Inquiry into Domestic and Family Violence—Policy approaches and responses

Submission No. 25
ACT Ministerial Advisory Council on Ageing

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Submission in response to the ACT Government Standing Committee on Justice and Community Safety Discussion Paper: Domestic and Family Violence - Policy Approaches and Responses

The Ministerial Advisory Council on Ageing (MACA) welcomes the opportunity to make a submission to the Discussion Paper on Domestic and Family Violence – Policy Approaches and Responses. The purpose of this submission is to highlight the needs and experiences of older people affected by family violence in the ACT and to recommend that any family violence policy approach must encompass, among other things, the diverse experiences of older people in the community.

Family violence and elder abuse

Elder abuse is family violence when it occurs within the context of a family relationship, which is often the case.\(^1\) This submission draws on the accepted definition of the World Health Organisation (WHO) in defining the concept of elder abuse. That is, elder abuse is:

"a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person".\(^2\)

Elder abuse is commonly carried out against an older person by a family member\(^3\) and can include any of the behaviours outlined in section 8 of the Family Violence Act 2016 (ACT).\(^4\) It is the view of the MACA that elder abuse which occurs within families clearly falls within the existing family violence legislative framework and that an expansion of the definition of family violence to encompass elder abuse is not necessary. MACA notes, however, the abuse within the home by carers not in ‘family-like’ relationships is not covered by the Family Violence Act 2016 (ACT).

The extent and nature of family violence against older people

In the ACT, approximately 49,519 people are aged 65 years and over, representing 12.5 per cent of the population.\(^5\)

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\(^4\) These include physical violence or abuse, sexual violence or abuse, emotional or psychological abuse, economic abuse, threatening behaviour, coercion or other behaviour that controls or dominates the family member and causes the family member to feel fear for the safety and well being of the family member or another person.
\(^5\) Australian Bureau Statistics, 2016 Census.
There is very limited evidence on the prevalence of elder abuse in ACT and indeed, nationally. In the ACT, the Older Persons Abuse Prevention Referral and Information Line (APRIL) recorded 125 information calls for the financial year 2016/2017, with women more likely to be victims than men and financial and psychological abuse the most common forms of abuse reported. Moreover, the perpetrator of elder abuse most often reported was an adult son or daughter. These statistics mirror similar trends nationally.

<table>
<thead>
<tr>
<th>APRIL LINE (2016-2017) - Elder Abuse Calls/Advocacy</th>
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<tbody>
<tr>
<td>Number of Elder Abuse Information calls</td>
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<tr>
<td>Number of Elder Abuse Advocacy cases</td>
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<tr>
<td>Number of Elder Abuse clients</td>
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<tr>
<td>Number of male Elder Abuse clients</td>
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<td>Number of female Elder Abuse clients</td>
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<td>Number of Metro Clients</td>
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<td>Number of Remote Clients</td>
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<td>Number or Rural/Regional Clients</td>
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<td>Unknown</td>
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**Special Needs**

Total number of Elder Abuse clients with special needs | 72

**Types of Abuse**

| Number of clients experiencing Financial Abuse | 63 |
| Number of clients experiencing Psychological Abuse | 35 |
| Number of clients experiencing Physical Abuse | 10 |
| Number of clients experiencing Neglect | 11 |
| Number of clients experiencing Social Abuse | 4 |
| Number of clients experiencing Sexual Abuse | 2 |

**Abuser Relationship**

| Carer | 21 |
| Friend/neighbours | 9 |
| Sibling | 2 |
| Parent | 0 |
| Spouse | 8 |

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Based on estimates of elder abuse in the community (WHO estimates are at around 10%), it would appear that the number of calls to the APRIL line do not reflect the incidence of elder abuse in the ACT. The MACA is aware of multiple services in the ACT assisting older people experiencing family violence and/or elder abuse. Unfortunately, these statistics have not been captured.

Noting that proportion of older men experiencing family violence is not insignificant.

Daughter | 26
Step-Daughter | 1
Son | 38
Step-Son | 0
Grandchild | 2
Daughter in Law | 1
Son in Law | 0
Niece/Nephew | 1
Other | 16

**Current challenges**

*Barriers older people may encounter in reporting family violence*

**Selma’s story**

Selma is 78 years old and is from a CALD background. Recently, her son Rashid moved in with her after being removed from his family home due to domestic violence. Rashid has had a gambling problem for years and although Selma loves and is concerned about her son, she was reluctant to agree to him moving in. After some time, Rashid started requesting money from Selma. When Selma refused to give it to him, he would lose his temper and scream at her and call her mad. He started threatening to put her in a ‘nursing home’ if she did not give him money. Rashid also refused to contribute to the household expenses, which had almost doubled since he moved in. One day Rashid came home particularly upset and when Selma asked if he was ok, he pushed her over and she sustained a number of minor injuries. Selma loves her son and does not want to get him in trouble with the police. She wants him to move out and she wants him to get help for his gambling, but there is nowhere for him to go and she does not want him to be homeless. Selma’s health has also worsened since Rashid moved in – she is not sleeping, having bad headaches and finding it difficult to breathe. Selma does not know what to do.

Like other age groups, family violence against older people can be physical, psychological, emotional, financial or sexual and be committed by an intimate partner or other family member. Women are over represented as victims and men as perpetrators. However, there are a number of unique features relating to the intersection of family violence and ageing which require due consideration. For example, the violence perpetrated against an older person is often by an adult child, which can impact the older person’s need to maintain relationships at great individual cost. In cases of intimate partner violence, the abuser’s violence may sometimes be related to cognitive decline due to ageing, such as dementia.

Detailed below is a list of barriers to which older people, distinct from other groups, are particularly
susceptible. These include:

- Lack of awareness as to where to obtain information and support or difficulties in accessing that information;
- Older person not identifying themselves as having a problem or issue, especially when it has to do with family;
- Fear of relationship breakdown or not wanting to hurt family members – older people are often reluctant to report abuse inflicted by an adult child because of the desire to preserve family relationships;
- Older person accepting abuse out of fear or deciding it would be better than an alternative option of no support or fear of losing a carer;
- Lack of confidence in enforcing their rights, particularly with respect to other family members;
- Difficulties in exercising self-help – a desire to have their problem solved by someone else;
- Physical and cognitive challenges, which can impact on older people being able to:
  - attend services or court
  - fill out complex forms
  - stay for lengthy periods during interviews
  - access printed materials
  - make/receive phone calls
  - obtain independent advice (due to excessive reliance on family);
- Cultural and linguistic barriers;
- Gender conditioning – “she has lived a life with entrenched roles and discussing a new framework does not sit with her understanding or experience – may be hard to shift”;
- Socially isolated – poor networks of support and do not want or know where to reach out;
- Technological barriers - preference for face-to-face meetings and not navigating push button menus on phones or use of the internet (although young-olds perform better);
- Reliance on the perpetrator, or simply family, for things such as transport, or language assistance, which can limit the situations in which older people can access unbiased justice;
- Lack of a singular, specialised service for older people

In the context of elder abuse, the Australian Law Reform Commission Report noted the following risk factors place people more at risk of experiencing elder abuse:

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9 This information has been drawn primarily from the findings from Ellison, S et al., 2004, The Legal Needs of older people in NSW, Law and Justice Foundation of NSW, Sydney & House Standing Committee Legal and Constitutional Affairs (2007), Older people and the law; chapter 4.
10 See for example Seniors Rights Victoria Submission to the Royal Commission into Family Violence, June 2015.
11 For example, AIHW estimates indicate that one in ten in 65+ age group have dementia, and three in ten for the 85+ age group. See www.aihw.gov.au/dementia/
12 Quote from a support worker in the ACT.
14 See also Seniors Rights Victoria Submission to the Royal Commission into Family Violence, June 2015
"...significant disability; poor physical health; mental disorders, such as depression; low income or socioeconomic status; cognitive impairment; and social isolation. Other risk factors include living alone with the perpetrator; and being aged older than 74 years. There is also evidence that women are more at risk of elder abuse than men."\(^{15}\)

For older people experiencing elder abuse and/or family violence, access to services can be severely restricted by these factors. Moreover, a lack of understanding of older people’s experiences of family violence among many mainstream service providers in turn can act as a barrier to effective justice and service responses.

**Lack of understanding of family violence experienced by older people**

After considering multiple submissions relating to older people’s experiences of family violence, the Victorian Royal Commission into Family Violence Report observed:

"Various people may be able to refer victims to family violence services, including other family members, general practitioners, social workers, case managers, Centrelink, home and community care workers, police and court staff. However, submissions identified the difficulty on the part of those providing services to older people in knowing how to identify and respond to older people who may be experiencing family violence.

This lack of understanding limits the ability to identify indicators of family violence, to develop trusting relationships with older victims to encourage disclosures of violence and to provide support to those services.

......."\(^{16}\)

The Commission heard examples of such lack of understanding of elder abuse and family violence amongst health care professionals:

*A disturbing case in the eastern metropolitan region involved a 78 year old woman experiencing sexual abuse at the hands of her husband who had Alzheimer’s disease. When encouraged to speak to her GP, he advised her that this was common and that in any case men with this disease who are exhibiting these behaviours usually pass through this stage “in a year or so”. No support or referral was offered.*\(^{16}\)

The MACA has similarly identified a need for improved coordination and collaboration between various sectors working with older people experiencing family violence (such as aged care, health and family violence services); these services for the most part are operating in silos in the ACT and have identified difficulties in knowing where to refer clients and how they could be best supported.


Adequacy of services

The Victorian Royal Commission into Family Violence Report also identified that most existing family violence services and perpetrator interventions ‘were not geared towards the unique dynamics of elder abuse, or to the needs of certain groups’.\(^{17}\)

By way of illustration, crisis accommodation services were identified as mainly designed for younger women and children and did not effectively accommodate the specific needs of older people.\(^ {18}\) In relation to services for male victims and perpetrators, the Commission made the following observations:

‘Although older male victims can and do seek help from men’s services, these:

... generally concentrate on change-behaviour programs or counselling, which are not relevant to older men who are victims of elder abuse, most of whom are from a culture of “keeping quiet” about their personal problems, particularly outside the family.’\(^ {19}\)

The Commission also observed that there was a paucity of services for perpetrators of family violence against older victims, with most programs designed for men committing violence against an intimate partner.\(^ {20}\)

Way Forward

The intersection between family violence and ageing requires a targeted approach to ameliorate some of the barriers older people impacted by family violence encounter, and the way in which services work with, and respond to, this vulnerable group. An ACT family violence policy and service response could better address the intersection between family violence and ageing through some of the following initiatives:

- **Prevention of elder abuse** - Awareness raising and education about elder abuse and family violence as it relates to older people. This could include a broad community awareness campaign which situates elder abuse within the family violence framework and could target older people, frontline workers and the general public. More specific prevention strategies could be designed around targeting particular forms of abuse, such as financial abuse which is statistically the most common type of abuse.

- **Early intervention** - Better understanding of family dynamics in elder abuse cases - and the specific circumstances and needs of victims - for frontline services such as police staff, health care professionals, aged care staff, hospital staff, lawyers, court staff, and staff in the office of the Public Trustee and Guardian. This could include developing risk assessment tools that are more specific to older people, such as: recent loss of a spouse; resumed co-habitation with an adult child; diminished capacity from age-related diseases;

\(^ {17}\) Ibid, page 67.
\(^ {18}\) Ibid, page 88.
\(^ {19}\) Ibid, page 88
\(^ {20}\) Ibid, page 89.
living alone, social isolation or dependence on others; language or financial literacy barriers. Better understanding and responses required when assisting older people experiencing violence with diminished capacity.

- **Provision of targeted advocacy and legal services** - An integrated social work-legal interdisciplinary model provides good results for older people experiencing abuse or an advocacy based service which is the first point of contact for people seeking help. There are a number of jurisdictions in Australia which work with older people experiencing abuse out of a multidisciplinary practice (see for example Seniors Rights Victoria and Caxton Community Legal Centre) or whose elder abuse helpline is a program of an advocacy based service (see Tasmania for example). Older people may require time to seek help and take action, and having one person/service coordinating the support is critical, as opposed to an older person being referred from one agency to another without an 'anchor' and being left to sort through what can be the difficult process of finding and accessing suitable services to address a range of issues themselves.

- **Support for victims of elder abuse/family violence** - Including court support services, appropriate housing for older victims of family violence, more coordinated and integrated responses between frontline services working with older people impacted by family violence and innovative options to support/house the perpetrator (often addressing the complex needs of the perpetrator is what the older person seeks assistance with). Preservation of relationships is often of critical importance to an older person experiencing abuse and so typical family violence responses may not be appropriate.

- **Elder abuse in CALD and Indigenous communities** - Programs and policies designed to address the impacts of family violence on older people need to be culturally sensitive and adapted to the needs of particular communities. Engagement with key organisations, including peak CALD and Aboriginal and Torres Strait Islander organisations is needed to assist to spread the message and understand the issues.

The consequences of family violence for older people can be severe. Any family violence framework seeking to be inclusive, accessible and non-discriminatory must consider the diverse experiences of community groups impacted by violence, and this would include older people experiencing elder abuse.

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21 Ibid, page 84  
