



# **Advocare's Speak Out Survey**

**“S.O.S.”**

**on Elder Abuse**

**Abuse Prevention Program  
Advocare Inc.**

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## **ACKNOWLEDGMENTS**

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Our appreciation also extends to those who provided information and comments for this report including representatives from the Office of the Public Advocate, the Major Fraud Investigation Squad (Western Australian Police Service), and Community Policing.

Furthermore, Advocare would like to thank other organisations, services, professionals and members of the community who have shown their support and enthusiasm for this research.

## **DISCLAIMER**

Advocare Inc. makes the following disclaimers:

- With regard to the qualitative component of this report it is important to note that although the data provided by participants in this study represent anecdotal evidence about elder abuse in Western Australian participants comments do not necessarily represent the views of Advocare Inc.
- The contents of this report represent anecdotal evidence about elder abuse in Western Australia as there was no further evidence gathered to confirm the allegations of abuse reported by research participants. Subsequently, the terms “victims” or “perpetrators” of abuse mean “alleged victim” and “alleged perpetrator.”

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## EXECUTIVE SUMMARY

In September 2002 Advocare's Abuse Prevention Program (APP) conducted a week long, state wide Elder Abuse Telephone Survey. Older adults who had experienced abuse by family or friends, or those who had witnessed or suspected such abuse, were invited to participate and were assured of their anonymity. The research project was entitled "Advocare's Speak Out Survey (S.O.S.) on Elder Abuse." This report includes the survey findings and relevant discussion about elder abuse in Western Australia (WA).

Analysis of data from the quantitative component of the S.O.S. study (Part A of this report) revealed that ninety-nine cases of elder abuse were reported during the survey and 87 of these clearly related to the social problem of elder abuse, that is, abuse by family and friends. Another 12 cases were out of scope. In two cases the victims were from a culturally and linguistically diverse background. Seventy-six responses to the survey were from the metropolitan area of Perth and 11 from rural and remote areas of WA. Cases of abuse were reported from a wide ranging representation of suburbs within the metropolitan area of Perth.

Around two thirds of the cases of elder abuse identified through the survey related to ongoing abuse. The remaining cases were explained by victims and witnesses as having occurred between 1983 and 2002. The most common year that past abuse was reported to have occurred was 2000. Four of the 87 cases of abuse involved two victims, for example, both parents of the alleged perpetrator of abuse. Therefore, in total the survey identified 91 victims of elder abuse.

Around two thirds of the victims were women. Most of the older adults who reported abuse were aged 70 years of age or over. Analysis of survey data has revealed that the most common relationship between the victims and associated perpetrators of abuse was that of parent and adult son or daughter. Although both the average and median ages of perpetrators were 49 years, the most common age was 60 years.

Around two thirds of the cases identified through this research related to financial abuse and the majority of those cases also included psychological abuse. Around 20% of the cases of abuse included some kind of physical abuse and approximately 20% involved social abuse. It is important to note that, as with cases of financial abuse, it is common for victims of abuse to experience more than one type of abuse from the perpetrator.

In almost half of the cases of abuse identified from this survey family conflict was reported to have been a contributing factor. Other significant risk factors on the part of the victim included financial stress and physical dependence on the perpetrator of abuse. As with risk factors associated with the victims of abuse, family conflict was a significant contributing factor. Financial stress was also a contributor in respect to the perpetrators as was substance, including alcohol, abuse.

The qualitative component of the S.O.S. research report (Part B) provides a rich description of the experience of both victims and witnesses/confidants of elder abuse in WA. Each category of abuse is represented with a description of the many ways in which the types of abuse were perpetrated. The impact on victims, including financial hardship and psychological harm, are discussed in light of relevant theories. Particular risk factors of elder abuse including family conflict, drug/alcohol abuse, gambling and other criminal behaviour on the part of the perpetrator provide insight into causes of this social problem in WA.

Research participants' experiences and views with regard to advocacy and support, and non-support, are also reported and discussed, as is the impact of ageist attitudes held by victims, service providers, and the general community. Finally, the phenomenon of secrecy about elder abuse is also revealed and discussed in terms of its impact and consequences.

This much needed empirical evidence about elder abuse clearly indicates the existence and nature of this social problem in WA. Hence, although the prevalence of this important social problem may be impossible to know, this new empirical evidence validates pre-existing anecdotal evidence of the existence of elder abuse in Western Australia.

## RECOMMENDATIONS

**RECOMMENDATION 1:** Legislative changes be made requiring the legal witnessing of powers of attorney and enduring powers of attorney.

**RECOMMENDATION 2:** The development of financially accessible legal advice service for older adults at risk of elder abuse.

**RECOMMENDATION 3:** Counselling services for the victims of elder abuse including foci on family counselling, conflict resolution, assertiveness coaching, grief and loss, and depression and suicidal thinking.

**RECOMMENDATION 4:** Develop a culturally appropriate advocacy service for older adults from a CALD background who are at risk of abuse.

**RECOMMENDATION 5:** Develop a culturally appropriate advocacy service for indigenous Australian older adults who are at risk of abuse.

**RECOMMENDATION 6:** Promotion within the general community of services that support the needs of older adults at risk of elder abuse.

**RECOMMENDATION 7:** Appropriate elder abuse prevention training be sought by organisations and other services for employees who may be placed in positions where they will act as formal advocates.

**RECOMMENDATION 8:** Appropriate support be provided by organisations and other services for employees who may be placed in positions where they will act as formal advocates.

**RECOMMENDATION 9:** Development and availability of suitable refuges for older women and men who are at risk of abuse.

**RECOMMENDATION 10:** A media campaign be carried out that is aimed at raising community awareness about the rights of older adults and the criminal nature of elder abuse.

**RECOMMENDATION 11:** Further elder abuse research be carried out that is particularly aimed at identifying issues for indigenous Australians, people from a CALD background, and older adults living in rural and remote Western Australia.

## ABBREVIATIONS

APP.....	Abuse Prevention Program
ATM .....	Automatic Teller Machine
CALD .....	Culturally & Linguistically Diverse Background
DOLA .....	Department of Land Administration
EPOA.....	Enduring Power of Attorney
HACC .....	Home & Community Care
OSI.....	Office for Seniors Interests and Volunteering
POA .....	Power of Attorney
SARC.....	Sexual Assault Resource Centre
SOS.....	Speak Out Survey
UNE&SC .....	United Nations Economic & Social Council
VRO.....	Violence Restraining Order
WA .....	Western Australia
WANPEA.....	Western Australian Network for the Prevention of Elder Abuse

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## **INTRODUCTION**

During September 2002 the Abuse Prevention Program (APP), run by Advocare Inc., implemented the “Speak Out” Survey (S.O.S.) on Elder Abuse in the state of Western Australia (WA). In November 2002 the APP released a preliminary report that was solely based on the quantitative component of this study. The purpose of the preliminary report was the expedient provision of new knowledge about elder abuse in WA to relevant bodies, including the Office for Seniors Interests and Volunteering, and the Active Ageing Taskforce.

This final report includes the quantitative information previously provided in the preliminary report along with findings and discussion pertinent to the qualitative component of the study. In total this report on the S.O.S research. on Elder Abuse provides significant new knowledge about elder abuse in WA from the perspectives of victims and other older adults at risk of abuse, as well as family, friends and other representatives who had encountered cases of elder abuse. This “grass-roots” perspective has been discussed in light of current pertinent research and other literature to present the reader with a comprehensive and broad view of elder abuse with particular regard to the nature of this social problem and how it effects the lives of people in WA.

## **BACKGROUND TO THE STUDY**

It is commonly asserted that there is a dearth of empirical evidence about the prevalence of the world-wide social problem of elder abuse. Consequently, as the United Nations Economic and Social Council (UNE&SC) (2002) reported “the extent of abuse of older persons is poorly known” (p. 6). The UNE&SC explain this to be a consequence of a number of factors including, the probability that only severe cases of abuse are usually reported or identified, particularly if the abused older adult is not in touch with public health care or social services providers (p. 6). Nevertheless, estimates of elder abuse have been made, for example Westhorp, Cape, Sebastian and Belford state that “it has been estimated both overseas and in Australia that between 2% and 5% of the population (65 years and older) are at risk of, or have experienced some form of abuse” (1997, p. 82).

A recent study involving community care service providers in WA, by the Centre for Research into Aged Care Services, has reported a “wide range of views of respondents, and hence overall uncertainty, of the actual prevalence of elder abuse.” (2002, p. 17) Bearing this in mind this study has provided an estimate of elder abuse in WA to be less than 1% (p.24).

With regard to the financial cost of efforts to address this social problem the Prevention of Elder Abuse Task Force (PEAT Force, 2001) reported that the most comprehensive Australian study on elder abuse revealed that in New South Wales alone “elder abuse increased costs of services provided to people affected by elder abuse by \$311 per person per week.” The PEAT taskforce further asserted that” this adds around \$300 million per year to service costs in that state.” (p. 9)

Definitions as to what actually constitutes elder abuse vary. One definition that the UN has asserted to be particularly appropriate because it takes variations into account is as follows; 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. (UNE&SC, 2002, p. 4)*

As with the above definition, reference to a “relationship of trust” is common when defining elder abuse and is generally viewed as referring to the older adult’s family and friends.

From the cases that have been identified, either through research or work in relevant fields, empirical evidence has been attained with regard to common characteristics of elder abuse. Consequently, much of the literature about elder abuse discusses identified categories of abuse and other related phenomena include the social relationship between the victim and perpetrator of abuse, and risk factors (Aged Rights Advocacy Service, 2000). The above mentioned categories of abuse include:

- **Financial or Material:** For example the use of an older adults property or money without permission, pressure and intimidation to hand over or loan money
- **Psychological/Emotional:** For example verbal threats of punishment or abandonment, bullying and ridiculing
- **Physical:** For example, hitting, pushing, slapping, burning or restraining (physically or chemically)
- **Sexual:** For example, sex without consent, interference and harassment
- **Social:** For example, restricting social freedom and social isolation from family and friends
- **Neglect:** Failure to provide essentials such as adequate food, shelter, care and emotional support.

Over the past two decades world-wide awareness about elder abuse has evolved and continues to gain momentum. In Western Australia the presence of this phenomenon has also been identified. The primary source of our local knowledge has been anecdotal evidence from people working in professions where they are likely to witness, suspect or have experiences of elder abuse confided to them, for example, community aged care services.

In response to the increasing awareness of elder abuse in WA, in September, 2001, Advocare Inc. implemented its “Abuse Prevention Program (APP).” To date, Advocare’s APP is the only program in WA with the sole purpose of addressing the social problem of elder abuse.

Advocare’s APP maintains a comprehensive statistical record of its clients experiences of elder abuse and that data represents valuable empirical evidence about this social problem in this state. However, it is important to note that knowledge gained by the APP is limited in that it only provides a “picture” of the experience of those older adults who have come into contact with this program.

In light of this knowledge it was proposed that, in order to gain a broader picture of the phenomenon of elder abuse in WA, Advocare's APP conduct a state-wide elder abuse telephone survey. Principally, this research was designed to identify a broad range of cases of elder abuse including those that would not otherwise come to the attention of Advocare's APP or other bodies, such as community aged care and health services, and the police.

Advocare was successful in attaining funding for this research project via the Home and Community Care (HACC) program that is funded by the Commonwealth Department of Health and Aged Care and the Health Department of WA.

## **PURPOSE OF THE STUDY**

The aim of this research project was to explore the phenomenon of elder abuse in WA. The primary objective being to gain empirical evidence about elder abuse in this state.

An additional anticipated benefit from this research project was seen to be the research associated wider promotion of Advocare's APP to older adults, community aged care service providers, general practitioners, and other relevant professional workers across WA. Furthermore, it was anticipated that in instances where a research participant was describing a current situation of abuse the researcher would inquire as to whether the research participant would like to be provided with advocacy support. Therefore, it was also intended that as a consequence of promotion of this survey advocacy support would be provided to older adults who were the victims, or at risk, of elder abuse, and who wanted support.

## **RESEARCH METHOD**

The principal researcher for this project was Bethany Faye, PhD who, at the time of writing this report, was also the Project Officer for Advocare's Abuse Prevention Program. Development of the research method included consultation with the Public Advocate whose office provides advocacy for people who have a decision making disability. Furthermore, this research project also included consultation with a reference group that included representatives from the Office of the Public Advocate and the Office for Seniors Interests and Volunteering.

Prior to implementation of the survey it was promoted by many relevant organisations, agencies and government departments. Furthermore, during the week this survey was being conducted it was promoted by an advertisement in The West Australian, 15 newspaper articles (including The West Australian) and three radio talk back programs across WA.

The telephone survey was implemented from the 14<sup>th</sup> to the 20<sup>th</sup> of September, 2002. The recording of survey response data was carried out by the principal researcher and three research assistants who were also experienced advocates in this field.

### **Research Participants and Data Collection**

Promotion of the elder abuse telephone survey was focused on inviting research participation by older adults who had been the victims, or at risk of elder abuse, and other members of the community who had witnessed, suspected, or had confided to them cases of abuse. Participants were invited to call the telephone number provided between 9am and 5pm over the week that the survey was being conducted (including the weekend). Research participants were invited by the researcher to anonymously provide details of their personal knowledge about cases of elder abuse in WA. Telephone calls for the survey were, on average, around 20 minutes in duration.

### **Survey Instrument and Data Analysis: Part A**

The survey instrument comprised two parts. Part A was similar in design to the APP computer statistical records system (Refer Appendix I). The categories of data recorded for this system had been based on up to date world (in particular Australian) knowledge about elder abuse including identified categories of abuse, relationships between the victim and perpetrator of abuse, and common risk factors. For the purpose of completing Part A of the survey instrument each research participant was invited to provide particular details about the case to which they were referring. Part A of the survey instrument was designed to allow for the statistical analysis and presentation of quantifiable data, for example, allowing for comparisons to be made between types of abuse.

### **Survey Instrument and Data Analysis: Part B**

Participants were also invited to elaborate on the circumstances of the case to which they were referring and that additional information was recorded by the researcher in Part B, the “case note” section of the survey instrument (Refer Appendix II). Part B of the survey instrument was designed to be analysed qualitatively using a constant comparative method of data analysis. This is a method by which raw data are sorted into concepts and assigned to relevant categories and sub-categories that are conceptually linked (Glaser & Strauss, 1967). It was anticipated that this qualitative component of the study would provide insight into personal experiences of being a victim and/or witness (or confidant) of abuse.

## **DISSEMINATION OF RESEARCH FINDINGS**

In November 2002 the preliminary report on this research was made widely available. This included it being distributed to the Office for Seniors Interests (OSI) and Volunteering, members of WANPEA, relevant service providers and professionals in the field (for example, health services and the Police Service), and the media. It is intended that this final report be launched during April, 2003 at the WANPEA Seminar on Elder Abuse and that it be distributed in a like manner to the distribution of the preliminary report. It is also intended that findings from this research will be the subject of one or more articles in relevant professional journals.

## **ETHICAL CONSIDERATIONS**

Ethics approval for this research was attained from the Fremantle Hospital and Health Service Human Research Ethics Committee. During the course of this study the researchers continued to abide by the National Health and Medical Research Committee's rulings and guidelines. Furthermore, safeguards were put in place with the intention of protecting research participants from any related negative consequences. Firstly, prior to telephone survey interviews with research participants the reason for this study was clearly explained (Appendix III). Participants were encouraged to ask any questions they had about this research and assured that they had the right to withdraw from participating at any time. Strategies were employed to protect the identity of participants by ensuring that they remained anonymous and other potential identifiers that could be linked to them, and possibly reveal their identity, be excluded from the raw data.

Participants were also advised of any possible known benefits and/or risks to themselves which may have resulted from their participating in this research (Morse, 1991, p. 67). In this regard it was anticipated that for some research participants discussion about their experiences of abuse could have the potential to raise their self awareness and possibly cause them to become distressed. On the two occasions that this occurred the researcher ceased the interview and offered the participant the opportunity to receive immediate counselling support from an advocate who was also an experienced counsellor. Neither participants chose to accept that offer and were subsequently referred by the researcher to discuss their depression with their general practitioner or a counsellor.

## **A LIMITATION TO THE STUDY**

The findings from this study are limited in that they reflect the experiences of individuals who voluntarily chose to participate. It is anticipated that for a number of reasons many older adults who are victims, or at risk, of elder abuse would not take part in a study of this nature. For example, older adults who did not have the courage or privacy to speak about their experience over the phone. However, the publicity throughout WA associated with this study has informed many older adults about this research into elder abuse and provided them with an opportunity to participate.

# **PART A**

## **QUANTITATIVE RESEARCH FINDINGS AND DISCUSSION**

### **INTRODUCTION TO PART A**

Part A of this report is focused on the quantitative component of the S.O.S. research. This section includes research findings and discussion with regard to the survey respondents: victims of abuse, including gender, age, residence, and risk factors: perpetrators of abuse, including gender, age, relationship to the victim, and risk factors: and types of abuse, including prevalence and the coexistence of risk factors.

#### **Respondents to the Study**

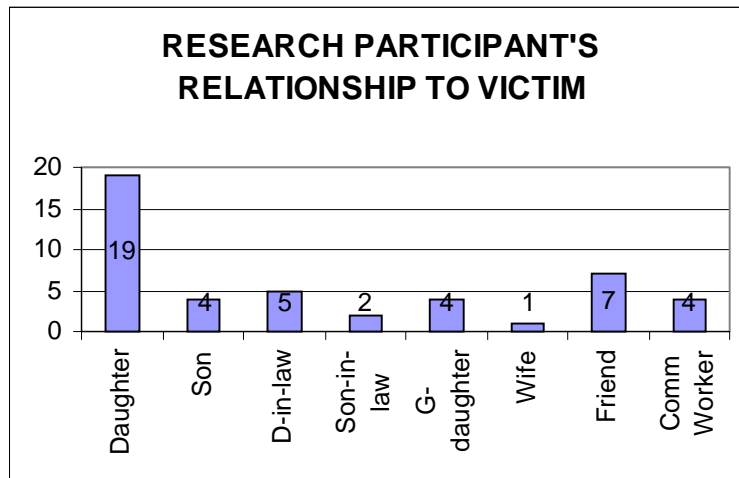
Ninety nine cases of elder abuse were reported during the week the SOS research was implemented. Of these, 87 cases clearly related to the social problem of elder abuse, that is, abuse by family and friends. Of the 12 cases that were out of scope seven related to the abuse of rights of older adults by aged care service providers and five were about abuse from other organisations and businesses, for example, a real estate agent. In two cases the victims were reported to have come from Culturally and Linguistically Diverse backgrounds (CALD).

Seventy six responses to the survey were from the metropolitan area of Perth and 11 from rural and remote areas of WA. In most cases suburbs/towns represented involved only one case of abuse. Preliminary analysis of this data has revealed:

- Wide ranging representation of suburbs within the metropolitan area of Perth
- Most common suburbs included Guildford (4), Midland (5), Bayswater (4), Mandurah (4), West Swan (3)
- Most significant pattern identified involved the Swan Region where 14 (of the 76) cases were reported from the Guildford, Midland, West Swan, Middle Swan, Bassendean
- Eleven cases from Rural and Remote areas including:
  - Bunbury (3)
  - Capel
  - Christmas Island
  - Collie
  - Geraldton
  - Gingin
  - Guilderton (2)
  - Jurien Bay

Invitation to participate in the SOS Survey was extended to both victims of elder abuse and individuals who had either witnessed or suspected abuse or had abuse confided to them by a victim. In this regard 38 research participants reported that they had been, or were currently, the victim of elder abuse and 49 participants explained

that they had information about a case of abuse. As Figure 1 indicates, a significant proportion of witnesses and confidants of abuse were members of a victims family and in most cases a daughter of the victim.



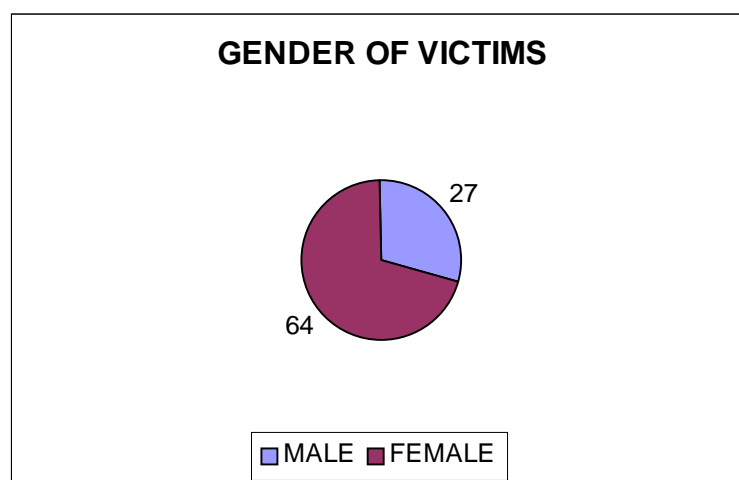
**Figure 1: Cases Reported by Witness/Confidant of Abuse**

Around two thirds of the cases of elder abuse identified through the survey related to ongoing abuse (56 cases). The remaining 31 cases were explained by victims and witnesses as having occurred between 1983 and 2002. The most common year that past abuse was reported to have occurred was 2000.

Prior to each telephone interview participants were informed that advocacy support was available. Over one third (35 cases) of the participants asked for, and were provided with advocacy support.

### Victims of Abuse

Four of the 87 cases of abuse involved two victims, for example, both parents of the alleged perpetrator of abuse. Therefore, in total the survey identified 91 victims of elder abuse. As Figure 2 indicates, around two thirds of the victims were female (64 victims).



**Figure 2: Gender of Victims**

Although advertising and media coverage for this survey promoted 60 years of age and over as the target population for this research about victims of abuse the actual ages of victims ranged from 48 to 90 years. However, two identified victims were 59 years of age and only two victims were younger. As Table 1 also shows the average, middle age, and most common ages of victims were all in the 70 years.

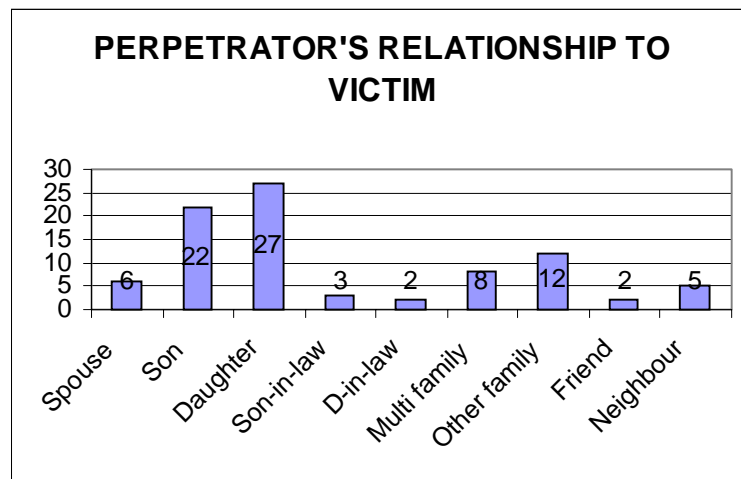
**Table 1: Ages of Victims**

<u>Statistics</u>	<u>Years</u>
Age range	48 – 90
Mean age (average)	72
Median age (middle)	74
Mode age (most common)	78

**Alleged Perpetrators of Abuse**

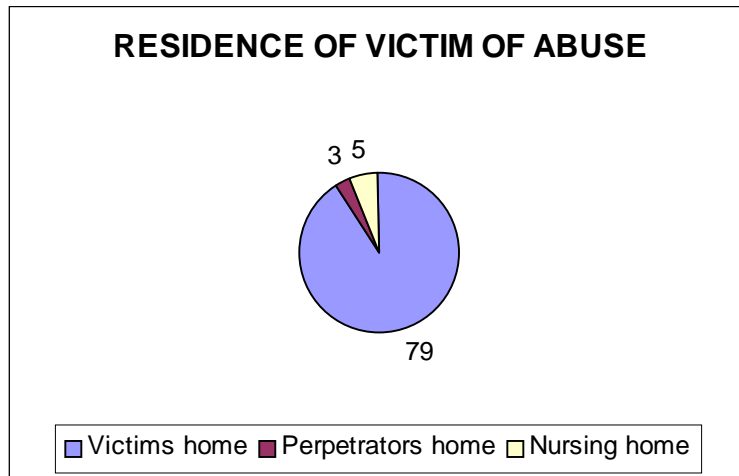
The gender of alleged perpetrators of elder abuse were equally represented (38 males & 38 females). A further eleven cases involved multiple perpetrators for which the genders were not reported, for example, a number of family members. Although both the average and median ages of perpetrators were 49 years the most common age was 60 years.

Analysis of survey data has revealed that the most common relationship between the victims and associated perpetrators of abuse was that of parent and son or daughter. Figure 3 shows the different relationships identified and their frequency.



**Figure 3: Perpetrators Relationship to Victim**

Analysis of survey data has revealed that the vast majority of victims of elder abuse identified lived in their own home as either the owner or person who paid the rent (79 cases). However, as Figure 4 indicates, it was also identified that in 27 cases the alleged perpetrator of abuse was living in the victim’s home and nine of those perpetrators were receiving the carers payment. In only three cases the victim lived in the home of the alleged perpetrator and five victims of elder abuse were living in a nursing home at the time the abuse was happening.

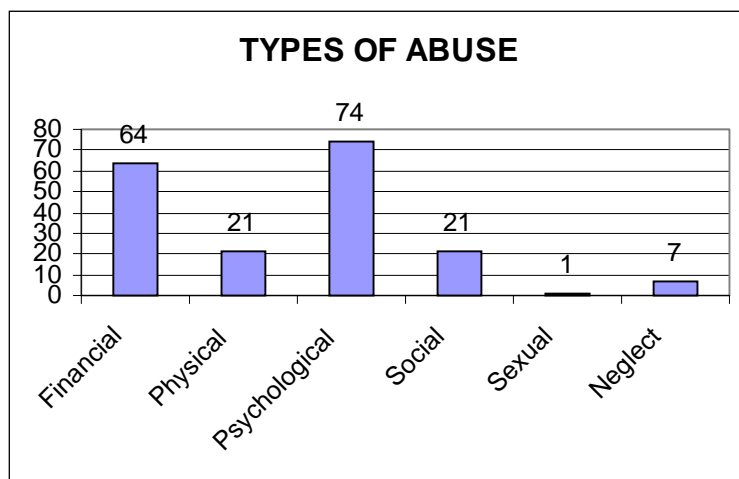


**Figure 4: Residence of Victim of Abuse**

### Types of Abuse

Analysis of data has revealed that around two thirds of the cases identified through this research related to financial abuse and the majority of those cases also included psychological abuse (54 of the 64 cases). This finding is consistent with data from the APP case records and, similarly, those of the APP run by the Aged Rights Advocacy Service in South Australia (Aged Rights Advocacy Service, 2001, p. 2).

Around 20% of the cases of abuse included some kind of physical abuse and approximately 20% involved social abuse. Figure 5 shows the breakdown of types of abuse reported by victims or confidants of abuse. It is important to note that, as with cases of financial abuse, it is common for victims of abuse to experience more than one type of abuse from the perpetrator.

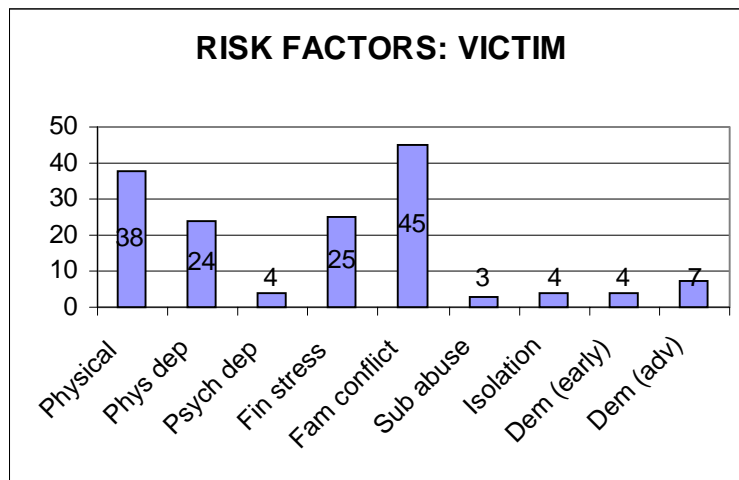


**Figure 5: Types of Abuse**

### Risk Factors: Victims of Abuse

In almost half of the cases of abuse identified from this survey family conflict was reported to have been a contributing factor (around 45%). Other significant risk factors on the part of the victim included financial stress (around 25%) and physical dependence (around 25%) on the perpetrator of abuse.

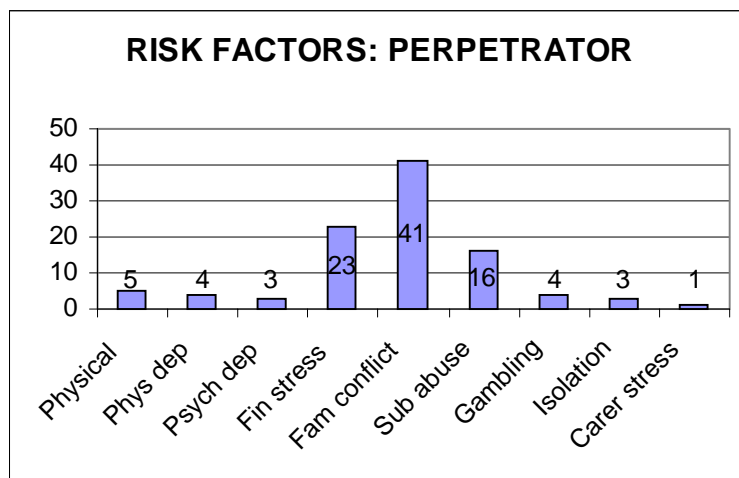
Around 10% of the identified cases of elder abuse involved a victim who had either early or advanced dementia. In this regard it is interesting to note that the recent survey conducted by the Centre for Research into Aged Care Services reported “approximately three-quarters of the known cases of abuse were estimated to have a decision-making disability” (2002, p. 3). A probable explanation for these various findings is the difference in the survey target populations. Where the SOS research was designed for people living in the general community the survey conducted by the Centre for Research into Aged Care Services was specifically designed for community care service providers, many of whom work with older adults who need support because they have disabilities, including people with a decision making disability.



**Figure 6: Risk Factors for Victims of Abuse**

#### **Risk Factors: Perpetrators of Abuse**

Analysis of data has revealed that, as with risk factors associated with the victims of abuse, family conflict was a significant contributing factor (around 40%). Financial stress was also a contributor in respect to the perpetrators (around 20%) as was substance, including alcohol, abuse (around 15% of cases).



**Figure 7: Risk Factors for Perpetrators of Abuse**

## **PART B**

### **QUALITATIVE RESEARCH FINDINGS AND DISCUSSION**

#### **INTRODUCTION TO PART B**

Part B of this report is based on the comments made by survey respondents about having been a victim of elder abuse, witnessed elder abuse, or had it confided to them. Initial discussion relates to the different types of abuse, the diversity within those various types, and situations where more than one type of abuse occurred. Included is a comprehensive discussion about the psychological impact on victims of elder abuse and the manner in which perpetrators of abuse have asserted power and control over a victim. Additionally, in order to provide the reader with some insight into the criminal nature of elder abuse, where relevant, appropriate sections of the Criminal Code Act Compilation Act 1913 have been cited.

Further discussion pertains to identified risk factors that contributed to participants' experiences of elder abuse, including drug abuse, gambling problems, and criminal behaviour on the part of the perpetrator, and decision making disability on the part of the victim. Further discussion is focused on the topic of advocacy for victims of elder abuse. This includes victims' attempts and attitudes about asserting their rights, natural advocacy support from family and friends, and formal/professional advocacy support. Finally, the issue of support for people who have decision making ability is discussed.

#### **TYPES OF ELDER ABUSE**

Elder abuse is commonly discussed in relation to six main categories:

- Financial (or material) abuse
- Physical abuse
- Social abuse
- Sexual abuse
- Neglect
- Psychological (or emotional) abuse.

Typically, more than one type of abuse is perpetrated on the victim, for example, participants' comments that indicated "multiple-abuse" had occurred included, "She (my daughter) has built up huge phone bills (financial abuse) and started hitting me (physical abuse) and calling me names (psychological abuse) when I told her she could not use the phone"(ms15), "He threatens her verbally and physically (psychological abuse), and has hit her (physical abuse) because he wants more money (financial abuse)" (ms22); and

My aunt (Chinese) never married. She looked after the children in the family; her nieces and nephews. One of their fathers poured boiling water over her (physical abuse) to teach her a lesson. She had a lot of money. He took her money (financial abuse). He shouted at her and said terrible things to her (psychological abuse). He kicked and punched her (physical abuse). (bf30)

With regard to multiple abuse it is important to note that as the UNE&SC (2002) assert “The effects of abuse can culminate when more than one or multiple types of abuse are being perpetrated” (p. 6). Furthermore, the above comments also indicate that elder abuse can take the form of a “process” rather than a specific event. In this regard James and Graycar (2000) commented, “In relation to elder abuse, where a familial and/or formal or informal duty of care relationship exists, victimisation is usually characterised by an established and ongoing pattern of behaviours rather than single isolated events.” (p. 2)

Fundamentally, analysis of the data revealed a purview of elder abuse that involves multiple types of abuse for any one victim. The nature of abuse was also often described as a process; occurring over time. Although the following discussion about the nature of abuse has been organised into the six main categories, it is important to note that, as some of the data indicates, many of the victims are experiencing more than one type of abuse. Furthermore, it has been the experience of APP advocates that many older adults do not seek support with regard to the abuse they are experiencing. Through working with victims of elder abuse Advocare’s APP advocates have come to understand the many reasons why older adults maintain silence about their abusive situations. Health Canada (1994) also reported the reasons why seniors do not report abuse to include:

- fear of reprisal
- fear of disclosure
- shame and embarrassment
- feelings of helplessness
- depression
- lack of energy to act
- fear of the unknown; and
- lack of recognition of abuse. (p. 14)

## **Financial Abuse**

*Chapters 36, 37 and 40 of the Criminal Code Compilation Act 1913 respectively relate to “Stealing and like Offences”, “Offences Analogous to Stealing” and “Fraud” (pp. 171-197).*

Financial abuse is the most common type of elder abuse. The UNE&SC (2002) has described financial/material abuse this way:

Financial exploitation, or material abuse includes (a) the illegal or improper use, or misappropriation of an older person’s property and/or finances; (b) forced changes to his/her Will and other legal documents; (c) denial of rights of access to and control over personal funds; and (d) financial scams and fraudulent schemes. (p. 4)

It is evident that a high proportion of financial abuse is criminal and includes stealing, fraud, and financial exploitation and undue pressure. Analysis of the data revealed financial abuse to be one of the most common types of abuse reported. In fact, almost two thirds of the cases of elder abuse reported in the survey related to financial abuse. General comments included; “My son refuses to pay for what he owes me. I worked in his business and he refused to pay me for years. As a single mother with no work skills he took advantage of me. (bf38)”, “He (my elderly neighbour who has early stage dementia) is mostly aware of what’s going on and they (members of his family) take his pension. (bf6)”, “They keep taking, borrowing money and not paying it back. I don’t know how much money it is” (ms6), “He stole her money and jewellery.....She had to hide her money in the fridge” (bf22), and

My mother is \* (in her eighties) with Parkinson’s disease. One year ago my brother who is \* (in his 60’s) went on a trip around Australia and he asked mum for money if he needs to fly back if anything happens to her. He made out it was emergency money he wouldn’t use unless anything happened to her and she would need his help. She wrote out a cheque for \$\*,000 and he used it and promised to pay it back. When mum got up the courage to ask him to pay it back he said he couldn’t afford it because he was on a pension. She hasn’t got any back. (bf27)

Financial abuse can present in many forms and may involve:

- Stealing from an older adult’s bank account, pressuring for a loan, or taking cash
- Pressuring an older adult to change their Will, fraudulently changing a Will, withholding a person’s Will (concealing a legal document)
- Abusing the role of appointed Power of Attorney or Enduring Power of Attorney
- Selling, transferring or taking control of an older adult’s house without due consideration of their freedom of choice
- “Freeloading” of an older adult (for example, living off them without financially contributing)
- stealing or pressuring an older adult to hand over possessions.

Survey findings with regard to the various ways participants had been financially abused are included in the following discussion.

### Bank Accounts/Loans/ Cash

Some survey participants talked about money that had been taken from bank accounts of older adults without their consent. Access may have been gained through the older adult having previously revealed to the perpetrator their personal bank details, including account number or Automatic Teller Machine (ATM) pin number. Participant’s comments in this regard included, “Grandma found out my aunty was tapping into her bank account, booking bills up to grandma, about \$\*000.....Aunty booked up bills, including Foxtel, through telephone banking” (bf23), “She’s (my mother’s sister-in-law) managed to get large amounts of cash out of Mum. She’s unemployed, she wrote (to mum)and got Mum’s money, \$\*\*,000 to publish a book. She knows exactly Mum’s money situation and bank account details, etc.” (bf4); and

My grandmother passed away one month ago. She lived in a nursing home and her niece took all of her money out of her bank account. Her niece was forging her signature. Her niece was her next of kin and hadn't paid the bills at the nursing home.....There were other bills that hadn't been paid, like St John's Ambulance. (bf17)

Through the analysis of data it was revealed that a number of older adults had loaned money that had not been repaid. Relevant comments in this regard included, "I've lent money and my daughter hasn't paid it back. \$\*\*,000 cash" (mc4), "I used to lend money to my friend's pregnant daughter and partner. I gave her \$\*,000. She bought a car and then sold it for \$\*,000 and didn't repay any. I lent her a portable cassette player and she sold it. I felt obliged to help because my friend wanted me to. I am on a disability support pension" (mc3), and "A neighbour would borrow money and not pay it back. A nephew did the same thing." (bf12)

## Wills

***Section 338 of the Criminal Code Compilation Act 1913 relates to crimes whereby a person uses a "Threat with intent to influence." Stating that "Any person who makes a threat with intent to (a) gain a benefit, pecuniary or otherwise, for any person, ... is guilty of a crime and is liable. (p. 153)***

A number of respondents to the survey described situations where an older adult had been forced to sign a Will in favour of the perpetrator. Relevant comments included, "She also forced Nan to sign a will leaving everything to her but Nan ripped it up" (bf17), and "She lived in a retirement village. His ex-wife was visiting his mother and started putting pressure on her to change her will; more than once. His mother had a stroke and ended up in hospital. The daughter-in-law still kept pressuring her for money." (bf40)

It is evident that some older adults have been pressured and intimidated by family members to re-write their Will in favour of the perpetrator. With regard to abuse involving wills it is relevant to consider the view presented by the PEAT Force (2001) that asserts the need to reconsider certain relevant aspects of the law with regard to Wills. Essentially, the PEAT Force is of the view that new legislation needs to be passed to enforce the formal witnessing of Wills similar to that required for an Enduring Power of Attorney. (p. 23)

***Section 379 of the Criminal Code Compilation Act 1913 relates to special cases of stealing including "stealing wills" stating "If the thing stolen is a testamentary instrument, whether the testator is living or dead, the offender is liable to imprisonment for 10 years." (p. 176)***

In some cases of elder abuse identified through the survey it was reported that older adults were denied access to copies of their own personal documents, including their own Will, family trust deeds and Power of Attorney forms. In this regard, one family member reported, "My brother is minding mum's Will. She has asked for it back

twice and he refused. He is the executor of her Will but mum said she doesn't trust him anymore." (bf28)

### Powers of Attorney & Enduring Powers of Attorney

***Section 373 of the Criminal Code Act Compilation Act 1913 relates to "Funds, etc., held under direction" and discusses the responsibilities of the appointed attorney to protect the property of the donor (p. 174).***

According to the Office of the Public Advocate (2003):

A Power of Attorney enables a competent adult to give another person or agency legal authority to make financial and/or property decisions on his or her behalf.....An ordinary POWER OF ATTORNEY can be used only while the Donor is still capable of making decisions .... As long as the person who is giving authority (the donor) for another to make such decisions for them (the attorney) continues to have decision making ability they can revoke that authority. "An Enduring Power of Attorney (EPA) comes into operation from the time specified in the EPA and continues to operate even if the Donor becomes incapable of making reasoned decisions at some time in the future."

The implementation of POA's are common in Australia. One study investigating POA's carried out by the Australian Institute of Criminology (Setterlund, Tilse, & Wilson, 1999) revealed that 40% of the research participants who lived in private dwellings and 57% who lived in either a retirement village or aged care facility had appointed an attorney to manage their legal and financial matters should they lose their decision making ability.

Comments from survey participants with regard to elder abuse involving POA's included:

She (my wife) has Power of Attorney and controls all of my finances. It is difficult to find out how much money I have and where it is. She has transferred money from joint accounts to accounts in her name only. She left a small amount of money in an account. I have telephoned my accountant but she is using a new accountant now. Whenever I ask about it she gets really irritated. (ms18)

If an appointed attorney does not act in the best interest of the donor of an EPOA it can be revoked by a court or the Guardianship and Administration Board. As the above reference to the Criminal Code asserts, with a POA, the donor continues to be the rightful owner of their assets. The attorney has merely been trusted to administer the donor's financial and legal matters. The provision of evidence of funds and their whereabouts and the reasonable availability of funds for the donor are components of the role of the appointed attorney. Unfortunately, it appears that many older adults who have signed a POA are not aware that, if they are not happy about the way in which the appointed attorney is fulfilling that role, and as long as they have decision making capacity, they can revoke it at any time.

Another type of elder abuse situation involves pressuring, forcing, and/or intimidating an older adult to sign a POA. One survey participant's comment in this regard was, "They tried to get him to sign a Power of Attorney and pressure him to leave them his assets in his Will." (bf10)

The issue of decision making ability underlies much to do with POA's. This includes whether a person has the capacity to sign a new EPOA or revoke an EPOA that already exists. Whether a person has capacity or not can be unclear and making a judgement one way or the other, even for experts on dementia, can be extremely difficult. In this regard the PEAT Force asserted that "legal and medical practitioners who have a duty to ensure that their clients or patients are competent to sign an EPA may be uncertain about how to determine whether a person has the necessary capacity." (2001, p. 20)

Similarly, related to this dilemma is the common situation of elder abuse whereby a perpetrator of abuse asserts that an older adult no longer has capacity and uses an EPOA or POA (which actually becomes invalid once the donor loses capacity) as a means of controlling the older adults financial and legal matters. In such instances the older adult may, for example, have some memory loss but, nevertheless, continues to retain their decision making ability. One of the survey responses that involved this type of situation was described this way:

My wife lent \$\*\*,000 to our son and it has not been repaid in full. Our son claims to have Power of Attorney (to us) and has now indicated that his mother can't make decisions. My wife and I dispute this claim. (se1)

Advocare's APP has referred a number of cases of financial abuse to the Major Fraud Squad of the Western Australian Police Force. A number of these cases have related to abuse of a POA, for example, the sale of an older adults house without their knowledge and the attorney keeping the proceeds. In an interview with Detective Sergeant Stuart Mirfin from the Major Fraud Squad the issue of abuse of POA's and EPOA's was discussed and Sergeant Mirfin asserted:

Enduring Powers of Attorney are necessary and important aids for a variety of reasons and provide many people with the ability of being assisted by friends and/or family. However, people must be aware that if the rights provided by these documents are abused, they have the potential to financially disadvantage those they were designed to assist. In that event, it is also important to know what course of action is available to revoke the authority provided.

Sergeant Mirfin added that "as a safeguard" donors of a POA or EPOA keep regular checks of their financial situation by sighting originals of their bank accounts. (Communication, March, 2003)

**RECOMMENDATION 1: LEGISLATIVE CHANGES BE MADE  
REQUIRING THE LEGAL WITNESSING OF POWERS OF ATTORNEY  
AND ENDURING POWERS OF ATTORNEY.**

## Sale/Transfer/ Control of House

Many respondents to the survey described situations where older adults had been pressured or tricked into selling their homes. The concern, or actual outcome, was the financial exploitation of the older adult; usually by a close family member. Relevant cases identified through the survey included: “She (my mother) is putting her property into their (my sister and brother-in-laws) names. My sisters advised her to do this and they are making sure they get her money” (bf11), “My sister took the cheque from the sale of the house and forged my mother’s signature and banked the money for herself” (ms10);

A friend of mine had a lovely unit and (her) family talked her into moving to another one and they bought her old one. They got the lovely unit and she went into an awful one. They got hers really cheaply. They ripped her off (bf35), and

My brother-in-law pressured his mother to sell her house and now she is living in a house with him. The house is in a company name. The son is a two third owner and his mother one third. He has always taken lots of money from her before. (ms22)

One older woman who participated in the survey described the manner in which she had literally been forced out of her own home by her daughter and intimidated into legally signing over her home to her. She told me:

My daughter took everything (my house and contents) and she threw me out. I was working at the time. I asked her to live with me to help her and she told me to get out so I went.....They said I could live there again and she took me to a lawyer to sign the papers over to her. I hesitated. The lawyer asked me if I trusted my daughter. My daughter stood over me and asked me if I trusted her. I had to say yes and sign the papers but she didn’t let me move back in. (bf39)

Circumstances of abuse also involved family members taking over the older adults home. In this regard survey respondents explained:

When she (Mum) came back (from overseas) her sister-in-law had taken over the (Mum’s) house, changed everything in the house, started bossing her brother (Mum’s brother) around. There was major conflict including physical (abuse).....She’s taken over the home. She has the main bedroom, mum has the back room. The house is fully in Mum’s name but she is trying to talk Mum into selling and moving. She’s trying to do deals all the time (bf4), and

My daughter abused me when I bought a house. She told me I was crazy. She tried to move in with her boyfriend and push me out.....Her boyfriend abused me. I stood up to her and she told people it was my fault she had to live on the street (homeless). (bf16)

Other abuse related to the home ownership (assets) of older adults involved situations whereby they felt they were legally entangled with the perpetrator and that was

delimiting their lifestyle. Examples in this regard included, “My mother feels she is locked into the house – she feels tied into living in the house because of joint ownership” (ms27) and “He (my brother) has put a caveat on mum’s house. He says ‘I am the head of the house’.” (ms37)

### Freeloading

A common type of elder abuse also reflected in the survey data involves a perpetrator, or perpetrators of abuse, exploiting the older person by being unreasonably financially dependent upon them. In many instances this also includes living in the older adults home. For example, one older lady reported, “I’ve always picked up the pieces, paid the bills, bought groceries, etc. She (my daughter) expects it and demands money.....I know she’s taking advantage of me.” (mc4)

Other examples of freeloading that were revealed included the exploitation of the sense of responsibility many older adults have toward their grandchildren. The data gave some indication that some older adults appeared to be particularly vulnerable to this type of abuse when they feel that the children or young people involved were being neglected. One relevant comment from a survey respondent was, “My daughter dumped her 16 year old son on me with no financial support. She has shot through to the USA.” (ms7)

Respondents also reported numerous cases where the perpetrators of this type of financial abuse and exploitation were themselves the grandchildren of the victims. Relevant survey responses included, “My cousin was taken in (given a home) by my nanna because no-one else would have him (in their home)” (bf22), and

I am not his (my grandson’s) legal guardian and I have been told that I have no say in how he spends his (Youth Allowance) money. Centrelink told me that his Youth allowance can’t be paid to me because I am not his legal guardian.....My grandson now gets Youth allowance and won’t pay for any of the expenses. He is running up debt and he stole my credit card and built up big bills. He has used up \$\*000’s on phone bills.(ms7)

Risk factors in the form of drug and alcohol problems on the part of the perpetrator of abuse were also reported to be contributory factors to victims’ experiences of freeloading. One survey respondent reported, “She (my mother) financially supports him (my brother) completely. He does drugs.” (ms33) (Refer succeeding discussion on Risk Factors of Elder Abuse.) Furthermore, the financial abuse directed toward some older adults is often accompanied by other forms of abuse, most commonly, psychological abuse. One older lady described her experience in this regard saying:

I am having troubles with my daughters who are living with me. One is 30 and the other is 26.....My daughters are always critical of me, about the housework etc. They yell at me if dinner is not on the table when they come in. I want them to leave.(ms6)

## Material Abuse

Material abuse involves older adults having their possessions stolen from them, or being pressured to hand them over to someone with whom they had an informal relationship of trust. Cases reported to the survey that involved the stealing of an older adults possessions included, “I am in my second marriage. My wife’s grandson broke into my garage and stole tools” (ms28), “My grandmother is in a nursing home now and that aunty and her brother have ransacked her house and it is in a terrible mess” (bf29) and, “I wasn’t well and my daughter stole all of my household goods when I was temporarily in a nursing home” (ms32).

With regard to pressuring or intimidating older adults into giving up their possessions research participants told me, “He forced his father to hand over farm equipment, tractors, trucks, etc” (bf3), and “When my father was dying I was trying to support my parents. When he died my brother demanded everything that they wanted from my parent’s house. They didn’t care about my mother.” (bf15) Another form of material abuse involves taking advantage of a position that has been entrusted by an older adult. For example, one caller reported the way in which his brother covertly took advantage of his father’s trust stating, “He would sell produce (from my father’s farm) without telling my father and keep the money.” (bf37)

## Financial Hardship

A common consequence of financial abuse is the economic hardship that impacts on the victim. Respondents to the survey provided some insight in this regard stating, “The victim is my mother. Her other daughter is abusing her financially. She is influencing the Public Trust Office to not give my mother an increased weekly allowance. This is causing my mother financial hardship” (bf1), and “My father died heartbroken and a pauper. He was a very wealthy farmer. My brother syphoned off all his money; \$\* million. He also financially abused my mother; \$\*\*,000” (bf37).

Analysis of the data revealed that for some older adults, the impact of the financial loss they had experienced was devastating. In some cases the victims had lost most of the assets they had gathered through their adult life. With general regard to the potential impact of exploitation of older adults Eastgate (2003) asserts, “There is hardly any group more victimized and exploited than the elderly. And for many, life becomes a fate worse than death.” The following comment by a survey respondent describes his view of his father’s experience of financial exploitation by his other son:

His (my father’s) wife died in 1993. He was very vulnerable when his wife died, he also had leukemia. He had \$\*\*,000 in the bank. He showed my brother who couldn’t wait to get his hands on it. Dad mortgaged his home on the provision that my brother look after him. My brother used the lot to buy a new farm. Dad realised about nine to 12 months later that *he’d been had*. (bf3)

## **RECOMMENDATION 2: THE DEVELOPMENT OF FINANCIALLY ACCESSIBLE LEGAL ADVICE SERVICE FOR OLDER ADULTS AT RISK OF ELDER ABUSE.**

## Physical Abuse

***Section 313 of the Criminal Code Compilation Act 1913 relates to common assault stating: Any person who unlawfully assaults another is guilty of a simple offence and is liable to imprisonment for 18 months or a fine of \$6,000. (p. 136)***

Physical abuse, like the other types of abuse, can often be more like a process than a “one off” event, or even a number of events. Physical abuse can include single, repetitive or enduring acts of assault, restraint and/or confinement that causes bodily harm. Physical abuse can also be so subtle that it is almost unrecognisable as abuse. In such cases the harm to the victim can be more psychological (abuse) than physical. One example of the fear this type of abuse can cause was provided by a woman who responded to the survey. The case note recorded:

He (her son) doesn't hit her but he pushes her. It's moderate physical abuse. When she is driving he grabs the steering wheel. He threatens to hurt her. She fears she will be hurt.....She said, 'I'm frightened to visit him because no one knows I'm in there. What if he did something to me? Going there is a risk.....He acts strangely'. (bf2)

***Section 317 of the Criminal Code Compilation Act 1913 relates to assault occasioning bodily harm stating: Any person who unlawfully assaults another and thereby does that other person bodily harm is guilty of a crime, and is liable to imprisonment for 5 years. (p. 136)***

Other survey respondents described more obvious examples of physical assaults on older adults including, “He (my son) punched me in the head twice” (bf32), and “My daughter has been verbally and physically abusive. She has given me a black eye.” (ms15)

***Section 317a of the Criminal Code Compilation Act 1913 relates to assaults with intent stating: assaults with intent to commit a crime, do grievous bodily harm, or resist arrest, are criminal and liable for imprisonment of 5 years. (p. 136)***

With particular regard to vulnerable people (for example, people who are frail or have disabilities) Cocks and Duffy (1993) have commented: “Vulnerability may lead to people experiencing brutalisation which may include having physical harm and damage inflicted upon them, and even result in loss of life. (p. 25) In this regard an older man described his vulnerability at the hands of his daughter stating, “She (my daughter) is renown for violence and has a violent marriage.....It's her who is assaulting me. From a car accident I physically can't lift my arms up.....She has even tried to kill me with drugs.” (bf13)

A number of respondents to the survey explained that their fear of the perpetrator of physical abuse and/or threats of violence had influenced them to take protective action by way of seeking or acquiring a Violence Restraining Order (VRO). According to

some of these research participants, having a VRO did not assure their safety. Comments in this regard included:

I have a Violence Restraining Order on him (my son). He breaks all my things and throws things on the roof. He pushes me around. He keeps breaching the Violence Restraining Order. He drove at my daughter when she was walking along the road. (ms36)

She (Mum) has a VRO on him.....My brother intimidates my mother to do what he wants. He has broken the door and phone. Mum agreed to go and have counselling with him. While there he grabbed her around the neck. The psychologist called the police. He stormed out. (ms37)

Finally, it is apparent that for some older adults who have been the victims of physical abuse the longer term impact can include physical and mental scars. Furthermore, the UNE&SC (2002) assert that the impact can also include “visible psychological manifestations, such as diminished mobility, confusion and other altered behaviour.” (p. 4)

## **Social Abuse**

*Chapter 33 of the Criminal Code Compilation Act relates to “offences against liberty.” (p. 151)*

Social abuse applies to situations where an older adult is prevented by another person, or persons, from going where they want to go and being with the people they want to be with; be it inside or out of the older person’s home. One older adult described their experience of social isolation this way:

My friends are made to feel unwelcome. I am feeling really isolated. I don’t see some friends as often as I used to. Some are not so keen to come here any more. She is making it difficult for me to keep up my social life. (ms18)

Other respondents to the survey described how older adult family members were being socially isolated. Some examples include, “He (my brother) is now preventing her (my mother) from contacting the rest of the family.” (ms22), and

My mother was diagnosed with Alzheimer’s three years ago. When she married my stepfather five years ago, they moved to \* (country town). He doesn’t like the family being there, and won’t allow mum to contact us. He keeps on censoring anything the family has to say, and he always runs the family down. (ms 20)

It is important to note that “social isolation” is also a common strategy that a perpetrator of abuse will use to prevent an older person from speaking to others about abuse they have been experiencing.

## Grand-Parenting

Many respondents to the survey described the manner in which older adults were socially isolated from their grandchildren. Examples included: “My friend’s daughter is being socially and psychologically abusive. She won’t let the grandchildren have contact with him. He is finding this very distressing.” (ms13)

Analysis of the data also revealed that this type of social isolation can have an emotional impact on the older adult. For example, those who reported during the survey that they had been refused contact with their grandchildren talked about feelings of deprivation and pain. Their comments included, “My daughter refused my access to my grandchild. The child is special. It is a great deprivation for me not to be able to see my grandchild” (ms40), and “There has been conflict between my daughter and I, and my grandchildren are not allowed to have contact with me. I find this very hurtful” (ms11).

Furthermore, in a few cases older adults talked about having, in the past, carried out a significant caring role and having developed a particularly strong bond with the alienated grandchild. One older woman respondent disclosed:

I gave up work to look after my grandchild. She (my daughter) is not a good mother, she drinks, parties and smokes.....I only stay because I love my grandchild so much. I feel as though my grandchild is my own. (mh2)

It is apparent from these data that, primarily, social abuse has an emotional and psychological impact on victims of elder abuse.

## **Sexual Abuse**

***Chapter 31 of the Criminal Code Compilation Act 1913 relates to sexual offences and the manner in which they are criminal. (p. 139)***

According to the UNE&SC (2002):

Sexual abuse includes “non-consensual sexual contact that ranges from violent rape to indecent assault and sexual harassment by caretakers. Sexual abuse is particularly vicious if the victim cannot communicate well, or is physically and/or environmentally unable to protect him/herself.” (p. 5)

Ramsay-Klawnsnik (1998), in his discussion about sexual abuse explains that it involves situations where older adults are forced, coerced or manipulated to participate in sexual contact. Such abuse is also perpetuated against older adults who do not have decision making ability and, therefore, do not have the capacity to consent to sexual contact. (p. 4) Ramsay-Klawnsnik goes on to describe the potential impact on an older adult who has been the victim of sexual abuse stating:

The more serious the (sexual) abuse, the more difficult the recovery. People who are close to their offenders and depend on them will feel more betrayal and have a harder time psychologically.....If your victim is 76 years old and

has lost her husband and close friends, she is going to have less support than a forty year old woman with a good marriage and close friends. (p. 6)

Ramsay-Klawnsnik asserts further that in situations where the perpetrator of sexual abuse is a friend or family member the victim will not necessarily feel emotionally able to seek support from the police. (p. 6)

With regard to the survey, there was only one case of sexual assault reported. The alleged victim stated, "I was drugged and raped by a friend. I knew his wife. I invited him in for a cup of tea. I remembered nothing until the next morning." (ms25) This older lady told the advocate that she did not report the incident to the police.

## **Neglect**

Abuse in the form of neglect, includes lack of action to meet an older individual's needs, by (a) not providing adequate food, clean clothing, a safe, comfortable place to live, good health care and personal hygiene; (b) denying the person social contacts; (c) not providing assistive devices, if needed; and (d) failing to prevent physical harm and to provide needed supervision. (UNE&SC, 2002, p. 4)

Relevant comments by survey respondents included, "Dad mortgaged his home on the provision that my brother look after him (but he didn't)....Dad had no money (after the financial abuse) and I had to buy him cigarettes because he couldn't afford to buy them" (bf3), "She (his daughter) refused for him to have cash when he was alive" (mh5);

My grandmother has four children. My mother is the eldest. Two of the others abuse her with money. One of them has authority to access her account and she is taking out more money and keeping it. She is supposed to get food for my grandmother and she (my grandmother) has nearly nothing; (bf29) and

Mum liked good quality things and my sister would only leave mum with the minimum of food, etc....I asked once if I could have mum's bankcard to take mum shopping once a week but she refused....I had to buy mum things like new clothes....When I asked my sister for money for it she told me I would have to get it out of my inheritance. (bf7)

One survey respondent described neglect of her mother by her father explaining that her mother's health and wellbeing improved when she briefly received the support she needed. This caller said, "My father was abusing my mother who had a bad stroke. He would go away on holidays and leave her without support. The last time he did that she went into respite. While she was there she thrived." (ms5)

Another respondent described a situation where her mother became more and more dependent on her other daughter who was eventually not managing to meet her mothers needs and, subsequently, threatened her with abandonment. She said:

I am the eldest. My mother sold her unit and moved in with my sister. My sister always feels a failure if she asks for help.... As my mother became

more and more unable to do things she was not being helped. She was being neglected. My sister says (to her) 'If you don't be civil I'll leave you to yourself'. (ms14)

With regard to this issue of dependency Hugman (1995) explained, "where dependency is a major factor, the term 'abuse' denotes a breach of the duty of care, whether formally or informally bestowed, and a violation of trust (cited in James & Graycar, 2000).

One caller talked about older adults who were particularly dependent and vulnerable to neglect. He explained that he had worked in numerous nursing homes and described what he considered to be neglect of some older adults by the staff in some of those facilities. He asserted that the family members collaborated with the neglect because it would result in financial benefit to themselves. His comments included:

I have seen things that staff (in nursing homes) do what the family want to happen, quickening the demise (death)....One man went into the nursing home and no attempt was made by his wife to ensure his safety. The rest of the family did not intervene. He died in a bed of urine, he was covered in sores. The advantage to the family is getting the dollars (inheritance) quickly. The tacit intervention by staff and family is rampant in nursing homes. There were no checks and balances. (bf2)

### Receiving the Carer Payment

A "Carer Payment" is paid to a person who provides full-time care for another person. Its purpose is:

To make it easier for people to be cared for in the community and to ensure that carers have adequate levels of income and maximum opportunities to participate in society. ( Centrelink, 2000, p.48)

In some cases a person will claim the Carer Payment and neglect to provide the care for which they are being paid. With regard to this type of neglect of an older adult one survey respondent stated:

His carer is his niece. She and her partner moved in. They don't care for him. The state the old man is living in is appalling. His niece claims the carer's pension but doesn't care for him....His personal hygiene is a real worry. They left him on his own and went overseas. (bf6)

Some survey respondents described situations whereby family members of an older adult had moved into the older adult's home with the promise of providing care for them and neglected to do so, even though they were claiming the Carer Payment. It was reported that in some cases perpetrators of abuse managed to get themselves into situations where they gained easy access to an older family members' money, possibly to use to address their own financial difficulties. Such financial difficulties may have been influenced by alcohol or illicit drug abuse or gambling debts. One caller to the survey described a situation of neglect and financial abuse and added:

Money is an issue; my sister is taking a bit of money, 'a bit over the top'. It has been financially tough for my sister and I think the motivation for taking my mother in is getting the Carer's Allowance. (ms14)

According to Centrelink information, the Carer Payment is periodically reviewed in order to ascertain whether or not the recipient is still providing constant care. Such reviews are dependent on the age and severity of illness of the person receiving the care, and an older adult who is terminally may not have their situation reviewed (Centrelink, 2000, p.49). As such it is possible for abuse of the Carer Allowance to go undetected. Furthermore, analysis of data has revealed that the fear of causing conflict within a family can prevent a person from complaining to Centrelink about abuse of the Carer Payment. One survey respondent highlighted this problem stating:

She is supposed to get food for my grandmother and she has nearly nothing. That aunty also got the Carer's pension and she doesn't look after her ... my aunty was supposed to take her out places and she never did. My grandmother never went out. My aunty was always dancing, the gym ... I wanted to complain to Centrelink but my mum stopped me because there could be trouble in the family. (bf29)

## **Psychological Abuse**

*Chapter 33A of the Criminal Code Compilation Act 1913 states that "threats" to "kill", "harm", "endanger", "destroy", "damage", use "force or violence", or other behaviour detrimental to any person are criminal and punishable by law. (p. 153) Chapter 33B relates to "intimidation" and "unlawful stalking" as criminal behaviour. (p. 338)*

The UNE&SC (2002) asserts that psychological and emotional abuse is often the result of "chronic verbal aggression." The Council states with regard to verbal aggression:

Words and interaction that denigrate older individuals, are hurtful and diminish their identity, dignity and self-worth. This abuse is characterized by (a) lack of respect for the older person's privacy and belongings; (b) lack of consideration for his/her wishes; (c) denial of access to significant persons; and (d) failure to meet the person's health and social needs. (p. 4)

Older adults who responded to the survey described the psychological abuse they had experienced this way, "She goes into rages, ranting, she's not logical, screaming abuse.....Mum tries to be careful about what she says because it could cause a rage" (bf4), "He would put me down, say terrible things, criticise me all the time" (bf38), and "I am being put down by my son. He sides with my abusive neighbours. He calls me names." (ms39) Similarly, another case note records:

She (the caller)said she is being abused by her son. There has been ongoing family conflict.....There's bullying, to frighten, shouting, verbal abuse. He says she is a failure, has lived her life badly.....She visits and does his

ironing.....She does his washing but because of her fear of him hasn't been for a week. She has thought about going to the police (about the threats) but doesn't want him to get into trouble. (bf2)

Another common type of psychological abuse involves older adults being "accused" of having dementia. In actuality, these victims may have no signs of dementia other than occasional lapses of memory that may be the result of stress. In this regard, one older adult respondent stated, "He keeps saying to everyone that I have dementia, that I am going 'ga-ga.'" (ms8)

Along with psychological, or emotional, abuse that appears to be intended to hurt older adults other survey respondents described behaviour that was probably intended to "protect" them but was, nevertheless, harmful. For example, one older lady respondent stated, "She comes over uninvited and fusses around me like a child. But I am 62. She is intrusive and I feel like I am under surveillance. I am feeling under psychological pressure." (ms34)

As the preceding discussion indicates some particular psychologically abusive behaviours include bullying, ridiculing, intimidating, pressuring, and threatening. Examples of these from the survey data follow.

**Bullying:** Particular examples of bullying reported by research participants included: My brother was put into a nursing home long before he was ready. He had sold his house and bought a unit and his son got him to put that unit into his own (the son's) name. His son has taken control of his money entirely. It had a terrible mental effect on him because he was being bullied all the time (bf33), and

My mother-in-law is verbally and mentally abused by her husband. I get frustrated because I see she just bows down to it. The biggest problem is that it's not tangible, he doesn't let others know, I've seen it, but no one else would imagine he does it.....It's (the bullying has) badly effected my mother-in-law's self esteem. It's very low and she doesn't think now that she could live without him. He makes her feel that way.....It's so subtle but it has a bad emotional effect. (bf36)

The preceding quote is indicative of psychological abuse by a spouse that may have, in fact, been ongoing for many years.

**Ridiculing:** Examples from the survey of ridiculing included, "My son verbally abuses me. He ridicules me and makes fun of me" (bf32), "They (the family) used to laugh at him (my husband), ridicule him. (bf10), "I have cerebral palsy. I am disabled but I am not mentally affected. I have copped flack from my mother and sister over my speech. They put me down" (ms34), and

Her (my daughter's) partner has abused me too, calling me 'psycho'. I feel caught between my daughter and her partner. Sometimes she wants support and then calls me names. She calls me 'psycho' and 'fat grandma' in front of the kids.(ms15)

**Intimidating:** Respondent's comments about psychological abuse that included intimidation included, "My son is very protective of money. He tells me I am stupid

in the way I handle my affairs, forms, etc. He has brainwashed me, and I have lost my confidence” (ms8), “I get anxious whenever I hear his (my son’s) voice. I feel intimidated by him. (ms38), and “He (my son) thinks older people (like me) are useless, redundant, not earning bucks.” (ms39)

**Pressuring:** Reports about older adults who were experiencing psychological abuse because they were being financially pressured by family members included, “Mum said, ‘He forced, pressured me’. He has not paid back the \$400 (he borrowed). She’s upset. He told mum not to tell me. He has no conscience. (bf mc2), and

I’m nearly 60 and one of my daughters is pressuring me. My husband and I bought the house in joint names and he didn’t have a Will (when he died). One of my daughters went to DOLA (Dept of Land Administration) because she wanted her share of her dad’s assets....I have to worry about anyone getting me to sign papers or something. (bf9)

**Threatening:** Respondents to the survey reported various types of psychological abuse in the form of threats to older adults including, “He threatens to harm the (my) horses” (ms37), “When I approached him about it he verbally abused me and threatened me with his dogs” (ms38), “He verbally abuses her and threatens suicide. Once he dropped her off at a shopping centre with only \$1.50 and said he wouldn’t come back to get her” (ms33), and “She makes threats to me saying ‘there are homes where you can be cared for’.” (ms18)

### Impact on the Victim’s Health & Wellbeing

Respondents to the survey describe the impact of elder abuse on the health and wellbeing of the older adult victims. Comments included: “It’s (the psychological abuse) making her feel sick with worry” (bf2), “Dad’s health deteriorated and he died. He refused to eat after my sister told him she had a buyer (for his house. He didn’t want to sell it.)” (mh5), “She worries all the time and it (the stealing, drug use, and threats) effects her health” (bf22), “It’s (the psychological & physical abuse) wearing me down” (bf13).

In this regard, Wolf (2003) reported that symptoms of psychological and emotional distress from elder abuse include “fear, shame, guilt, alienation and post-traumatic stress disorder.” (p. 2)

### Emotional Impact on the Victim

Analysis of the data revealed a notable focus by survey respondents on the emotional impact on the victims of elder abuse. The following comments provide significant insight into the experiences of victims: “There doesn’t seem to be anything I can do (about this situation). I have panic attacks” (bf13), “I feel like I am on the edge, like I’m going to crack. It saps my energy” (ms15), “I have become introverted. I am getting confused about what is going on” (ms8), “I am on tenterhooks all the time” (ms12), “I have got to the stage where I put their meals on the table and then leave to another room to get away from them.”(ms6), “When his (my son’s) baby was born my

wife was too sad to go and see it (because of his physical abuse of me). That is so sad” (bf32), and

I am preoccupied with this (the abuse). I can't sleep at night. It is like something gnawing at me.....I love my son (perpetrator of abuse) like mad. I am in a bind. I don't want to move. When I know my son is coming around I get a physical reaction, I get anxious about it. (ms39)

Witnesses of elder abuse also commented on the impact they could see on victims of abuse. Similarly, their comments included: “Their faith has helped them through it but they are really distressed” (ms2), “She's (my mother is) paranoid now about trusting anyone. (bf23), “There was no need for him to rip Mum off.....Mum said, ‘I feel like I've been robbed’” (bf 27), and “They are still emotionally upset and have given up the fight. They don't want the grandchildren to suffer. They don't want the pain of a prolonged court battle.” (ms2)

### Dependence: Power and Control

Many of the reported experiences of elder abuse appear to be similar to those discussed by Wade and Tavriss (1990) in terms of the way some parents assert power and control over their children. These authors describe such “power assertion” to include methods such as threats; physical punishment; depriving ...of privileges; and taking advantage of being bigger, stronger, and more powerful (“because I say so”).....They assert that “Love withdrawal” is another punishing strategy. (p. 483). In this regard one respondent reported, “He (the victim)won't do anything (about the abuse) because he's afraid he will be left alone without help.” (bf6)

With further regard to power and control Penhale and Parker (1999) assert that “Family violence can be understood as violence which occurs in families and is perpetuated against the powerless and vulnerable.” They describe this type of abuse to involve the aggressive action of the “powerful individual” over someone who is, by comparison, powerless. Penhale and Parker add that for those involved, “The perception of the power imbalance may not necessarily be at a conscious level.” (p. 2)

Obvious examples of power and control identified from the survey data include, “He (my brother) wants Mum to be subservient. He thinks that by getting control over her financially it will give him control over her, just like my Dad did”(ms37), and “From that (conflict in the family) family members had total knowledge about her finances and had taken over control of it.” (bf34)

From analysis of the data less apparent attempts to exercise power and control over older adults were also identified and include, “She (the victim's daughter) called and told me (the paid carer) not to come (to provide care for her mother) but I told her I take my instructions from her mother. But she was taking control over all her mother's decisions” (bf19) and “My sister has now put my mother in a nursing home and she won't tell me where she is (stopping my mother and me from having contact with each other). (ms21)

The power and control that is, or attempted to be, exercised over some older adults can also be viewed in light of the concept of “ageism” as discussed in a following sub-section.

### Depression

One victim of abuse who responded to the survey talked a lot about the psychological aspects of the experience. She described the culminating impact this way, “I am feeling fatigued and run down, beaten, *depressed*. I have got ‘shingles’. The doctor says it is stress related.” (ms15) Along with other survey data these comments indicate that psychological abuse can also cause physiological harm to the victim, for example, the above quoted victim became stressed because of the abuse and, subsequently, developed shingles. Additionally, as the above quote further indicates, along with the psychological impact of the abuse the victim can experience sickness and/or poor health that can, in turn, contribute to their feelings of ongoing depression.

With further regard to depression, Wolf (2003) asserts that several studies have compared the experiences of victims of elder abuse with those of other older adults and found that victims of abuse were the most likely to have suffered from depression. (p. 1) In light of the circumstances of abuse revealed from this survey it is not surprising to learn that many victims of abuse experience depression, essentially, disillusionment and hopelessness about their life. (Baron, Burne & Suls, 1988, p. 45)

Subsequently, one of the outcomes of elder abuse can be that related depression leads to suicidal thoughts or action. Although many participants talked about the psychological and emotional impact of elder abuse, analysis of the data revealed that none of the participants raised the issue of suicide. Contrary to this, since providing advocacy for victims of abuse, Advocare’s APP has worked with numerous older adults who have talked about feeling desperate, hopeless, and, ultimately, suicidal. In this regard the National Center on Elder Abuse (2001) stated that “suicide is more common in older people than in any other age group.” It is further asserted that older adults who indicate that they are having suicidal thoughts or who have attempted suicide should be taken seriously. (p. 14)

It is important to note that for the purpose of this research, data about the experiences of victims of abuse was attained from brief one off telephone interviews. Whereas older adults’ revelations to Advocare’s APP advocates about feeling suicidal usually transpired after the advocate had worked long enough with the older adult to establish a relationship of trust. Therefore, one limitation to this study may have been the lack of opportunity to identify participants’ deepest thoughts and feelings about the emotional impact of abuse.

**RECOMMENDATION 3: COUNSELLING SERVICES FOR THE VICTIMS OF ELDER ABUSE INCLUDING FOCI ON FAMILY COUNSELLING, CONFLICT RESOLUTION, ASSERTIVENESS COACHING, GRIEF AND LOSS, AND DEPRESSION AND SUICIDAL THINKING.**

## **RISK FACTORS OF ELDER ABUSE**

Researchers have found that a person who abuses an older adult (commonly, a victim's adult child) tends to have more personal problems than a non-abuser. These researchers assert that adult children who abuse their parents may be experiencing personal problems such as mental illness, alcoholism, drug addiction, and financial difficulty. (The Basics, 2000)

As the Prevention of Elder Abuse Task Force (PEAT Force) (2001) in Queensland reported there are a number of identified causes of elder abuse including:

- Pathology of the victim or perpetrator: Substance abuse or mental health problems
- Dependency of the victim on the perpetrator
- A history of family violence
- Social isolation
- Carer stress
- The opportunity for the perpetrator to abuse the victim. (p. 6)

Analysis of data from this study has provided insight into some of these risk factors including past and current family conflict, carer stress, alcohol or other drug abuse by the perpetrator, gambling or crime on the part of the perpetrator, and victims who have a decision making disability. The following discussion relates to these identified risk factors.

### **Family Conflict**

With most cases of elder abuse Advocare's APP advocates encourage the victim of abuse to seek support from their natural advocates, usually their family and friends who they trust. The aim is to develop and strengthen their natural support network. However, as Kinnear and Graycar (1999) assert, "Although reliance upon informal care network can be indicative of strong family and community bonds, that network can vary in quality and strength." (p.2)

Systems theorists such as Robinson (cited in Payne et.al.,1999, p.45) see family as:

An influencing, organising and creative agent....a living system which is distinct from, yet connected to, the life of its individual members....every family adopts its own unique way for structuring the roles, relationships and responsibilities that direct their family life. They each have their own system for handling life's differing crises, emotional upheavals, conflicts and demands.

Families are generally supportive of older adults as they successfully handle life's crises, emotional upheavals, conflicts, and demands. However, as data from this survey clearly indicates, most elder abuse occurs within the family. (Refer to Part A, Figure 3.) Godkin et.al. (cited in Tindale, 1994) assert that elder abuse is often linked with complex and long-term family problems and unresolved conflicts. These authors add that there are usually emotional problems which contribute to interpersonal difficulties.(p.5) What is more, the quality of a parent child relationship early in a

child's life can negatively impact on their later relationship, particularly where earlier conflicts have not been resolved (Janzen & Harris, 1986). That can increase the likelihood of vulnerable older adults becoming susceptible to abuse. In this regard one male participant described his distress about no longer being able to have contact with his grandchild and explained, "This has been too rough a conclusion to the relationship. It has been a problematic relationship." (ms 40)

As with adult child abuse relationships, it is becoming increasingly understood that many cases of elder abuse by a spouse represent domestic violence into old age. (James & Graycar, 2000) Hightower (2000) explains that "tactics of abuse and control are elements of violence and abuse across the lifespan." (p.7) In fact these elements of violence are present across generations as highlighted by one respondent who described abuse of her mother by her father, saying, "It's bullying. There's a lot of it in the family. I think it's a generational thing. My husband has been to some groups to help him with it." (bf36) In some families violence and other forms of abuse have become the 'norm', perpetuating an ongoing cycle of abuse. It has been theorised that some elder abuse can be the result of long-term intergenerational conflict (James & Graycar, 2000). This view has also been intimated by the above quoted survey respondent.

Another respondent, who asked her daughter to leave her house after she had been abused by her, provided an example of how past family history can impact on a relationship between an older adult and their adult child. She explained:

My daughter told me that my boyfriend raped her when she was 12. I told my son and he laughed and said what is she going to come up with next. When I contacted SARC (Sexual Assault Resource Centre) for support for her she denied that she even told me that. (bf16)

### Social Isolation from Grandchildren

As mentioned in a previous sub-section entitled "Social Abuse", many survey respondents spoke of being socially isolated from their grandchildren. Data analysis has revealed that such estrangement is often the result of a history of family conflict as described by one respondent who spoke of:

Abuse by withdrawal of the grandchildren. My daughter has written letters accusing me of abusing her as a child. She says she doesn't trust me. (mh1)

Furthermore, some callers described how their relationships with their grandchildren have been damaged through ongoing conflict they have with their adult children. Their comments included, "My grandchildren keep hanging up on me. They are brainwashed by my daughter"(ms12), and "She uses her child, who I looked after a lot when she had marriage break-ups. She stops me from seeing my grandchild." (bf13)

Often older adults are socially isolated from their grandchildren as a result of divorce. In this regard Weston (1992) asserted that:

Divorce leaves its mark on the entire kinship system as relatives, particularly grandparents, adjust to the changes incurred by parents leading separate lives. The effects of the upheaval can be quite profound: for some grandparents, it means a closer relationship with their grandchildren as parents seek support and comfort. For others, often on the non-resident parent's side, divorce means losing contact. (p.1)

Weston goes on to point out that grandparents, along with their grandchildren, are often the losers when parents separate. One survey participant highlighted this saying, "The only way my parents can see the grandchildren is if they pay the airfares. She won't contribute. She has told my parents that 'you'll never see the children'." (ms2)

### Cultural Influences

A significant proportion of older Australians have come from culturally and linguistically diverse (CALD) backgrounds. In fact, around one in five older adults in Australia were born overseas (James & Graycar, 2000). However, only two people who responded to the SOS study identified themselves as having come from a CALD background. Nevertheless, these participants raised important issues regarding the abuse of older adults within their multicultural community. One situation of abuse was reported to involve an older lady from a Vietnamese family, and the other was an older lady who was a practicing Muslim from Pakistan. Each of these cases is discussed below.

According to Le (1997), psychological intimidation is the most prevalent type of abuse Vietnamese older adults experience. He adds that many victims live in fear as a result of the abuse and "because the abuse could be subtle, in addition to the elder's attempt to conceal it, it is not always easy to detect" (p. 58). Le reported that in a relevant study he had conducted many of participants reported having difficulty sleeping, losing interest in life, changes in eating habits and having suicidal thoughts. The Vietnamese respondent from this current survey stated, "My sister keeps telling my mother she will not go to heaven if she doesn't give her the rest of the (her mother's) money." (ms10) The caller stated that her mother was distressed as a result. Similarly, Le reported that many of the older adult victims of abuse in his study described feeling depressed as a result of the abuse.

This researcher further discussed the possibility that the emotional impact of abuse on older Vietnamese people can be exacerbated by a traditional Vietnamese cultural practice of withholding personal feelings and not discussing personal problems openly with others (p9). According to Le, Vietnamese elders also have a strong sense of family preservation and self-reliance, which reflects the teachings of Confucius. As such there is a sense of obligation to the family, keeping problems within the confines of the family. Le points out that they (Vietnamese older adults) have faith in fate and "filial piety" (respect and loyalty toward parents), so disclosure of abuse may be seen as bringing shame on the family. In this regard the above reported respondent stated, "We can't report this to the police because it will bring shame on the family. We can't talk to our Vietnamese friends either. We must keep it in the family." (ms10)

This same sense of commitment to Vietnamese family culture can have the effect of exacerbating existing abuse. For example, the respondent referred to above, whose mother lived with the alleged abuser, was unwilling to provide alternative accommodation for her mother saying, “We can’t get our mother to move out and into a Homeswest unit because it is not the Vietnamese thing to do, to leave an old person living alone. The family must care for them.” (ms10)

Le also explained that many Vietnamese older adults are financially dependent on their adult children making them more vulnerable to abuse. In this regard, the above reported participant told me, “My mother now lives with my sister who nags her all the time, harassing her. My sister wanted her (my mother) to sell the house and come and live with her. I’m sure it is because she wanted the money.” (ms10)

While the above discussion relates to older adults living in the Vietnamese community it is possible that similar beliefs about non disclosure of abuse are found within other cultural groups. This could explain why so few older adults from a CALD background responded to this survey.

The other survey respondent from a CALD background described a situation whereby the alleged abuser was using the culture to harass her mother. The survey respondent reported that, “Mum is Muslim, Pakistani. She was pressured by her daughter to conform. Conflict always.....Gradually Mum’s sister-in-law picked a fight with every family member and caused conflict between them and Mum.....She knows how to use the culture against Mum .”(bf4)

It is important to note that no indigenous Australians responded to the survey. In this regard, James and Graycar (2000) point out that the criteria that we use to define older adults may be different for Aboriginal Australians. They assert:

Using standard definitions of old age for Indigenous Australians is problematic as their lifespan is almost 20 years less than other Australians. Indeed, if old age is defined as 65 years and over, then only 1 in 38 Indigenous Australians are in this category compared with 1 in 8 of the rest of the population. (p9)

The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Australia) (1997) reported on the dark and painful history experienced by indigenous Australians. In light of this it has been asserted that many Indigenous Australians have a distrust of mainstream institutions which do not provide culturally appropriate services. Therefore, it could be considered that a reason why no Aboriginal Australian people responded to this survey might be that there is a general feeling of distrust for research conducted by a mainstream organisation.

**RECOMMENDATION 4: DEVELOP A CULTURALLY APPROPRIATE ADVOCACY SERVICE FOR OLDER ADULTS FROM A CALD BACKGROUND WHO ARE AT RISK OF ABUSE.**

## **RECOMMENDATION 5: DEVELOP A CULTURALLY APPROPRIATE ADVOCACY SERVICE FOR INDIGENOUS AUSTRALIAN OLDER ADULTS WHO ARE AT RISK OF ABUSE.**

### Carer Stress

One survey respondent reflected on how difficult her caring role was, stating:

My mother has dementia and I can see how a carer could abuse.....She has two daughters and one son. I (a daughter) have it all on my shoulders. I also see where a lot of folk come from.....I can understand why some abuse older people but I never would.....I understand why carers are put in a position of abusing an older person. I'm afraid I will do that. (Note: This lady was extremely distressed when she called) (bf8)

According to the Aged Rights Advocacy Service (2001) while carer stress is a reality, it constitutes less than 10% of risk factors for abuse. Analysis of this current survey data has also revealed that carer stress is less of a risk factor in relation to elder abuse than has previously been theorised. In that regard, Pillemer (1993), had described elder abuse as being a "natural outgrowth of the aging process that leads to the need for family care." (p.239) Steinmetz (cited in Pillemer, 1993) also stated that, "families actually undergo 'generational inversion', in which the elderly person becomes dependent upon his or her children. This places the caregiver under severe stress." (p.239)

Subsequently, it has been asserted that views such as that presented above imply that older adults become a burden upon their families, and as such are, are responsible for the abuse. However, as McDonald and Collins (2000) assert:

One major flaw of this perspective is that it fails to account for the fact that some caregivers, who experience the same stresses as abusers, do not abuse their elderly. The perspective has also been criticised for being dangerously close to blaming the victim, because it identifies the older person as the source of abuse.(p.28)

Although she expressed her fears about the possibility that she could abuse her dependent mother, the above quoted survey respondent emphasised a number of times that, to date, she had not hurt her mother. This informal carer was referred by the researcher to appropriate counselling and carer support. One case reported to the survey involved elder abuse by an informal carer and this respondent stated:

The daughter has been caring for her mother for 13 years. She acted like she owned her mother.....the older lady told me that her daughter was very demanding and highly strung. The daughter came one day and she started shouting at her mother. (bf18)

James and Graycar (2000) assert that where carer stress is associated with elder abuse it is usually accompanied by factors including dependency, on the part of the victim, and/or substance abuse or psychiatric illness on the part of the perpetrator.

Furthermore, according to Pillemer (1993) a perpetrator of abuse may also be dependent on the victim, particularly, financially dependent. These assertions have been supported by this current study and described in a preceding sub-section entitled "Freeloading".

According to James (1994) not everyone is suited to provide care for their elderly parents or relatives. James further asserts that family members who are not economically, psychologically, or physically prepared to take on the responsibilities of the commitment of caring are more likely to be abusive (p.96). In addition to this, as Janzen and Harris (1986) state, one major factor that predisposes carers to be abusive is having a history of long-standing conflict with their parent. These authors also emphasise that "where conflict is unresolved, aged parents and their children will not be able to live comfortably together." (p.163)

### Payback Time

Where there has been a history of domestic violence, child abuse or other family conflict, some family members may become abusive towards the person who had abused them in the past, usually an older relation. Furthermore, sometimes the previous victim has become their abuser's carer and, as such, has acquired a position of power and control over that person. In this regard the concept of "Payback Time" refers to a situation whereby a previous victim of abuse exacts some form of revenge upon a person who has abused them in the past. (Penhale & Parker, 1999) Some relevant comments by survey respondents included, "My son told me I deserved it because I hit him when he was a kid and I had caught him smoking." (bf31), "He was very hard on them when they were children. He didn't mind giving them a good slap." (bf10), and "I raised a daughter by myself and as she has got older she's got pretty bad, total persecution (of me). She screams at me and becomes violent. She tells people bad things about me....I want my reputation back." (bf13)

As the following rhyme appears to indicate, the phenomenon of payback time in relation to elder abuse is not new:

When I was a laddie  
I lived with my granny  
And many a hiding ma granny di'd me.  
Now I am a man  
And I live with my granny  
And do to my granny  
What she did to me. (Traditional Rhyme: Anonymous)

Hughes (1993) asserts that abusive behaviour in the form of payback is often an attempt to restore the balance of power in a relationship where an adult child or spouse had felt powerless in the past. This was reflected in survey comments including, "It's a payback. She missed out on something in her life and so now her mum is going to suffer." (bf4), "I think it is my sister getting back at my mother because of earlier problems between them." (ms14), and:

As my sister got older she used to talk about all the bad things mum did. As soon as mum began to get dementia she began to have more contact with mum. My sister had total control of mum's money including her bankcard.....My sister and my brother made mums last years a misery.....Mum was like a prisoner. (bf7).

Analysis of survey data also indicates that in some cases, the older person may have been abused as punishment for having done something else in particular for which their adult child disapproved. This was highlighted by one caller who said, "My daughter won't let her children have contact with me, because of my divorce from her mother. She blames me. I think it is payback." (ms12)

However, it is important to note that not everyone who has been a victim of abuse in the past will engage in payback behaviour when the opportunity presents. According to (Kaufman & Zigler, 1993), individuals who were abused when they were young and who didn't abuse others later in their life usually had supportive relationships. Furthermore, they had the opportunity to openly express their feelings and thoughts about their past abuse and gained an understanding of their history of abuse. With regard to payback time, it is important to note that, as discussed in the preceding subsection entitled "Carer Stress", where there is unresolved conflict between a parent and an adult child, or between spouses, there is a risk of elder abuse if the victim of the earlier abuse takes on the role of carer for the person who abused them.

### Impact on the Family

Analysis of survey data indicates that many family members are upset and distressed by the abuse their relation (usually a parent) is experiencing or has experienced. Some comments included, "It really upsets me to see this happening to my mother" (ms10), and "It is an awful situation and it has split my family."(ms14) Another distressed survey respondent reported, "I've been told to forget about it and move on." (bf15)

It is apparent that elder abuse not only effects the victim but can also have serious repercussions throughout the victim's family. With this in mind, "Family Systems Theory" is a useful tool for exploring the dynamics involved in relation to elder abuse. For example, this theory asserts that each family has its own system for handling life's differing crises, emotional upheavals, conflicts and demands. Brown (1999), discusses Bowen's Family Systems Theory, and asserts that "The degree of anxiety in any one family will be determined by the current levels of external stress and the sensitivities to particular themes that have been passed down through the generations." Brown further states that "If family members do not have the capacity to think through their responses to relationship dilemmas, but rather react anxiously to perceived emotional demands, a state of chronic anxiety or reactivity may be set in place." (p95)

Many survey respondents discussed the impact that a situation of elder abuse was having on their family. Comments included, "My sister took out a Power of Attorney and an Enduring Power of Attorney (for my mother). I had no access to anything for her. Conflict broke out in the family amidst all this arguing"(bf7), "In the past I have got on well with them but the relationship is now stressed"(ms9), and "I don't want to

report it (the abuse) to the police. It will cause too much trouble in the family.” (ms29)

Analysis of survey data also indicated that, in some cases, the impact of elder abuse was seriously affecting the respondents’ (victim or family member’s) marriages. Two respondents reported, “It is affecting my second marriage” (ms12), “She got my house money (money from sale of my house) out of me and a car. She never paid it back.....My losing the house to her destroyed my marriage.” (bf13), and “My wife is in denial. She won’t accept her grandson would do this (to me). So I can’t report it to the police because it will harm my relationship with my wife.” (ms28)

### **Drug/Alcohol Abuse, Gambling & Crime by the Perpetrator**

Numerous respondents to the survey reported that the perpetrator of elder abuse had an alcohol or other drug problem. Comments included, “He (the perpetrator) drinks and I am concerned about my mother’s health and welfare” (ms20), “The one time we went to the house (where the victim & perpetrator live) there were needles (for injecting drug use)” (bf6), “My wife’s grand-daughter asked her for \$\*00 for a bond, but she never moved into the house. A friend told me she used the money for drugs and a debt she had with a drug dealer” (ms31) and,

My cousin was taken in (given a home) by my nanna because no-one else would have him (in their home). She always tries to do the right thing. He was into the local drug scene. She had a drug dealer come to her door threatening if she didn’t pay what he was owed by my cousin she would be killed.....She was terrified. He (my cousin) would look her straight in the eyes and lie to her. (bf22)

With particular regard to perpetrators of elder abuse who have drug use problems Spencer (2000) asserts, “When substance abusers have tapped out other sources to pay for their drugs, some turn to their elderly parents. If they can’t intimidate the older person, the next step is to physically assault him or her.” (p. 4) Comments from survey respondents who discussed physical abuse by perpetrators who had problems with drug/alcohol use included, “He (my son)is a drug user.....He has punched me more than once” (bf32), “She got my house money out of me and a car ... she’s never paid it back.....She screams at me and becomes violent.....She is known for her violence.....She uses ‘speed’. Her child suffers as well (as me)” (bf13)

Other respondents explained that the perpetrator of abuse had problems with gambling and/or was involved in criminal behaviour. In this regard respondents reported, “My husband gambled. He got into debt and turned to my mother. He took mum to the bank and got her to withdraw money and give it to him to repay his debt. He didn’t tell me. I’ve now left him” (mc2) “He (the perpetrator) has been in jail for burglary and he uses drugs” (ms28), and “She (the person who is financially abusing me) is in financial strife and mixing with criminals.” (mc4)

## **The Victim with a Decision Making Disability**

According to James and Graycar (2000) “1 in 5 people over 80 suffers from dementia (compared with 1 in 20 in the 65-79 age group). Ninety-one per cent of those aged 65 and over live in private dwellings.” (p. xi) Over ten percent of the cases of elder abuse reported during the survey involved victims who had some degree of dementia. Comments about the abuse they were experiencing included, “My mother has dementia. A lot of her income has disappeared (been stolen)” (mh8), “My mother-in-law has Alzheimer’s and lives in a (nursing) home. My brother-in-law is her Power of Attorney and he has abused that by taking money out of her account” (bf24), “Shortly before her (my mother’s) death there was conflict between me and my mother. I think it was because of her dementia. My brother forced her to change her Will” (ms16);

My mother was assessed as having decision making disability last December. She gave me Enduring Power of Attorney. My sister found out about it and forced my mother to sign papers and revoke the Enduring Power of Attorney. She got my mother to give it to her instead (ms21); and

A neighbour has been borrowing money (from the victim). She had dementia. He got hold of her (bank auto teller) card and has taken money out of her bank; \$\*,000.....The bank was influenced by the neighbour to arrange a loan for himself in her name. The bank person knew that she was getting the money for him (her neighbour). (bf43)

It is important to understand that many people, particularly people experiencing less advanced symptoms of dementia, may remain capable of making their own decisions. In fact, they may still be the best person to make those decisions. On the other hand, as Cocks and Duffy assert (1993):

A person with an intellectual impairment may have a relatively reduced capacity for some activities of a cognitive nature. They may not be able to exercise good judgement.....Elderly people who are frail and have severe and multiple disabilities and may be chronically ill represent a group of people whose vulnerability is extreme. (p. 20)

Bearing this in mind, it is important that people who have less advanced dementia (or another decision making disability) be consulted as much as possible before making decisions that can effect them. If feasible, the person should be provided with options including the option to refuse a service. (PEAT Force, 2002) Furthermore, as the PEAT Force asserts, “Even when people can not make all of their own decisions, their view should be taken into account.” (p. 12)

With regard to the provision of protection for people with decision making disability, in an interview with Michelle Scott, the Public Advocate, she commented:

If there is a concern that a person is no longer capable of making reasoned decisions about their finances in their own best interests, consideration should be given to applying to the Guardianship and Administration Board for an administration order.

Similar consideration should be given if financial abuse is allegedly taking place against the person with a decision-making disability even if an Enduring Power of Attorney is in place. The Office of the Public Advocate is available to discuss concerns that people may have about a person with a decision-making disability. (Communication, March, 2003).

## **ADVOCACY**

The Latin word for advocacy is “advocare” which has been defined to mean “to be called to stand beside.” (Westhorp & Sebastian, 1997, p. 11). To a large degree, advocacy involves providing information and support to a person with the intention of empowering them to address their situation of abuse. (This concept of empowerment is related to a preceding sub-section entitled “Dependence: Power and Control” that discusses the situation of imbalance of power between a victim and perpetrator of abuse; in favour of the perpetrator.) Ideally, as the result of advocacy support a victim of elder abuse experiences an increase in the power and control they have over their situation and feels more able to assert their rights.

With regard to advocacy for victims of elder abuse Health Canada (1994) asserts, “The most effective way to involve seniors in solving personal abusive situations is by assisting them to regain control.” (p.14) This organisation continues to define “empowering” as:

The process of helping individuals to maximise their confidence, skills and abilities in order to take control of their lives and to make informed decisions that are in their best interests. Empowerment also involves the element of choice and available, accessible options. (p. 5)

Advocacy is commonly viewed to occur from three perspectives: self advocacy, natural advocacy, and formal (or professional) advocacy. These are discussed in the following sub-sections.

### **Self Advocacy**

Westhorp & Sebastian (1997) state that self advocacy involves “advocacy on one’s own behalf”, explaining that this can be done as an individual or part of a group with a shared interest. (p. 20) Comments made by research participants regarding self-advocating thoughts and actions included, “I am going to keep away (from the person who abuses me) now” (ms15), “I’ve changed and stopped giving her money. She’s accepted it but I can’t trust her. I’ve changed my Will” (mc4), and

I am planning to stop anyone from taking advantage of me if I lose my marbles. They don’t do anything for me they are only interested in my money. I don’t trust either of them (my daughters). One daughter tried to get my husband to sign a Power of Attorney. I wouldn’t trust either of them. (bf9)

## The Consequences of Asserting Your Rights

Self-advocacy could be considered to be an ideal approach for dealing with abuse in that it involves the victim speaking and acting on their own behalf. However, doing so may not be in the best interest of the victim, for example, it may be dangerous.

Relevant comments from survey data include, “He yells at her all the time and when she challenges him about the money he gets worse” (ms33), “I haven’t reported the abuse ... I don’t want to get a restraining order because I am afraid I will lose the grandchildren” (ms15), “She (the victim) is a very active woman. She is a musician and plays the piano at homes, etc. She is worried that if she leaves (the place where she lives with the perpetrator) she’ll have to live in a (residential) home and lose her independence” (ms27), and

It could go to mediation. My sister has concerns about this because our brother will probably lose his temper. It could get worse. I am afraid that if he feels he can’t get his own way, Mum’s life will be in danger. Especially if the caveat (he has placed on mum’s house) is removed because then he will feel he’s out of control. (ms37)

## **Natural Advocacy**

Natural advocacy refers to advocacy support that is provided by family and friends. With regard to this type of support for vulnerable people Cocks and Duffy (1993) assert that “for many people, vulnerability is recognised by others around them, their friends and family, for instance, and they receive the support they need in order to safeguard them from negative consequences of vulnerability” (p. 15).

Examples of natural advocacy that were revealed through analysis of survey data included, “Her son had to find her a Homeswest flat” (bf34), “The older lady’s son was pressuring her to lend (him) money. Other family members found out and sorted it” (bf20), “One of my sisters goes and cleans, but also to keep an eye on them (past victims of abuse)” (ms27), “No one else (but me) in the family wants to do anything about it for mum. She needs that money” (bf27), and

I told her niece (the perpetrator) that I went to the bank and I said I had evidence (although I didn’t) that she forged the signatures (committing financial abuse). That frightened her and she gave nanna the \$\*\*,000 back. (bf17)

In a media release by the Minister for Justice and Customs (Australian Institute of Criminology, 1999), Senator Vanstone alluded to the role of natural advocacy with regard to fraud against the elderly and asserted that “preventing fraud (against the elderly) often only requires that we be aware that others might be trying to take advantage of us or our elderly relatives and be prepared to make some basic checks.” However, analysis of survey data revealed that the role of a natural advocate can also be stressful. Although the witnesses of abuse who responded to the survey primarily talked about the natural advocacy they had provided they also described the psychological and emotional impact the abusive situation was having on themselves.

One comment in this regard was, “It's hard for the person who sees it (the abuse) ... to see it happening.” (bf28)

Cocks and Duffy (1993) discussed the circumstances whereby some victims of abuse do not have natural advocacy support available to them. These authors have asserted:

People who have for one reason or another lost their natural carers, friends and families, live in a condition of heightened vulnerability.....A person who has a number of friends and supporters is more safeguarded than a person who has only one supporter, although of course to that person, the single supporter is crucial. 15, 19)

With regard to lack of natural advocacy support, one victim of abuse commented that there was no support available to her from family or friends. This older lady simply stated, “My family does not want to know about it.” (mh1)

## **RECOMMENDATION 6: PROMOTION WITHIN THE GENERAL COMMUNITY OF SERVICES THAT SUPPORT THE NEEDS OF OLDER ADULTS AT RISK OF ELDER ABUSE.**

### **Professional/Formal Advocacy/Support**

Westhorp & Sebastian (1997) explain that professional and other types of formal advocacy is “provided by a worker who is paid to advocate on behalf of others” (p. 21). Examples of formal (or professional advocacy) include lawyers, unions and advocacy services. Formal advocacy may also be available, for example, from community services, social institutions, religious organisations, and educational institutions.

Professional advocacy for victims of elder abuse is based on the view that the most effective way to involve seniors in resolving personal abusive situations is by supporting them to regain control. Health Canada (1994) reported that keys to successful empowerment include:

- “Receiving and understanding information on one’s rights and what constitutes abuse;
- Understanding all possible choices and their consequences;
- Having one’s privacy, dignity and right to risk respected;
- Being offered continual support through the process; and
- Receiving support and respect for the ultimate decision and subsequent action.” (p. 14)

Health Canada (1994) further assert that “The challenge for seniors and professionals involved in the issue lies in creating an environment where an older person feels confident to speak out about abuse and ask for help in both practical and emotional terms.” (p. 14)

Examples from the survey of formal advocacy provided to victims of elder abuse included: “The doctor helped me to get a Homeswest place” (bf39), “The \* (HACC) support group have been fantastic. Keeping an eye on her and giving her services if she needs it” (bf43), “I went to a church counsellor, but it was not helpful” (mh2); and “When the director of nursing (at Nanna’s nursing home) found out about this (financial abuse) she helped Nan to change her bank account.” (bf17)

Some survey respondents who worked in community aged care services talked about having fulfilled the role of advocate. One of these respondents told me:

Her (my client’s) daughter was her POA but she never told me that she had that role. She got upset with me. She called and told me not to come but I told her I take my instructions from her mother but she was taking control over all her mother’s decisions. (bf19)

Another aged care service provider recorded the negative consequence of having advocated for a victim of elder abuse stating:

The daughter went down to where I (a paid carer) worked (community aged care service) and she went off her brain (to my supervisor) that I had the audacity to comment on her relationship with her mother. (This paid carer had defended her client when she was being verbally abused.) This type of experience affected me and stops me from defending someone else. I get a black mark against my name at work. (bf18)

As the above quote clearly indicates, people who, through their work, are required to act as informal advocates for victims of elder abuse, need to know how to appropriately carry out that role and, at the very least, know where they can go to obtain support and information. The above quote also highlights the frailties of informal “in-house” advocacy and reinforces the need for advocacy to be independent of formal service provision. Subsequently, the dilemma faced by a staff member in terms of a conflict of interest is less likely to have a negative impact on them and the organisation. This will also help to avoid role confusion and less likely to result in a parallel process occurring.

With regard to skilled formal advocates the PEAT Force (2001) specifically assert that, “informed intermediaries are particularly important for groups who may experience difficulties in accessing mainstream service and information ... such groups include people from culturally diverse backgrounds, people from rural areas, and people with high levels of disability.” (p. 18)

With general regard to support for victims of elder abuse Baron, Burns and Suls (1988) explain that there are many kinds of social support that can assist someone to deal with “social pressure”, some being more effective than others. Furthermore, support that is attained earlier on in the situation can be much more beneficial than that which is available once the victim has succumbed to the pressure and control. (p. 166)

In conclusion, it is important to note that around two thirds of the cases of abuse reported during the survey were, at the time, ongoing. Of those survey respondents

around one third asked for, and were provided, with advocacy support from Advocare's APP.

**RECOMMENDATION 7: APPROPRIATE ELDER ABUSE PREVENTION TRAINING BE SOUGHT BY ORGANISATIONS AND OTHER SERVICES FOR EMPLOYEES WHO MAY BE PLACED IN POSITIONS WHERE THEY WILL ACT AS INFORMAL ADVOCATES.**

**RECOMMENDATION 8: APPROPRIATE SUPPORT BE PROVIDED BY ORGANISATIONS AND OTHER SERVICES FOR EMPLOYEES WHO MAY BE PLACED IN POSITIONS WHERE THEY WILL ACT AS FORMAL ADVOCATES.**

### **Protection for Victims of Elder Abuse**

In Australia, "protection" for victims of elder abuse primarily involves that which is provided by the police, legal services, the Office of the Public Advocate, and/or the Guardianship and Administration Board. Contrarily, some countries, including Canada and parts of the United States of America (USA), have legislation enforcing the mandatory reporting of elder abuse. This legislation particularly asserts that health professionals, service providers, police, and others who may be in a position to witness or have confided to them circumstances of abuse *must* report it to the Adult Protective Services (APS).

The APS has the authority to investigate reported cases of abuse. However, as the National Centre on Elder Abuse (2001) in the USA explained "Competent adults have the right to make decisions about their own lives, including the right to refuse help from adult protective services" (p. 3). Furthermore, as Montagnese (1999) in his address for the "Adults with Vulnerability" Conference in Ontario asserted: "Those who live in situations of abuse and neglect must be allowed to determine what risks they will tolerate as competent persons. Such persons find dignity in risk." (p. 4)

Of concern however, is whether initial contact from an APS representative may be a harmful intrusion into the life of an alleged victim. For example, contact made by an APS worker to a victim, who shares a home with the person who is abusing them, could alert that perpetrator to the fact that the victim has disclosed to someone that they are being abused. Subsequently, the perpetrator may use the strategy of "social isolation" to prevent the victim from speaking out again. They may prevent the victim from leaving the house, having visitors, or receiving needed support from a community service.

Australia does not have legislation enforcing mandatory reporting of elder abuse. That decision has been based on the same principles of human rights to personal freedoms, to make choices, and to take risks. In Australia the concept of "Duty of Care" can be viewed as a means of providing protection to people who are in danger from elder abuse. For example, the Privacy Act 1988 states that an organisation is justified in disclosing information if "the organisation reasonably believes that the use or disclosure is necessary to lessen or prevent ... a serious and immanent threat to an individuals life, health or safety." (Privacy Act, 1988, p. 202) Hence, the

responsibility of a Duty of Care to one's clients or patients can be viewed as an alternative to mandatory reporting in that it provides a means of protection to older adults whose life, health or safety is being threatened.

It is the authors view that acting appropriately with a Duty of Care can be a less obtrusive, and potentially less harmful approach, to supporting victims of elder abuse than that of adult protection." For example, from time to time Advocare's APP has been consulted by health professionals and service providers about their Duty of Care with regard to cases of elder abuse. On these occasions an APP advocate has recommended that, if possible, they *discretely* inform the victim about the APP advocacy support that is available. Alternatively, that "representative" can work with an APP advocate to identify the most careful approach available to provide advocacy support to the victim; that is, communicating with the alleged victim without the knowledge of the perpetrator. It is important to note that in a very small number of cases, where the victim has been identified as being in danger, emergency and/or protective services (for example, the police) may need to be involved using the least intrusive approach that is possible.

Analysis of the data from this research has revealed that a number of victims, or older adults at risk of abuse, had sought, or considered seeking, police support. The following discussion relates to these participants' experiences.

### Seeking Police Support

Barrett (1998) sought to identify the experience agencies and services in relation to police support for cases of elder abuse. He found that in WA most agencies (42%) rated work with the police as fair to good, with none reporting excellent cooperation. (p.346) In this regard, many respondents to the SOS study reported negative experiences with the police. Comments included, "I complained to the police (about the physical abuse) but they can't be bothered with me." (bf13), "One time he (my son) punched me for half an hour. I went to the police and they told me there was too much paperwork. He (the police officer) said I shouldn't press charges against my son." (bf31), "I can't get much support from the police." (ms42), and "I went to legal aid and explained it to the police and they told me it had nothing to do with them." (mc3) On the other hand, some survey respondents had positive comments to make about the support they had received from the police, for example, one male respondent stated, "I called the police. They said I should call them first in the future instead of approaching the neighbour."(ms38)

Many older adults do not report their experiences of elder abuse because they are afraid of the consequences. Furthermore, there is a particular concern among older adults that informing the police about the abuse may result in negative repercussions for the perpetrator and/or themselves. It is important to note that often the perpetrator is a close family member who the victim loves and cares about. This was reflected when one respondent said, "The police were called in to the nursing home but nanna didn't want to have her charged (for stealing) (bf17)." Another respondent spoke of pressure from others to avoid likely consequences from involving the police. Subsequently he told me, "I reported it to the police but a friend asked me to drop it." (ms25) Another reason older adults may not report their experiences of abuse to the

police is their fear that they won't be believed, as one survey respondent asserted, "I reported it to the police but they wouldn't believe me." (ms32)

Morgan Disney et al (2000) highlighted some of the above issues when they wrote:

The Keys Young study found that women not accessing services identified several barriers to utilising the police. These barriers included concern for the perpetrator, fear and discomfort (especially identified by indigenous women), and a lack of confidence that the police would or could help. (p.19)

In this regard, some respondents indicated experiences that could lead to them having future barriers. For example, one respondent reported, "My ex-wife did a home invasion and took a lot of my stuff and nearly killed me. The police wouldn't listen to me. They treated me like a silly old bugger."(bf14) These types of responses by police, other professionals, and service providers could be viewed as being 'ageist' and, subsequently, disempowering for the older adult. The following sub-section discusses the concept of Ageism with regard to elder abuse.

In an interview with Senior Sergeant Neville Beard from the Western Australian Police Service he stated:

It is unfortunate that many of the comments made by the respondents to this survey are not uncommon in most law enforcement agencies throughout the world. It may be that in many cases some of our younger or more inexperienced officers do not recognise elder abuse, as it appears in many forms.....The WA Police, Crime Prevention and Community Support Division is in the process of undertaking a program to educate all of our officers in a number of areas and have recognised indicators of elder abuse as being one of the more significant.

Sergeant Beard added that:

It is important to remember, for both police and older persons, that every one has the right to feel safe in our community. Older persons should not feel that they are unable to report matters concerning them for fear of retribution or out of a misguided sense of loyalty to a family member as it is their right to be represented in any circumstances. (Communication March, 2003.)

### Ageism

Ageist attitudes can be seen to contribute to the problem of elder abuse. For example, Hightower (2002) asserts that "the word 'retired' is being equated with words like 'vulnerable' and 'unproductive'. We are talking about institutional prejudices that are reflected in both attitudes toward and treatment of older people." (p4) Ageist attitudes exist within our culture and have been compounded by other negative connotations associated with older adults, including dependency and disability. Such attitudes influence an overall imbalance of power within the general community. (Penhale and Parker, 1999) Furthermore, since ageist attitudes are so entrenched within our culture,

some older adults are likely to internalise these attitudes, and believe that they are in fact useless, dependent and frail. McDonald and Collins (2000) assert that:

Misconceptions and distortions about ageing dehumanise older persons, making it easier for them to be victimised, and making it easier for the abusers to feel little or no remorse. At the same time, older people may even view their maltreatment as deserved, because, they too, may have adopted society's negative attitudes. (p.37)

Ageist attitudes can have the effect of maintaining dependency of older adults upon others (such as family) and maintaining an imbalance of power in favour of a perpetrator of abuse. This can make it more difficult to prevent or resolve circumstances of elder abuse. (Penhale & Parker, 1999). Therefore, in order to work towards the prevention of elder abuse it is important for people working with older adults to challenge ageist thinking. Furthermore, as the UNE&SC (2002) assert:

The vulnerability of older persons to abuse may also be reduced by enabling them to remain active and productive and thus to continue to contribute to society, community and family. Societies can be encouraged to create an anti-ageist environment in which older persons' rights to independence, participation, care, self fulfilment and dignity are recognised and enabled.

### The Silent Victim

Statistical evidence of cases of elder abuse are likely to underestimate the real prevalence of this social problem. One reason for this is that many older adults do not report their abuse. A relevant example from the survey was:

He took mum to the bank and got her to withdraw money and give it to him to repay his debt.....He told mum not to tell me.....He used to urge her to take her shopping with no one else and get her to promise not to tell. My mother didn't seek help and doesn't know I've called Advocare. (mc2)

There appear to be many reasons why older adults do not speak out about their abuse. As highlighted in the preceding sub section, some older adults may have internalised ageist attitudes and view their abuse as deserved and that they are to blame. Consequently, they may think that nothing will change, and accept the situation. Ageist attitudes held by older adults may also contribute to them thinking they would not be believed even if they did speak out about their experience of abuse. One respondent told me, "I am afraid of being told I am senile if I talk about it. I am afraid no one will believe me." (ms25)

Many older adults may not report their abuse to the police because they are afraid of the possible consequences. (Refer also to the previous sub-section entitled "Seeking Police Support"). Often they fear that the perpetrator may "get into trouble" with the police or even acquire a criminal record. Some victims of abuse may also be worried that the perpetrator could become angry or violent if the abuse is reported, while others may fear rejection by the perpetrator and/or other family members on whom they are dependent. Hightower (2002) asserts that "women who are emotionally

involved with, and financially dependent on, their abuser are likely not to report physical abuse within the family to the police.” (p.2)

Additionally, some victims of elder abuse have concerns that members of their family, and friends, would become distressed if they were to find out about the abuse. Consequently, an older adult may choose to remain silent about it. In this regard one respondent reported, “Mum keeps quiet about it (financial, verbal & physical abuse) now because she doesn’t want to worry us.” (bf4)

Analysis of survey data also indicated that some older adults may feel ashamed or embarrassed about the abuse they are experiencing and may attempt to maintain a façade of normality. One respondent described how her mother kept silent about the abuse, saying, “She lies to people about her life, and tells people that he (her partner who abuses her) is her brother. She never goes to social functions because she wants to hide it (the way he treats her).” (ms27) Another respondent spoke of how she and her husband did not want to talk with their family about their experience of abuse because the family would gossip about it. She confided, “We don’t talk about it (the abuse) because its amazing the things that come back to me from the family. What they are saying.” (bf21)

Data analysis also revealed that some older adults are of the view that problems within the family should not be discussed outside of it. Furthermore, they believe that family matters should be solved by the family and that "outsiders" should not become involved. One respondent reported that she was reluctant to talk to anyone else because, she did not want “to involve others in family business.”(ms40) It is important to note that this reason for non disclosure by victims is also discussed in relation to victims of elder abuse from a CALD background (Refer to sub-section entitled “Cultural Influences.”) Furthermore, some victims consider abuse to be normal family behaviour, thus perpetuating the ongoing cycle of abuse. (Refer to sub-section entitled “Family Conflict.”)

Through working with victims of elder abuse Advocare’s APP advocates have identified other reasons for secrecy about elder abuse to also include; the victim being socially isolated or physically unable to communicate (for example, having impaired communication skills); their lack of awareness about the existence of advocacy support; and/or decision making disability on the part of the victim.

In conclusion, and with regard to this issue of secrecy McDonald and Collins (1998) strongly asserts:

Abuse and neglect of older adults is a community problem. It should not remain a secret shared by the victim and perpetrator. It cannot rely on a social agency for its resolution because it is only through community and general public education that we can ensure the safety and security of older adults.(p.57)

**RECOMMENDATION 9: DEVELOPMENT AND AVAILABILITY OF SUITABLE REFUGES FOR OLDER WOMEN AND MEN WHO ARE AT RISK OF ABUSE.**

**RECOMMENDATION 10: A MEDIA CAMPAIGN BE CARRIED OUT THAT IS AIMED AT RAISING COMMUNITY AWARENESS ABOUT THE RIGHTS OF OLDER ADULTS AND THE CRIMINAL NATURE OF ELDER ABUSE.**

**RECOMMENDATION 11: FURTHER ELDER ABUSE RESEARCH BE CARRIED OUT THAT IS PARTICULARLY AIMED AT IDENTIFYING ISSUES FOR INDIGENOUS AUSTRALIANS, PEOPLE FROM A CALD BACKGROUND, AND OLDER ADULTS LIVING IN RURAL AND REMOTE WESTERN AUSTRALIA.**

## CONCLUSION

A primary aim of this SOS research was to gather empirical evidence, from victims and confidants of elder abuse, about this social problem in WA. The survey was also aimed at identifying whether the evidence about elder abuse gained during the past year from Advocare's APP clients was different in any way to that provided by the general community. Subsequently, it has been identified that findings from the analysis of statistical data from APP cases and findings from the survey data are very similar. For example, similarity of patterns of abuse include that the victims of elder abuse are more likely to be female, the most common type of abuse is financial abuse, usually accompanied by psychological abuse, the perpetrator is most often a son or daughter of the victim, and ongoing family conflict, on the part of the victim and perpetrator, is often a contributing factor.

It is important to note that at the time of writing-up this final report on the S.O.S. research Advocare's APP had been providing advocacy for less than a year and a half and support had already been provided in relation to over 250 cases of elder abuse. Through working with clients and the implementation of the SOS research the APP has now identified around 350 cases of elder abuse in WA; the vast majority of which had occurred within the metropolitan area of Perth. (The 35 cases identified from the survey that resulted in the provision of advocacy have been taken into this account). While both sources of data are valid and valuable in their own right the combination of this empirical evidence about elder abuse clearly validates pre-existing anecdotal evidence about the problem of elder abuse in WA.

Furthermore, the qualitative component of this research has provided significant insight into experiences of elder abuse in WA including descriptions, explanations, causes and consequences, thoughts and feelings related to the experiences of victims and confidants of elder abuse. With this new knowledge in mind, a task that now lies ahead is to use it to provide appropriate and effective support to the older adults within our community who are at risk of abuse. On a broader scale a basic challenge that we must meet is to educate our community that the ways in which many of our older adults are treated is *wrong* and often *criminal* (in breach of the Criminal Code); and that such behaviour *will not* be tolerated.

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**TELEPHONE SURVEY INSTRUMENT**

**Appendix I**

**PART A**

**Victim of Abuse**

Anonymous Identifier	
Gender	Male    Female
Age (approx)	
Post Code	
Current or past abuse? (If past, when?)	

**Or Witness/Confident of Abuse**

Anonymous Identifier	
Relationship with abused	
Post Code	
Current or past abuse? (If past, when?)	

**Alleged Perpetrator of Abuse**

Gender	Male    Female
Age	
Relationship to abused	Spouse Son Daughter Son in law Daughter in law Multiple family Other family Friend Neighbour Other (Specify ie. service provider)
Resides with abused	
Carer for abused	

**Residence of Victim of Abuse (when abuse occurred)**

Home owned or rented by the victim	
Home owned or rented by the perpetrator	
Residential facility	
Hospital	
Hostel/Accommodation (not accredited)	
Other respite service	
Other	

**Types of Abuse (may be multiple)**

Financial	
Physical	
Psychological	
Social	
Sexual	
Neglect	

**Risk Factors (may be multiple)**

	<b>Older Adult</b>	<b>Perpetrator</b>
Physical disability		
Physical dependence		
Psychological dependence		
Psychiatric illness		
Financial stress		
Family conflict		
Substance/alcohol abuse		
Gambling		
Isolation		
Caregiving stress		
Other (explain)		

### **Miscellaneous**

	<b>Older Adult</b>	<b>Perpetrator</b>
Metropolitan		
Rural		
Remote		
ATSIC		
CALD		

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**ELDER ABUSE TELEPHONE SURVEY:  
RESEARCH DISCLOSURE STATEMENT**

(Important Note: This statement is to be read to each caller prior to recording data.)

This survey is being conducted by Advocare Inc.

The purpose of this research is to gain evidence about elder abuse.

This new knowledge will be used to support the needs of older adults.

We would like you to provide anonymous information about your experience.

One benefit from participating in this study is that support is available if you ask for it.

It is important for you to know that a possible disadvantage is that some participants may become distressed as a consequence of discussing their experiences. A counsellor is on stand-by and will be immediately available to you.

You have the right to withdraw at any time. Your decision will be supported by the researcher.

Any complaints about this research project can be directed to the Manager of Advocare or the Chairman of the Advocare Inc. Board.

I am happy to answer any questions you have.