

Elder Abuse Community Action Plan for Victoria February 2018

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Contents

Acknowledgments	1
Executive Summary	2
1. Introduction	6
1.1 Background	6
1.2 Aim of this study	6
2. Summary of the Literature Review	7
3. Consultations With Sector Stakeholders	9
3.1 Consultations	9
3.2 Survey	9
3.3 Focus groups	9
3.4 Summary of survey and focus group findings	9
3.5 Main priorities identified	12
4. Priorities, Current Work and Recommended Strategies	13
4.1 Clarify relationship between family violence and elder abuse	13
4.2 Raise community awareness of elder abuse and promote a positive image of older people	15
4.3 Increase availability of more 'person centred' alternatives for older people to help them in disclosing elder abuse	17
4.4 Standardise tools for recognising abuse and develop and implement	19
4.5 Improve access to family (elder) mediation services for people living in rural areas and from Culturally and Linguistically Diverse backgrounds (CALD) communities	21
4.6 Ensure that all professionals in the health and aged care service sectors receive training on elder abuse	22
4.7 Improve data and increase evaluation	24
4.8 Clarify whether carer stress is a risk factor for elder abuse	25
4.9 Improve understanding and response to elder abuse in CALD and Aboriginal and Torres Strait Islander communities	27
4.10 Improve housing options for victims of elder abuse and alternative housing for perpetrators	29
5. References	30

Acknowledgments

We are grateful to Gandel Philanthropy for funding this study and to the Melbourne Social Equity Institute for funding the scoping study, which informed the literature review for this study.

We would like to acknowledge the special contribution of Melanie Joosten (Seniors Rights Victoria) to this project. Melanie led this project at NARI until she left to join Seniors Rights Victoria in January 2017. Since then she has continued to provide expert advice to the project team.

We would also like to thank the Project Advisory Committee members: Jenny Blakey (Seniors Rights Victoria), Alexandra White (Gandel Philanthropy), Meghan O'Brien (St Vincent's Health Service), John Chesterman (Office of the Public Advocate), Fiona York (Housing for the Aged Action Group), and Rachel Carson (Australian Institute of Family Studies).

Finally, we would like to thank the survey respondents and focus group participants for their invaluable contribution.

About the National Ageing Research Institute

The National Ageing Research Institute (NARI) has for over 40 years been bringing research to life to improve health outcomes and aged care practice, as well as to guide policy to invest in solutions for positive ageing for Australia's older people.

NARI is a national leader in ageing research, producing work of international significance to apply to real lives, particularly in falls and balance, pain, dementia, physical activity, healthy ageing, psychosocial and mental health, and health systems evaluation.



PHILANTHROPY

ISBN: 978-0-6481689-1-1

Executive Summary

Elder abuse is gaining increased attention worldwide due to global population ageing. Population prevalence studies in the UK and Canada have found that approximately 5% of people aged over 65 experience one form of abuse in any one year, with the World Health Organisation estimating that 10% of older people globally are victims of abuse.

Elder abuse is a serious problem in Victoria, attracting increasing media and societal attention. Since the Victorian Royal Commission into Family Violence released its recommendations in March 2016, there has been increased focus on elder abuse and considerable government and philanthropic investment in education, new services, and integrated response models. However, the complexity of the issue means that current government and non-government responses are not always coordinated.

This project aimed to develop an action plan for people and organisations who have a demonstrated commitment to preventing and combating elder abuse.

The team from the National Ageing Research Institute (NARI) worked in partnership with Seniors Rights Victoria (SRV) and the Elder Abuse Roundtable members, including representatives from advocacy, legal, research, aged and health care service providers and the Office of the Public Advocate (OPA). They reviewed the literature, conducted surveys and focus groups with people working in health and aged care services and elder abuse and family violence services, and identified key gaps in the field of elder abuse and practical actions that can be taken to address these gaps.

The gaps include:

1. Lack of community understanding and recognition of elder abuse including older people's voices.
2. Strategies for addressing ageism as an underlying contributor to abuse of older people.
3. Options for where to go for advice and support if elder abuse is being experienced, detected, or suspected.
4. Access to family mediation services for people living in rural areas and people from culturally and linguistically diverse (CALD) backgrounds.
5. Understanding of what "elder abuse" means for Aboriginal and Torres Strait Islander communities.
6. Understanding of the factors that contribute to elder abuse within both informal and formal care relationships.
7. A range of affordable housing options for both perpetrators and older people experiencing elder abuse.
8. Systematic data collection about elder abuse, evaluation of existing services, and dissemination of findings.
9. Central repository for information on elder abuse policy, services, research, and education.
10. Clarifying the relationship between elder abuse and family violence, and what this means for government policy and services, and for older people's understanding of where to go for help in abusive situations.

¹ The term "elder abuse", is problematic for people from Aboriginal and Torres Strait Islander backgrounds for whom the term elder does not necessarily refer to an older person but to a person who is respected for their knowledge of customs and lore.

Priorities

Based on the gaps identified, ten priorities for action to address elder abuse were identified; outlined in more detail in Section 4 of this report.

These were:

1. Clarify the relationship between family violence and elder abuse.
2. Raise community awareness of elder abuse and promote a positive image of older people to reduce ageism.
3. Increase availability of “older person centred” alternatives to disclosing elder abuse.
4. Standardise tools for recognising abuse, and develop and implement a common framework for responding to elder abuse.
5. Increase availability of family (elder) mediation services including for people living in rural areas and CALD communities.
6. Provide education and training on elder abuse for all health professionals in health and aged care services.
7. Improve data and increase evaluation.
8. Clarify whether carer stress is a risk factor for elder abuse.
9. Improve understanding and response to elder abuse in CALD and Aboriginal and Torres Strait Islander communities.
10. Improve housing options for both perpetrators and victims of elder abuse.

Recommendations

There is currently a great deal of activity in Victoria designed to address elder abuse by raising awareness, prevention, coordinating activities, and educating health and aged care professionals. This study scoped the extent of this activity and considered the above priorities in light of the current work. We were also guided by our previous work where we interviewed older people who had experienced abuse (1).

This has led us to make the following recommendations:

1. Reconsideration of the term elder abuse through consultation with key stakeholders, including older people and their carers, representatives from Aboriginal and Torres Strait Islander communities and CALD communities, LGBTI people, government, advocacy groups, service providers, and academics, about what elder abuse means for each of these stakeholder groups and how it might be better defined, recognised, and responded to.
2. Development of a conceptual framework that guides understanding of where elder abuse and family violence intersect (requiring common policy and service responses) and where they differ.
3. A public awareness campaign designed by older people themselves that features older people as empowered and valued members of society. The campaign should target individuals and organisations that older people encounter on a regular basis, such as banks, supermarkets and hairdressers, and give advice on where to go for help.
4. Education and resourcing of existing primary health, community, and aged care services (GPs, local government, regional assessment services, community health services) to enable them to act as a first port of call for older people, their friends or families who are concerned about elder abuse, including the development of documented referral pathways to facilitate access to more specialised care if required.
5. Studies with formal and informal carers and people with dementia to explore what they see as contributing to potential or actual elder abuse within care relationships, and what would help to prevent it from occurring. This could include determining whether the current system of audit reviews in residential aged care is adequate to monitor elder abuse risk.
6. Consultation with older people, state and commonwealth government personnel involved in housing and income security portfolios, housing advocates, and elder abuse experts to consider a coordinated strategy for addressing housing issues.
7. Conduct and evaluate a trial of family mediation using video conferencing with older people from rural areas, and develop and pilot test culturally appropriate models of family mediation and conflict resolution.
8. Evaluation of existing and new services, frameworks and models through systematic data collection and dissemination of findings so that mechanisms for identifying and responding to elder abuse are evidence based.
9. Develop and resource a central knowledge hub that includes information about current government policy, programs, services, research, and education relating to elder abuse.
10. NARI and Seniors' Rights Victoria conducted an earlier study with older people who had experienced elder abuse entitled 'The Older Person's Experience: Outcome of interventions into elder abuse'(1). The recommendations from that study should also be considered as part of any action plan for Victoria.

Recommendations from 'The Older Person's Experience'(1):

1. Expanding SRV services and more targeted awareness-raising of SRV services to older people, service providers and health professionals, especially GPs.
2. A review of the legal aid, community legal services, and other legal options, to ensure more affordable options are available to older people facing abuse.
3. A review of mental health services, gambling and alcohol and/or other drug services in terms of affordability and availability; and looking at how to improve perpetrator engagement in assessment, services and treatment plans, including court ordered treatments.
4. A review of affordable housing options, both short and long term, for all age groups (older person and adult children); including a review of rent assistance policies and programs.
5. The establishment of family mediation services to support intergenerational living arrangements, and other arrangements, so that families can create written agreements supported by independent advice.
6. There is little available research evaluating elder mediation, more research is required to establish its effectiveness, when and under what circumstances elder mediation is most appropriate and what needs to be put in place to make elder mediation more effective.
7. Further research to guide the use of therapeutic interventions, both for the older person and perpetrators, are also needed.
8. Greater community awareness about family roles, expectations, boundaries, rights and responsibilities, and managing conflicts and effective communication. Community awareness must also include broader societal issues that include ageism and gender.
9. Greater efforts to ensure older people obtain independent advice regarding financial and other arrangements with children is needed. These efforts need to include lawyers, banking institutions, older people and the community more generally.
10. For SRV, follow up calls (rather than surveys) at 3 and 6 month, and longer, is recommended to see if the abuse situation has changed because often longer term outcomes are missing in research. Phone contact is also more likely to identify ongoing or re-emerging abuse and phone contact may help motivate the older person to move to the stage where they are prepared to take action.

1. Introduction

1.1 Background

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” (2). It is usually classified according to the type of abuse, although different types of abuse often occur together. Elder abuse can be physical abuse (including threatening, punching, and shoving) or psychological (such as emotional blackmail and put downs). The most common type of abuse is financial abuse, including abuse of powers of attorney (PoAs), misuse of an older person’s money, fraud, and appropriation of finances or assets. For this abuse to go undetected, perpetrators may also socially isolate the older person by restricting their access to family, friends, or medical practitioners (known as social abuse). Less common is sexual abuse, such as unwanted touching or being forced to watch pornography. The final form of abuse is neglect, where the older person is not provided with proper care and support (3).

“Elder abuse has been the subject of increasing government and community attention in recent years.”

As elder abuse is, by definition, perpetrated by a person of trust, it largely occurs within the family, and to a lesser extent within neighbourhoods and care environments. The prevalence of elder abuse in Australia is not known but international studies suggest that one in ten older people are abused in any one year (4). An analysis of Seniors Rights Victoria data for the two-year period from July 2012 to June 2014 suggests that amongst their client group, 92% are abused by a family member and 67% of abusers are the adult sons or daughters of the abused person (5).

Elder abuse has been the subject of increasing government and community attention in recent years, and there have been several recent state and federal government initiatives that have drawn attention to the issue. In addition, there are a range of activities funded by government or philanthropy, or occurring within existing services (such as hospitals and advocacy services) that attempt to raise awareness, reduce risk, prevent abuse occurring, and respond to abuse. While the recent Victorian Royal Commission into Family Violence established that elder abuse is a form of family violence, it also identified that there is much that needs to be done to achieve better prevention and management of elder abuse in Victoria (6). Most recently, the Australian Law Reform Commission conducted a review of the laws and legal frameworks relating to elder abuse, which produced 43 recommendations to help safeguard older people from abuse. They recommended a national plan and empirical research into the prevalence of elder abuse in Australia (7).

1.2 Aim of this study

In this context, Gandel Philanthropy funded NARI to develop an action plan, to include a set of priorities and strategies to address elder abuse in Victoria, taking into account the existing activities in this area. Through a comprehensive review of literature, followed by consultation with service organisations and key stakeholders, this project aimed to identify what was already being done in the area, where the gaps were, and how these gaps should be filled.

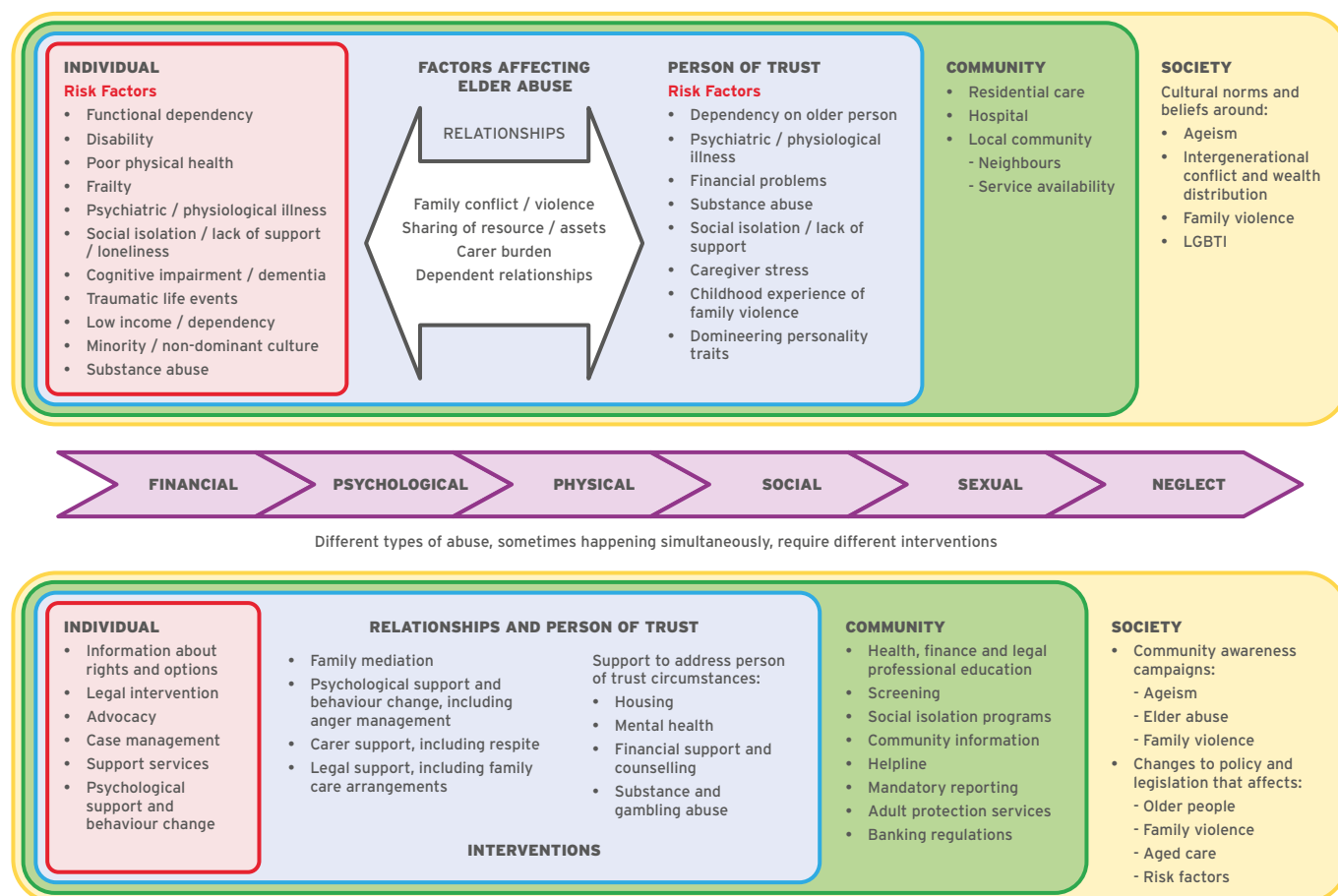
2. Summary of the Literature Review

As noted above, the term 'elder abuse' incorporates a wide range of experiences and behaviours that occur in a variety of contexts. This makes it impossible to identify any single intervention that is effective in preventing or addressing elder abuse as a whole. It also makes it difficult to evaluate and compare the many interventions that are used to address abuse of different types, relationships, and contexts. For these reasons, evidence supporting interventions in the elder abuse field is lacking, and high-quality evaluation of the interventions currently being provided is urgently needed.

A 2016 Cochrane review of interventions found only seven studies that fitted the eligibility criteria that studies included a control group and 12-weeks of follow-up to investigate intervention outcomes (8). Of the included studies only two were for older people as victims, and one was for caregivers as potential perpetrators. The review found that public education and support services aimed at older people who had experienced abuse may improve knowledge and rates of reporting, however this increase in knowledge does not necessarily lead to behaviour change. It also found uncertainty about whether health professional and caregiver education sufficiently improved knowledge of abuse, though it may improve staff ability to detect resident-to-resident abuse.

A 2015 review of interventions and services addressing elder abuse from the National Centre for the Protection of Older People in Ireland had less restrictive criteria and included 104 papers, of which 37 were experimental studies and 67 were descriptive (9). While this review highlighted the weaknesses in evaluation and difficulty in drawing conclusions, it also found that the majority of interventions focused on educational programs for professional staff, and that there is a lack of evaluations of interventions targeting the older person, let alone the potential perpetrator. It found the strongest evidence for interventions focused on the older person involved psychological and social support for people identified as being at risk. This review concluded that to be successful interventions should take an individualised, tailored approach to target particular risk factors and the specific form of the abuse experienced by the individual.

The scoping review undertaken by NARI (10) explored the definition of elder abuse and evidence regarding prevalence, the impact that elder abuse has on older people and the wider population, and the family context within which elder abuse most often occurs. We then considered the different ways elder abuse is conceptualised, and how elder abuse intersects with a range of other issues including ageism, family violence and conflict, caregiving, gender and sexuality, and culture. Drawing on the literature and our broader knowledge, an applied ecological approach (which considers the individual and their place within their community and society) was identified as the most comprehensive way of conceptualising elder abuse. Figure 1 shows the ecological model applied to elder abuse. The main types of abuse are described across the centre of the diagram. The top section shows the factors associated with abuse at the individual (older person and person of trust) level, the relationship level, and the broader community and societal factors that are associated with elder abuse. These include risk factors, such as ageism and intersectionality of disadvantage (which might include: age, gender, and socio-economic circumstances), as well as possible preventive factors, such as the availability of community-based services. The lower part of the diagram shows the possible interventions at each of the levels. We used this conceptual framework in this study to guide our scoping of the literature and the current work being conducted to address elder abuse in Victoria (see Section 4).

Figure 1. Applied ecological approach to elder abuse.

The scoping study also considered interventions at all levels of the applied ecological approach, and identified those with evidence of effectiveness. As each study described or evaluated a unique intervention it was difficult to draw any conclusions about which particular interventions (or aspects of) were effective. However, by considering the available research the interventions that show some evidence or promise, and which should be further and more rigorously researched and evaluated, include:

Older person

- multidisciplinary approach -support services combined with legal intervention
- multidisciplinary assessment of an older person's needs and referral to appropriate supports
- case management and advocacy
- motivational interviewing to aid empowerment and decision-making

Perpetrator

- psycho-educative support for caregivers (support groups or individual)
- anger management for caregivers
- counselling for perpetrators

Family relationships

- family-based cognitive behavioural therapy
- family mediation

The evidence from this scoping review was used to inform the action plan.

3. Consultations With Sector Stakeholders

3.1 Consultations

The aim of the consultations was to build a picture of how elder abuse was being addressed, where the gaps were, and how responses could be improved. This included interventions that directly address situations of suspected or confirmed elder abuse, as well as those that seek to lower the risk of an older person experiencing abuse, or interventions that address the personal circumstances of perpetrators of abuse. An online survey was distributed to key stakeholders in the elder abuse field and staff from health and aged care organisations that support older people and their families.

3.2 Survey

The survey asked respondents to provide information about whether their organisation's clients are affected by elder abuse (as victims or perpetrators), and how their organisation addresses this. The survey also asked respondents to provide their own thoughts on how the state-wide response to elder abuse could be improved and made more effective. Additionally, fields requesting the organisation's name, the respondent's role, their department, organisation's postcode, primary funding source, and the main purpose and primary clients of the organisation were included to ensure that the target audience was being reached.

The survey was sent to management who were asked to respond and to pass the survey on to other staff they identified as appropriate in their organisation, or in other organisations with which they work. The survey was aimed at staff at all levels of organisations providing health, aged care, legal and other services to older people. A wide range of responses to the survey were sought; if survey invitees felt as though their organisation had little knowledge of elder abuse they were still encouraged to take part. Responses were received from 146 staff at 92 organisations.

3.3 Focus groups

Survey respondents were invited to provide their contact details if they wished to participate in focus groups to further develop the action plan, and 38% of the survey respondents agreed to be invited to the focus groups. Two focus groups were held; one in metropolitan Melbourne and one in a regional Victorian location. Fourteen healthcare and service organisations were represented by staff across the two focus groups. The aim of the focus groups was to discuss and gain endorsement of the results of the survey, and for participants to provide their advice and input to develop priorities for action. Participants were shown a detailed presentation of the survey findings, followed by group discussion about the gaps in service delivery and where improvements were required. Participants were asked whether they agreed with the gaps identified in the survey findings, and whether there were any gaps that had not been identified. Participants were also asked what their priorities for improvements would be.

3.4 Summary of survey and focus group findings

The largest proportion of survey respondents (37%) were from community aged care organisations, followed by health services (26%), family violence services (23%) and advice and information services (20%). Approximately half of respondents reported that older people were the primary clients of their organisations. Three quarters of respondents reported that their organisation had clients or patients who were experiencing elder abuse, and 27% reported that they had clients who may be perpetrating abuse against an older person.

Almost 60% of respondents reported that clients of their organisation most commonly at risk of elder abuse were older women. Other identified at-risk populations were people from culturally and linguistically diverse (CALD) backgrounds (39%) and people with a disability (37%). Financial abuse was reported as the most commonly observed type of elder abuse, followed by psychological and emotional abuse.

3.4.1 Policy and screening for elder abuse

Eighteen per cent (18%) of respondents reported using tools or questionnaires to screen for elder abuse. A follow up question then queried which tools were used, with 90% of respondents who indicated their organisation does use a screening tool reporting they use either an internal tool or process, the Common Risk Assessment Form (CRAF), or the National Screening and Assessment Form (NSAF). Only 9% reported using validated elder abuse screening tools such as the Elder Abuse Suspicion Index (EASI), Brief Abuse Screen for the Elderly (BASE), or the Caregiver Abuse Screen (CASE).

Approximately one third of the organisations were collecting specific data about elder abuse, mainly via specific incident reports or reporting registers and templates.

Over half (57%) reported that their organisation had a specific elder abuse policy and that staff also received specific elder abuse training. When a client is at risk of or experiencing elder abuse, the most common measures offered (either as part of a specific policy or as part of the organisations general service), were:

- providing information and advice about rights and services (87%)
- having a discussion with the older person about their rights (80%)
- making referrals to other services (80%).

Clients were most often referred to Seniors Rights Victoria (28%), legal services (25%), police (24%), and counselling services. Seventy per cent (70%) indicated that their organisation did not do any evaluation of the effectiveness of referring to other services. However, the focus group participants clarified that organisations may not do a formal evaluation, but that they do receive feedback from clients or conduct case reviews on a case-by-case basis.

Approximately one third (31%) of respondents felt that referring clients to other services only sometimes worked, in that the success of the referral was dependent on the client's situation and needs, and the client's willingness to engage with the service. A further 10% felt that referring to services can provide protective factors but does not eliminate the risk or fix the situation entirely.

3.4.2 Clients at risk of perpetrating elder abuse

Two thirds of respondents reported that their organisation either works with or has come across clients who are perpetrating or are at risk of perpetrating elder abuse. When identified, 65% reported that the client is referred to other services, 29% reported that the client is screened for abusive behaviour, and 27% reported that their organisation provides counselling or carer support services to the client. Clients were most commonly referred to mental health or counselling services (27%), housing support services (15%), and behaviour change programs (12%). A smaller percentage were referred to financial counselling services, drug and alcohol programs, or their GP. Just under one third (27%) felt that referrals only sometimes worked, depending on the client's individual circumstances, and if the client wanted to engage with the service.

3.4.3 Prevention measures

Just over half of the represented organisations provided either education for professionals with the aim of preventing elder abuse (63%), or education for their clients to prevent elder abuse (57%). Forty-three per cent (43%) were involved in community awareness campaigns, and 28% provided education to the public. Forty-four per cent (44%) reported that no formal evaluation had been conducted on the effectiveness of any awareness campaigns their organisation ran. Other respondents indicated that evaluation was based on numbers of incidents reported, increases in referrals, and increases in requests for training.

Respondents suggested that responses to elder abuse could be improved through:

- increased funding for more staff
- public awareness campaigns
- staff training to improve knowledge of elder abuse
- more liaison between services and coordination of responses
- specific, evaluated measures to screen for elder abuse
- evaluations of the effectiveness of interventions.

3.4.4 Gaps and issues

The survey and the focus groups identified the following gaps and issues in the service or organisational response to elder abuse:

- the need for specific elder abuse education and training for staff at all levels
- the lack of specific screening tools
- the need for timelier responses
- the need for increased capacity to work with perpetrators
- a lack of understanding by staff of the processes involved in reporting elder abuse
- the need for better communication between services to manage and follow up cases
- no specific organisational elder abuse policy.

Within the wider service systems response to elder abuse, the following gaps and issues were identified:

- elder abuse not being recognised or embedded within the existing family violence system
- the need for a suite of standardised screening tools common to Victoria
- not having a standardised or clear referral pathway or reporting procedure
- no external or overarching monitoring and case management service
- a lack of service integration to facilitate multi-disciplinary approaches
- a lack of assistance given to older people to navigate support, legal, financial, and housing services.

Gaps and issues faced by society in general relating to elder abuse were identified as:

- ageism within society in that older people are not respected and often disregarded
- a lack of knowledge within the general population and in older people about what constitutes elder abuse, and therefore an inability to recognise when it is occurring
- a lack of awareness about how to access support services and what services are available
- the view that elder abuse is a “private” issue and often older adults are unwilling to report abuse formally
- a lack of legal and financial safeguards in place given the overall vulnerability of the group.

3.5 Main priorities identified

Based on the gaps identified in the survey and the focus group, 10 priorities for action to address elder abuse were identified. These were:

1. Clarify the relationship between family violence and elder abuse.
2. Raise community awareness of elder abuse and promote a positive image of older people to reduce ageism.
3. Increase availability of “older person centred” alternatives to disclosing elder abuse.
4. Standardise tools for recognising abuse and develop and implement a common framework for responding to elder abuse.
5. Increase availability of family (elder) mediation services including for people living in rural areas and CALD communities.
6. Provide education and training on elder abuse for all health professionals in health and aged care services.
7. Improve data and increase evaluation.
8. Clarify whether carer stress is a risk factor for elder abuse.
9. Improve understanding and response to elder abuse in CALD and Aboriginal and Torres Strait Islander communities.
10. Improve housing options for both perpetrators and victims of elder abuse.

A further issue identified by the project team was the lack of a central point for information about elder abuse initiatives in Victoria, making it very difficult to know what is already happening and where the gaps are. We therefore recommend the development of a central repository for this information, perhaps a website that enables older people, advocacy groups, service providers, policy makers and academics to stay abreast of current developments in this field.

Another issue that did not come up in the consultations but is a key issue in any consideration of elder abuse in Australia is the use of the term “elder abuse”. Given the term “elder” does not necessarily refer to older people in Aboriginal and Torres Strait Islander populations, but usually refers to an individual who is acknowledged to have attained significant knowledge and is a custodian of local customs and lore (11), we recommend that consideration be given to an alternative term for elder abuse in Australia.

In the following section, we outline the identified priorities in more detail, providing an explanation of what the issues were, current work in the area, and the possible actions that could be taken to address any gaps. The project team conducted a thorough scoping of current activities but we acknowledge that there may be activities that the project team, advisory committee, and study participants were not aware of and/or that have been put in place since this study was conducted.

4. Priorities, Current Work and Recommended Strategies

4.1 Clarify relationship between family violence and elder abuse

Issues

The focus group participants identified the need to clarify the relationship between family violence and elder abuse at a policy and service delivery level. The Victorian Royal Commission into Family Violence (RCFV) recognised elder abuse as a form of family violence (6). This was seen as beneficial in raising the profile of elder abuse and ensuring that older people are considered in any response to family violence. However, there was concern expressed about whether the unique aspects of elder abuse are able to be fully addressed within the family violence paradigm. The reforms to date were seen to have a primary focus on intimate family violence rather than elder abuse.

Although the definition of family violence² is inclusive of elder abuse that occurs within the family, the “most common manifestation of family violence is intimate partner violence committed by men against their current or former female partners”(6) and this is how the broader community perceives family violence. The Victorian Government’s family violence reform agenda views family violence as inclusive of elder abuse.

While elder abuse can include abuse of an older woman by her intimate partner, most often it is adult children who are the perpetrators of abuse against their parents. Furthermore, although women are more often victims of elder abuse than men, older men also experience elder abuse (particularly financial abuse) (5). Elder abuse also includes abuse by people of trust outside of the family, such as friends and neighbours. It also often occurs in a relationship of co-dependency between the perpetrator and victim.

Focus group participants expressed concern that older people who experience elder abuse may not consider their situation one of family violence, therefore they may not see family violence services (which are currently largely focused on meeting the needs of women and children) as appropriate or useful resources. As elder abuse was not widely recognised as family violence until recently, many current family violence services may not be equipped to meet the needs of elder abuse victims. While it is

recognised that this will change in the future as a result of the family violence reform agenda – which is inclusive of older people and elder abuse – there will be an ongoing need for specific legal, mediation, and safeguarding response models that recognise the unique characteristics of intergenerational violence (rather than intimate partner). The reform agenda will also need to ensure that older people who experience any form of abuse are made aware that family violence services are able to assist them.

Current work

The Victorian Government has recently committed \$1.9 billion to fully implement the recommendations of the RCFV, and it is anticipated that older people will benefit from the implementation of these specific recommendations as well as the broader response to family violence. Reforms that will have a direct effect on older people and elder abuse include:

- Support and Safety Hubs – community based hubs that will act as a central contact point for women, children, young people, and older people experiencing family violence, and for perpetrators of family violence. The hubs will provide support, information, triage, referral to local family violence support services, and assistance in navigating the service system. The trial of the first five hubs is expected to be completed by end of 2017.
- Development of the Multi Agency Risk Assessment Model (MARAM) (detailed in priority 4).
- Prevention strategy and Prevention Agency – will include strengthening the evidence base for the drivers of family violence, including lesser known forms of family violence such as elder abuse.
- Specialist Family Violence Courts.
- Victoria Police are scoping options for a trial of a dedicated family violence and elder abuse response team.
- Family Safety Victoria commenced July 2017, and was established by the Victorian Government with a dedicated focus to delivering family violence reforms, including elder abuse.
- \$38.4 million investment in Strengthening Hospitals Response to Family Violence.

² (a) behaviour by a person towards a family member of that person if that behaviour– (ii) is physically or sexually abusive; or (iii) is emotionally or psychologically abusive; or (iv) is economically abusive; or (v) is threatening; or (vi) is coercive; or (vii) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person (RCFV summary report, page 2).

The RCFV considered older people as one of the diverse groups who may have special needs and made several specific recommendations relating to older people. In summary, they recommended:

“building community and service providers’ awareness about family violence against older people through targeted information campaigns and training, including consideration of risk and safety planning as part of the CRAF review, and ensuring that relevant workers complete certified training in identifying and responding to family violence. Options for a Victoria Police trial of a dedicated family violence and elder abuse response team in one local service area should also be examined.” (p. 34)

Gaps

The consultation process undertaken for this study identified the need to further clarify the relationship between family violence and elder abuse so that family violence and elder abuse service providers can work together to best support older people. It is anticipated that the implementation of safety hubs will increase help-seeking entry points, though awareness amongst older people, families, and service providers of the services available to older people experiencing elder abuse remains an issue to be addressed.

The consultation also identified that some family-oriented services (such as family mediation) are currently using models that are more appropriate for mediation in the case of intimate partner separation, where mediation of child custody and financial arrangements is required. Family mediation services for families to prevent elder abuse before it occurs are beginning to be implemented (see priority 5). What is needed is a strategy to make families, older people, and those who work with older people aware of the service.

Actions

Development of a conceptual framework that guides understanding of where elder abuse and family violence intersect (requiring common policy and service responses), and where they differ.

This might include:

- Consultation with all key stakeholders to discuss and clarify the relationship between family violence and elder abuse, and what this means for policy and service development.
- Conduct a conceptual study on family violence and elder abuse, including intersectionality of issues, such as age, gender, disability, and cultural diversity.
- Conduct a review of existing service responses to family violence and elder abuse, and identify where they overlap and where specific responses are needed for elder abuse.

Outcomes

- Further development of relationships and clarification of roles between the sectors.
- Identification of where family violence services provide the best response for elder abuse and where specific elder abuse services are required.
- Improved awareness and service responsiveness of family violence service providers for older people who are victims of intimate partner violence.
- Provide education and training to employees of family violence services regarding the other forms of family violence experienced by older people and how to best support older people through this, particularly where adult children are the perpetrators.

4.2 Raise community awareness of elder abuse and promote a positive image of older people

Issues

The focus group participants were concerned that some older people may not recognise when they are being abused, or be reluctant to address the problem (see priority 3 for further detail). They may lack knowledge about the services available to them, both general aged care services that could serve a monitoring role for elder abuse risk, as well as specific services that can respond to elder abuse.

There was also concern expressed about the lack of understanding within the community generally about what elder abuse is; extreme cases of violence towards older people are recognised as abuse but some behaviours that infringe the rights of older people, such as arrangements exchanging assets for care are not always recognised as abusive.

One of the broader societal factors that contributes to elder abuse is ageism (12). This has been defined as “stereotyping and discriminating against individuals or groups on the basis of their age” (13). The issue of ageism was raised in our focus groups and, and it was recommended that a public awareness campaign be created that provides education about elder abuse at the same time as promoting positive images of older people.

Current work

The Office of the Public Advocate (OPA) has developed the resource *Take Control* as a general guide to making enduring powers of attorney, and also the companion guide *Your Voice - Trust your choice*, which provides tips for older people when making decisions regarding enduring powers of attorney. *Your Voice* was developed in partnership with the Commissioner for Senior Victorians and funded by the Department of Health and Human Services (DHHS), and released in June 2017.

The Eastern Community Legal Centre (ECLC) developed the program, A Matter of Trust, which involved a narrative based series of workshops that looked at financial abuse in CALD communities. Narrative therapy typically uses vignettes in focus groups to help indirectly raise awareness of elder abuse, and in turn help to self-identify potential victims of elder abuse.

Seniors Rights Victoria (SRV) also runs peer education and professional education programs, as do various church and advocacy groups, such as the Ethnic Communities Council of Victoria.

The RCFV recommended specific campaigns to raise awareness of family violence, and specifically of elder abuse and abuse of people who are lesbian, gay, bi-sexual, transgender or intersex (LGBTI). In response to the RCFV's recommendations, the Victorian Government has invested \$1m in initiatives to prevent elder abuse, including the appointment of Gerard Mansour, the Commissioner for Senior Victorians, as the Ambassador for the Prevention of Elder Abuse. This funding will be used to support programs to raise awareness so older people, their carers and family members are aware of their rights and how to seek help. It will also support programs to prevent perpetrators from committing family violence against older Victorians, and encourage bystanders to speak out. The funding will further support SRV to develop Elder Abuse Prevention Networks with local communities, linking local organisations to raise awareness of elder abuse and implement local prevention strategies.

June 15 has been designated as World Elder Abuse Awareness Day (WEAAD) by the United Nations General Council. In Victoria in 2017, several community activities took place with the aim of raising awareness about elder abuse.

To our knowledge there is no current public awareness campaign that promotes a positive image of older people, although there are various individuals and groups that promote this as part of their work. The Council on the Ageing (COTA) launched the booklet *Challenging Ageism* in 2016, which provides an overview of ageism in Australia and ways to address it. The Celebrate Ageing Program, founded by Dr Catherine Barrett, which launched in 2016, addresses ageism as a strategy to prevent elder abuse through a variety of community based projects. In 2014, the Australian Human Rights Commission (AHRC) launched the Power of Oldness video campaign that promoted the value of older workers. The AHRC are engaged in ongoing age discrimination work. Also, the work of NARI Ambassadors, Dr Don Edgar and Dr Patricia Edgar aims to challenge perceptions of ageing (14).

Gaps

This study identified the need for a public awareness and education program that specifically targets people who come into regular contact with older people, such as hairdressers, local shopping centres, pharmacists, and bank tellers, and that promotes older people in a positive light.

Actions

Develop and deliver a media and public education campaign in consultation with older people to increase awareness of ageism, elder abuse, and elder abuse as a form of family violence. The public awareness campaign would specifically target people who come into regular contact with older people, as identified by older people themselves. Older people would identify the messages that would resonate with them and those with whom they come into contact. Older people are to be represented in the campaign as empowered rather than victims. The public awareness campaign would also promote the rights of older people within the family.

Outcomes

- Older people and family members are able to recognise the signs of elder abuse and know where and how to access assistance.
- Strengthen awareness by older people themselves about their rights and legal options in situations of harm or abuse via information provision.
- Perpetrators are able to recognise behaviours as abusive, which may have a preventive effect.
- Negative stereotypes of older people are challenged.
- There is increased awareness of elder abuse by those who come into contact with older people.

4.3 Increase availability of more 'person centred' alternatives for older people to help them in disclosing elder abuse

Issues

The consultations for this study and our previous research with older people who have experienced elder abuse raised the issue of older people being reluctant to seek help when they are being abused (1). This is particularly true of 'officially' reporting the abuse to the police or another agency.

There are a range of reasons for this, including:

- feeling a sense of responsibility – especially where an adult child is the perpetrator, the older person may feel responsible for their upbringing and adult behaviour.
- lack of help for the perpetrator – the older person may feel that addressing the abuse may not solve the problem that they see as causing the abuse (e.g. the perpetrator's drug, gambling, or alcohol problem).
- fear of consequences – the older person may feel that reporting the abuse to the police or another agency may make things worse, either through repercussions from the perpetrator, loss of contact with grandchildren or other family members, or getting the perpetrator into trouble.
- lack of options, including alternative housing for themselves or the perpetrator, mental health services and/or gambling support services.

Some older people may feel that disclosing abuse to police, an elder abuse service, or even a health professional may lead to unintended consequences, such as those outlined above, so focus group participants suggested that alternative options are needed. They described a non-intrusive monitoring role that could be carried out by trusted community aged care providers, peer support groups, or GPs if they knew how to recognise the signs and behaviours of abuse, and how to encourage conversations where they detected issues of concern. These types of alternatives were seen as a way of empowering older people to discuss their experiences without feeling that they may have to take action against the perpetrator, and to get advice on options that are available to them. This was also identified by older people who had experienced abuse (interviewed for the NARI/SRV Outcomes study) (1) and eventually sought help from SRV. They reported that it often took time for them to take this step and having someone to talk to empowered them to make decisions about acting on elder abuse.

There is some evidence that more formal motivational interviewing techniques may also assist older people to move from the point of desire for change to taking action to create change (15).

Current work

SRV provide advocacy to older people to encourage and empower their decision making, and are guided by what the older person's interests and desired outcomes are.

Justice Connect Seniors Law have developed health justice partnerships (HJP) with Cohealth and St Vincent's Hospital Melbourne to help older people experiencing elder abuse and other legal issues. The HJP incorporates a lawyer into a health care team with the aim of minimising the impact of elder abuse by increasing health professionals' capacity to identify when clients are experiencing legal issues, and support clients who are receiving legal assistance from a lawyer.

There are generic mental health services that older people can access, such as the Better Access To Mental Health Program. However, there are very few counsellors who have specific expertise in working with older people, in particular to empower the older person to make choices about action they would like to take if they are experiencing abuse. There are even fewer options for older people who come from CALD backgrounds.

The FMC Mediation and Counselling, Respecting Elders Support and Conflict Resolution Service (detailed in priority 5), in addition to their family mediation services, provide counselling, advice, and support that aims to empower older people experiencing abuse to make their own decisions about their living arrangements, finances, and future care. If desired, family meetings are facilitated where these issues are discussed.

Gaps

The need for what was referred to as a "softer option" to disclose elder abuse was identified as a key priority in both focus groups in this study, as they felt older people may be reluctant to officially report abuse to the police or another agency. There are services offering this, however there are gaps in peer-based support and training for community-based aged care and primary health workers.

Actions

- Education and resourcing of existing primary health, community and aged care services (GPs, local government, regional assessment services, community health services, My Aged Care staff) to enable them to act as a first port of call for older people, their friends or families who are concerned about elder abuse, including developing documented referral pathways to enable them to refer on if more specialist services are required.
- Conduct a study with older people into what or who they would see as a trusted and safe person or agency to talk to if they were experiencing or at risk of abuse.
- Investigate the role of peer support groups as an avenue for older people to raise concerns about abusive behaviours.
- Train more mental health specialists in motivational counselling with older people.

Outcomes

- A better understanding of the barriers and enablers for older people who are at risk of or experiencing abuse.
- Older people are empowered to talk about abuse and be aware of where to seek help if and when ready.
- Aged care workers and GPs better understand the signs and behaviours associated with elder abuse and the options available to older people.
- Increased confidence of aged care workers and GPs about how to initiate conversations about elder abuse with their clients/patients.

4.4 Standardise tools for recognising abuse and develop and implement

Issues

Both focus groups identified a need for standardised tools and frameworks for recognising and responding to elder abuse. Very few survey respondents in this study used a risk assessment tool. Recognition of abuse requires understanding of the signs and behaviours, as well as the risk factors for abuse. The use of a screening tool has been identified as one strategy in the detection and prevention of abuse (16). The basic premise for screening tools is that they support health professionals in being able to recognise the signs, symptoms, behaviours, and attitudes of those who may be at risk of elder abuse. As such, screening tools offer a method of assisting health professionals to detect only the risk of elder abuse, but not how to respond if it is present (17). Having consistent frameworks for responding to elder abuse is complex. Frameworks first need to be developed and agreed upon by all key stakeholders, and then disseminated and implemented in practice.

There is also a view that elder abuse cases may need to be assessed or monitored over a period of time, and a single act of screening may not pick up any indicators (18), which is why community aged care providers and GPs may play an important monitoring role (see priority 3).

Current work

Family violence service providers currently use the Common Risk Assessment Framework (CRAF) to assess victim risk. As part of the reform agenda the CRAF was reviewed by Monash University, who recommended that the CRAF should be further developed to reflect the risks of abuse relevant to older people, and that modifications to the CRAF training should be considered to include family violence against older people. The CRAF is currently being redeveloped by the University of Melbourne and KPMG as the Multi Agency Risk Assessment Model (MARAM).

NARI has been funded by State Trustees Ltd to engage community health workers, carers, and other health professionals to identify the most effective existing elder abuse screening tool. The project will also produce guidelines on the use of the tool, including direction for what to do next and where to seek help and support.

The Strengthening Hospitals Response to Family Violence (SHRFV) project provides training in family violence for health service staff. Additional funding from the Victorian Government was announced to allow St Vincent's Hospital Melbourne Social Work Department (in agreement with the Royal Women's Hospital) to develop a module to identify and respond to elder abuse. The Victorian Government has also announced funding for SHRFV to be rolled out to all public health services across the state.

The *DHHS With Respect to Age - 2009* provides a state-wide framework for responding to elder abuse and this has been widely disseminated. We believe there is an update planned.

The Eastern Community Legal Centre (ECLC) convene the Eastern Elder Abuse Network (EEAN), a network of 100 professional members from health, law, government, and aged and community care services. EEAN and ECLC further developed the Elder Abuse Case Conferencing Site to facilitate cross-agency collaboration and encourage better coordination of services.

The Australian Law Reform Commission (ALRC) was tasked in 2016 with identifying a 'best practice legal framework' for the prevention, mitigation, and response to elder abuse. The report from the ALRC Inquiry, launched in June 2017, includes 43 recommendations for law reform to safeguard older people from abuse, including the development of a National Plan to address elder abuse.

Gaps

Survey respondents identified that there is no common risk assessment tool or framework for responding to elder abuse. The above demonstrates that there is already considerable work being done in this area, so there is clearly a gap in broad sector awareness of this work.

Actions

- Developing and resourcing a central knowledge hub that includes information about current government policy, programs, services, research, and education relating to elder abuse.
- Involving elder abuse advocates (such as SRV) in the redevelopment of the CRAF/MARAM to ensure that the new tool or model is inclusive of elder abuse.
- Conducting a follow-up study building on the outcomes of the NARI study into elder abuse screening tools; this could include trialling a tool in a health service, and then evaluating the effectiveness of the tool from the perspective of both staff and older people.

Outcomes

- Better knowledge of risk factors, signs, and behaviours of elder abuse amongst service providers.
- Better knowledge of steps to take once elder abuse has been identified.
- Better knowledge and reduced duplication of existing work in this area.

4.5 Improve access to family (elder) mediation services for people living in rural areas and from Culturally and Linguistically Diverse backgrounds (CALD) communities

Issues

The literature review conducted for this study identified some evidence suggesting that a family mediation intervention may be beneficial in preventing elder abuse, and/or stopping family conflict from escalating to abuse. Family mediation uses an impartial third-party or mediator to help families communicate and come to a consensus on issues of conflict. Mediation may be preferred by the older person as they often wish to maintain relationships with the whole family, including the abuser. However, it is often difficult to engage the perpetrator in mediation or family conferences. Because of this, mediation often doesn't work to stop abuse that is already occurring.

Focus group participants also felt that this was a promising intervention for preventing elder abuse and/or preventing the escalation of family conflict, especially relating to finances and care arrangements. However, they suggested that not all older people and their families had access to these services and that some were designed to mediate family conflict in situations of marital separation rather than issues associated with older family members.

Current work

There are specific family mediation services for preventing elder abuse available in Victoria:

- FMC Mediation and Counselling - Respecting Elders Support and Conflict Resolution Service supports older people to resolve family conflict and prevent conflict from escalating. The service is Melbourne wide, with phone support available for older people in regional areas. The service also sees clients from CALD backgrounds.
- Relationships Australia - Elder Relationship Services assists older people and their families to discuss complex issues involved in planning for the future, with the aim of preventing or resolving conflict.
- Elder Solutions - a private organisation that provides facilitated family discussion, dispute resolution, and mediation for older people and their families.

In addition to these services, DHHS is trialling an integrated model of care for responding to suspected elder abuse, which will feature counselling and mediation services to

help prevent escalation of abuse. The model was designed by the Victorian Government's Elder Abuse Prevention and Response Initiative in response to the findings of the RCFV. The model is currently being implemented at three Victorian health services - Melbourne Health, Monash Health, and Latrobe Community Health - with two more sites to be included soon. Each health service will receive workforce training to better identify and respond to suspected elder abuse, and the appointment of an elder abuse prevention and response liaison officer to each health service will have the overall aim of creating multiple entry points to access support services. An Elder Abuse Prevention Network will also be established at each trial site by SRV.

Gaps

The gaps identified in this study were the lack of family mediation services for people living in rural areas, and the lack of specific services for CALD groups. An older person/elder abuse specific model of family mediation has been or will be implemented by the organisations above, but a gap is informing service providers, older people, and their families about the services and what they can offer to assist them. There are also barriers in encouraging older people and their families to take up such services to prevent conflict, such as when discussing family agreements or future care planning options.

Actions

- Expand existing services, such as, those provided by Relationships Australia and FMC Counselling and Mediation to be more widely available for older people in rural and remote areas and CALD communities (this would require funding from government or alternative sources).
- Explore options for regional/remote coverage, e.g. video conferencing.
- Develop and pilot test culturally appropriate models of family mediation and conflict resolution.

Outcomes

- Better access for people from CALD and rural communities to family mediation as a potential preventive and intervention measure for elder abuse.
- Better understanding of optimal models of family inclusive practices for preventing and/or de-escalating elder abuse within families.

4.6 Ensure that all professionals in the health and aged care service sectors receive training on elder abuse

Issues

Of the 92 organisations who responded to our survey, 40 (43%) said they did not receive specific training on elder abuse. This is consistent with an earlier study conducted by NARI, which found that less than half of the health professionals surveyed had received training about elder abuse (19). Despite this, the literature indicates that health professionals are well positioned to identify and respond to elder abuse, particularly because of the association between older people and the utilisation of the hospital system (6, 16, 20).

Clearly there is a need for all health and aged care professionals who come into contact with older people to be provided with education and training about elder abuse. It is not sufficient for detection and response to be the responsibility of the social work team (in a hospital setting), which was reported to be the case in our consultations.

Current work

There are a range of education and training opportunities available to health and aged care professionals and non-professional workers in Victoria. This list does not include specific elder abuse education that occurs within undergraduate and post graduate courses for health professionals.

- DHHS online training – Elder Abuse Prevention - was initiated by the Victorian Government to assist in building the capacity of the Victorian workforce to identify and respond to elder abuse, and is based on the Victorian Government's practical guide *With Respect to Age - 2009*.
- *With Respect to Age - 2009* - this guide is principally for workers in health agencies and community services that support older people. Its preparation drew on advice from older people who live in Victoria, consultation with workers in the health and community sectors, and the views and experience of a range of stakeholders.

- The Strengthening Hospitals Response to Family Violence (SHRFV) model was developed as a framework to identify and respond to family violence across the lifespan. Hospitals provide family violence training for staff, of which information specific to elder abuse is included. St Vincent's Hospital Melbourne Social Work Department has established an agreement with the Royal Women's Hospital for the development of a specialist module to identify and respond to Elder Abuse as part of the current SHRFV service model. This module was launched in August 2017.
- In response to Recommendation 139 of the RCFV, the Victorian Government has funded Seniors Rights Victoria, In Touch Multicultural Centre Against Family Violence and Women with Disabilities Victoria to provide training and advice to specialist family violence services to provide appropriate services to older people and other diverse groups. As mentioned in priority 5, the health services involved in DHHS's integrated model of care trial will receive elder abuse specific training, which focuses on family inclusive principles. This training will be delivered in collaboration by The Bouverie Centre, SRV and St Vincent's Health Service.
- Victoria Police have established the Victoria Police Family Violence Centre of Learning in response to Recommendation 042 of the RCFV. Four education projects are in progress, including e-learning education packages for police staff. There is a strong emphasis on elder abuse in the education projects.

Gaps

There is a gap in the uptake of education and training programs. There is also a gap in knowledge about how to respond to each specific type of abuse, particularly education and service responses for neglect. Although current programs such as SHRFV do have an all of staff focus, there are still many health and aged care professionals that come in contact with older people at risk of abuse who lack education about how to recognise and respond.

Actions

- Explore barriers and enablers to the uptake of existing training programs, and identify the best approaches to education for people working with older people across a range of settings.
- Develop a strategy to encourage people to take up existing training programs, for example, building them into orientation programs, undergraduate courses, and professional guidelines.
- Ensure that there are effective training programs for different types of abuse, particularly neglect, and for aged and health care workers across a range of settings.

Outcomes

- Staff who work with older people have a better understanding of the risks, signs, and behaviours associated with elder abuse, and the options available to older people.
- Staff feel empowered to act in response to elder abuse in accordance with the older person's needs and wishes, and their organisational protocols.

4.7 Improve data and increase evaluation

Issues

There is little data on the prevalence of elder abuse in Victoria. Current estimates of elder abuse in Victoria are extrapolated from national and interstate studies or small data sets, such as data collected by SRV.

Evaluation of current interventions and referral pathways is needed in order to assess their effectiveness. There is also little information on how elder abuse is experienced by older people, including people from CALD backgrounds, older people who are Aboriginal or Torres Strait Islanders, and older LGBTI people.

Current work

There are some evaluations currently underway. NARI has conducted research in conjunction with SRV, including an analysis of their helpline data and a qualitative study with ex-clients of the service. The Commonwealth Government has recently commissioned a research project that will include elements of a national prevalence study and will produce a research agenda for elder abuse in Australia.

In 2016, State Trustees trialled the elder abuse prevention and response grants program. Relationships Australia Victoria, NARI, and SRV received funding through this program.

Gaps

The literature review and consultations conducted as part of this study identified the following research gaps:

- The need to better understand the prevalence and nature of abuse so priorities can be set and policies and programs targeted to the specific circumstances of people experiencing abuse.
- Further clarification of how elder abuse is conceptualised is needed. More research is required to increase the evidence base of drivers and contributing factors to intergenerational abuse, and to confirm the unique aspects of elder abuse which may require separate policy and service response.
- A need for further research into existing interventions, as well as interventions that have not yet been fully evaluated but have the potential to prevent or reduce intergenerational elder abuse, such as family mediation.

- Research that investigates the risk factors for abuse by perpetrators, including circumstances that can lead to dependence on the older person such as mental illness, substance abuse, and financial difficulties.
- Research into the risks and needs of older LGBTI people regarding elder abuse.
- Further research is needed to better understand how diverse cultural norms and expectations can affect help-seeking behaviours and the reporting of elder abuse.
- Research and evaluation to understand whether public education and awareness-raising aimed at older people is an effective intervention or prevention measure for elder abuse.

Actions

- Continue to advocate for a national prevalence study to include diverse groups.
- Establish processes to enable organisations to collect elder abuse specific data, including care pathways, and a pilot of a uniform data collection process.
- Conduct evaluations of existing promising interventions, such as family mediation, health/justice partnerships, and carer support, and ensure that the findings of these evaluations are publically available.
- Evaluate the effectiveness of prevention strategies, such as awareness raising.

Outcomes

- Improved understanding of the prevalence and characteristics of elder abuse in Victoria.
- Better knowledge of effective interventions.
- Ensuring future interventions are evidence based.

4.8 Clarify whether carer stress is a risk factor for elder abuse

Issues

Research with informal carers of people with dementia has shown that there is a high prevalence of elder abuse amongst this group, particularly emotional/psychological abuse and the use of restraints (21). There has been very little evaluation of the effectiveness of carer interventions in reducing the risk or prevalence of abuse. The rural focus group in this study identified carers as a high risk group, both as victims and perpetrators of abuse, the latter being due to stress and lack of available support services. Research is needed to establish whether caregiver stress is a risk factor for elder abuse.

We don't know the extent of elder abuse that occurs in formal care settings or in community aged care provision. One of the recommendations by the ALRC Inquiry was to provide a serious incident response scheme for aged care under aged care legislation. Under the scheme, approved providers would be required to notify an independent oversight body of serious incidents, and this would replace the current mandatory reporting provisions.

There is currently little data on the prevalence of abuse in either paid or family care relationships. The existing data on abuse within families does not differentiate between elder abuse arising in the context of family relationships and abuse where a person has care needs related to ageing. There may be abuse of people being cared for, however it is not clear if this is directly related to carer stress or burden. Other factors may be contributing, such as carers blaming abuse on their level of stress, or carers making opportunistic use of the person's need for care.

Current work

Carers Victoria have online resources identifying stress in a carer environment, but do not have information specifically on elder abuse. They do have a list of aged care services and supports available to provide support in an environment of carer stress.

Dementia Australia has a 'support for carers' document that discusses the role of caring for an older person with dementia and available support services. However, this is no specific mention of carer stress in terms of elder abuse.

The Melbourne Ageing Research Collaboration (MARC), led by NARI, is currently conducting a study that replicates the UK Strategies for Relatives (START) study which found that an eight-week face-to-face education and counselling

program was effective in reducing carer anxiety and depression (22). However, no reduction in carer abusive behaviour was observed, which may indicate that there is no direct link between carer stress and abuse. The current study is using video-conferencing to test the feasibility of providing the program remotely in an Australian context.

Carers Victoria has received funding from the Victorian Government to develop and implement elder abuse prevention materials and strategies that are aimed at primary and secondary carers, with a focus of de-escalating and preventing elder abuse. The project will also increase awareness of carers as victims and perpetrators of elder abuse. This project will involve consultation and advice from the Elder Abuse Prevention Advisory Group.

The objectives of the project are:

- To raise awareness of carers as both victims and perpetrators of abuse within complex family dynamics.
- To consult with older carers and carers of older people about abuse within care relationships.
- To determine the appropriate type of information and education resources to address abuse within care relationships involving older people.
- To develop practical resources and strategies for elder abuse prevention in care relationships.
- To ensure resources are user-friendly and can contribute to the further development of learning resources.
- To minimise the risk of harm and distress to people in care relationships.

Between March and May 2017, the Victorian Government's Family Violence Workforce Census collected responses from staff who work in preventing and responding to family violence. The outcomes of the census will inform the Government's Industry Plan for the workforce response to family violence.

Gaps

It is unclear whether carer stress objectively contributes to elder abuse. However, it is possible that the Carers Victoria project described above will address this gap in knowledge. There is also a gap in knowledge about how much abuse is committed in residential aged care by both staff and residents, or in community care and what factors contribute to this.

Actions

- Conduct studies with carers and people with dementia to explore what they see as contributing to potential or actual elder abuse within care relationships and what would help to prevent it from occurring.
- Conduct a study of factors contributing to elder abuse in residential and community aged care in Australia, and whether the current system of audit reviews is adequate to monitor elder abuse risk.

Outcomes

- A greater understanding of factors within care relationships that contribute to elder abuse.
- An understanding of whether current care systems within Australia have systems in place that adequately detect and monitor the risk of elder abuse.

4.9 Improve understanding and response to elder abuse in CALD and Aboriginal and Torres Strait Islander communities

Issues

CALD communities:

There is evidence that older people from CALD backgrounds are at increased risk of elder abuse (23). Culturally diverse populations have unique barriers and issues regarding elder abuse, including: poor English skills, social isolation, dependency on family members, stigma and shame, and cross-generational factors of care and support (23). There is a need to provide culturally appropriate elder abuse response services for CALD communities, to increase awareness and resources for CALD communities, and to train health and aged care workers to enable them to work alongside CALD communities.

Aboriginal and Torres Strait Islander communities:

There is a need to reconsider the use of the term 'elder abuse' in Indigenous and Torres Strait Islander communities, as the term 'elder' has significant meaning in Indigenous and Torres Strait Islander cultures and the current definitions of elder abuse may not apply (24). To our knowledge there are no appropriate services or referral pathways for Aboriginal and Torres Strait Islander communities. There is also a lack of awareness of elder abuse or advocacy for older people's rights in Aboriginal and Torres Strait Islander communities (24).

Current work

SRV in conjunction with the ECCV have developed several CALD specific elder abuse resource tool kits to increase awareness of elder abuse.

Pronia deliver community education and training activities in the Greek and broader community. Elder abuse specific training covers identifying signs of abuse and accessing support services.

In conjunction with a number of stakeholders, The Eastern Community Legal Centre developed a workshop titled Matters of Trust. Presented to CALD communities, including Greek, Chinese, and Indian communities. These workshops use a story building technique to present a fictitious family situation depicting elder abuse and capturing specific cultural nuances, after which a panel discussion takes place to discuss the consequences of elder abuse and various avenues that can be taken to address elder abuse.

ECCV is currently undertaking a state-wide project, Educating Ethnic Communities on Elder Abuse and its Prevention, to deliver a community education campaign that will raise awareness of elder abuse, its prevention, and relevant supports amongst CALD seniors in Victoria. This is being delivered to CALD communities in two stages, with the second stage currently ongoing. The first stage has been delivered to the Chinese, Greek, Filipino, Macedonian, Turkish, and Serbian communities, while the second stage is being delivered to the Croatian, Polish, Vietnamese, Indian, and Jewish communities. Italian and Arabic communities will be approached in the final years of the project.

ECCV has worked with CALD communities to raise awareness of elder abuse and advocate for older people's rights in different cultural and linguistic communities. The Within My Walls series of case scenarios have been overdubbed in Cantonese, Greek, Macedonian, Mandarin, Serbian, Tagalog, and Turkish.

The Bendigo District Aboriginal Community (BDAC) has released a series of short films depicting situations of elder abuse.

SRV has also worked with Aboriginal communities in Victoria to:

- Develop and deliver professional education for Gunditjmara Co-Op Yoowinna Wurnalung staff.
- Develop and deliver community education sessions for Gunditjmara community members.
- Develop a Yoowinna Wurnalung community education session.
- Host an information booth at the Aboriginal Family Violence Prevention and Legal Service Sisters Day Out.

Gaps

There is little research or knowledge about elder abuse in Aboriginal and Torres Strait Islander communities in Victoria. The first step in understanding elder abuse within these communities would be to explore how elder abuse is conceived and described within these communities and determine culturally appropriate language to use. Many culturally appropriate resources are being developed for CALD communities, and evaluation of these initiatives should vastly improve knowledge of how elder abuse is experienced and best responded to within these communities.

Actions

- Work with Aboriginal and Torres Strait Islander organisations and older people to explore how elder abuse is conceived and described within these communities and determine culturally appropriate language to use.
- Work with Aboriginal organisations, such as the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), to co-design and collaborate on the development of culturally appropriate responses to elder abuse, including awareness-raising and training.
- Continue to advocate for national prevalence studies to include people from Aboriginal and Torres Strait Islander communities, people from CALD backgrounds, and other hard to reach groups.
- Develop a knowledge hub to ensure that current resources for people from CALD backgrounds, as well as outcomes of any evaluations are widely accessible.

Outcomes

- The development of culturally appropriate resources to raise awareness in Aboriginal and Torres Strait Islander communities would help to facilitate the discussion of elder abuse in these populations and ultimately lead to appropriate identification and responses.
- Increased awareness and understanding of elder abuse in CALD communities, and avenues to provide support to elder abuse victims in CALD communities.

4.10 Improve housing options for victims of elder abuse and alternative housing for perpetrators

Issues

Housing is a key issue in elder abuse, as both a risk factor for abuse (co-habitation with the perpetrator increases risk of abuse in most cases) and a barrier to the resolution of abuse. One of the outcomes frequently associated with elder abuse is the need for relocation of either the older person or the perpetrator to stop the abuse occurring. As outlined in the submission by SRV to the RCFV, housing is often an unmet need for both victims and perpetrators of elder abuse (25). SRV noted that when an older person needs to leave a situation of abuse, they may face barriers to accessing emergency or long term accommodation, such as not being classified as “at risk”, or perceiving that the accommodation options are there for younger women and their children and not for them. They may also not be aware of the housing options available. The SRV response also identified the challenge of finding alternative housing options for perpetrators of elder abuse, especially those who are middle-aged single men with substance abuse or mental health issues.

Current work

We are not aware of any specific housing programs for victims or perpetrators of elder abuse, however there are relevant programs, such as:

- The provision of emergency accommodation, which will be a key service provided by the support and safety hubs detailed in priority 1.
- The Housing for the Aged Action Group’s (HAAG) Home at Last program offers free advice and support to older people who are homeless or at risk of homelessness. The program is available to older Victorians with low income and assets. HAAG also actively work to raise awareness on issues related to housing for older people, and work to improve access and services.
- The Australian Government’s Assistance with Care and Housing for the Aged (ACHA) provides support, advocacy, assessment and referrals to accommodation services for older Australians who are homeless or at risk of homelessness.

Gaps

There is a need for crisis and long-term housing for victims of elder abuse, in particular a need to establish and promote safe accommodation for older people who are victims of elder abuse. While services exist for crisis accommodation, they are mostly aimed at women. Therefore, there is a need to clarify and promote that services are also available to men who are victims of elder abuse.

Actions

Conduct a consultation with older people, state and commonwealth government personnel involved in housing and income security portfolios, housing advocates, and elder abuse experts to consider a coordinated strategy for addressing housing issues.

Some issues that could be considered are:

- Increasing investment in public and social housing overall, as this would improve availability of public housing for people experiencing abuse and/or potential or actual perpetrators.
- More specifically, older people experiencing elder abuse could be prioritised on the housing register (there is already a 55+ prioritisation for people on the housing waitlist, but within this list there could be further prioritisation for people experiencing elder abuse).
- Introducing a waiver or increase to asset limits for eligibility to public/social housing for people experiencing elder abuse.
- Age-appropriate emergency housing options for all older people, including older men. Currently emergency accommodation is available for all genders but is generally more appropriate for women, and much of the homelessness sector only provides short-term emergency housing as a pathway.
- Improving the process for revocation of “contributory parent visa assurance of support” within Centrelink, as this currently relies on adult children agreeing that they no longer support their parents.

Outcomes

- Safe and appropriate accommodation for older people who are victims of elder abuse.
- Clarification that crisis accommodation services are also for men who are victims of elder abuse.
- Reduction of pressure on older parents to provide accommodation for potential perpetrators of abuse.

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