotteries House, West Perth

54 participants attended the Supporting Older Women Forum representing a diverse range of services which included:

COTA - Council on the Ageing

Advocare

APEA - Alliance for Prevention of Elder Abuse

Community Legal Services

Department of Child Protection

Family and Domestic Violence Unit

Older Women's Network (WA)

Public Hospitals

Women's Refuge and DFV Services

Women's Council for DFV Services (WA)

Yorgum Aboriginal Family Counselling Service

Forum Overview

This forum was held in response to the findings a Project of the Older Women's Network NSW Inc. of the project *The Disappearing age: a strategy to address violence against older women*. This forum was an opportunity to bring together workers across sectors to discuss issues and identify strategies that can enhance and improve services to meet the needs of older women who have experienced Domestic and Family Violence and Mistreatment

Angela Hartwig, CEO, Women's Council for Domestic and Family Violence Services (WCDFVS)

Gave a brief overview of some of the key findings and data from 'The Disappearing Age' Report (L. McFerran, 2008), and provided feedback from the 'Ageing Safely' Conference attended in Adelaide in October 2009. Concerns about what current research tells us about the prevalence of Domestic and Family Violence and the dangers surrounding 'older women being lost in the cracks between DFV and Elder Abuse service systems' (Brandl & Cook-Daniels 2002) was highlighted.

The WA forum was the first time that the Aged Care and DFV Sectors had been specifically brought together to engage in cross sector discussion and debate about violence against older; and is a one step in a longer term process to ensure that the needs of Older Women experiencing DFV and/or Mistreatment are met. In WA, a snapshot of data from three DFV Outreach Services found that women over 45, on average accounted for 20% of clients

(Lucy Saw Centre DV Police Outreach Pilot, DVAS Central & Multicultural Women's Advocacy Service, 2008/09)

It is also clear that older women are at higher risk of homelessness due to scarcity of services appropriate to their needs. A call for a national strategy, concentrating on reducing violence against older women was seen as vital, particularly at a time when the Federal Government has committed to significantly reduce the levels of violence against women and their children by 2021; and halve overall homelessness by 2020

Discussion Groups

1. What are some strengths/tools that DFV/Aged Care sectors already have in place that are valuable in assisting older women who have experienced Domestic and Family Violence?
2. What are the challenges for Domestic Violence and Aged Care Services when responding to the needs of older women experiencing DFV and how can we overcome these challenges?
3. What do the DFV and Aged Care Sectors need from each other to enhance support services for women?
4. How can we better work in partnership/collaboration across the sectors?
5. What are the gaps in service provision that require further work, attention or resources?

Summary of Responses

Greater Community Awareness & Education

Education was considered important in dissemination of information. A multi staged approach was identified with the use of national media campaigns to create public awareness as an overarching strategy. This campaign would include challenging societal views about ageing, what is abuse and what does it look like? Who can you contact and who can help?

A need for specific education and early intervention was identified. Specific education would be aimed at targeting perpetrators and individuals identified as at risk of causing harm in particular partners, carers and children of older women.

Cross sector training

Cross sector education and training is needed to ensure that there is an underpinning knowledge of the ageing process and the needs of women experiencing domestic and family violence. Complexities identified included, cultural and linguistic diversity, mental health, disability, dependency, isolation, types of abuse, cycle of abuse, the impact of abuse on women and barriers to leaving abusive relationships.

Education and training was also considered for older women who had no previous experience in using technology such as mobile phones and internet services. Information sessions to include

Risk assessment, safety & referral pathways

Participants suggested that developing rapport with partners to enable a collaborative response is the first step towards appropriate referrals between agencies. Furthermore it was identified that referrals need to be made to agencies that best suit the needs of the individual client. It was agreed that safety of women was a paramount concern and that the use of appropriate screening and risk assessment tools were critical in identifying and responding to the abuse, referral pathways and follow up.

Networking

The discussions were robust and lively. Highlighted were the many diverse services that exist within the Aged Care and Domestic and Family Violence Sectors. However, it was identified that whilst there are many diverse services that exist within the individual service sectors the availability of services were not known to the other.

Participants agreed that networking plays a vital role in strengthening agency awareness and aids in the sharing of knowledge, information and practice. There was a high level of enthusiasm regarding the provision of contact details to continue the collaborative process to understand, explore and discuss issues relevant to better community service provision.

Resources and support groups for older women

Funding was seen as a major issue in restricting opportunities to provide sustainable ongoing support. It was discussed that there were "other priorities" taking precedence and greater flexibility was required in funding requirements.

Accommodation & support services

Discussions were centered on meeting the accommodation needs specific to older women. These included: older women with disabilities, older women caring for grandchildren and/or caring for children with a disability, as well as respite care for families.

Interagency collaboration & partnerships

Discussion concluded with a multi-layer approach to working partnerships. Suggestions included partnerships between DV refuge workers, advocacy and HACC agencies that were identified as direct care workers. Partnerships between organisations and governments were identified as having a key role. It was discussed that to enable successful partnerships organisations would require a clear understanding of working partnerships. This would include roles and boundaries, limitations and capacities of organisations and what an organisation can do for you.