

QLD Focus

Edition 4, March 2005

Elder Abuse Prevention Unit Newsletter

Elder Abuse Concerns in Indigenous Communities

The imposition of a European system on Aboriginal and Torres Strait Islander people has facilitated the erosion of traditional culture, authority and structures, together with a range of socio-economic problems that have perpetuated the vulnerability of older people to abuse. The Elder Abuse Prevention Unit (EAPU), in consultation with Aboriginal and Torres Strait Islander communities and service providers is currently initiating the development of a culturally appropriate response to the abuse of older people from Aboriginal and Torres Strait Islander backgrounds. The Australian Network for the Prevention of Elder Abuse (ANPEA) defines elder abuse as:

any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social and or neglect (ANPEA, 1999).

Background

The EAPU is funded by the Department of Communities to provide a state-wide service to respond to the abuse of older people in Queensland. Initial consultation in the North Queensland and Torres Strait regions identified several initiatives to respond to elder abuse including the production of video scenarios on elder abuse for both Aboriginal and Torres Strait Islander communities, tailored training for Indigenous service providers and the adaptation of existing Elder Abuse Prevention resources.

Scope

With Grant Sarra as facilitator, later consultations held in Brisbane, Cairns and Mackay, focused on two primary objectives:

1. To identify ongoing strategies to raise awareness of the abuse of older people from Aboriginal and Torres Strait Islander backgrounds; and
2. To determine the general content of a video and resource kit that may be used to raise community awareness of elder abuse and that may be used to develop individual community responses to elder abuse.

Through ongoing consultation, the aim is to ensure that Aboriginal and Torres Strait Islander people direct and inform all stages of the project. This approach supports self determination, which is the right of all people to freely determine their status on a political level, freely pursue and have control over their economic, social and cultural development. It is in essence, a fundamental human right under international law (Human Rights and Equal Opportunity Commission 2003).

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ELDER ABUSE HELPLINE

1300 651 192

Elder Abuse Concerns in Indigenous Communities

This model is consistent with the Human Rights based approach to addressing the mistreatment of older people and the Coordinated Community Responses' (CCR) best model of practice identified by the Prevention of Elder Abuse Task Force (PEAT Force). The CCR encourages specific regional or culturally based groups to form a response to elder abuse appropriate to their communities' individual needs and resources. The EAPU's consultation process strongly supports the empowerment of Indigenous communities and individuals to direct the development of the response. The unique nature of Indigenous communities also indicates that a broad-brush approach to elder abuse across all such communities is unlikely to be successful.

The EAPU acknowledges the limitations of short-term funding responses, and the importance of recurrent funding for research and the development of sustainable programs. Having received \$7000 from the Department of Communities to assist with the consultations, the unit will continue to seek out additional funding opportunities to further develop the initiative. The unit is determined to follow through a long term sustainable response to elder abuse. The coordination and development of appropriate resources, the adaptation of mainstream training material and the provision of support to community members and interrelated agencies to deliver this material is the first step. Through the consultation process, community members expressed the need for a long-term response and the Unit aims to further assist this by structuring a funded position for an Indigenous Project Worker. This role would include the provision of state-wide training within Indigenous communities and development of Aboriginal and Torres Strait Islander specific elder abuse training and community education material. Given the limitation of resources for the EAPU to facilitate face to face training with Aboriginal and Torres Strait Islander communities, the adaptation of mainstream elder abuse training remains a viable temporary measure. It is also envisaged that further funding will be sought for positions located within communities

Throughout initial consultations, community members and service providers were extremely enthusiastic, providing detailed strategic options. These spread across a number of sectors including community, individual, cultural values, education, health, service level, promotional and government. Specific community-based and interagency mechanisms were also discussed. The unit is negotiating additional consultations to be held July 5 - 8 (venues and locations TBA).

Research

Despite Indigenous communities on a local and regional level acknowledging elder abuse as being widespread, elder abuse research within Aboriginal and Torres Strait Islander communities is limited. The incidence of violence within many Indigenous communities is disproportionately high in comparison to mainstream society, however violence does not infer the occurrence of elder abuse. Significantly, risk factors associated with violence such as substance abuse, elevated rates of serious health complaints, gambling, inadequate housing and income related problems are also risk factors for elder abuse.

With theoretical understandings of elder abuse in Aboriginal and Torres Strait Islander communities being limited to domestic violence, future research could determine the incidence of elder abuse within these communities and identify the range of contributing social factors. Any such research needs to be culturally appropriate, embraced by Aboriginal and Torres Strait Islander people and respectful of Indigenous communities and individuals.

Empowering Aboriginal and Torres Strait Islander People

The response to abuse of older Aboriginal and Torres Strait Islander people will require the commitment and flexibility of participating government and non-government organisations to work with individual communities to address the issues they identify. This approach empowers individuals and communities through self-determination. Individuals need to be encouraged and assisted to make their own decisions, through the provision of information about all relevant options, and given the choice to refuse services if able to do so. Even when people can not make all of their own decisions, their views should be considered (Prevention of Elder Abuse Taskforce 2001). Individuals and communities can be empowered through control of the decision-making processes. This has been demonstrated by facilitating the establishment of Coordinated Community Responses (CCR's) to empower regional (and to date, non-indigenous) communities to respond to elder abuse.

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Elder Abuse Concerns in Indigenous Communities

Direction

The role of the EAPU has been to facilitate this process by:

- Assisting with staff training;
- Supplying and developing appropriate resource material; and
- Providing assistance with lobbying for services and funding bids.

The role of the CCR is to control the agenda by:

- Identifying specific issues within the community;
- Setting priorities; and
- Developing strategies and implementing these strategies as a community initiative.

A major challenge for a number of government and non-government organisations is an attitude and policy shift from a traditional top down directive approach to a community based decision-making process. This model, reliant on co-operation and coordination, is underpinned by a considerable amount of trust and respect.

The EAPU's role will be secondary in nature, and involve the co-ordination and provision of resources, support and assistance to develop the strengths of Aboriginal and Torres Strait Islander communities to respond to elder abuse. This response will also strengthen current approaches and policies at a government level through coordinating existing services at a regional and local level.

Nicholas Harris, Project Officer, Elder Abuse Prevention Unit Brisbane.

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Human Rights and Equal Opportunity Commission (2003). Bringing them home Education Module: Indigenous Social Justice: Self Determination.

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Elder Abuse & Health Practitioners

You may have read newspaper articles with graphic stories on elder abuse. One in particular described an alcoholic, schizophrenic daughter who murdered her 79 year old mother and 78 year old father and walled them into the side of the house (Weekend Australian, May 29-30 2004). The story told of a daughter who got angry when the parents challenged her about stealing money to buy alcohol. Although gripping reading, those workers who come in contact with elder abuse know it is often a lot more subtle. The Elder Abuse Prevention Unit had over 1,500 separate reports of abuse to its Helpline since 2000 and a quarter of these were made by a service provider, usually a health worker, wanting to broaden or check their options in a particular situation. Most of the situations involved an older woman, over half were being abused by an elder son or daughter, about 60% had a physical health problem while 29% were abused by their carer.

What is Elder Abuse?

Elder Abuse is defined as "any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can include physical, sexual, financial, psychological, social and or neglect: (Australian Network for the Prevention of Elder Abuse, 1999).

Although Australian research is rare in this area, it is estimated that around 5% of people over the age of 65 experience abuse, which in Queensland would equate to around 25,000 older people being abused each year. Usually the abuse is by a family member, often the adult son or daughter. The Elder Abuse Prevention Unit is only detecting a very small proportion of these cases. A number of these abuse situations will be addressed within the family while some will continue undetected or ignored. A growing number are assisted by service providers including health practitioners.

Role of Health Practitioners

The confidential and personal nature of the health practitioner/patient relationship can play an important role in the identification and management of elder abuse. A health practitioner may be the only person who has the trust of the older person and can speak with them alone. The private and confidential setting associated with the practitioner/patient relationship not only creates a safe environment in which an older person may seek advice and support but also provides an opportunity for the practitioner to initiate discussion where symptoms and signs of elder abuse are present. The recently revised 'Position Statement on Elder Abuse by the Australian Society for Geriatric Medicine' (approved by the Federal Council of the ASGM on 5 September 2003) maintains that, "The medical profession should play a major role in the recognition, assessment and management of cases of abuse, and in the development of policy relating to elder abuse." It further notes that, "Regional geriatric services and Aged Care Assessment Teams are the most appropriate agencies to identify, assess and manage cases of elder abuse, and need to be suitably resourced to perform this role". The Position Statement can be found at the ASGM website: <http://www.asgm.org.au>. A comprehensive paper "Elder Abuse" by Dr. Susan Kurrle, Director and Senior Staff Specialist Geriatrician, at Hornsby Ku-ring-gai Hospital, puts forward the role of the GP, identification of abuse, management and lists a range of interventions and strategies. This article can be found in the Royal Australian College Of General Practitioners October edition of RACGP Online at <http://www.racgp.org.au/folder.asp?id=1067>.

Should it all be left to the Health Practitioners?

Although the health worker's role in detecting and responding to elder abuse is important, particularly in more remote areas where there are limited services, the EAPU believes it is a whole of community issue and the onus should not be placed on any one service or sector. For example, changes to the Domestic and Family Violence Protection Act (1989) now extend protection to a wider range of relationships including family, intimate personal and informal care relationships. A number of services around Queensland are funded to assist people in these relationships who are experiencing family violence, which is not just physical violence, but includes less obvious forms such as intimidation, harassment, threats to withdraw care, property damage and injuring pets. Funded domestic and family violence services can often provide practical assistance and or advice on protection orders, counseling, advocacy and safety plans. The EAPU's role is to provide education and training for workers and senior's groups across Queensland and therefore keeps abreast of legislation, policy and practice issues and services that can assist in an abusive situation. The EAPU also operates a state-wide telephone information, support and referral service for anyone experiencing or witnessing the abuse of an older person. Individuals can call the **HELPLINE** on **1300 651 192** between 9am-5pm, Monday to Friday, for the cost of a local call from anywhere in Queensland.

Les Jackson, Senior Project Officer, Elder Abuse Prevention Unit, Brisbane.

(Note: Article first appeared in the December 2004 edition of Pituri the divisional newsletter of North and West Queensland Primary Health Care)

'Real-life' Hypothetical

The confusion that could be experienced by consumers when seeking information on aged-care and support services can be alleviated when it is given in a narrative of a life story. When following a scenario that depicts individuals who encounter real-life situations, it's easier to make sense of the options given and to retain meaningful information.

The West Moreton Taskforce for the Prevention of Elder Abuse held a very successful event named 'Wise Choices for Positive Ageing' ,which included a Hypothetical scenario, on 3rd March in Ipswich. The event was attended by approximately 50 community members and 20 service providers and has generated a lot of interest and positive/constructive feedback.

Workers from 14 services took an active role in addressing each situation as the story unfolded, by providing clear information about the role of their services and explaining how they could assist the couple in the story. The issues covered in the scenario included those of social participation, support services, medical and health, legal and rights, security and safety, financial, impaired capacity and options of alternate accommodation.

Other service providers joined the presenters in holding information stalls, which were visited by the audience following the Hypothetical segment. Morning tea and a light lunch contributed to a friendly atmosphere and enabled people to socialize and exchange opinions and comments.

The event was made possible by the collaborative involvement and commitment of the taskforce members and through the sponsorship of:

- The Public Trustee of Queensland
- Social Participation Project – Ipswich Community Aid, Funded by the Department of Communities
- Ipswich City Council
- Commonwealth Carelink Centre
- Ipswich 60 and Better

Many local businesses supported the event by contributing prizes for the raffle.

Taskforce members include a wide range of strongly committed local services and organizations. Since its formation in 1998, the taskforce has undertaken a variety of initiatives to address elder abuse in the region. The West Moreton Taskforce intends to hold similar events throughout the region, and to modify them by length and content to tailor for local needs and target audience. It is also investigating other creative options to further engage the community in communication and exploration of cross-generational issues with the aid of drama.

CQ News

The Safe & Confident Living Expo was held on Monday 14 March at Schotia Place in Rockhampton. The Event was organised by Verna Halsey. Verna is the key Central Queensland worker with the Safe & Confident Living Program and the Elder Abuse Prevention Unit. The event catered to over 100 people on the day and was well attended by seniors From Blue Care, Macaulay Place and Kevin Albury, Alex Currie and Roy Lippet from Murrabinbee HACC.

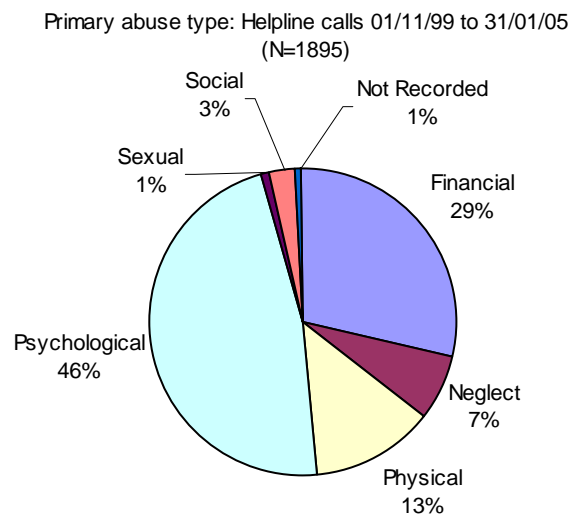
All who came appeared to be enjoying each others company and the entertainment provided by country ballad singers, Alby Brown and Mark Carpenter. 35 service providers came to display their resources and respond to questions throughout the day. The event was opened by the Regional Manager for the Department of Communities, Mr. Mick Shearer. The Queensland Police Service, Centrelink, Seniors Enquiry Line, Fire and Rescue and Blue Care were some of the many guest speakers who presented during the day, to give further insights into a range of valuable services and options available for seniors in the Central Queensland region.

Financial Abuse

It is difficult to estimate the prevalence of elder abuse with only a few Australian and international studies available. A conservative approximation is that between 3% and 7% of people aged over 65 are abused in any one year, although researchers believe that it is likely to be under-reported and estimates could be much higher (Kurrle, Sadler & Cameron 1992). The proportion of financial abuse occurring within the community is still less studied, although a 2003 study by Advocare Inc. in Western Australia found that two-thirds of the cases in their elder abuse survey related to the financial abuse of an older person (Faye, Sellick 2003).

The Elder Abuse Prevention Unit notes that financial abuse is the primary reason for contacting the Helpline in 29% of abuse notifications. However, financial abuse is also being noted with the other abuse types being reported. Of the 1895 separate cases of elder abuse received from 1/11/99 to 31/01/05, a total of 844 (44.5%) had financial abuse recorded as either the primary abuse type or as also being present in the notification. The actual rate of financial abuse existing in the senior population is therefore significant and the amounts involved can be quite high.

This chart shows the proportion of abuse types identified as the primary reason people contact the Elder Abuse Prevention Unit's Helpline. However, financial abuse is noted in over 44% of all these elder abuse reports.



Amounts and Situations Involved

Studies rarely try to quantify the amounts involved in financial abuse, however some jurisdictions within the United States have recognized the impact of this type of abuse and have set up teams of specialists to respond to this issue. The County of Santa Clara list a report on their internet site that shows (US) \$106,101,742 was either prevented or recovered by their Financial Abuse Specialist Team (FAST) from May 1999 to December 2003, although it would appear they do not list the amounts not recovered.

Since November 2002 the EAPU have been recording amounts of financial abuse if they arise during a Helpline call. Financial abuse of over \$5.5 million has been recorded on the Helpline database for the period 01/11/02 to 31/01/05. Only 43 (7.8%) of the 549 callers reporting financial abuse for this period supplied a dollar amount during the notification. The amounts can be quite large as the family home is often an attractive target for the abuser. However, even small amounts can be devastating for a senior on a fixed income. Some examples of the situations that are reported include:

- Misuse of bank accounts, particularly where the older person has given the abuser their P.I.N. number.

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Financial Abuse Continued

- Lending money to a family member who then advises that it was gift and won't be repaying it (many verbal agreements are used in families).
- A family member renegeing on an (verbal) agreement to supply care to their parent in return for the deed of the house (gifting large assets could affect Centrelink payments leaving the older person without a home, income or chance for desired aged care).
- A senior building a "Granny Flat" at their son's/daughter's house only to find they have no separate deed and therefore are not compensated when the house is sold in a subsequent divorce settlement.
- Running up large telephone accounts in the older person's name and then refusing to pay.
- Using "emotional blackmail" to get money e.g. "If you don't buy me the car/house/bail me out of debt, you won't be seeing your grandchildren again".
- Misusing a power of attorney or enduring power of attorney (particularly difficult if the older person has capacity or has not been assessed with a dementia. A usual tactic is for the abuser to isolate her/him from other family and friends).
- General threats, intimidation, harassment to elicit money or other valuables or to make an enduring power of attorney or change a Will, or sign other documents in the abuser's favour.
- Cash stolen and assets sold/pawned to buy alcohol or drugs.
- An abuser living with the older person but refusing to contribute money for board or other expenses

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Kurrie, S., Sadler, P. and Cameron, I. (1992) 'Patterns of Elder Abuse', *Medical Journal of Australia*, Vol. 157, No.10 pp 673-676

James, M. and Graycar, A. (2000) 'Abuse in Private Homes : Risk, Prevalence and Theoretical Issues', *Australian Institute of Criminology Research and Public Policy Series*, No. 32, Canberra

Faye, B. & Sellick, M. (2003) *Advocare's Speak Out Survey "S.O.S." on Elder Abuse*. *Advocare Inc.*

<http://sccvote.org/content/0,4745,sid%253D11595%2526chid%253D15707%2526ccid%253D42518,00.html>

Research into the Risk Factors of Elder Abuse

During January this year, the Elder Abuse Prevention Unit (EAPU) recorded a dramatic increase in the number of people reporting incidences of suspected elder abuse. It is apparent that as more people are becoming aware of this phenomenon, there is an increased need to gain a greater understanding of the situations and/or underlying assumptions that are leading to the mistreatment of some elderly people. Griffith University Organisational Psychology student Leonie Sanders is currently developing her Masters Thesis around this very issue. Specific areas of interest that will be included in the research are: issues facing people within the Aboriginal and Torres Strait Islander community; why some people who are in positions of trust with elderly people, abuse that trust; and, how assumptions made about elderly people may lead to perceptions being developed that are not reflective of this social group. For further information please contact the EAPU.



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Six Degrees of Separation: How connected are you? (A Peer Support Network Article)

A common theory is that everyone in the world is connected to each other by a maximum of just six different people, which is the Six Degrees of Separation referred to in the title. Although I haven't contacted the Queen lately to get her views on the Charles and Camilla thing, I know I am only at the most, six contacts away from her majesty, award winning scone makers and in fact anyone. However, realistically this theory doesn't put us any closer to getting the royal gossip or secret scone recipes. Networks are really based on this Six Degrees theory, but with the difference that they are used for information and support; if you don't know something maybe your friend or colleague does, or they know someone else who may have the information and so on. When looking at the Multidisciplinary Peer Support Network for Elder Abuse there are a lot of members who between them know just about everything there is to know about the topics surrounding age related issues and family violence, and if they don't know you can bet they are only a step away from it. In fact there are probably at the most three degrees of separation from an expert on any topic of interest in this area for even the remotest member of the PSN.

With this structure in place, the EAPU is developing a long term plan for the ongoing development and operations of the PSN. A recent survey of members found that all supported the idea of the network and wish to be members, although they see it as not necessarily being relevant to their primary work role. This is seen as a major factor in relation to motivation to access the network. The survey (conducted by an EAPU volunteer, Suzy Clarke) also undertook a review of the main features of successful remote area support networks and unsuccessful ones. A key feature of all networks is that members, particularly remote workers, may not have the time to actively seek out information or assistance via the network. The use of e-mail and web based information may also not feature in their routine either due to work practices or from access issues (may have e-mail but attachments may be restricted or too large for their server, they may not have a computer or they have e-mail but no internet access, etc). The challenge emerging for the EAPU is to actively contact members on a regular basis to basically see if everything is OK, determine what their current needs or interests are and then follow-up by meeting these needs.

Upcoming Events

Numerous events are being held over coming months. The complete listing will be made available at www.eapu.com.au.

The Australian Society for Geriatric Medicine Annual Scientific Meeting:

Dementia – Molecules to Management

Sofitel Brisbane (Formerly the Sheraton) Monday 20-Wednesday 22 June 2005

Ph: 07 3371 0333

INPEA North American Regional meeting

Marriott Wardman Park Hotel, Washington DC

19 November 2004, 3:00-5:00 p.m.

If you are planning to attend this meeting please contact:

E-mail: elizabeth.podnieks@utoronto.ca

International Association of Gerontology, 18th World Congress of Gerontology

June 26-30, 2005

Rio de Janeiro, Brazil

E-mail: remaig@phoneplus.com.br

2005 Alzheimer's Australia National Conference

11 May 2005 NSW

Sydney Convention and Exhibition Centre, Darling Harbour, 11-13 May 2005.

Aged Care Expo 2005

21 - 22 July 2005, RNA Showgrounds, Brisbane

Contact: 9571 9708

Email: office@totalagedservices.com.au

Living with Dementia - Positive Solutions

Alzheimer's Australia
11-13 May 2005, Sydney Convention Centre, Sydney
Contact: Fax: 02 9805 1665
www.alzheimersconference2005.com

Retirement Living Conference & Trade Exhibition 2005

Aged Care Queensland
12 & 13 May 2005, Novotel, Sunshine Coast QLD
Contact: 07 3275 5588
Email: kimh@acqi.org.au
www.acqi.org.au

Challenging Depression in the Elderly

The Hammond Care Group
23 - 24 June 2005, University of Sydney, Sydney
Email: mandrew@hammond.com.au
www.hammond.com.au

Seniors Week

Saturday 20 August to 28 August 2005

Seniors Week is a great opportunity for all Queenslanders to participate in various community activities that celebrate the diversity of older people and promotes healthy ageing.

The EAPU hopes you have enjoyed the 4th edition of "Queensland Focus". Please contact the unit if you would like additional information on any of the material within this publication. Updates can be found on the EAPU website at www.eapu.com.au. Service providers, health care workers and students are invited to join the Peer Support Network. For more information about The Peer Support Network please contact EAPU Brisbane on (07) 3250 1955. This newsletter is free to distribute. If you wish to become an online recipient of "Queensland Focus" please email the EAPU to join the mailing list.

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