

Thursday, 23 November 2017

RE: Submission to the Parliamentary Inquiry into Elder Abuse

Dear Madam/Sir,

We would like to tender this submission to the Inquiry into Elder Abuse. We had sought an extension for this submission, as we have missed the 17th December deadline, however, are aware this has not yet been approved as the next date this could be considered is on the 27th of November.

This submission addresses the terms of reference that the researchers feel they are in a position to comment on, based on their previous research and writing in the area of elder abuse over the past decade in Western Australia and Queensland. The material is drawn from a number of the authors' past publications and a few currently in press:

- Black, B. (2008). *The human rights of older people and agency responses to elder abuse*. Perth: Centre for Human Rights Education, Curtin University.
- Black Blundell, B., & Clare, M. (2012). *Elder Abuse in Culturally and Linguistically Diverse Communities: Developing Best Practice*. Perth: Advocare Inc.
- Blundell, B. & Clare, M. [In press]. Designing Australian responses to elder abuse: Issues and challenges. In M.K. Shankardass (Ed.) *International Perspectives on Elder Abuse and Mistreatment*. New York: Springer.
- Blundell, B. B., Clare, J., Moir, E., Clare, M., & Webb, E. (In press). *Review of the Prevalence and Characteristics of Elder Abuse in Queensland*. Perth: Curtin University.
- Clare, M., Black Blundell, B., & Clare, J. (2011). *Examination of the Extent of Elder Abuse in Western Australia*. Perth: Crime Research Centre: The University of Western Australia.
- Warren, A., Blundell, B. & Gillieatt, S. (In draft). "Put up and shut up": The barriers and facilitators to women seeking help for domestic elder abuse.

Kind regards,



Barbara Blundell

BSW (hons) PhD

**Lecturer | School of Occupational Therapy and Social Work
Faculty of Health Sciences**

Curtin University

Tel | +61 8 9266 4748

Fax | +61 8 9266 4593

Email | barbara.blundell@curtin.edu.au

(On behalf of Professor Mike Clare and Ms Amy Warren)

Submission to the Inquiry into Elder Abuse

Dr Barbara Blundell¹
Professor Mike Clare²
Ms Amy Warren³

a) determine an appropriate definition of elder abuse

There is currently no nationally agreed definition of elder abuse in Australia. However, definitions used by both government and non-government organisations commonly cite the World Health Organization (2002, p. 2) definition, “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”.

A number of Australian studies and literature reviews have discussed the problematic ways in which elder abuse is currently defined and understood in the national context (Clare, Black Blundell, & Clare, 2011; Clare, Clare, Blundell, & Clare, 2014; Kaspiew, Carson, & Rhoades, 2016). Although the overarching elder abuse definitions used by organisations in Australia are quite broad, in practice, operational definitions in each organisation are also affected by the organisation’s mandate and jurisdiction (Clare et al., 2011). Elder abuse organisations are generally state-based, as they are largely funded by state government departments, whose mandate includes older people in the community, while residential aged care services are overseen at a national level by the federal government. In many cases, this may mean that organisations only work with elder abuse being perpetrated by family and friends of a community-dwelling older person, which largely excludes abuse perpetrated by paid human services staff and other banking, financial, health and legal professionals, as well as people in residential aged care facilities (Clare, Black Blundell, and Clare 2011). These kinds of staff and professionals, while currently defined as being in ‘non-trust’ relationships, are arguably in a position of trust as they generally have a duty of care relationship with the older person whom they are assisting.

The implications of the funding structure of elder abuse organisations, as outlined above, generally are that the practice focus of elder abuse advocacy agencies and helplines target their efforts towards the abuse of community dwelling older people by family and friends, but find that they also receive calls in relation to elder abuse committed by other categories of perpetrators. In Queensland, for example, the Elder Abuse Prevention Unit separates their recorded data about calls to their Elder Abuse Helpline into abuse occurring in ‘trust’ relationships (abuse perpetrated by family and friends) and ‘non-trust’ relationships (where the abuser is either a worker or professional, neighbour, house mate or stranger) (Elder Abuse Prevention Unit 2016). The result of the demarcation in funding and focus is that elder abuse policy and responses have historically been state-based and more focussed on the first category of elder abuse, with little being done on a

¹ Lecturer, School of Occupational Therapy, Social Work and Speech Pathology, Curtin University, Perth, Western Australia

² Adjunct Senior Research Fellow, Centre for Vulnerable Children and Families, The University of Western Australia, Perth

³ Research Assistant, School of Occupational Therapy, Social Work and Speech Pathology, Curtin University, Perth, Western Australia

national policy and response level to address abuse that may be occurring in 'non-trust' relationships, or even to define it as elder abuse.

Aside from the distinction between elder abuse in 'trust' and 'non-trust' relationships outlined above, other aspects of the definition require further exploration. Definitions of 'elder' are also contested, with different definitions of who is regarded as an older person/elder based on varying age limits, and this status has not been defined at common law and has no legal meaning (Clare et al., 2011). It is questionable at which age a person experiencing abuse might be seen to be subject to 'elder abuse', as the age range and eligibility for various seniors' services and benefits ranges from age 50 to 65 plus years, as outlined below:

- **Age Pension eligibility:** 65 years and 6 months (Department of Human Services, 2017).
- **Access to superannuation:** 55 to 60 years, depending on year of birth (Australian Taxation Office, 2016).
- **State government Seniors Card:** between 60 to 65 years, depending on the jurisdiction, with various limitations placed on income levels and amount work being undertaken (Australian Government, n.d.).
- **Federally funded home support services:** 65 years and older, or 50 years or older if person identifies as an Aboriginal or Torres Strait Islander person, or is on a low income, homeless or at risk of homelessness (Australian Government, 2016).

Rather than using age-range to determine when abuse becomes 'elder abuse', it has also been questioned whether it would be better to conceptualise it in terms of frailty, capacity, or vulnerability. There has been some preliminary discussion around whether broadening conceptualisations and responses to include the abuse of vulnerable or 'at-risk' adults more generally is worthwhile (Australian Law Reform Commission, 2017), as has been done in other jurisdictions, including the United Kingdom (Janet, Emer, Marita, Brian, & Campbell, 2013). An at-risk adult is defined as an adult in need of care and support who is experiencing abuse or neglect or is at risk of abuse or neglect and who cannot protect themselves from the abuse (Australian Law Reform Commission, 2017, p. 375). However, there have been no moves towards this on a policy or practice level, aside from the work of statutory agencies responsible for safeguarding people with decision-making disabilities (such as dementia, intellectual disability and mental health issues), which may affect both younger and older people.

Broadening the focus of abuse responses to also include at-risk adults may be worth considering, as there are overlaps between elder abuse and other areas of abuse and mistreatment, such as the abuse of people with disabilities. It has been found that disability increases the risk of a person becoming the victim of abuse, harm, neglect and exploitation at the hands of informal carers, service staff and other members of the community (Hughes et al., 2012; Jones et al., 2012), and many older people receiving in-home or residential aged care also have some form of disability. Findings from research into the abuse of people with disabilities within care services and in residential care settings may also be relevant for older people in the residential aged care context or those who receive care in the home. Policies and procedures have been developed to address the risk of abuse in the context of services, including de-institutionalisation, compulsory police checks, internal complaints mechanisms and protocols and guidelines (Ottmann et al., 2014), and it may be useful for relevant ones to be examined and adapted for aged care settings. However, if the focus was

broadened to encompass all at-risk adults, it is worth considering how conceptualisations of ‘elder abuse’ would fit within this broader ambit.

Behaviours encapsulated by the definitions of elder abuse may be experienced at any point of the life course, and there are similar definitions describing the spectrum of abuse used in related fields of abuse, violence and mistreatment, for example—family and domestic violence, child protection and the abuse and mistreatment of people with disabilities, though the spectrum and behaviours described may vary considerably across the different areas. The potential overlap between elder abuse and domestic violence has also been considered, along with considerations of whether elder abuse should be perceived and contextualised as a crime or as a private family issue (Clare et al., 2014).

In Australia, there has been an increasing focus on domestic violence, abuse and mistreatment as a result of several government inquiries (Senate Finance and Public Administration Committee, 2015; Taskforce on Domestic and Family Violence in Queensland, 2015), a Royal Commission (Government of Victoria, 2016), and the advocacy work of the 2015 Australian of the Year, Rosie Batty, a domestic violence survivor and campaigner. The elder abuse field has benefited from links to the domestic violence movement, although the closeness of the relationship between the two is contested. Links are acknowledged, although current elder abuse data shows that it tends to manifest as non-spousal violence; for example, approximately 72% of perpetrators reported to the Elder Abuse Helpline in Queensland were sons and daughters of the older person (Elder Abuse Prevention Unit, 2016). This has implications for the way that it is discussed within the broader ambit of family and domestic violence, where the focus is primarily on spousal or partner violence and abuse within couple relationships and families with young children. Elder abuse may fit within the broader domain of family violence in some cases, and some linkages have been made between the two categories in recent state-based domestic violence inquiries (Taskforce on Domestic and Family Violence in Queensland, 2015, p. 132), but there is significant scope for further integration with this more well-developed and well-resourced sector (Chesterman, 2016).

b) identify its prevalence

No national elder abuse prevalence data has been collected in Australia. However, several localised studies have been conducted, and have found a range of prevalence estimates ranging from 0.58% to 5.5%. Results from a structured questionnaire distributed to organisations and general practitioners found a prevalence rate of 0.58% for Western Australians aged over 60 years (Boldy, Webb, Horner, Davey, & Kingsley, 2002). A study examining the records of Central Coast Aged Care Assessment Teams (ACAT) found a rate of 1.2% for ACAT patients (Kurrle & Naughtin, 2008). A similar study of ACAT patients in New South Wales found a prevalence of 5.4% (Livermore, Bunt, & Biscan, 2001), and data from another New South Wales study examining prevalence in rural areas found a prevalence rate of 5.5% for people over age 65 living at home (Cupitt, 1997).

The World Health Organization (2017) has estimated that elder abuse may affect up to 15.7% of community dwelling older people aged over 60 years. This proportion may be a lot higher for people in ‘at-risk’ categories, including older people with physical or mental incapacity and people living in

institutional settings. This suggests that the amount of elder abuse occurring in Australia is largely underestimated and underreported. For many victims of elder abuse, concerns about reporting can outweigh the continuation of abuse, as reporting abuse can potentially come with severe personal and financial consequences for its victims, some of whom are dependent on the abuser for their care (Clare et al., 2011). Reporting the abuse of a carer or family member may mean that the older person is no longer able to live independently, as they lose that person's assistance, or that they lose access to grandchildren. The older person may also feel a sense of shame in having to admit that a family member is abusive towards them, and worry about what others may think. As a result, many prevalence rates are likely to underestimate the true extent of the issue, as victims are reluctant to report (particularly against family members) and older adults tend to under-report interpersonal violence (Bonnie & Wallace, 2002). Studies estimating elder abuse prevalence rates also generally exclude older people with people with cognitive impairment and/or those who live in institutions, and it has been proposed that these groups may be at higher risk of abuse (World Health Organization, 2015).

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

Australian organisations working with elder abuse also commonly apply the Australian Network for the Prevention of Elder Abuse (2014, p. para. 2) definition, which describes elder abuse as including physical, sexual, financial, psychological, social and/or neglect. These sub-types of abuse (adapted from APEA: WA (2013, pp. 6-10) are outlined below:

- **Financial abuse (also known as material abuse):** the illegal or improper use of a person's finances or property by another person with whom they have a relationship implying trust.
- **Psychological abuse (also known as emotional abuse):** the infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity or powerlessness.
- **Social abuse:** preventing a person from having social contact with friends or family or access to social activities.
- **Physical abuse:** the infliction of physical pain or injury or physical coercion.
- **Sexual abuse:** sexually abusive or exploitative behaviour.
- **Neglect:** the failure of a designated caregiver to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional.

The above categories, as used in the Australian literature and service delivery context, may contrast with definitions applied in other countries and jurisdictions, where some include exploitation in discussions of financial abuse, and others encompass social abuse within other abuse domains (Mosqueda et al., 2016). The World Health Organisation also considers abandonment and serious loss of dignity to be additional types of elder abuse (2015), though these categories are yet to be used in the Australian literature and service delivery context.

In the Australian disability field, definitions of abuse appear to be much more complex and have been broken down into three categories, abuse, neglect and exploitation, with abuse and neglect further broken down into sub-categories: abuse including physical, sexual, psychological/emotional, financial, chemical, denial of access to legal remedies; and neglect encompassing physical, passive,

emotional, wilful deprivation and crimes of omission (Department of Communities Child Safety and Disability Services, 2014, Appendix 1). The fact that elder abuse definitions are more limited than those used in the disability abuse field may be due several factors: it may be that work around the abuse of people with disabilities is better established than elder abuse work, or alternatively, that abuse of people with disabilities is better recognised as occurring across more contexts, including in institutional care, while current approaches to elder abuse in Australia are more focussed on abuse occurring in the community context.

The vast majority of older people in Australia live in their own homes, though the number of people receiving aged care services increases with age. Approximately 9% of people over 70 years of age resided in permanent residential aged care at some point during the 2014-15 financial year, with 3% of older people receiving care services in their homes during this period (Australian Institute of Health and Welfare, 2015). While this is a relatively small proportion of the older population, people in this category may be more vulnerable to abuse. In the Australian elder abuse context, there has been less emphasis on abuse that occurs in residential and service settings, though the prevalence of abuse in this setting has been well documented internationally (Castle, Ferguson-Rome, & Teresi, 2015; Dave, Peter, & Caroline, 2007; L. McDonald et al., 2012). Abuse by paid care workers or other professionals is often framed as an industrial issue, or a 'complaint', and dealt with in a very different manner through complaints systems rather than elder abuse response services and frameworks. In residential aged care, individuals may complain to the employing organisation about alleged abuse by a worker, seek help from aged care advocacy agencies to do so, or contact the Aged Care Complaints Commissioner.

The scrutiny of service quality and the safety of residents in aged care occurs through a number of processes, including monitoring by the federal Department of Health, the Australian Aged Care Quality Agency and the Aged Care Complaints Commissioner (Australian Law Reform Commission, 2017). However, it has been proposed that the focus on documentation and policy evidence for the quality assurance processes governing aged care providers may mask the poor experiences of the older people being cared for (ACT Disability Aged and Carer Advocacy Service, 2016). Aged care advocates report that their experience of the complaints scheme is that it is focussed more on conciliation rather than taking preventative action (ACT Disability Aged and Carer Advocacy Service, 2016). There are also compulsory federal reporting requirements for physical and sexual abuse in residential aged care, where suspected or alleged abuse must be reported to the Police and the Department of Health within 24 hours (Department of Health, 2017). However, other forms of abuse have been overlooked in these measures, indicating that further focus could be put into this area. The recent report of the Australian Law Reform Commission's (2017) Inquiry into laws and frameworks to safeguard older Australians from abuse has suggested that a broader range of incidents should be covered, including physical, sexual and financial abuse; seriously inappropriate, improper, inhumane or cruel treatment; unexplained serious injury; and neglect, by both staff members and other residents.

d) identify the risk factors

There are many different risk factors for elder abuse, and some of these also vary by type of abuse. These have been well explored in the recent Australian Institute of Family Studies report on understanding issues, frameworks and responses to elder abuse (Kaspiew et al., 2016). Risk factors may be categorised using a socio-ecological framework (Bonnie & Wallace, 2003), allowing examination of factors related to individual ‘victims’ and ‘perpetrators’⁴ within the contexts of the relationship, family, community and society. This framework has been applied to the field of elder abuse in previous research and literature (Krug, Mercy, Dahlberg, & Zwi, 2002).

Individual risk factors

Attributes that may impact on an individual’s vulnerability or resilience to abuse include behaviour or personality, educational status, financial situation, capacity for self-protection, cooperation with agency, and fear of the alleged abuser (T. McDonald & Marks, 1991). Elder abuse research has identified that people from what are perceived as disadvantaged or vulnerable groups are often over-represented in elder abuse statistics. Studies have found that people with some form of decision-making disability are more likely to be subject to abuse (Boldy, Horner, Crouchley, Davey, & Boylen, 2005; Dong, Chen, & Simon, 2014), and people with other forms of disability are also at increased risk (Hughes et al., 2012). Females are more likely to experience elder abuse than males (Wainer, Owada, & Darzins, 2010), though some research contradicts this (Amstadter et al., 2010), at a rate two and a half times higher than the rate for men. Men are thought to be less likely to report or seek help for experiences of elder abuse.

It has also been suggested that women sustain more severe injuries than men as a result of physical elder abuse and are therefore more likely to come to the attention of service providers and/or authorities (Penhale, 2003). People aged 75 years and older are also more likely to experience abuse (Boldy et al., 2002). There is also evidence that older Aboriginal and Torres Strait Islander people (Elder Abuse Prevention Unit, 2005; Office of the Public Advocate (WA), 2005) and older people from culturally and linguistically diverse backgrounds [CALD] (Black Blundell & Clare, 2012; Ethnic Communities Council of Victoria, 2009; Office of the Public Advocate (WA), 2006) may be at a higher risk of elder abuse due to certain factors, including discrimination and disadvantage, previous negative experiences with law enforcement, and language and cultural barriers. People who identify as lesbian, gay, bi-sexual, transgender or intersex [LGBTI], and people experiencing mental health issues have also been identified as vulnerable (The Senate, 2015). Additionally, people experiencing elder abuse in rural and remote areas may be disadvantaged due to a lack of resources and services available.

⁴ These labels are used for brevity, but it is acknowledged that being labelled a ‘victim’ is sometimes seen as disempowering for individuals, and the term ‘perpetrator’ also may be negatively stigmatising and not recognise the range of motivations of the person perpetrating the abuse.

Repeat victimisation

It has been proposed that past lifetime abuse may be a risk factor for future abuse, and people who have experienced abuse as children have been reported to have increased vulnerability to further intra-familial and extra-familial abuse later in life (Irenyi, Bromfield, Beyer, & Higgins, 2006).

Perpetrator characteristics

Research suggests that elder abuse is commonly perpetrated by family members, typically either the person's spouse or their adult children (Kaspiew et al., 2016). The national elder abuse reports compiled by Advocare (Advocare Inc., 2015, 2016) state that from 2013 to 2015 approximately 63% of reported instances of elder abuse were perpetrated by the older person's adult child or children. Advocare's report (2016) suggests that perpetration of elder abuse is not gendered; it is equally likely to be perpetrated by both males and females. Risk factors for perpetrators of elder abuse include substance abuse, drug addiction, poor mental and physical health, isolation or a lack of social support, having other caring demands from a spouse or child/ren and a history of neglect or family violence (Kohn & Verhoek-Oftedahl, 2011; World Health Organization, 2015). Kohn and Verhoek-Oftedahl (2011) also suggest that individuals with a history of anxiety are more likely to neglect elders, whilst individuals who were mistreated by their fathers and have a history of substance abuse and depression are more likely to abuse elders. Recent studies have suggested that perpetrators of elder abuse are a diverse group and that there are important differences in regard to risk factors and the type of abuse perpetrated (Amstadter et al., 2010; Shelly L. Jackson, 2016).

A continuum of perpetrator culpability has been proposed which shows the range of underlying perpetrator motivation (Shelly L. Jackson, 2016; Shelly L Jackson & Hafemeister, 2013); perpetrators may be pre-meditated 'bad actors' committing deliberate actions, or 'exploiters' who readily take advantage of unexpected opportunities. 'Reluctant' perpetrators may exploit opportunities due to mixed motivations, including caregiver stress. 'Inappropriate' abusers may act in a way that is somewhat consistent with the older person's wishes, though inappropriately. 'Unintentional' perpetrators are people who legitimately do not understand why their actions or omissions are abusive, or are not capable of fulfilling expected roles.

Relationship risk factors

Elder abuse definitions tend to refer to acts of omission or commission by someone in a 'position of trust', which highlights the relationship linking the older person and the perpetrator. Family and relationship dynamics (including family conflict and violence, power and control) are a known risk factor for elder abuse (Vrantsidis, Dow, Joosten, Walmsley, & Blakey, 2016) as is dependency of the perpetrator on the victim for financial or other support (Shelly L. Jackson, 2016). Therefore, the family/carer context and characteristics are significant.

Contextual risk factors: society and community

A number of environmental or contextual issues have also been highlighted as risk factors for abuse, neglect and mistreatment, including general living conditions and environment, for example, where the person lives, furnishings, sanitation, security and safety, level of overcrowding and availability of utilities, having formal and informal environmental/social supports available and used (Barr, 2012). Living in a 'neglected service environment' is known to be a risk factor, and this, along with the

following issues referring to the service environment, have been identified as important considerations within the disability services sector and may also be relevant to residential aged care settings: services are seen as 'risky' where there is 'weak' management and lack of practice leadership, and/or a lack of policy awareness and unskilled staff (Barr, 2012). People who live in residential environments or who receive services in the home may also be at increased risk where there is high staff turnover, increased staff stress and/or high use of agency or casual staff. Also, those who are in isolated or 'closed' services where unacceptable staff attitudes and practices can become normalised (Barr, 2012).

e) assess and review the legislative and policy frameworks

Australian responses to elder abuse have been identified in a recent report by Kaspiew et al. (2016). The majority are measures outlined in the Aged Care Act 1997 and are targeted at preventing elder abuse in institutionalised contexts. The Commonwealth has also taken responsibility for the prevention of financial abuse, though these measures apply more to financial institutions than to older individuals. State and local governments are responsible for other preventative measures, which have taken the form of advocacy services such as Advocare in Western Australia. In addition to these services there is also a national helpline *that* can be accessed by individuals experiencing elder abuse as well as their friends and family. As of yet there are no interventions at a societal level. Dow and Joosten (2012) suggest that this is needed in order to make prevention more effective by combatting ageism and age discrimination, both of which they believe augment instances of elder abuse.

Mandatory reporting obligations for elder abuse are being debated in Australia, as there are currently no reporting requirements (Kaspiew et al., 2016). Adult protection laws, including mandatory reporting, do exist in other countries, including the United States and Canada however effectiveness and necessity of these is still being debated (Straka & Montminy, 2006) Some professionals argue that mandatory reporting for adults is disempowering and an infringement on the individual's human rights, particularly self-determination, as the majority of the older adult population possesses the cognitive capacity to make their own decisions and exercise their agency. Others believe it could be appropriate for older individuals with a diminished capacity (for example, dementia or Alzheimer's). It should be noted that there are already some reporting requirements for older individuals with diminished capacity, so mandatory reporting in this instance may not be necessary.

f) assess and review service delivery and agency responses

Several models of intervention in elder abuse were reviewed in Black Blundell and Clare (2012), including those discussed in Bagshaw, Wendt and Zannettino (2009), Carter (2010), and Budd (2010) in Australia, Fitzgerald (2004) in the United Kingdom, and Krug et al. (2002) from the World Health Organisation.

Six models of intervention in situations of elder abuse were identified, namely:

- **Adult Protective Services:** with use of criminal justice interventions in serious cases of elder abuse in some States in the USA; this model can have unintended negative outcomes for the older person and was resisted in recent consultation about the possible introduction of mandatory reporting of elder abuse in Victoria which Bagshaw et al. (2009, p. 9) report: It is suggested that interventions in suspected elder abuse situations should be based on an understanding of the rights and decision-making capacities of the older person.
- **Domestic Violence Prevention Model:** which can be used in situations of spouse abuse grown old, and seeks to address power imbalances in relationships by working with Domestic Violence agencies and their multi-disciplinary teams.
- **Restorative Justice Model:** which focuses on repairing family relationships and controlling the level of risk through engaging the victim, their family network and the offender in mediation and family conferencing processes. Bagshaw et al. (2009, p. 10) report on a South Australian study in 2001 which found that mediation had been effective in 75% of cases – and assert that: Many victims want to stop the abuse and neglect but also want to see that their abusive family members helped, so criminal prosecution is rare

Carter (2010) also reflects on the potential benefits and risks of a Restorative Justice Model in elder abuse situations, arguing that Police and Justice interventions can have unintended negative consequences for the elderly person (shame; further isolation; housing need); the restorative Justice Model allows flexibility by operating preventatively alongside other interventions and approaches BUT Carter et al. (2010, p. 6) also make a highly contentious point that the conference process can be damaging for the victim – particularly in situations of violence – and conclude that perhaps its principal advantage of restorative justice in the elder abuse context is its flexibility. It may also be beneficial in involving communities in identifying solutions to elder abuse cases.

- **Advocacy Model:** this model used in Western Australia and South Australia and aims to uphold the rights and entitlements of older people through the advocacy process, including supporting them to speak for themselves while also representing their needs and concerns. Through practice links with aged care services, the rights, dignity and autonomy of the older person in their decision-making is supported.
- **Wellness Approach/Active Service Model:** The development of this approach has been seen mainly within HACC funded agencies in WA, Queensland and Victoria (Budd, 2010). This is not an intervention solely directed toward the prevention of elder abuse, but it is seen as a strategy that may dramatically reduce the risk of abuse. The Wellness Approach works to decrease an older person's dependency while promoting preventative and proactive measures to ageing which may have the outcome of preventing abuse (Budd 2010). The importance of this model is as a primary intervention to increase quality of life, and it is hoped that, as a consequence, the older person will be at less risk of abuse and that abuse will be prevented at the community level

- Public Health Model:** which assumes that governments must legislate and act to protect the public through such processes as screening of needs and risk, community education and political action; policies such as education about financial planning, GP screening and building support networks e.g. Elderly Friendly Communities in the USA to address social isolation and increase independence through social support. Little is known about the effectiveness of preventative measures for elder abuse (World Health Organization, 2015).

International responses have been based on the recommendations of the World Health Organization's *World Report on Violence and Health* (2002 as cited in (Kaspiew et al., 2016), however there is limited literature on the effectiveness of particular interventions. Bagshaw et al. (2015) suggest that mediation can be effective, particularly in instances of financial abuse or exploitation, however more research is needed to determine whether this is the case. A global review of interventions for elder abuse suggest that more research is needed in this area to determine which interventions are the most effective in preventing and reducing occurrences of elder abuse (Baker, Francis, Hairi, Othman, & Choo, 2016).

A small research project conducted by Black (2008) exploring the current service responses to elder abuse in Western Australia in order to identify gaps and duplications in the field maps elder abuse responses at that time. A diagram was generated to depict responses, and remains relevant, though some organisation names have changed slightly (eg. Aged Care Complaints Investigation Scheme is now the Aged Care Complaints Commissioner) and the Elder Abuse Helpline has been established) (Black, 2008, p. 11).

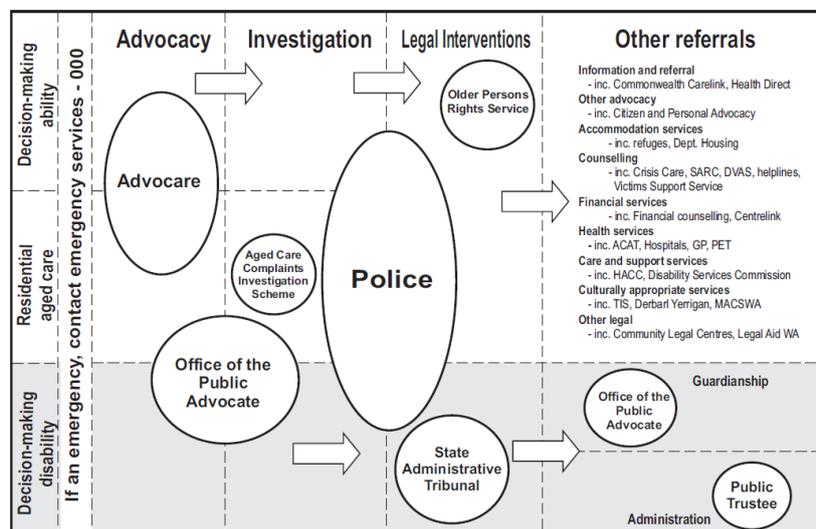


Figure 1 - Elder abuse responses in Western Australia

No service duplications were identified. One perceived gap in service provision was in relation to protections for people with decision-making ability where it is obvious that an older person who has decision-making capacity is experiencing elder abuse, but the person does not want to take any action about it. A lack of specialist counselling, legal and support services for people experiencing elder abuse was also identified by participants.

Issues relating to abuse experienced by people in residential aged care were also raised. Participants commented that financial abuse is the most common form of elder abuse they witness in residential aged care, however, the new Federal elder abuse compulsory reporting legislation only covers instances of sexual abuse and physical assault. The project identified service gaps in relation to elder abuse and people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds. Issues relating to these groups are discussed in section i) below.

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

During the data-gathering stage of the Black Blundell and Clare elder abuse research project (2012), the researchers learned about the Rockingham Social Connector Pilot Programme, which is based on the work of the Plan Institute in Vancouver, Canada. Burgoyne (2011) identifies that it is projected that 24.4% of households in Rockingham will have a single occupant by 2021; also, Rockingham has a greater than WA average proportion of people aged 65 and over (12.6% in 2011) as well as 4.5% in receipt of a Disability Pension.

The pilot programme sought to develop the social networks of socially disadvantaged people in Rockingham, beginning with developing the social networks of families where an adult child with a disability is learning to manage without their parents' full-time help. Other vulnerable groups being considered for this approach are socially isolated elderly people, those with mental health difficulties and recently-arrived non-English speaking migrants and refugees.

The programme provided special training to Community Connectors to build on their very good communication skills to assist vulnerable people to build and sustain their social networks; the aim was to re-build a social network of family members who have drifted away, lost friends, neighbours and to locate new people with similar interests. The benefits of re-establishing contacts with family and friends, and making new contacts to build a richer, safer and fuller personal community, are obvious. Clearly, this pilot project is of real importance for older and isolated people, particularly those from ethnic minority cultures whose first language is not English; there is recognition of the importance of promoting social inclusion and the quality of health of isolated older people. Of very real interest is the use of computers by those who cannot leave their homes; they will receive training to be able to access their Community Connector volunteer in an emergency, and to access information though 'surfing the web' (Tyze Personal Networks, 2012).

Following a very impressive local initiative, Hollier (2012) has published a review of accessibility to and the potential benefits of social media; there is a comprehensive review of Facebook (over 10 million users in Australia), Youtube (almost 10 million users in Australia), Blogging (4.6 million users in Australia), LinkedIn (2 million users in Australia), Twitter (1.9 million users in Australia) – as well as access to Skype. Hollier (2012) set out to help consumers with disabilities to participate on-line and to learn which social media applications are accessible to them. In relation to older people; this

potential access to technology could also include access to English language and other learning opportunities for those who are house-bound – or for those participating in the Community Connector Project.

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

In line with Recommendation 3 of the Clare et al. (2011) report, Advocare and the Crime Research Centre at the University of Western Australia invited over 30 senior managers and practitioners from 18 different agencies, government departments and universities to a workshop in December 2011, at the University Club.

Recommendation 3 in the report stated: Advocare to convene a series of community seminars in which senior managers, practitioners and policy-makers from child protection and domestic violence services explore the commonalities and the key differences with elder abuse policy and practice; this could be a major theme of a future National Conference convened by APEA: WA. The agencies represented at the seminar included Aboriginal Legal Service, Advocare, Bankwest, Department for Child Protection, Department for Communities, Department of Health, Disability Services Commission, Edith Cowan University (Department of Occupational Therapy), Legal Aid, Mental Health Commission, Office of the Public Advocate, Older Person's Mental Health Service, Older Persons' Rights Service, Police (WA), The University of Western Australia - Crime Research Centre and Discipline of Social Work and Social Policy, Women's Domestic and Family Violence Services.

Some of the key points discussed are summarised below:

- Building on learning from child protection and family and domestic violence highlights the importance of i) raising public awareness; ii) increasing the capacity of the community to identify and respond to the concerns of vulnerable older people, and iii) preventative work, including in budgeting and financial management which is increasingly electronic with no face-to-face engagement.
- Increased education and training made a difference in child protection. Child abuse is more recognised when children are at school, because of heightened visibility. The need to target potential perpetrators and victims with education requires a more formal process of educating carers about the potential stresses and difficulties they are about to transition into. Without attention to visibility, older people can be more isolated with few physical and social indicators. Elder abuse cues can be put off as a normal part of ageing. Also, there is risk of depression for carers which is three or four times greater than the general population; there is a need for a service system around them.
- There is a need for a paradigm switch towards a more integrated system with a 'No wrong door' and/or a 'wrap-around' service to develop a systemic response rather than maintain reliance on individual agencies. There is a need to create opportunities for early identification of abuse – a parallel of child health checks - but we do not have the

equivalence in elder protection where there is fragmentation and siloes. The current systems could be used to identify risk opportunities, including:

- Centrelink and carer's pension opportunities
 - GP checks such as "An over 75 year old check"
 - Within the general population screening, there are many different risk assessment tools for different issues (mental health: drugs and alcohol)
- There were expressed concerns about developing a 'Nanny State' but vulnerable people have rights and require necessary information. The general population and the target population need screening leaflets informing them of the evidence of elder abuse and the range of service responses. Often a client and carer are involved with more than one service provider at the same time; there is a need to develop an IT mechanism to increase other service providers' knowledge, capacity and role in monitoring/service delivery. There is a need a hot-line for the general abuse area as part of the individual and family abuse framework
 - Concern that mandatory reporting may make situations worse when reporting removes discretion when the responsibility for reporting no longer rests with the person. Service providers need to be frank about implications of reporting and be clear about who is the agency involvement.
 - A known model is the multi-agency Case Management for Domestic Violence with a common risk assessment and risk management for every entry point and clear referral pathways to identify up older people experiencing DV; this took two years of negotiations to get the multiple agencies to work together

Another option that could be considered is based on the Safer Slough Partnership - Community Safety Strategy 1999-2002 (Borough of Slough, 1999); it is a multi-agency study based initially on an audit of crime and disorder in Slough - a multi-ethnic West London community. The study involved a three part process with an audit of crime and disorder in the locality, a Community Safety Action Plan and the implementation of the Community Safety Strategy (Borough of Slough 1999). This is an excellent example of an integrated, multi-disciplinary and multi-agency approach to address the evidence of disadvantaged life chances of young people, many of whom were in the care of the government /care leavers; it is very important to have accurate data for planning an integrated preventive response (Clare, 1997). The findings included (Borough of Slough, 1999; West & Heath, 2010):

- Slough's 15-19 year olds were responsible for 35.8 of recorded crime, though they represent only 6% of the local population
- Slough's school exclusion rates were relatively high for the UK; the chief reasons for exclusion were disruptive and anti-social behaviour.
- Slough's most deprived electoral wards had the highest rate of unemployed young people between the ages of 16 and 24 who form 12.3 % of the total population of Slough but 24% of the unemployed population.
- Drug and/or alcohol problems among young people were a significant concern

There are numerous short-term and longer-term risks when children are out of school – including petty crime, experimenting with drugs and alcohol and severely diminished life chances; this project illustrates the complexity of inter-agency partnerships put in place to develop a systemic response to the numerous offences being committed by young people excluded from school. The Youth Justice system has three main components – namely:

1. Establishment of multi-departmental Youth Offending Teams – with 157 Youth Offending Teams working across over 400 local authorities in England and Wales
2. Development of Youth Justice Plans by each local authority each year to outline how the local aligns with national targets
3. Reporting to the national Youth Justice Board based in the Home Office which provides a pivotal link between national legislation and local authorities.

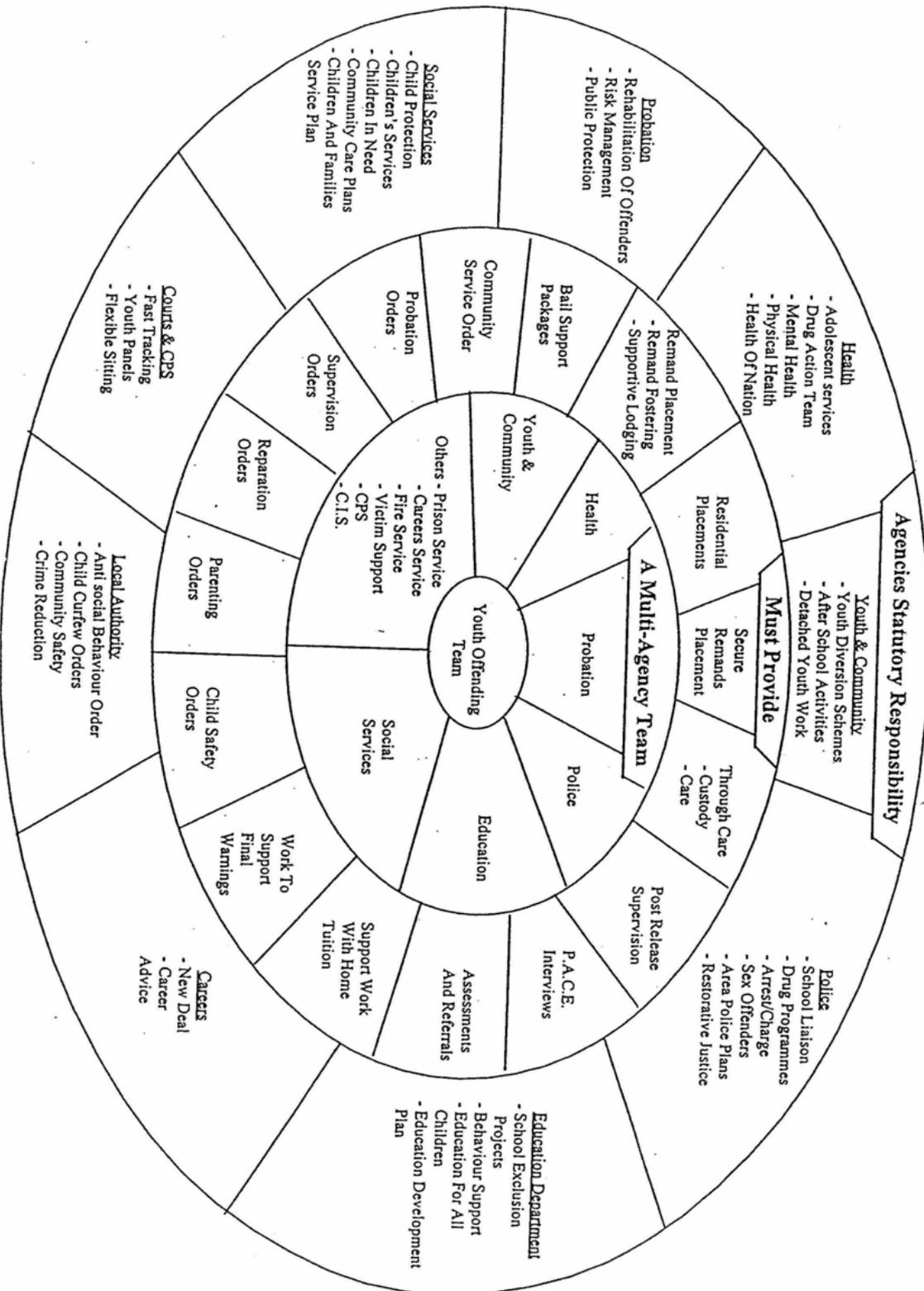
The implementation of the *National Crime and Disorder Act 1998* (UK) requires local authorities in England to act as integrated corporate bodies rather than a list of individual departments. The integrated Youth Offending Team (Figure 2 on page 15) is made up of professional staff from the departments of Careers, Education, Health, Police, Probation (Community Corrections), Social Services (Child Protection) and Victim Support – challenging collaborative policy and practice. The outer ring of the diagram lists the various government agencies; the middle ring lists their services for young people at risk; the inner ring lists the professional staff of the integrated Youth Offending Team – an inter-agency ‘one-stop shop’.

The key aims of the government’s Youth Crime Action Plan (2008) are:

- To reduce the number of young people entering the criminal justice system for the first time by preventing youth offending
- To reduce re-offending by young people
- To build public confidence, supporting victims and making children and young people safer
- To ensure that young people in the youth justice system achieve the five Every Child Matters outcomes to give them the best chance to turn their lives around

The corporate budget for the Youth Offending Team (2008/09) in Brighton and Hove came from Police, Probation, Health, Education, the Youth Justice Board and a sixth source of five other funders; the specialist workers (social workers, police, probation officers, drug workers, careers officers, an educational psychologist, nurses and a consultant psychiatrist) are supported by management and administrative staff (Brighton and Hove Borough Council, 2008). The Team work in a large open-plan office designed to enhance collaborative working with individual offenders and in programs.

Figure 2. Unitary Youth Offending Context Map (Borough of Slough, 1999, p. 33)



j) consider any other relevant matter

Responding to diverse needs and heightened vulnerability

It has been recognised that there are specific population groups in Australia that are potentially more vulnerable to abuse and mistreatment across the lifespan and may face additional barriers in seeking assistance. These groups include people from culturally and linguistically diverse communities (including those for whom English is not their first language), new migrants, people with disabilities, people experiencing mental health issues, Aboriginal and Torres Strait Islander people, people in same sex *relationships*, transgender and intersex persons, young people, and older people (Senate Finance and Public Administration Committee, 2015). Risk is heightened for some individuals, as they are in a number of these groups. Research has identified that people from some of the above populations may be over-represented in elder abuse statistics.

Additionally, there is some evidence that older Aboriginal and Torres Strait Islander people may be more vulnerable to elder abuse (Elder Abuse Prevention Unit, 2005; Office of the Public Advocate (WA), 2005) and that people experiencing elder abuse in rural and remote areas may be disadvantaged due to a lack of resources and services available, as well as by the inhibiting effects of shame and protection of the family name proving a barrier to seeking help in small rural communities (Kaspiew et al., 2016; Wainer et al., 2010). Of the clients assisted by elder abuse organisations in Australia who provided data to be compiled in a national report in 2015-16 (Advocare Inc., 2016), 15% identified as one or more of these categories: Aboriginal and Torres Strait Islander, culturally and linguistically diverse, people with a disability, care leavers (people who have previously been in care, such as foster care), people who are lesbian, gay, bisexual, transsexual and intersex, and people living in rural and remote areas (although not all clients provided this information).

Elder abuse and culturally and linguistically diverse communities

Australia's population is very culturally diverse and includes Aboriginal and Torres Strait Islander people, a largely British component from the colonial period, as well as post-war migrants from all over the world (Australian Bureau of Statistics, 2012a). Of Australians aged 65 years and over, around 36% were born overseas in one of more than 120 different countries (Australian Bureau of Statistics, 2012b). Approximately 25% of older people were born in a non-English speaking country, while 11% were born in the UK or Ireland (Australian Bureau of Statistics, 2012b). Population ageing also means that an increasing number of culturally and linguistically diverse older people may be at risk of experiencing elder abuse.

Older people from culturally and linguistically diverse communities may be more vulnerable to elder abuse due to several factors, including poor English skills, social isolation, limited support networks, differing generational expectations of care and support, and different cultural interpretations of potentially abusive behaviour (Office of the Public Advocate (WA), 2006). Poor written and spoken English skills, which may affect 6% of older people from non-English speaking backgrounds (Australian Bureau of Statistics, 2012a), can impact on an older person's ability to communicate and understand information about their rights and the services and supports that are available (Black Blundell & Clare, 2012). Older culturally and linguistically diverse migrants may also be more at risk

of social isolation as they leave established family and community support networks in their home country, and so are consequently more dependent on family members and others, both of which are risk factors for abuse (Pillemer, Burnes, Riffin, & Lachs, 2016). These older people may also feel an unwillingness to disclose abuse because of social stigma and feelings of shame that a family member would treat them this way (Office of the Public Advocate (WA), 2006).

Culturally and linguistically diverse older people may be uncomfortable using mainstream services due to language or cultural barriers, or past trauma involving services or authority (Black Blundell & Clare, 2012; Office of the Public Advocate (WA), 2006). However, it is important to note that migrants are not a homogeneous group, and experience different levels of integration into society, both within and between different cultural groups. There is diversity within cultural groups as well as between groups, as people come from a range of social, economic and educational backgrounds and such variations between and within countries and cultural groups point to a need to develop conceptual frameworks for elder abuse that are able to encompass such diversity (Kosberg, Lowenstein, Garcia, & Biggs, 2003).

A recent Australian study into financial elder abuse found that older non-English speaking Australians are not only at risk of being financially abused by their family members, but may also deny it will ever happen to them (Wainer, Owada, Lowndes, & Darzins, 2011). The study also found a preference among culturally and linguistically diverse older people to sort through issues within the family and a reluctance to speak to outsiders about problems. Culturally and linguistically diverse older people may fear exclusion and abandonment from their family, who may be the sole providers of support; or loss of face in their community for reporting a family member to authorities, shaming the entire family in the eyes of the community; or being blamed and held accountable for an adult child's behaviour (Office of the Public Advocate (WA), 2006; Wainer et al., 2011). For those culturally and linguistically diverse older people who feel that some kind of abuse is occurring, seeking outside help may not be seen as an option, as many culturally and linguistically diverse older people lack confidence in government institutions and police due to previous negative experiences in their country of origin (Office of the Public Advocate (WA), 2006; Wainer et al., 2011).

Cultural variations in understanding elder abuse

The term 'elder abuse' may have different connotations for people from culturally and linguistically diverse backgrounds. A comparative analysis of elder abuse within 10 different countries (Kosberg & Garcia, 1995) found that there was diversity in definitions of elder abuse as well as differences in the level of concern and awareness about the subject. A recent Western Australian research project examined different cultural understandings of elder abuse that included 152 older people from 11 different language groups, as well as staff and professionals working in the area (Black Blundell & Clare, 2012); the project also looked at the services and resources available to address elder abuse in culturally diverse communities. In this study, both older people and staff and professionals reported that culture impacted on the way elder abuse was perceived and responded to by both groups. It was mentioned that sometimes what an outsider would perceive as elder abuse would be looked at by the older person as a normal cultural practice, for example, the oldest son taking charge of his mother's finances and property and using them for his own financial benefit once her husband had passed away (Black Blundell & Clare, 2012).

This finding echoes that of previous related research, which proposed that individual's definitions of financial elder abuse may be influenced by cultural and familial expectations (Sanchez 1996). This research included the use of case studies where the situation might be seen as exploitative by an outsider, but it was found that the scenarios were not necessarily perceived as such by the research participants, rather, as exchanges rooted in familial and cultural expectations of exchange and support of the family and the larger community (Sanchez 1996). Staff members working with elder abuse may also be biased by their own cultural stereotypes, which may lead to assumptions about the situation and impact negatively on responses, for example, that the worker may perceive potentially abusive behaviour as a cultural norm and so not raise the issue of abuse with the older person and offer services and supports to assist (Black Blundell & Clare, 2012).

Communication barriers are also often an issue impacting on people from culturally and linguistically diverse communities seeking help for elder abuse. It has been reported that people who speak little English are at increased risk of elder abuse due to difficulties gaining information about services available and challenges navigating complex service systems and communicating their needs (Black Blundell & Clare, 2012). Involving translators and interpreters in elder abuse responses may be vital in clarifying understandings and building relationships between the worker and the client, as people with little English may be quite reliant on interpreter services to both make contact with mainstream services and also to communicate with workers in an ongoing fashion (Black Blundell & Clare, 2012). It may also be problematic to use a family member or friend to interpret for the older person, as they could be complicit in the abuse or allow their own views or value judgements to impact on the interpretation process. While telephone interpreter services are widely available at no cost to the non-English speaker, if the language is not widely spoken, there can sometimes be a lengthy wait until an interpreter is available, a delay which may put the older person at risk of further harm (Black Blundell & Clare, 2012, p. 67). In close-knit communities there may also be problems seeking help through culturally appropriate channels due to confidentiality, where the interpreter or culturally appropriate service provider may also have links to the perpetrator of the abuse and so have difficulty providing unbiased assistance (Black Blundell & Clare, 2012, p. 68).

Some of the issues discussed above in relation to elder abuse in culturally and linguistically diverse communities are also experienced in Aboriginal and Torres Strait Islander communities. However, there are also distinctly different issues for this population, and so they have been the subject of separate research inquiries and are discussed separately in the section below.

Elder abuse in Aboriginal and Torres Strait Islander communities

There are difficulties with the use of the term 'elder abuse' in reference to the abuse of older Aboriginal and Torres Strait Islander people, as the word 'Elder' is a term of respect used to refer to community leaders (Clare et al., 2011). During previous research into elder abuse in the Aboriginal and Torres Strait Islander community, concern was expressed that the term 'elder abuse' is too confrontational, and it was deemed more sensitive and culturally appropriate to speak about it as 'abuse and mistreatment of older people' (Office of the Public Advocate (WA), 2005). This has raised the question of whether mainstream definitions of elder abuse fit with Aboriginal and Torres Strait Islander people's perceptions of what constitutes elder abuse and also emphasised the importance of understanding the context of Aboriginal and Torres Strait Islander people's life-styles, world-view and cultural obligations in relation to this issue (Office of the Public Advocate (WA), 2005).

Several issues for older Aboriginal and Torres Strait Islander people may heighten their vulnerability to abuse and mistreatment. Firstly, it is well known that Indigenous people encounter the ageing process earlier than non-Indigenous people. Health issues are common contributing factors, and include higher than average rates of heart disease and diabetes, depression, mental health issues, and physical injuries, as well as the impact of alcohol, drug abuse and poverty (Office of the Public Advocate (WA), 2005). Research has found that the impact of abuse and mistreatment is felt earlier among Aboriginal and Torres Strait Islander people, perhaps influenced by the lower mortality age (Office of the Public Advocate (WA), 2005). The same study also found that, though the prevalence in these communities is largely unknown, the mistreatment and neglect of older people occurring in Aboriginal and Torres Strait Islander communities is a major concern that affects many families.

A Western Australian elder abuse research project found that agencies that dealt exclusively with Aboriginal and Torres Strait Islander people reported an elder abuse prevalence rate of 18%, in contrast with the 0.58% estimate the researchers calculated for the mainstream population (Boldy et al., 2002). This higher prevalence rate has also been noted elsewhere, and attributed to factors such as an over-reliance of younger Aboriginal people on older Aboriginal and Torres Strait Islander people for money and daily resources, as well as the disintegration of the Indigenous culture following English colonisation (Sanders, 2005). Information gathered from Western Australian research into elder abuse in this area suggests that some Aboriginal and Torres Strait Islander families deal with abuse on a daily basis from close and extended family members (Office of the Public Advocate (WA), 2005). Some participants in this study indicated that the abuse of older people is normalised within some Aboriginal and Torres Strait Islander communities and there are feelings of helplessness and disempowerment on the part of family and community members trying to deal with it.

It was suggested that possible barriers to Indigenous older people reporting acts of abuse may include such factors as it is the 'Aboriginal way' to share resources/money amongst their family members, as well as the shame associated with acknowledging that you have been taken advantage of. Due to the broader definition of family and family relationships in Aboriginal and Torres Strait Islander communities, there may be more scope for abuse, as 'family' might include a kinship group composed of parents, children, aunts, uncles, cousins, a range of grandparents, as well as grandchildren (Daylight & Johnstone, 1986). Drug and alcohol abuse and its contribution to older Indigenous people being at risk of abuse has also been a factor consistently referred to in elder abuse research (Office of the Public Advocate (WA), 2005). It has also been proposed that the abuse of drugs and alcohol in Aboriginal and Torres Strait Islander communities may be linked to a lack of hope of a better future for individuals and family members (Black, 2008), based on past intergenerational discrimination, poverty and disadvantage.

Cultural differences may not be the most significant factor leading to the suggested higher prevalence rates of elder abuse within the Indigenous population. Systemic factors such as inadequate access to fundamental resources such as employment, health care, education, housing, etc., are likely contributing factors that increase the risk of abuse for vulnerable older people, including people from the Indigenous community (Sanders, 2005). Other factors such as discrimination, poverty, and the emotional heritage of the 'stolen generation' have also been

suggested as increasing vulnerability (Black, 2008). It has been proposed that the abuse and mistreatment of older Aboriginal and Torres Strait Islander people needs to be approached very differently to the approach taken for the non-Aboriginal population due to the complexity of these issues.

The removal of the 'stolen generation' has been described as fracturing families and communities and contributing to a lack of respect from the younger generation towards their elders, which then may translate into the abuse and mistreatment of older Aboriginal and Torres Strait Islander people (Black 2008). Being forcibly removed from family may also affect people's willingness to report abuse to authorities due to past negative interactions with government departments and other service providers. Elder abuse response agencies respond to this challenge in various ways; some (such as advocacy agencies in Western Australia and South Australia) deal with this issue by having a dedicated Aboriginal liaison officer within their organisations. Having an awareness of 'cultural protocols' in relationships and communications with Indigenous people is also important, though this may also depend on how 'traditional' the Aboriginal or Torres Strait Islander person or community is (Black 2008).

The diversity of the Aboriginal and Torres Strait Islander community can mean that individuals may be stereotyped and subsumed under the one heading, with assumptions being made about someone because they are 'Aboriginal', when experiences and cultural protocols can be very different for different generations and in different locations (Black 2008). Diversity within the Aboriginal and Torres Strait Islander community may also mean that older Indigenous people who relocate from rural or regional locations to metropolitan areas to access health services may be more socially isolated as they have moved away from family and community supports, leaving them vulnerable to being taken advantage of by predatory individuals (Black 2008).

Several studies investigating abuse and mistreatment of older Aboriginal and Torres Strait Islander people have reported that the issue of abuse within this population group needs to be dealt with in a holistic manner (Black, 2008; Office of the Public Advocate (WA), 2005), however, given the diversity within this population, this remains challenging. It has previously been reported by Aboriginal and Torres Strait Islander community workers that lack of service provision has a significant impact on putting older Aboriginal and Torres Strait Islander people at risk of abuse (Office of the Public Advocate (WA), 2005). Lack of service provision may be influenced by the difficulty in designing culturally appropriate services that are able to respond well to the diversity within the Indigenous population, but may also be impacted on by reduced services provided outside metropolitan areas of Australia.

Suggested response strategies have included the development of culturally specific elder abuse community education and information for service providers, older people, their carers, and the younger generation (Black 2008). To date, there has not been a great deal of investigation conducted into the area of the abuse and mistreatment of Aboriginal and Torres Strait Islander people. Further research into cultural and systemic factors leading to increased risk of abuse for Indigenous older people is needed so that a holistic approach to developing effective preventative strategies can be undertaken (Office of the Public Advocate (WA), 2005, 2006; Sanders, 2005).

Issues for rural and remote areas

Another challenging issue for the elder abuse sector in Western Australia is in regards how to adequately service the rural and remote areas of the country. Similar to service provision in other sectors, most elder abuse response agencies are based in metropolitan areas, and may only service regional, rural, and remote areas by telephone and the occasional visit to conduct elder abuse education sessions, due to the increased cost of providing face-to-face services in isolated communities. This may mean that there are less resources available to assist people and less service provider knowledge about preventing, detecting and responding to elder abuse in these areas, as demonstrated by rural participants in a recent study showing less confidence in their ability to recognise financial elder abuse (Wainer et al., 2010). Social isolation of people lacking support networks and living in small communities or on rural farms may put people at increased risk of abuse. Shame, and concern about protecting the family name, may also play an inhibiting role in reporting or disclosing elder abuse in rural communities (Kaspiew et al., 2016). However, positive aspects of living in small communities have also been noted, such as closer social connectedness and greater responsibility felt in looking after neighbours. Some services may also provide increased levels of interaction and service provision, as shorter distances may mean that in-home workers have less distance to travel than in city areas. Adequately servicing regional, rural and remote areas remains a challenge for government and community service organisations in Australia, however, increasing availability of technology such as the internet, video calling, and email, may allow services to become more accessible to those in a position to use these systems.

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