

Submission to the WA Select Committee Inquiry into Elder Abuse

HELP STOP ELDER ABUSE

1 in 20 OLDER PEOPLE IN WA WILL EXPERIENCE SOME FORM OF ABUSE

73% of abusers are family members

Abusers can be male or female

Perpetrators are most likely to be adult children

Financial abuse is the most common

RISK FACTORS

- Isolation
- Difficulty managing money
- Dependence on others
- Health issues

TYPES OF ELDER ABUSE

- FINANCIAL:** Illegal or improper use of someone's money or assets
- NEGLECT:** Withholding essential care such as food, shelter, clothing or other care
- SOCIAL:** Isolating social contact with others
- PSYCHOLOGICAL:** Verbal or physical threats, harassment
- SEXUAL:** Sex-related abuse, sexual contact and language
- PHYSICAL:** Causing physical harm

HOW TO PROTECT YOURSELF

- Stay socially connected
- Know your rights
- Control your own finances
- Access services designed for seniors

Advocare incorporated Help stop elder abuse

If you are being abused or suspect abuse is occurring, call the WA Elder Abuse Helpline on **1300 724 679**. For more information visit www.advocare.org.au

November 2017

Advocare Submission to the Legislative Council Select Committee on Elder Abuse

About Advocare

Advocare appreciates the opportunity to contribute to this select committee. Advocare is an independent, community based, not for profit organisation that supports and protects the rights of older people and people with disabilities in Western Australia through advocacy, information and education. A key client group is older people who are victims or potential victims of abuse from family and friends. We have been supporting older West Australians since 1996 and operating as Advocare Inc since 2000.

Advocare is the lead agency in Western Australia lobbying against elder abuse and, in collaboration with government agencies – including, the Office of the Public Advocate, the Public Trustee, WA Police, Department of Health and Legal Aid (WA) – has developed an Elder Abuse Protocol to assist organisations working with older people to respond to elder abuse. The Protocol document can be found here http://www.advocare.org.au/uploaded/files/client_added/SO103%20Elder%20Abuse%20Protocol%20v2.pdf.

Advocare collates the National Elder Abuse Annual Report on behalf of all state/territory agencies and makes a significant contribution to discussions on elder abuse at the local, state and national levels.

Background & Context

Although evidence about the prevalence of elder abuse in Australia is not well documented it is predicted based on other like populations and evidence to date, that between 2% and 10% of older Australians experience elder abuse in any given year, and the prevalence of neglect is possibly higher¹.

With an ageing population and the increasing incidence of elder abuse this enquiry is timely to review current elder abuse services and make enhancements that ensure older people and the broader community are informed of the issues and can take appropriate steps to prevent elder abuse.

With an ageing population also comes the increasing impact of dementia on our community and the associated complexities of decision making capacity. This has led to work being undertaken in the area of 'supported decision making' as an alternative to 'substitute decision making'.

Whilst a myriad of reforms have occurred and continue to occur within the aged care sector, there has not been a concurrent increase in support to older people and the

¹ <https://aifs.gov.au/publications/elder-abuse/export>

community in general to understand and navigate these new ways of working. This has contributed to an environment where community members have been inundated with information and this has often led to confusion about their entitlements, services and fees. This environment will expose older people to elder abuse and neglect as community members attempt to navigate the aged care system.

Given this context, Advocare submits the following responses to the Select Committee.

a) Determine an appropriate definition of elder abuse:

The World Health Organisation (WHO) describe Elder Abuse as follows:

Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder abuse can take various forms such as financial, physical, psychological and sexual. It can also be the result of intentional or unintentional neglect.²

This definition, due to the all-encompassing nature of the “expectation of trust” can extend from family and friends and to those in society where one would expect a trusting relationship to prevail, for example our financial institutions, aged care service providers, religious organisations etc.

Advocare recommends the adoption of the WHO definition due to its broad scope and global acceptance. Advocare believes that the term ‘relationship’ should encompass the full range of professionals that the older person interacts with; such as a bank employee, care providers, solicitors, financial professionals, medical practitioners etc

Advocare recommends that WA and all other Australian jurisdictions agree to use the WHO definition to contribute to global agreement and consistency.

b) Identify its prevalence:

Current knowledge about the prevalence of elder abuse is incomplete, prevalence rates vary widely between abuse types and the country of origin of the research. There are also different definitions of elder abuse used in different countries and between jurisdictions within each country. Data is also not regularly collected or reported in all countries or across jurisdictions in a consistent way. There are wide variations in the research methodology and subsequent estimation of the prevalence of elder abuse in the community.

² http://www.who.int/ageing/projects/elder_abuse/en/

Advocare is of the view that data collection and analysis to identify prevalence is an area requiring specific attention. We propose a number of options:

1. Data that has been collected and is available from the WHO, could be extrapolated and modelled as an initial societal prevalence investigation.
2. Draw data from service provider reports provided to the Commonwealth and State government funding bodies.
3. Commonwealth Personal Safety Survey – conducted by the Australian Bureau of Statistics (ABS) includes data sets relevant to older Australians. Questions could be added to include elder abuse.
4. Standardise data collection, recording and reporting methodology across all jurisdictions.

It is also noted that the Australian Institute for Family Studies has been engaged by the Federal Attorney General's Department to undertake a national prevalence study into elder Abuse and will be looking to develop an agreed definition of Elder Abuse

A number of examples of prevalence research can be found in Appendix 2 and Appendix 3.

Advocare compiles statistics from around Australia to provide a national snapshot of elder abuse and presents this information to the WA Select Committee.

A link to the **2015/16** Report is below:

[http://www.advocare.org.au/uploaded/files/client_added/NEA%20Annual%20Report%202015-2016\(1\).pdf](http://www.advocare.org.au/uploaded/files/client_added/NEA%20Annual%20Report%202015-2016(1).pdf)

A link to the **2014/15** Report is below:

http://www.advocare.org.au/uploaded/files/client_added/NEA%20Annual%20Report%202014-2015.pdf

Advocare is currently compiling the **2016/2017** Elder Abuse Annual Report, however some of the key findings are outlined below:

- The perpetrators of elder abuse are most likely to be adult children
- Advocare assisted 1219 clients experiencing elder abuse. Support was provided in the way of information and / or advocacy.
- Financial Abuse (34%) and psychological abuse (33%) were the most prevalent forms of elder abuse.
- Advocare received 499 calls directly to the Elder Abuse Helpline

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

The WHO definition referred to at a) identifies various forms of Elder Abuse.

Advocare recognises the following forms of elder abuse as referred to in the WA Elder Abuse Protocols³:

- **Financial or material abuse** - Improper use of an older person's finances or assets.
- **Physical abuse** - Deliberately causing physical pain or injury, including physical coercion and physical restraint.
- **Psychological/emotional abuse** - Inflicting mental anguish, fear, or feelings of shame and powerlessness. It may be verbal or nonverbal, and it is usually part of a pattern of behaviour repeated over time and intended to control the person by **maintaining a hold of fear over them**.
- **Sexual abuse** - A broad range of unwanted sexual behaviour, including rape, indecent assault, sexual harassment and sexual interference.
- **Neglect** – The failure to provide the necessities of life, such as adequate food, shelter, care and emotional support. May also include self-neglect, carer neglect or institutional neglect.
- **Social abuse (isolation)** - Preventing an older person from having social contact with family or friends or accessing social activities of their choice. This may also have the effect of hiding abuse from others.

The interpretation of the various forms of elder abuse are dependent on societal and cultural norms. The understanding of when an interaction becomes abuse requires an increase in knowledge and understanding in society. We recommend enhanced resources to support further education and widespread dissemination of case studies. Different cultures may have different terminology for elder abuse, this warrants further investigation. For example in some Aboriginal communities it is called "humberging".

Elder Abuse Case Studies

Advocare highlights the following case studies as a way of demonstrating the different forms that elder abuse can take:

NOTE: All names have been changed to protect client privacy

Carol's Story

Carol is an 87 year old woman living in the south of Perth, who contacted Advocare as she was concerned that her daughter, who is her Power of Attorney was misusing her money. Carol told the advocate that she was not receiving bank statements any more, had no idea of what was being paid, and had received a letter from one of the

³ http://www.advocare.org.au/uploaded/files/client_added/SO103%20Elder%20Abuse%20Protocol%20v2.pdf

bill companies stating she was in arrears which had never happened before. Carol was concerned that her daughter was overwhelmed by the role, and was unable to effectively manage the responsibility.

The advocate discussed all of the options with Carol, who decided it would be best to revoke her Enduring Power of Attorney and appoint a new one. The advocate liaised with the Older People's Rights Service, an elder abuse specific legal service, who agreed to help Carol to revoke the EPA and write a new one. Carol met with the lawyers, revoked her EPA and appointed a trusted friend instead.

On a follow up phone call Carol told the advocates that she was so much happier now. Once Carol had told her daughter about the change, her daughter revealed that she was overwhelmed by being the EPA and was relieved to not have to do it anymore.

Frank's Story

Frank is a 72 year old man who lives with his son in the north of Perth. Frank called Advocare and told the advocate that his son had recently become physically and verbally abusive towards him. Frank explained that he had moved in with his son for financial reasons three years ago, and they had enjoyed living together as they could share the chores and split the bills. Frank had always been fit and healthy, but seven months ago he had broken his hip, sustained an infection and was now able to do very little independently; so Frank's son Cliff was now responsible for caring for his father as well as maintaining the house and working full time.

The advocate listened to Frank's story and identified that Cliff could possibly be experiencing carer stress, an observation that Frank agreed with whole heartedly. Upon further discussion, the advocate identified that Frank had no services in place and Cliff was accessing no respite or support for himself. The advocate discussed the number of services available with Frank who was surprised to hear how much was available to assist him and Cliff. The advocate arranged for Frank to have an assessment and within two weeks Frank was receiving five hours of care a week, including some housekeeping and gardening which relieved the pressure on Cliff.

A month after the initial call Frank called Advocare to report that his life had changed dramatically. Thanks to the wonderful service that the support workers provided, Frank and Cliff were great mates again, Cliff was relieved of a lot of pressure and Frank was feeling better than he had in years!

Gwen's Story

Advocare was contacted by the Manager of a Residential Aged Care Facility (RACF) seeking assistance for a resident, Gwen, who had advised the Manager that her son who lived interstate was taking advantage of her through the abuse of an Enduring Power of Attorney.

Gwen took the phone and confirmed the Manager's advice adding that she appointed her son as EPA when she went in to hospital for major surgery. She has now recovered, wants to take back control of her finances and in doing so discovered the abuse.

Options were discussed with Gwen and she consented to Advocare assisting her to revoke her son's EPA.

A letter revoking the EPA was prepared and forwarded to Gwen at the RACF for her signature and instructions regarding witnessing and service of the notice.

The RACF then assisted Gwen to attend Centrelink and her Bank to provide them with copies of the letter. Changes were made to Gwen's banking arrangements to ensure that her son no longer had access to her accounts.

d) Identify the risk factors:

Numerous factors contribute to the vulnerability and risk of an older person experiencing elder abuse. The following is based on information contained within the WA Elder Abuse Protocols:

Dependency – the older person may be dependent on others for social, emotional, physical, financial, and spiritual support; this vulnerability is increased when the abuser is also dependent on the older person. Dependency on others can also be the result of chronic or serious health/medical conditions.

Family dynamics and living arrangements – unresolved issues, family conflict, and spousal violence, as well as shared living arrangements, may heighten the risk of conflict and abuse.

Social isolation – the older person may be isolated by location, mobility, physical impairments, intellectual impairment, or language and cultural barriers.

Health and cognitive impairment – physical and mental impairments, including illness, dementia, and depression, may reduce the older person's ability to protect themselves. Medications and trauma can also contribute to confusion and cognitive impairment.

Addictions – alcohol, prescription or illicit drug use, or gambling addictions on the part of the older person or carer, may increase the risk of abuse.

Carer stress – this may lead to abuse, especially when combined with other risk factors, such as social isolation and/or addiction on the part of the family carer. It should also be noted that carers themselves may also be at risk of experiencing elder abuse.

Language and cultural barriers – all risk factors above may be heightened by language and cultural barriers, including historical influences or immigration experiences.

Other risk factors to consider:

- General community attitudes towards older people and ageing
- Older people from other marginalised communities such as those with mental health conditions, disabilities and from LGBTIQ communities.
- History of Family and Domestic Violence
- Family members prepared to take advantage of an older person and/or their assets

A number of risk assessment and screening tools are used in different countries and jurisdictions. Advocare recommends that the allocation of resources to review these tools develop a standardised risk assessment tool be used by service providers.

References to some of these tools are provided in [Appendix 3-3](#).

e) Assess and review the legislative and policy frameworks:

Advocare works with a number of key stakeholders and has identified a number of areas requiring review:

1. Financial abuse

- Practices of financial institutions, in particular training, policy and guidelines for identifying clients at risk of financial abuse and responding to instances of financial abuse. Currently there is limited recourse for the victim to recover their losses.
- Similarly with actions of others in positions of trust such as, accountants, financial advisors, superannuation advisors etc.

2. Restraining Orders Act

- The objects and principles in sections 10A and 10B, provide a platform for the development of understanding of the dynamics of family violence. However, older people are not recognised as a separate category under the Act, we must ensure there are other safeguards in place.

3. Criminal Code

- Amendments to reflect the fraudulent transactions committed behind the veil of family arrangements and Enduring Powers of Guardianship and Enduring Powers of Attorney and appropriate sentencing and restitution orders.

4. Improving access to justice systems and processes

- Advocare recommends that this enquiry is referred to the WA Law Society for further comment.

It should be noted that the Australian Law Reform Commission recently conducted an extensive inquiry into elder abuse and the law. The ALRC report can be found at the following link: <https://www.alrc.gov.au/publications/elder-abuse-report>.

Advocare supports the recommendations made by the ALRC and looks forward to the official response by government agencies in 2018 regarding their implementation. Advocare welcomes the opportunity to partner with both State and Federal Government agencies in implementing the recommendations.

f) Assess and review service delivery and agency responses:

Advocare currently provides the following elder abuse service responses:

Advocare appreciates the support from the Department of Communities to provide the Elder Abuse Helpline. However the limited resources we receive for this restricts the impact and reach of the Helpline especially given the geographical challenges of WA. The Helpline is currently funded to the end of Dec 2018 and Advocare welcomes the opportunity for further discussion on how we can expand these services including more resources for the promotion of the Helpline.

Advocare coordinates and Chairs the Alliance for the Prevention of Elder Abuse (APEA:WA). APEA: WA promotes a whole of government policy framework to prevent elder abuse. It consists of government and non-government organisations and seeks to influence policy decisions. This committee meets regularly to consider enhanced prevention strategies.

Coordination of the WA Network for the Prevention of Elder Abuse (WANPEA). This is a network of service providers within the aged care sector who are interested in sharing information and identifying trends to promote the safety and wellbeing of older people. The meetings provide a forum where service providers can bring issues and cases for discussion and seek support and advice from Advocare and other colleagues.

- Advocare has the following partnerships in place to provide enhanced support to those experiencing elder abuse
 - Memorandum of Understanding (MOU) with Office of the Public Advocate to assist with referral and response mechanisms where there may be issues around decision-making capacity of the client.
http://www.publicadvocate.wa.gov.au/A/about_us.aspx?uid=7448-1306-7459-5285

- A formal partnership with the Northern Suburbs Community Legal Centre - Older Peoples' Rights Service (OPRS). OPRS offers consultation, support and education for victims of financial and physical elder abuse. <http://nsclegal.org.au/legal-services/elder-law-services/>
- A MOU with Legal Aid WA. Legal Aid WA offer information, support and legal representation for those people meeting their intake criteria. Legal Aid Infoline: 1300 650 579. <https://www.legalaid.wa.gov.au/InformationAboutTheLaw/treatment/Pages/Elderabuse.aspx>
- The **Elder Abuse Protocol - Guidelines for Action** (the WA Protocols) initiated by the Alliance for the Prevention of Elder Abuse Western Australian (APEA) are currently being reviewed. The guidelines currently include a 6 step approach to identification of elder abuse and a flowchart to facilitate responses to elder abuse. Advocare has recently been granted funding from the Department of Communities to coordinate this process. This review process will be completed by the end of 2017 and in 2018 workshops will be held in all regions to promote the new Protocols and encourage their use.
- At the national level Advocare is a member of the **Older Peoples' Advocacy Network (OPAN) and Elder Abuse Action Australia (EAAA)**. EAAA is in the process of establishing the national Peak body for Elder Abuse and OPAN is working to enhance responses to elder abuse in rural and remote areas and the development of supported decision making models. These agencies have been recently established, and will be fundamental in moving towards a nationally consistent way of preventing and responding to elder abuse in the future.

Evaluations and reviews undertaken on elder abuse service responses:

- **Independent evaluation of Elder Abuse Programs in SA & WA.** With funding provided to the Older Person's Advocacy Network, an independent evaluation of elder abuse service delivery models in Western Australia and South Australia has been recently undertaken. A draft report has been prepared for the OPAN Board, however the final version has yet to be completed. The outcomes from this will be used to inform the development of nationally consistent approaches to elder abuse advocacy. Advocare will seek to share the findings of this evaluation with the WA Select Committee in due course.
- The activity reports completed by service providers to funding bodies and other reports submitted from time to time also provides important information and feedback on existing service delivery responses.

- Whenever elder abuse initiatives are funded, specific resources should always be allocated to the evaluation of those services. Advocare recommends that evaluation and feedback mechanisms should be built in to all service delivery systems.

A number of other services currently exist in WA that aim to prevent or respond to cases of elder abuse. These are listed below:

- **Older Adult Mental Health Services (OAMHS)**
Provide safeguarding services via a social worker for older people who may be vulnerable to elder abuse
<http://www.nmahsmh.health.wa.gov.au/services/oamhs.cfm>
- **Connect Groups Hand to Heart** – social connections for older people – a practical response to social isolation <http://www.connectgroups.org.au/hand-to-heart/>. Advocare is a member of the Melville Aged Services Network (MASN) which promotes this organisation and the Hand to Heart program.
- **Relationships Australia – Elder Support & Relationship Service**
Provides counselling & mediation support service to assist older people and their families. Advocare will refer our clients to this service where appropriate.
<https://www.relationships.org.au/what-we-do/services/elder-relationship-services>

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

The WA Police play a crucial role in the prevention and response to elder abuse. Training of frontline officers in appropriate responses to elder abuse should be a priority. Ideally this would occur during the training of new recruits, but all police officers need to have a better understanding of this issue and be educated in appropriate referral networks. Advocare defers to the Commissioner of Police for a statement of capacity.

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

Advocare believes that the use of an advocate to support older people provides empowerment for their protection. One of the best ways to empower individuals to protect themselves is to raise awareness of the issue of elder abuse and raising its profile in the general community. Advocare provides education services to older people, service providers and the general community to raise awareness of elder abuse. This information supports older people to make informed decisions and take actions to protect themselves.

Community education needs to extend to the range of professionals that older people may come into contact with. Advocare recommends the provision of education and information to recognise situations where abuse may occur and provide opportunities to implement prevention and minimisation strategies.

Advocare's Services and Resources

Elder Abuse Helpline

Advocare appreciates the support from the Department of Communities to provide the Elder Abuse Helpline. However the limited resources we receive for this restricts the impact and reach of the Helpline especially given the geographical challenges of WA. The Helpline commenced operation in late 2014 and provides direct contact with an Advocate during business hours (8.30am – 4.30pm) for information, referral and support.

- 2014/15 – there were 366 Helpline Calls
- 2015/16 – this increased to 570 Helpline Calls
- 2016/17 – 499 Helpline Calls

The Helpline is currently funded to the end of Dec 2018 and Advocare welcomes the opportunity for further discussion on how we can expand these services including more resources for the promotion of the Helpline.

Elder Abuse Advocacy

Advocare also appreciates the support we receive from the WA Department of Health, through the Home and Community Care (HACC) Program to provide Elder Abuse Advocacy and funding for the APEA Executive Officer. In 2016/17 Advocare provided:

- Information and Advocacy services to **1219 clients**; and
- **140 elder abuse education/information sessions to 2329 individuals.**

Education & Events

Advocare delivers elder abuse education sessions in metropolitan, regional and remote locations to the following groups:

- Community Members (older people & others)
- Residents of Aged Care Facilities
- Aged care staff across the home care and residential care sector
- Industry Professionals (allied health, staff, students)
- Community groups & organisations

Advocare also attends community events and expos to raise the awareness of elder Abuse for example, Seniors Week "Have a Go" Day; Homeless Connect, Perth and many local government events throughout the year.

Advocare plays a key role in coordinating awareness raising activities for World Elder Abuse Awareness Day (WEAAD), which is commemorated on 15th June each year.

Resources

Advocare produced the very popular “**Caring for Your Assets as you Age**” booklet. The resource is aimed at preventing financial abuse and its development was funded by the WA Law Society through the Public Purposes Trust. This comprehensive guide provides information to older people on topics such as bank accounts, property and loaning money and provides practical tips on how they can protect their assets. [http://www.advocare.org.au/uploaded/files/client_added/17101-ADVOCARE%20\(CARE%20FOR%20YOUR%20ASSETS\)-BOOK%2024PP%20\(A4\)%20\(FINAL%2012_9_16\)-WEB%20\(150dpi\).pdf](http://www.advocare.org.au/uploaded/files/client_added/17101-ADVOCARE%20(CARE%20FOR%20YOUR%20ASSETS)-BOOK%2024PP%20(A4)%20(FINAL%2012_9_16)-WEB%20(150dpi).pdf)

Advocare is currently working in partnership with Curtin University to produce a resource called “**Assets for Care**” which will be targeted at legal professionals. The aim of the publication is to prevent financial abuse of older people by providing key information to the legal profession when working with older people. This resource is expected to be completed in February 2018.

Advocare also produced an **Elder Abuse Infographic** on large posters to raise awareness of elder abuse. These posters contain key statistics and messages were produced in a number of different languages. The posters have been distributed across WA to many aged care providers and community organisations.

Advocare has a good working relationship with the following agencies who also provide education and resources for the general community:

Public Trustee

Seniors Guide to Getting Your Affairs in Order-Community education talks for Seniors’ Week

http://www.publictrustee.wa.gov.au/U/updates_events.aspx?uid=6035-5059-4095-4530

Office of the Public Advocate

Intermittent education and training to professionals and community members.

http://www.publicadvocate.wa.gov.au/C/community_education_training.aspx?uid=7662-1142-1340-2752

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

Advocare recommends the development of a seamless elder abuse prevention and response system, which needs to be across all jurisdictions. The service system would include the following components:

- Social marketing and awareness raising campaigns to address ageism and elder abuse
- Information & referral
- Education for community members, aged care providers, health professionals, police, financial services sector and other professions
- Counselling services
- Elder abuse mediation
- Peer support and support groups
- Legal advice & support
- Programs addressing social isolation
- Follow-up and welfare check-in programs

Service Expansion through Volunteers

The expansion of volunteer-based programs could work well in the prevention of elder abuse and Advocare looks forward to increasing the reach and outcomes of our work, through expanding the use of volunteers. Advocare welcomes the opportunity for further discussions on the resourcing of these programs.

Enhancing Community Engagement

Advocare recommends the development and specific targeting of elder abuse prevention resources to the following special needs groups, as identified within the Aged Care Act 1997:

- people from Aboriginal and Torres Strait Islander communities;
- people from non-English speaking (culturally and linguistically diverse) backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are veterans, including the spouse, widow or widower of a veteran;
- people who are homeless, or at risk of becoming homeless;
- people who are care leavers; and/or
- people from the Lesbian, Gay, Bisexual, Transgender and Intersex community.

Advocare recommends the following strategies are undertaken to increase awareness of elder abuse and enhance genuine community engagement on the issue:

- Establishment of a consumer reference group to ensure we are engaging in an appropriate way with all those who may be at risk of elder abuse. This group could also form an advisory group to government. The Reference Group needs to ensure adequate representation of the diversity of the community.

- Develop Social Marketing and Educational strategies in partnership with the community and members of the target group using the principles of co-design.
- Develop a Social Marketing campaign addressing the issues of Ageism in our community. Ageism is an underlying factor in the occurrence of elder abuse.
- Given the geographical challenges of WA be mindful of the needs of those living in rural, regional and remote locations in the development of service responses.
- Work with Aboriginal Community Controlled organisations to develop culturally appropriate initiatives to prevent and respond to elder abuse.
- Learn more about safeguarding members of marginalised communities – the culturally and linguistically diverse (CALD), including people with mental health conditions and those with disabilities.

Multidisciplinary Approaches

Advocare recommends the implementation of a multidisciplinary approach in response to those experiencing elder abuse which would involve the following strategies:

- Implement a method of following up with those experiencing elder abuse to assist them to navigate and keep track of their referrals to other health and financial professionals. Any system of course needs to respect an individual's privacy in terms of sharing personal information with other parties.
- Engage the medical profession in recognising the indicators of elder abuse. GPs provide the gateway into the plethora of health professional services and need to be upskilled in the detection of elder abuse, perhaps via CPD points.
- Provide education and protocols specifically for the financial/banking industries to enable them to better recognise elder abuse. Incorporate knowledge via induction training.
- Introduction of a therapeutic justice model should be considered for further investigation. Providing access to individual and family counselling and if required Alternate Dispute Resolution (ADR) services.

i) consider any other relevant matter

Advocare recommends greater access for older people to affordable independent legal and financial planning advice, for example through the Citizens Advice Bureau. This is often a barrier in the prevention of elder abuse. Financial counselling may assist a person experiencing abuse to re-establish themselves, however there are potential medical, psychological/emotional and housing impacts which also need to be addressed.

Advocare recommends greater consistency in data collection and record keeping by government and non-government agencies with regards to incidents of elder abuse.

This would assist with providing more timely and effective support to those experiencing elder abuse and improve prevention and early intervention.

Develop a process for elder abuse records to be transferred into a data linkage bank, so that they could be included in large scale research projects.

<http://www.datalinkage-wa.org/>. Such action would enable more accurate estimations of prevalence and assist with the development of targeted prevention strategies.

Advocare recommends further investigation into the possibility of establishing a forensic centre to medically analyse incidents of physical and maybe psychological abuse, similar to the existing one at Irvine University in California.

<http://www.centeronelderabuse.org/E AFC.asp>

The increasing rates of homelessness among older women is extremely concerning to Advocare. The risk of becoming homeless is a significant factor in the occurrence of elder abuse and Advocare recommends that this issue is addressed as a matter of priority. <https://www.missionaustralia.com.au/what-we-do/homelessness-social-housing/content/267-sh404sef-custom-content/>

Advocare welcomes the opportunity to present to the committee.

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WA SELECT COMMITTEE ENQUIRY INTO ELDER ABUSE

RESPONSE FROM ADVOCARE - APPENDICES

APPENDIX 1 – Elder Abuse Research

The table below is from a global review of three recent meta analyses/reviews to provide a general overview of the research on elder abuse and how they have used different operationalisations for age. Included below are the references for the reviews below. The Table includes the studies from the below reviews, plus available research from Australia.

De Donder, L., Luoma, M.-L., Penhale, B., Lang, G., Santos, A. J., Tamutiene, I, Verté, D. (2011). European map of prevalence rates of elder abuse and its impact for future research. *European Journal of Ageing*, 8(2), 129. doi:10.1007/s10433-011-0187-3.

Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. (2016). Elder abuse: Global situation, risk factors and prevention strategies. *Gerontologist*, 56(12), 194-205.

Sooryanarayana, R., Choo, W., & Hairi, N. N. (2013). A Review on the Prevalence and Measurement of Elder Abuse in the Community. *Trauma, Violence, & Abuse*, 14(4), 316-325. doi:doi:10.1177/1524838013495963

Table 1.

Study (Year)	Age cut-off	Location	Elder Abuse Prevalence	Method
Pittaway and Westhues (1994)	55 +	Ontario, Canada	Overall: 31.9% Physical: 14.3% Verbal: 14.0% Financial: 13.0% Neglect: 13.8%	Structured interviews at health and social service agencies
Laumann, Leitsch, and Waite (2008)	57 +	United States	Physical: 0.2% Verbal: 9.0% Financial: 3.5%	Structured interviews at homes

Ogg and Bennett (1992)	60 +	Britain	Physical: 1-5% Verbal: 6-11% Financial: 2-5%	Structured questionnaire
Pitsiou-Darrough and Spinellis (1995)	60 +	Attica, Greece	Overall: 12.4% Physical: 2.0% Psychological: 48% Financial: 3.6% Neglect: 2.0%	Semi-structured interviews
Wetzels (1996)	60 +	Germany	Overall: 6.6% Physical: 1.5% Psychological: 25.6% Financial: 1.0% Sexual: 0.1%	Structured questionnaire
Yan and Tang (2001)	60+	Hong Kong, China	Overall: 21.4% Physical & social: 2-5% Verbal: 20.8%	Structured checklist questionnaire
Shugarman, Fries, Wolf, and Morris (2003)	60 +	United States	Overall: 4.7%	In home assessment using Minimum Data Set for Home Care assessment

Iecovich, Lankri, and Drori (2004)	60 +	Israel	Overall: 0.5% Physical: 11.7% Psychological: 10.8% Financial: 7.5% Neglect: 3.3% Sexual: 0.8%	In home assessment using structured questionnaire
Boldy, Horner, Crouchley, Davey, and Boylen (2005)	60 +	Western Australia, Australia	Overall: 0.58%	Structured questionnaire of organisations and general practitioners
Puchkov (2006)	60 +	Russia	Overall: 28.6% Physical: 10.1-17.6% Psychological: 31.0-52.3% Financial: 25.5-32.2% Neglect: 8.9-30.5%	Structured questionnaire or interview
Wang (2006)	60 +	Taiwan, China	Psychological: 22.6%	Structured interviews at homes and community institutions
Acierno et al. (2010)	60 +	United States	Overall: 11.4% Physical: 1.6% Psychological: 4.6% Financial: 5.2% Neglect: 5.1% Sexual: 0.6%	

Chompunud et al. (2010)	60 +	Bangkok, Thailand	Overall: 14.6% Physical: 2.9% Psychological: 41.2% Financial: 20.6% Neglect: 2.9%	Structured interviews at homes and community institutions
Amstadter et al. (2011)	60 +	South Carolina, United States	Overall: Approximately 1 in 10 Physical: 2.1% Psychological: 13.9% Financial: 6.6% Neglect: 5.4% Sexual: 0.3%	Telephone interviews
Cadmus and Owoaje (2012)	60 +	Oyo, Nigeria	Overall: 30.0% Physical: 14.6% Psychological: 11.1% Financial: 13.1% Neglect: 1.2% Sexual: 0.04%	Semi-structured interviews
Wu et al. (2012)	60 +	Hubei province, China	Overall: 36.2% Physical: 4.9% Psychological: 27.3% Financial: 2.0% Neglect: 15.8%	Structured questionnaire

Burnes et al. (2015)	60 +	New York, United States	Overall: 4.6% Physical: 1.8% Psychological: 1.9% Neglect: 10.8%	Telephone interviews
Gil et al. (2015)	60 +	Portugal	Overall: 12.3% Physical: 2.3% Psychological: 6.3% Financial: 6.3% Neglect: 0.4% Sexual: 0.2%	Telephone interviews
Pillemer and Finkelhor (1988)	65 +	Boston, United States	Overall: 3.2% Physical: 2.0% Verbal: 1.1% Neglect: 0.4%	Telephone interviews
Kivelä, Köngäs-Saviaro, Kesti, Pahkala, and Ijäs (1993)	65 +	Finland	Overall: 6.7%	Interviews and examinations at home and health care centres
Podnieks (1993)			Overall: 4% Physical: 0.5% Verbal: 1.4% Financial: 2.5% Neglect: 0.4%	Telephone surveys

Kurrle, Sadler, Lockwood, and Cameron (1997)	65 +	Australia	Overall: 1.2%	Assessment of Central Coast Aged Care Assessment Team records
Lachs, Williams, O'Brien, Hurst, and Horwitz (1997)	65 +	Connecticut, United States	Overall: 1.6% Physical: 2.0% Psychological: 3.7% Financial: 1.8% Neglect: 1.0% Sexual: 0.05%	Assessment of Connecticut Ombudsman on Aging records
Comijs, Pot, Smit, Bouter, and Jonker (1998)	65 +	Amsterdam, The Netherlands	Overall: 5.6% Physical: 1.2% Verbal: 3.2% Financial: 1.4% Neglect: 0.2%	Checklist questionnaire
Livermore, Bunt, and Biscan (2001)		New South Wales, Australia	Overall: 5.4%	Assessment of Central Coast Aged Care Assessment Team records
Chokkanathan and Lee (2005)	65 +	Chennai, India	Overall: 14.0% Physical: 4.3% Verbal: 10.8% Financial: 5.0% Neglect: 4.3%	Structured checklist interview
Buri, Daly, Hartz, and Jogerst (2006)	65 +	Iowa, United States	Overall: 20.9%	Structured questionnaire

Oh, Kim, Martins, and Kim (2006)	65 +	Seoul, Korea	Overall: 6.3% Physical: 1.9% Verbal: 3.6% Psychological: 4.2% Financial: 4.1% Neglect: 2.4%	Structured interviews at homes
Pérez-Cárceles et al. (2009)	65 +	Eastern Spain	Overall: 44.6% Physical: 2.4% Psychological: 20.7% Financial: 7.2% Neglect: 31.1% Sexual: 1.3%	Structured checklist interview at homes
Kissal and Beşer (2011)	65 +	Izmir, Turkey	Overall: 13.3% Physical: 4.2% Psychological: 9.4% Financial: 2.1% Neglect: 8.2% Sexual: 0.9%	Structure interviews at health care centres
Naughton et al. (2012)	65 +	Ireland	Overall: 2.2% Physical: 0.5% Psychological: 1.2% Financial: 1.3%	Structured interviews at homes

			Neglect: 0.3%	
			Sexual: 0.05%	
Kabole, Kioli, and Onkware (2013)	65 +	Emuhaya District, Kenya	Overall: 81.1%	Structured questionnaires, interviews, and focus groups
			Physical: 7.0%	
			Psychological: 36.0%	
			Financial: 10.0%	
			Neglect: 47.0%	
Biggs, Manthorpe, Tinker, Doyle, and Erens (2009)	66 +	United Kingdom	Overall: 2.6%	Face-to-face and computer-assisted interviews
			Physical: 0.4%	
			Psychological: 0.4%	
			Financial: 0.6%	
			Neglect: 1.1%	
			Sexual: 0.2%	
Lowenstein, Eisikovits, Band-Winterstein, and Enosh (2009)	70 +	Israel	Overall: 34.6%	Structured questionnaires
			Physical & sexual: 3.9%	
			Verbal: 13.0%	
			Financial: 7.9%	
			Neglect: 22.8%	
Garre-Olmo et al. (2009)	75 +	Girona, Spain	Overall: 29.3%	Structured interviews at homes
			Physical: 0.1%	
			Psychological: 15.2%	
			Financial: 4.7%	

Fulmer et al. (2000)	No age	New York, United States	Overall: 12.3%	Interviews with social workers in nursing homes
Goergen (2001)	No age	Lower Saxony & Hesse, Germany	Overall: 79% staff abused or neglected resident	Structure questionnaire of nurses in nursing homes

APPENDIX 2: Prevalence research in Australia

Report - Understanding elder abuse: A scoping study - NARI

This report has been published by the National Ageing Research Institute (NARI) and the Melbourne Social Equity Institute. The report presents a review of the literature on elder abuse with a focus on intergenerational elder abuse, and the evidence supporting interventions to address this abuse. Among its key recommendations, the report calls for more research into the prevalence and nature of abuse, as well as research into interventions that work to prevent or reduce intergenerational elder abuse. http://www.nari.net.au/files/elder_abuse_design-screen.pdf

Prevalence research in Western Australia, Examination of the Extent of Elder Abuse in Western Australia (April 2011)

A Qualitative and Quantitative Investigation of Existing Agency Policy, Service Responses and Recorded Data.

http://www.advocare.org.au/uploaded/files/client_added/Examination%20of%20the%20Extent%20of%20Elder%20Abuse%20in%20Western%20Australia.pdf

Prevalence research in South Australia. Final report: current data collection practices of key agencies (February 2017). The study made five recommendations Wendy Lacey, University of South Australia (February 2017)

http://www.sahealth.sa.gov.au/wps/wcm/connect/96f22500421782fe9d2bff40535c9bd4/Prevalence+of+Elder+Abuse+in+South+Australia+-+Final+Report_February+2017.pdf?MOD=AJPERES&CACHEID=96f22500421782fe9d2bff40535c9bd4

Executive Summary of South Australian prevalence research.

http://www.sahealth.sa.gov.au/wps/wcm/connect/96f22500421782fe9d2bff40535c9bd4/Prevalence+of+Elder+Abuse+in+South+Australia+-+Final+Report_February+2017.pdf?MOD=AJPERES&CACHEID=96f22500421782fe9d2bff40535c9bd4

Elder abuse. Understanding issues, frameworks and responses. A report to the Australian Attorney General's Department.

<https://www.ag.gov.au/RightsAndProtections/HumanRights/Documents/Elder-abuse-understanding-issues-frameworks-and-responses.pdf>

The Australian Institute of Family Services (AIFS) began a scoping study earlier in 2017 in preparation for a robust national study into the prevalence of elder abuse in Australia

The report reviews the literature on the prevalence and nature of intergenerational elder abuse, with a focus on interventions to address it.

APPENDIX 3: Prevalence Research in Other Countries

State-of-art in prevalence research on elder abuse in Europe

Prevalence study of violence and abuse against older women AVOW Conference Paper

20th Nordic Congress on Gerontology, Reykjavik, Iceland, May (June 2010)

Authors Mira Koivusilta, National Institute for Welfare and Health THL & AVOW

project partner <http://www.stakes.fi/pdf/avow/state-of-art.pdf>

Prevalence research in Ireland

The prevalence of elder abuse and neglect: a systematic review

[Claudia Cooper](#) [Amber Selwood](#) [Gill Livingston](#)

Age and Ageing, Volume 37, Issue 2, 1 March 2008, Pages 151–160,

<https://doi.org/10.1093>

<https://academic.oup.com/ageing/article/37/2/151/40781>

Elder abuse and neglect in Ireland: results from a national prevalence survey

[Corina Naughton](#) [Jonathan Drennan](#) [Imogen Lyons](#) [Attracta Lafferty](#) [Margaret Treacy](#)
[Amanda Phelan](#) [Anne O'Loughlin](#) [Liam Delaney](#)

Age and Ageing, Volume 41, Issue 1, 1 January 2012, Pages 98–103,

<https://doi.org/10.1093/ageing/afr107>

Elder Abuse in Canada

Into the light: national survey on the mistreatment of older Canadians 2015

<https://cnpea.ca/images/canada-report-june-7-2016-pre-study-lynnmcdonald.pdf>

A Gender-Based Analysis (Public Health Agency of Canada)

http://publications.gc.ca/collections/collection_2012/aspc-phac/HP10-21-2012-eng.pdf

APPENDIX 4 – Screening & Risk Assessment Tools

Article discussing a number of different Elder Abuse screening tools for healthcare professionals: <http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/Elder-Abuse-Screening-Tools-for-Healthcare-Professionals.pdf>

EASI: Elder Abuse Suspicion Index: <http://nicenet.ca/tools-easi-elder-abuse-suspicion-index>

NSW Elder Abuse Toolkit: Identifying and responding to the abuse of older people: the 5-step approach: <http://www.elderabusehelpline.com.au/uploads/pdf/Toolkit%20-%20FINAL%20-%20WEB.pdf>

Common Risk Assessment Framework (CRAF) and Common Risk Assessment and Risk Management Framework (CRARMF) available at: <https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/raft>

APPENDIX 5

Elder abuse and neglect in the European Union UN Open-ended Working Group on Ageing 21-24 August 2012 Nena GEORGANTZI, Legal & Research Officer -AGE Platform Europe
<https://social.un.org/ageing-working-group/documents/ElderAbuseNGOEWG2012.pdf>

Conclusions from this paper.

Negative attitudes combined with poor support for carers trigger elder abuse. First fighting ageism and gender discrimination should be a key element of any policy targeting elder abuse. Then, a common analysis and vision on care is needed as well as to raise awareness on the need to tackle elder abuse. We should promote better coordination and exchange of information between stakeholders to guarantee prompt screening and response to elder abuse. We need to improve data gathering and strike a balance between efficiency, cost saving and quality improvement of care systems

There is a need for a cross-sectoral approach, ranging from prevention measures - such as training, respite care and good working conditions for carers and professionals –to specific structures for people with dementia and evaluation of interventions specifically designed to reduce elder maltreatment. Framing these issues through the lens of human rights will help create an enabling environment where older persons are able to enjoy and claim their rights. An international human rights instrument can build a commonly accepted definition, address the vulnerability and the specific aspects of this group and have a strong preventive effect.