

Answers to audience questions during Seniors Rights Victoria's online webinar on 26 August 2020 discussing the new report Seven Years of Elder Abuse Data in Victoria.

How many of those that you support have sought or want police assistance?

I don't know if I could give you a percentage. A fair few people with "typical" FV issues have had police come around to the house in response to calls they make or neighbours or others make. Police also often take out Intervention Orders.

On top of that, we encourage people to contact police in some circumstances or we contact police for them (with their consent). We have a good relationship with police that is only improving with time.

Do you know of similar services in other states? Likewise, stats from other states?

Yes, there are services in all states in Australia but they are set up in a variety of ways. Not all are the fully integrated service like SRV but some are (e.g. In Brisbane through Caxton)

If you call the national elder abuse helpline number you will be put through to the service in your state **1800 ELDERHelp (1800 353 374)**.

In terms of statistics, each state collects information differently depending on whether they provide a helpline or case work service.

Queensland's Elder Abuse Prevention Unit publishes a Year in Review document that collates data from calls to their helpline, which offers support, referrals and information but not case work.

Often elder abuse is a form of family violence. But it isn't always. What does the 7 years of data tell us about the proportion of elder abuse that is also a form of family violence?

We use a wide definition of 'family' or 'family-like relationships' that includes partners, ex-partners, siblings, extended and blended families and carers who are like family members. For 91% of SRV clients, abuse was perpetrated by a family member and in other circumstances it was by neighbours, lodgers and others.

We also receive calls and assist people with things that are about preventing elder abuse, including future planning, preventative work and powers of attorney.

Elder abuse can also include abuse in aged care facilities or other institutions, and can include professional misconduct. In these situations, elder abuse would not be family violence. Seniors Rights Victoria does not work in this context.

Is there a tendency for men not to report?

The SRV statistics show that there are a smaller number of men than women who ring our service who are experiencing elder abuse. However, the statistics do not show whether this is because men are less likely to experience elder abuse or less likely to report (or both).

Until a prevalence study is conducted in Australia we can't be sure if the numbers of men accessing support for elder abuse is reflective of the occurrence within the community.

We have good reason to believe men may not seek help as often as women. Research about rigid gender stereotypes and roles within families would suggest that expectations of male strength and stoicism may affect whether men inform others of what is happening. There is strong evidence to show men access health services less readily than women and it may be the same regarding elder abuse.

However, it is thought that overall women experience higher rates of elder abuse than men as these same rigid gender stereotypes and the resulting power imbalances can also play out across generations within families.

I note the recommendation 5.1 indicates that the findings are suggestive of a potential issue and not conclusive. Will there be a recommendation for ongoing Federal/State funding and for conclusive data/findings to be standardised across all the states?

We plan to use this report to support funding further research about elder abuse. There are currently no plans to standardise data across states and territories as each service operates independently.

[Elder Abuse Action Australia](#) brings together representatives from many of these organisations to be a national voice advocating for action.

I was wondering if there was a specific focus on abusers where the victim belongs to CALD communities. Any specific trends or issues or challenges in gathering data regarding this specific cohorts of the population? I look forward to reading the publication.

There is always more research to be done in this area. The data indicated that 48% of clients were born overseas, compared to 41% of the Victorian population aged over 60 years. This does not indicate an over-representation of abuse in overseas-born people as it does not indicate prevalence, just help-seeking.

'Overseas-born' is a very broad category, and even when considering the data by country of birth it does not indicate how long someone has lived in Australia, their various language abilities or community connections. The overall number of clients from each country are too small to draw any robust conclusions if considered against abuse type or other variables so this level of analysis was not undertaken. For example, the third most common country of birth was Greece, but with only 124 clients in this category we would not wish to draw any overriding conclusions about the Greek community from the experiences of these clients.

Interpreters are provided whenever they are needed (approximately 14% of clients) but we assume there are still barriers to non-English speaking older people accessing the service and would like to work further on addressing this.

Not a question but more a comment around impact of Covid, many older people have cancelled their regular in home services due to fear of contracting the virus, which leaves some of them more vulnerable with no external people keeping an eye on situations where elder abuse maybe occurring.

This is definitely an issue we are watching. More people may be reliant on family members for assistance in this time, and have fewer independent people to seek support from or who might notice changes or signs of abuse.

Is there any understanding about the correlation that may occur for daughters who perpetrate abuse towards the older person, who may be experiencing or have experienced Intimate partner violence themselves?

We have not collected data on this specific issue, and in general there is not enough research or evidence about the circumstance of those who perpetrate elder abuse to draw meaningful conclusions. Our data all comes from the person experiencing the abuse and we often don't have any interaction with the perpetrator.

Our data noted when the perpetrator had a history of family violence (as reported by the older person) as victim or perpetrator, but it did not specify the type of violence or the role of the perpetrator.

Trauma or history of abuse for the older person is a recognised risk factor of elder abuse (see the excellent overview provided in the [Child Family Community Australia](#) research paper). Evidence suggests experience of family violence can affect a person's mental health, level of stress, ability to meet the needs of others, and dependence on others, which are all risk factors for elder abuse so there may be some correlation there but it would need to be further investigated before drawing any conclusions.

Do you have any insights from the data that points to more clarity about the primary prevention of elder abuse and what we should look to address?

The data indicates that in the majority of situations the abuse is perpetrated by an adult child of the older person. This means the majority of the abuse is intergenerational, which would indicate that ageism plays a significant role.

Ageism does not just relate to the age of the victim but to how society perceives and values older people, as a cohort and also within the family. Older people are granted less power and social status, resulting in them receiving lower levels of care than they are entitled to.

Elder abuse is driven by ageism – perpetrators often abuse as they perceive the older person to have less power and agency than themselves, and their own needs as a higher priority. Primary prevention of elder abuse should therefore seek to address ageism across the community.

In addition, our data shows that many perpetrators had issues concerning substance abuse, mental health and gambling. Increased efforts to address these challenges across the community would also help prevent elder abuse from occurring.

I am a financial counsellor working with survivors of childhood sexual abuse in institutions who are applying for redress payments. We are seeing huge amounts of elder abuse in our client base as family members target their lump sum payments. I am interested in investigating options for clients to protect these payments (up to \$150K). Does the panel have any thoughts on this?

This comes down to a person's decision-making capacity however – if the person receiving the payment has capacity, they are entitled to make their own decisions, even if these decisions are 'bad' ones. The key is to provide the person with a lot of financial and potentially legal support around decisions they might want to make after receiving the payout. For example, advice that if they are loaning someone money to buy a car they should be clear on the loan terms and get the loan agreement written up properly (not let it be an informal family arrangement). Financial advice about what someone might need into the future to live the life they want would be a good idea too, as well as advice around supportive attorneys. Really interesting question!

Are intervention orders applied for by VicPol as effective in removing adult children from homes as intervention orders taken out by older people?

Yes, as long as they seek the exclusion order, which they often do. It's about the requirements of the order itself not who applies for it.

In reading the report, it seemed like the data about women being victims was received from calls in to SRV, but the data around who the perpetrators was more definitive or concrete, I wondered why this was? The data around perpetrators seemed stronger than around victims. Also the use of the term perpetrator without using the term victim for people experiencing the abuse?

All data in this report is taken from the same source, which was older people who received advice calls from SRV. We would consider the data around the older person, or victims, to be the strongest element of the report as it was reported directly. The information about perpetrators is supplied by the older person in this contact. SRV as a service does not have direct involvement with perpetrators of elder abuse. Sometimes (in ongoing cases) the information about perpetrators would be independently verified by the lawyers and advocates over the course of their work.

The term perpetrator has been used throughout the report as the older person has informed SRV of their experience of abuse and the person responsible for perpetrating it. We choose not to often use the term 'victim' as some people feel is negative and defeatist. Family violence practitioners increasingly use the term 'victim-survivor' to indicate the agency of the person who has experienced the violence but as this term is not as familiar in the field of elder abuse we find the terms 'older person' or 'client' more suitable for this data.

Are there any statistics available to local areas?

There is some data relating to residential postcodes of clients, however, we have not analysed this in detail as the numbers in specific areas can be low enough to make people potentially identifiable. The numbers from each area may reflect the proportion of older people in the area, where we have done community education, and what other services are available.

In future, we would like to further consider this area to assist us with targeting our community education and promote our service.

Are the difficulties/special consideration of identifying abuse & providing services to older persons in rural areas included in the report?

These issues are not discussed in the report as the focus is on data collected by the service but they are considered by SRV and how we deliver our services.

ABS data suggests people over 50 comprise 40% of the regional or rural population in Victoria, but only 21.8% of SRV advice clients were from outside the metropolitan area. As this indicates unmet need we are continually trying to balance our limited resources while also extending our reach and service into regional and rural areas.

How can we get the community to recognise elder abuse behaviours in a similar vein as FV and to call it out?

We have come a long way with community recognition of elder abuse but still have further to go. People will feel more confident to seek help for elder abuse if they feel they will be listened to and their decisions respected. Encouraging open discussions and furthering our understanding of the systemic issues that lead to elder abuse, including ageism, will go some way to showing it is not an individual issue or something to be ashamed of.

World Elder Abuse Awareness Day is an opportunity to encourage community recognition of elder abuse and the need to address it. Respect Victoria's Respect Older People: Call It Out campaign is also a major step to bring elder abuse to the attention of the public.

What does the panel think older people think about the link we now recognise between family violence and elder abuse?

Elder abuse is a form of family violence, and there are many benefits to applying learnings from the more developed family violence field to that of elder abuse.

In Victoria, in particular, there is an increased focus (and funding) on preventing and responding to family violence and this has resulted in more opportunities to address elder abuse.

However, elder abuse is a unique form of family violence and has many characteristics of its own. There is a risk that these nuances can be subsumed by the wider discussion of family violence with its (rightful) focus on violence against women and children. Elder abuse practitioners have no desire to dilute the messaging around the role of gender in family violence, particularly intimate partner violence, but we also need to ensure that the significant number of male victims of elder abuse, and the circumstance of female perpetrators, are attended to.

In addition, not all elder abuse is family violence. Sometimes the perpetrator is not a family member but is someone who has "befriended" the older person. Also, some elder abuse, mistreatment and neglect occurs in aged care and other institutions, or at the hands of professionals, and this should not be discounted.

Is there a study being done on the pressure/expectation from society being placed on older people to support their children and or grandchildren, whether financially, returning home or child minding, and the abuse that this may lead to? E.g. Working all their lives and then being expected to leave their savings to their children and not being able to enjoy their retirement money.

Not that we know of but we would love to see one! Inheritance impatience and intergenerational conflict are very important aspects of a lot of elder abuse and family conflict. This is exacerbated by the rise in value of Australia's property and the increased difficulty of younger generations to break into the housing market.

Particularly in light of the COVID-19 pandemic and the related rise in unemployment, which has resulted in more people moving back into their parents' homes, this is likely to be an increasingly important issue.

In terms of perpetrator participation, what do the barriers and goals around having them involved look like? What is the objectively perfect scenario?

Perpetrators need insight into their behaviour and be able to take some responsibility for it before they can make meaningful changes so they don't return to abusive behaviours. In situations where there are additional challenges, such as substance misuse or unmet mental health needs, ideally these challenges could be remedied so a perpetrator was in a place where they could focus on their behaviour.

In addition, appropriate housing for the perpetrator, separate to the older person, would help in many situations where the older person puts up with a lot of conflict and stress because the perpetrator has nowhere else to live.

Absolutely agree that multidisciplinary approach is vital. Health sector see different cases from legal services, and different again in aged care, mental health etc. How to move in this direction when funding is siloed?

A multidisciplinary approach is very useful regardless of the context where the abuse is being addressed but it is likely that different sectors will always see different iterations of abuse and need different responses. As there is no one-size-fits-all approach to addressing elder abuse it is appropriate that different sectors respond differently, however, the ideal is to allow a holistic intervention that considers all of a person's needs and does not prioritise one - a multidisciplinary approach is good for this.

I wonder if anyone knows if there is a connection between women as perpetrators and their status as an older person's official status as a carer?

More research needs to be done in this area. SRV does not see a high occurrence of abuse by a perpetrator who is considered by the older person to be a carer (less than 5% of clients reported being either financially, psychologically or physically dependent on the abuser). However, higher levels of abuse may occur for people who have higher care needs than this cohort, including those with dementia or lower cognitive ability that may prevent them from having the capacity to participate in an SRV advice call.

This report did show that daughters who lived with the older person reportedly committed less abuse than daughters who did not live with the older person, but the living arrangement was not linked to the caring role. Carer stress, related to the perpetrator, was reported by an average of 3% of clients over the seven-year period though interestingly this had increased to 7% in recent years, and this will be further explored.

As a Mental Health Clinician working with older people in a community MH service, what key indicators should I be alert to in the various areas of elder abuse.

Our resource [Concerned About an Older Person?](#) has some great tips of what key indicators might indicate elder abuse.

The low statistics around the Indigenous status of victims and perpetrators is interesting. What do you think is behind that? What culturally safe procedures and practices are in place at SRV?

To do this work well requires extensive work with Indigenous-led organisations and good resourcing to support a culturally appropriate approach. We would like to do more work in this area.

There was a low number of clients who identified as being of Aboriginal or Torres Strait Islander heritage (approximately 1%). While this is slightly higher than the Victorian population (0.8%) who identify as Aboriginal or Torres Strait Islander (not adjusted for age) we are continually trying to do more to engage with this cohort. In addition, we seek the views of and work with Indigenous community and legal services as appropriate for our clients.

Is there any indication of perpetrators' willingness and insights into their behaviours and willingness to change their behaviours and/or participate in programs?

Unfortunately, this data does not reflect any direct engagement with the perpetrators themselves so we are unable to assess how willing they might be to participate in a program. This is an area we are seeking to do further work in.

Hospital frontline staff express their hesitation with sensitive enquiry of an older inpatient they see signs or risks of elder abuse in conjunction with cognitive impairment. How to respond and refer keeping the older person's safety in mind, maybe not knowing who the perpetrator is?

Our resource [Concerned About an Older Person?](#) has some information about risk assessment and safety planning. SRV work on an empowerment approach that assumes a person has capacity to make decisions, so we would encourage discussions with the older person concerned.

If it is thought there is a need for further investigation or concern about an older person's wellbeing, we would suggest calling Seniors Rights Victoria or the Office of the Public Advocate to discuss further assistance.