



**“The Prevention of Elder Abuse – towards an Australian Research Agenda”  
Workshop**

**19 September 2007  
Brotherhood of St Laurence  
67 Brunswick Street, Fitzroy, Melbourne, Victoria**

**Workshop Participants**

| <b>Participant</b> | <b>Details</b>  |
|--------------------|---|
| Duncan Boldy       | Professor, Centre for Research on Ageing, &<br>Professor of Health Policy and Management<br>School of Public Health   |
| Peter Brady        | General Manager Policy<br>National Seniors Association  |
| Matthew Carroll    | Senior Project Officer<br>ARC/NHMRC Research Network in Ageing Well, The University of Sydney   |
| Wendy Downs        | Acting Director<br>Strategy and Analysis Section, Office for an Ageing Australia<br>Ageing and Aged Care Division, Department of Health & Ageing  |
| Jane Fisher        | Policy<br>Council on the Ageing (COTA)  |
| Sarah Fogg         | Senior Project Officer, Ageing<br>The Benevolent Society  |
| Hannah Jones       | Office of Senior Victorians<br>Department of Planning and Community Development   |
| Hal Kendig         | Research Professor of Ageing and Health<br>Faculty of Health Sciences &<br>National Convenor, ARC/NHMRC Research Network in Ageing Well<br>The University of Sydney   |
| Sue Kurrle         | Curran Chair in Health Care of Older People<br>Faculty of Medicine, University of Sydney &<br>Clinical Director and Senior Staff Specialist<br>Division of Rehabilitation and Aged Care, Hornsby Ku-ring-gai Hospital |
| Tomas Lopata       | Senior Policy & Projects Officer<br>Office for Ageing (NSW)<br>Department of Ageing, Disability and Home Care   |
| Mary Luszcz        | Professor of Psychology and Gerontology, &<br>Director, Centre for Ageing Studies<br>Flinders University  |
| Gerry Naughtin     | Associate Professor, Latrobe University<br>Senior Manager Ageing and Social Exclusion<br>Brotherhood of St Laurence (BSL)   |
| Elizabeth Ozanne   | Head, School of Social Work<br>The University of Melbourne  |
| Debra Parnell      | Policy Officer<br>Council on the Ageing Victoria  |
| Barbara Squires    | General Manager, Ageing<br>The Benevolent Society   |
| Anthea Tinker      | Institute of Gerontology<br>King's College London   |
| Jill Wilson        | School of Social Work and Applied Human Sciences<br>University of Queensland  |

**Apologies**

Helen Bartlett, Director, Australasian Centre on Ageing, The University of Queensland  
Colette Browning, Professor of Healthy Ageing, Monash Institute of Health Services Research, Monash University  
Marilyn Crabtree, Chief Executive Officer, Aged Rights Advocacy Service (ARAS inc.)  
Wayne Fielding, Victoria Police and Australian National INPEA Representative  
Maureen Sellick, Advocare Inc.  
Claudia Ferrante, Elder Abuse Prevention Unit

## **Brief Workshop Summary**

### **1. Introductory comments**

- Hal welcomed participants to the workshop. Hal described the national perspective of the Ageing Well Network including the links to key organisations via the Network Advisory Group and through links to Networks such as the Australian Network for the Prevention of Elder Abuse (ANPEA). Hal outlined the aim of the workshop to identify the research needed to inform action on the prevention of elder abuse and to build the case at both national and state levels.
- Gerry Naughtin welcomed participants on behalf of ANPEA and noted that this workshop was one of the key initiatives to take place since the group reformed in 2006.
- Participants then briefly introduced themselves and their interest in elder abuse, including 6 students on placement at the Brotherhood of St Laurence (BSL) who assisted with the running of the workshop.
- Hal Kendig summarised the following key points arising from the discussions prior to the workshop regarding the identification of research priorities:
  - There is strong support for a national prevalence study.
  - Research priorities need to be defined in support of action.
  - Research needs to be fundamentally grounded in the experience of older people.
  - Need to recognise the fundamental issue of power relationships and the abuse of this power – axiomatic to the understanding of elder abuse.
  - It isn't necessarily possible to separate abuse of trust from prevention as these are often interrelated.

### **2. The Current Australian Context – invited presentations**

#### **I. Professor Sue Kurrle – an overview of elder abuse in Australia**

- Sue outlined the purpose of her talk, which is also the basis of Gerry's PhD thesis, to look at how we prevent elder abuse and provide older people with the support they require. Sue used a couple of sample cases to illustrate the complexities that can be faced in elder abuse situations.
- Sue outlined the research in Australia to date starting with a review of elder abuse in 1991 at which point most people were unwilling to believe in the existence of elder abuse. The significance of elder abuse was backed up in a retrospective prevalence study, the National Strategy developed for the Office for an Ageing Australia, and the Working Party on the Protection of Older People.
- Sue reported on discussions on research priorities that she had with colleagues at a number of meetings in the past week at a Dementia Forum, with Alzheimer's Australia, with CACP and ACAT providers and with physicians. The key research priorities that Sue identified were as follows:
  - A major national prevalence study to provide the baseline picture
  - Research on what is happening in residential care – patterns of abuse
  - Information on how health care managers and workers manage elder abuse including coding of elder abuse within the Minimum Dataset (MDS).
  - Evaluation of educational programs and their outcomes
  - Improving communication between residential care staff and family members
  - Ways to minimise the opportunities for financial abuse (lead by the Queensland team).

#### **II. Professor Duncan Boldy – research on elder abuse in Western Australia**

- Duncan outlined the work in WA as a case study of the issues relating to the measurement of the prevalence of elder abuse including difficulties to do with the population being assessed, level of reporting etc.
- Duncan argued that the important questions related to the causes of elder abuse, patterns of abuse and prevention but that there was a political imperative for a prevalence study because it would highlight the level of elder abuse and could be used as a platform for other research activities, as in the UK study to be outlined later by Anthea Tinker.
- Duncan suggested that a multidirectional approach be taken, looking at elder abuse from the viewpoint of service providers and from older people, including both the abused and the abusers.
- Duncan described elder abuse as an iceberg with only the smallest percentage being detected. This was apparent in the difference between estimated level of abuse by service providers where over half of the agencies predicted the prevalence to be at least 5% compared to the prevalence estimate of 0.6%.
- The relationship between dependence and physical disability was highlighted in the WA results which also showed that financial abuse was the most common form and sexual abuse very rare.

### **III. Hannah Jones, Office of Senior Victorians – the VIC policy context**

- Hannah outlined the Victorian Office plans to set up a centre focussed on the prevention of elder abuse which will provide advice to older people including a phone helpline, deliver education programs for the community and for a wide range of professional areas, provide legal assistance and work with a range of local networks.
- It is expected that the centre will play a key role in the development of specialist knowledge on the prevention of elder abuse and will influence policy development, community standards and values, laws and programs. While the centre will not have a direct research component, it will play a critical dissemination and translation role and the centre's reporting requirements could inform and facilitate research.
- The centre will be independently funded and they are currently evaluating tenders from parties interested in running the centre.

### **IV. Peter Brady, National Seniors – Elder abuse prevention: The ACT approach**

- Peter outlined the activities of the ACT Office for Ageing, where he was Director until his appointment as General Manager Policy at National Seniors. Peter recommended the following three documents:
  - 2001 - Elder Abuse in the ACT report from the Standing Committee on Health and Community Care.
  - 2001 - Government Response to the Standing Committee on Health and Community Care Report
  - 2004 - Draft Final Report on a Study on Elder Abuse (by Artcraft Research)
- Peter outlined the study conducted by Artcraft Research which included a telephone survey of 600 ACT residents plus focus groups with the community and stakeholders looking at “(a) the level of awareness of elder abuse, (b) whether and how the term is understood, (c) if it is reported, and (d) how it can be addressed.”
- The power of terminology was raised as a key issue with study respondents seeing “elder abuse” as a rarity because of the use of the word “abuse” whereas mistreatment of older people was perceived as being much more common.
- Peter outlined the following critical issues:
  - The research confirmed that mandatory reporting is not a useful approach
  - Need to focus on abuse in the community as 92% of older people are in their own homes
  - Need to be aware of issues to do with terminology
  - Chronic need for an awareness campaign
  - Safe houses are required in a scheme separate from the existing domestic violence facilities
  - Question of who determines competency? GP, lawyer, family?
  - Police intervention – are they the best front line of response?
  - Government protocols are all in place but having little influence at the coal face
  - Strategies are needed to engage lawyers and GPs
- Peter also outlined the recent polling of the 285,000 National Seniors members which showed that the prevention of elder abuse was a high priority for members and National Seniors has now incorporated it into their state and National policy statements.

### **V. Tomas Lopata, NSW Office for Ageing - NSW Government policy context**

- Tomas described the long interest that the NSW Office has had in elder abuse culminating in the interagency protocol which was first released in 1995 and has just been updated. The protocol sets the groundwork for an all of government response. As part of the development process focus groups were held across organisations to identify the critical issues. The need for clarity in the procedures was highlighted along with the tension between criminalisation and the layered complex needs and the importance of taking into consideration the experience of older people.
- The protocol is now endorsed and is being considered by a training steering committee to develop the training resources setting out how to apply the protocol and respond to abuse. It is expected that agencies involved in responding to abuse will incorporate the protocols into their own internal processes.
- Elizabeth Ozanne commented on the excellence of the protocol and noted that NSW government has a good track record with consultation and partnerships. Jill Wilson noted that the Queensland response was more focused on implementation of services rather than the broader connections between agencies.

## **VI. Jane Fisher, Council on the Ageing (COTA) – Joint action plan for SA**

- Jane Fisher noted that COTA is involved in a range of forums and networks linking in with service providers, organisations as well as the COTA members forum and policy council, all of which have input into the activities of COTA including the response to elder abuse. The following were identified as critical issues:
  - Elder abuse has been identified as a priority area which COTA sees as a human rights issue.
  - The industry, advocacy and consumer sector should take the lead in preventing elder abuse with the need for a sector wide plan of action rather than just focussing on prevention.
  - The term “elder abuse” has connotations for indigenous communities so “abuse of older people” is preferable.
  - There are lessons to be learned from the responses developed for child abuse however there are also clear differences with the power to make their own decisions important to older people.
  - While advocacy is important it is also important to develop systems and support
  - The need to support older people to initiate action rather than mandatory reporting which removes decision power.
- This information has been fed into the COTA’s response to the government review on advanced care directives and the state government review on the response for domestic violence as well as input into a House of Representatives inquiry into legal issues for older people. It is also informing a sector plan on elder abuse and the state action plan for COTA SA
- Jane seconded the call for a focus on abuse in the community and noted that abusive patterns in the home can continue when people move to residential aged care

## **3. Open discussion – session 1**

- Gerry referred participants to the landmark work by Lachs and Pillemer (Lancet 2004).
- Gerry outlined developments in the US and noted that mandatory reporting has been in place many states in the US for 30 years and the general opinion was that it does not work. While there are large constituency groups addressing elder abuse in the US and in New Zealand and the UK and elsewhere, there is nothing similar in Australia. A consumer constituency group is needed here to build the focus on elder abuse.
- The following discussion has been structured around a framework provided by Hal:
  - **The case for a useful knowledge base**
    - ◇ Need a preamble that makes it clear that elder abuse is a form of relationship abuse and can only be understood in this context (e.g. carers, family etc).
    - ◇ We need to make the case that elder abuse is not just a residential care event and that the current policy focus on accountability needs to be broadened.
  - **Principles and approach**
    - ◇ Because of the sensitive nature of elder abuse it is best to approach the topic more broadly in terms of relationships, care etc and perhaps using a broader term such as mistreatment. Older people are characterised as vulnerable and victims but not as participants in an ageing relationship.
    - ◇ Elder abuse needs to be understood in the context of older people’s lives so let them tell their own stories.
    - ◇ The different types of elder abuse may have different causal pathways, particularly financial abuse.
    - ◇ Similarly, financial and medical treatment abuse can be seen as an extension of normal service provision but other forms of abuse may be qualitatively different from other more acceptable behaviours.
    - ◇ Abuse can be context specific with behaviour seen as acceptable in one family or cultural group being seen as abuse in another. For instance, grandparents are now providing more care than the care sector and this can be seen as abuse by some.
    - ◇ What similarities and differences are there between the response to child abuse and elder abuse? The family violence area may also provide some useful comparisons as there is growing interest in the abuser in terms of what leads up to the abuse and how to prevent it.
    - ◇ Strategies focus on prevention but child abuse experts don’t believe that preventative strategies work – need to assess this for elder abuse.
  - **Prevalence – what, how much and why**
    - ◇ There was strong support for a national prevalence study of elder abuse following a similar model to the UK study to be described by Anthea Tinker in the next session.

- ◇ A large study of this type can act as the framework for nested qualitative research to address a range of other critical questions to do with the nature of elder abuse such as abuse patterns, risk factors and possible interventions and prevention strategies.
- **Capacity to respond – what works**
  - ◇ While police and service providers are the front line in responding there are now new players in this field including lawyers, theorists, policy makers etc. An overlay needs to be developed to encourage participation by policy and across discipline.
  - ◇ We can ask older people what works for them – this hasn't been done.
  - ◇ Research is needed on the effectiveness of responses including testing assumptions on rights, prevention, duty of care, e.g. \$100 million was spent on abuse in residential care focused on accountability measures but none of this spent on research to inform the new scheme or to document the outcomes.
  - ◇ We need to examine the process of implementation and look within each profession (health, allied health, lawyers, bankers etc) and ask how they see the issue, what they do and don't do and what they would like to be done.
  - ◇ Organisational context may play a role – e.g. social workers in a hospital setting may report elder abuse whereas those in the community setting may opt for a mediating role.
  - ◇ We need an inventory of current responses – who is responsible for what each state.
- **Education**
  - ◇ A multifaceted approach is required including targeting tertiary education, direct care, family and the general public.
  - ◇ Education needs to be based on research on what works and in what context and will require more data to be collected than is currently the case.
- **Medical treatment abuse**
  - ◇ Medical treatment abuse is on the same spectrum as proper treatment and not all acts are obvious e.g. using tranquilisers to keep a patient quiet.
  - ◇ Elder abuse is defined as any pattern of behaviour that causes harm to an older person and in the context of a relationship.
  - ◇ Systemic abuse can occur when there is a failure of the system – e.g. people from CALD backgrounds have increased mortality in hospitals as there are not the facilities to communicate fully with them regarding their treatment.
  - ◇ Laura Mosqueda in the US is using forensic techniques to identify objective measures of abuse including the point at which pressure areas, bruises etc indicate abuse.
- **Financial abuse**
  - ◇ Goldman Sachs JBWere estimates that intergenerational transfer in Australia will rise from 9 billion to 70 billion by 2030 so we can expect to see financial abuse on a massive scale making it a macroeconomic issue rather than just health.
  - ◇ Financial abuse goes beyond asset management with superannuation and income also being at risk of mismanagement
- **Information dissemination**
  - ◇ ANPEA sees a clearinghouse on elder abuse as a priority.
  - ◇ The source of information can be critical as different groups give out different messages and people trust some groups more than others so a dissemination strategy needs to be carefully considered and based on the research referred to above on what is happening and what is an effective response.

#### **4. Anthea Tinker - UK Study of Abuse and Neglect of Older People**

- Anthea provided an overview of the UK prevalence study with detail of the background of the study and the methods used. The survey interviewed 2,111 people aged 65 and older from randomly selected households across England, Wales and Northern Ireland. The survey collected background details on the household, on the risk factors. The survey also collected details of mistreatment in terms of neglect; financial abuse; psychological abuse; physical abuse; and sexual abuse/harassment (the latter obtained through self-completion).
- The prevalence of abuse was estimated at 2.6% with sexual abuse the lowest at 0.2% and financial and neglect the highest at .7% and 1.1% respectively. This figure increased to 4% overall when the definition was broadened to include neighbours and acquaintances. Women were more likely to be victims of mistreatment. With the exception of neglect, mistreatment increased with age for men and decreased for women. Anthea added that these estimates were conservative because there was a 35% non-response rate (which would be seen as an excellent result in Australian) and did not include those people in care or with cognitive impairments.

- Rather than focussing on the prevalence measures which are publicly available, Anthea focused on the practical issues of running such a study including the definitions used for the different types of abuse, the need to avoid the use of the term abuse and focussing on relationships, and the value allowing the participants to enter their own responses on the laptop for the sensitive sexual abuse/harassment questions.
- Anthea added that the qualitative aspects of the study provided a deeper understanding of what underlies elder abuse and the complex patterns of behaviour and relationships. Anthea also strongly recommended the use of an advisory group of older people to advise on the direction of the project and the dissemination of the outcomes.
- Anthea endorsed the approach taken in this study and was confident that it could be replicated in Australia and that such a study would be of significant value, both by generating information on the prevalence of abuse and on the factors underlying abuse but also by raising abuse as a critical issue in need of attention.

## 5. Open discussion – session 2

- Hal opened the final discussion by saying that this discussion would be taken forward jointly by the two Networks with Gerry to lead this initiative on behalf of ANPEA and Elizabeth Ozanne on behalf of the Ageing Well Network in consultation with the constituency groups.
- The following set of research priorities were extracted from the morning discussion:
  1. **Prevalence/monitoring** – there is strong support for a National study which would include nested qualitative research.
  2. **The experience of older people** in the context of their relationships (family, friends, carers etc) and engagement with service providers is critical. This includes collecting information on the perpetrators of abuse. This research would be conducted qualitatively, perhaps as part of the broader prevalence study. Comparison with international data on this would add legitimacy to Australian research.
  3. **Service systems action** mapping – including government regulations in aged care and other sectors, police systems etc. This would focus on who does what and would be conducted at a state level.
  4. **Information base for agency reporting** – e.g. the inclusion of an elder abuse item in the minimum data set for Home and Community Care (HACC), Aged Care Assessment Service (ACAS) etc. An inventory is needed to identify which organisations are involved and what they collect?
  5. **Best practice responses from different professions** – e.g. medicine, nursing, social work, criminology, psychology, finance, justice, government regulatory mechanisms etc.
- The question of whether to deal with all forms of abuse together or to separate them into subtypes was discussed and it was agreed that it was better to move ahead with a generic concept without necessarily having the same underlying approach for each type.
- The need for data standards across datasets and jurisdictions was discussed and it was suggested that Council of Australian Governments (COAG) be approached as they oversee the minimum data sets for HACC and ACAS. The AIHW and the NHMRC may also be worth approaching with standardisation.

## 6. Sum up and close

- Hal thanked Matthew and Gerry and the BSL student team who brought the workshop together. Hal also thanked Anthea for her presentation and guidance and ACSA for their generosity in allowing their prestigious international guest to appear at this workshop.
- Gerry thanked the Network for joining with ANPEA on the issue of elder abuse and thanked the participants for their valuable contribution and noted that the outcomes of the meeting would be summarised and circulated to participants for comment prior to being used to inform the joint approach to government.

## 7. Next steps

- The notes from the workshop to be drafted by Matthew and the BSL student team and circulated to participants for comment and made available to a broader audience
- The research priorities identified in the workshop will be refined further with a focus on research proposals of national significance that can be taken to potential funders (government, ARC, NHMRC, potential linkage partners etc).
- The Ageing Well Network and ANPEA to develop a combined approach in consultation with government and consumer organisations to be taken to government jointly by the two Networks following the federal election.