SUBMISSION TO THE

AUSTRALIAN LAW REFORM COMMISSION INQUIRY ON ELDER ABUSE

Developed by the University of Melbourne
and the Multicultural Centre for Women's Health

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1. INTRODUCTION

Elder abuse is a global public health and human rights problem that crosses socio-demographic and socioeconomic strata. According to the Aged Rights Advocacy Service 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 may be physical, sexual, financial, psychological, social and/or neglect". While abuse is a term that may have different meanings for different people, it is fundamentally a violation of an individual's human rights by another person and reflects a power imbalance between the two parties Older people may be more vulnerable to abuse as their level of dependence increases and they rely on others for assistance with activities of daily living (Aged Rights Advocacy Service 2011).

In Australia, the most common form of reported or suspected abuse is financial abuse, followed by psychological and physical abuse (Schofield et. al. 2002), however, it is common for several types of abuse to occur together. Abuse is most commonly perpetrated by the older person's adult son or daughter (Livermore et. al. 2001; Boldy D et. al. 2002; Faye and Sellick 2003; Brill 1999, Cripps 2001). Financial abuse is the most commonly researched and understood form of elder abuse. While the prevalence of elder abuse in Australia is unknown, it is estimated that 0.5% to 5% of older Australians have experienced financial elder abuse (Darzins et. al. 2009).

The consequences of elder abuse are far-reaching. Beyond the obvious traumatic injury and pain to which victims may be subjected, research has shown that victims of elder abuse are at increased risk of death, after adjustment for any chronic illness they may have (Schofield et. al. 2013; Lachs et. al. 1998). Moreover, elder abuse greatly increases the likelihood of placement in a nursing home (Lachs et. al. 2002), and of hospitalization (Dong and Simon 2013). The psychological effects of abuse, including increased rates of depression, anxiety, and other negative outcomes, have been well documented (Dong et. al. 2013; Mouton et. al. 2010; Gibbs and Mosqueda 2010).

2. RISK FACTORS

A number of risk factors for financial abuse have been identified and include social isolation, the recent loss of a loved one, loneliness, as well as physical, mental and/or cognitive vulnerability, such as dementia (Darzins et. al. 2009; Rabiner er. at. 2004; Wainer et. el. 2010).

Financial abuse of older adults has been explored in some detail by a team of researchers from the University of South Australia and Flinders University. Using an online national survey of 214 service providers servicing older people and their families, they found that the three highest risk factors for financial abuse of an older person by a family member were (a) a family member with a strong sense of entitlement to an older person's property/possessions, (b) the older person having diminished capacity, and (c) the older person being dependent on a family member for care (Bagshaw et. al. 2013). Research has shown that gender is also a significant risk factor (Rabiner et. al. 2004; Biggs et. al. 2009; WHO/INPEA 2002).

3. GENDER AS A RISK FACTOR

Studies have shown that older women are over-represented in the numbers of victims of elder abuse, particularly in relation to physical and sexual abuse (Rabiner et. al. 2004; Biggs et. al. 2009; WHO/INPEA 2002). Financial abuse is more complex. For example, Naughton et al. (2012) found that women were more likely to experience this form of mistreatment than men, whereas Biggs et al. (2009) found that the prevalence of financial abuse was similar for both sexes. Acierno et al. (2010) found that gender was not a significant independent predicator of abuse. Similarly, Lowenstein et al. (2009) found no significant statistical differences in financial abuse of older people according to gender, but when comparing the statistics for men and women, women were more exposed to other forms of violence (physical, sexual, emotional, neglect).

The fact that older women appear to be at increased risk of certain types of abuse coupled with the longer life expectancy of women, suggest that gender is an important factor. Compared to older men, older women are more likely to outlive their male spouses, live in poverty and rely on social welfare, and suffer chronic health conditions, disabilities, and limitations in activities of daily living. All of these factors marginalize older women in society, increase their risk of abuse and neglect, and limit their access to services and support.

Prevalence of elder abuse among women is unknown, but a European study of 2,880 women across five countries found that, 28.1% has experienced some kind of violence or abuse. Emotional abuse was the most common form of violence reported (23.6%), followed by financial abuse (8.8%), violation of rights (6.4%), neglect (5.4%), sexual abuse (3.1%), and physical abuse (2.5%) (Luoma 2011).

4. ELDER ABUSE OF IMMIGRANT & REFUGEE WOMEN[1]

The Australian Bureau of Statistics (2002) reports that over 750,000 over 65 year olds were born overseas. This consequently means that 38% of the older population of Australia were born overseas, with both the ABS (2002) and Ethnic Communities Council of Victoria (2009) predicting that this number will only continue to grow. Older Australians from immigrant or refugee backgrounds are not a homogenous group. The diversity within Australia's immigrant and refugee communities is significant. Australians identify with more than 300 ancestries and there are more than 260 different languages spoken in Australia today, including Indigenous languages (Department of Health & Ageing 2012).

Australian research has found that older people from immigrant or refugee communities in Australia are at risk of abuse for a range of reasons, including poor English language skills, social isolation and dependency on family members, an unwillingness to disclose abuse because of concerns about stigma and shame, and cross-generational factors that result in differing expectations of care and support. The age of the older person when he or she migrates, as well as the length of time living in the new country, may also impact vulnerability to abuse (WA Office of the Public Advocate 2006).

[1] The term 'immigrant and refugee' refers to people who have migrated from overseas, and their children. It includes people who are a part of both newly emerging and longer established communities, and who arrive in Australia on either temporary or permanent visas.

Immigrants and refugees are particularly vulnerable to financial abuse and exploitation. This is due to their dependency on others for translation, financial transactions, and services (Wainer et. al. 2011). There is a dearth of Australian research on the financial abuse or exploitation of older people from a cross-cultural perspective. However, research by Darzins and colleagues (2009) focused specifically on the financial abuse of older people in Victoria, Australia, and the same group of authors also recently investigated the issue of diversity and financial elder abuse (Wainer et. al. 2011). The latter study sought to explore what older people from Italian, Greek, and Vietnamese communities in urban non-English-speaking and rural English-speaking regions in Victoria, Australia, knew about financial elder abuse. The study also considered strategies to reduce their risk by examining how they were currently managing their money, and whether they planned to rely on family members or professionals to help manage their money as they age.

The key findings indicated that all groups intended to rely on their children to help them manage their money, and non-English speakers were more likely to be receiving support from family for basic financial management tasks, such as paying bills. Widespread reliance on family for support in old age, and the significance of culture in framing intergenerational responsibilities for helping older people manage their lives and finances, have implications for potential abuse. Strategies that may be appropriate in the dominant culture, such as those that take an individual rights approach, may not appeal to people from cultures with a collectivist tradition that places greater value on the family unit than on the individual (Wainer et. al. 2009).

Social isolation in particular is an area that places older people from immigrant or refugee communities most at-risk. While emotional dependence may be experienced by all older adults, language and cultural disconnection can serve to further isolate and marginalize immigrant or refugee older people, making them more likely to be dependent on family members for social connection and companionship (Cattan et. al. 2005; Warbuton and Liu 2007). While social isolation and dependence may increase an older person's vulnerability to financial abuse, they are not, in and of themselves, the cause of such abuse. Trust relationships are critical as older people become increasingly reliant on family members as they age. Power and exchange dynamic as well as what is considered 'normal' within a particular culture require consideration.

Barriers experience by immigrant or refugee older people in seeking help for financial abuse include language and communication difficulties, social isolation, and therefore ignorance of services available, and the older person's fear of reproach from their abusive family member if it is discovered that they have sought or plan to seek help for the abuse (Zanettino et. al. 2015). Fear of being shamed by and excluded from their own communities may prevent these older people from accessing services and assistance (Bagshaw et. al. 2007). Immigrant or refugee older people's experiences of abuse can be made worse by socioeconomic circumstances, such as financial disadvantage for those who do not have superannuation, and a lack of access to appropriate social and health services for those living in rural and remote regions (Warburton et. al. 2009). Older people in new and emerging population groups in Australia face additional challenges in resettlement, such as family unemployment, poverty, the changed roles and rights of older people (particularly older women), lack of family support and intervention, social isolation, and intergenerational conflicts (Bonar 2006). In addition, cultural expectations around family privacy may prevent older people from recognizing, disclosing, and/or reporting abuse, particularly when it is perpetrated by family members (WA Office of the Public Advocate 2006).

The aging immigrant and refugee population in Australia and emerging evidence of the unique factors that make immigrant or refugee older people, and women in particular, more susceptible to abuse provide compelling reasons to better understand the nature of, and to specifically address, immigrant or refugee older women's vulnerability to elder abuse.

5. RECOMMENDATIONS

Recommendation 1

Adopt an intersectional approach to law reform, recognising that systemic gender inequality and the impacts of race discrimination, along with the challenges of social isolation, language barriers and dependency on children for interaction with the justice and service systems, may increase older immigrant and refugee women's vulnerability to gendered violence in general and elder abuse in particular.

Recommendation 2

Prioritise the needs of older people who are experiencing the greatest inequities, particularly women from immigrant and refugee communities who are least likely to have knowledge of Australian laws and systems, or the means to access the service and justice systems.

Recommendation 3

Conduct further research on the specific risk that is borne by older immigrant and refugee women of elder abuse, with exploration of the gendered incidence and impacts of elder abuse, and strategies to address elder abuse in this vulnerable cohort. Research should include discussion of the impact of visa category on immigrant and refugee women's vulnerability to elder abuse and any specific disadvantage faced by women on parent or contributory parent visas.

Recommendation 4

Ensure that elder abuse community awareness programs are tailored specifically for immigrant and refugee women, taking into account gendered experiences of migration, parenting and violence, including financial abuse. Community awareness programs should be delivered by female bilingual community educators in multilingual formats, using a variety of media, including ethnic radio and print media, face to face group sessions, and multilingual audio-visual and written material.

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ABOUT THE MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

The Multicultural Centre for Women's Health (MCWH) is the national voice for immigrant and refugee[2] women's health and wellbeing.

MCWH is a Victorian women's health service established in 1978 that works both nationally and across Victoria to promote the health and wellbeing of immigrant and refugee women through advocacy, social action, multilingual education, research and capacity building. MCWH is partially funded through the Victorian Department of Health and Human Services as a part of the Victorian Women's Health Program.

MCWH works across Victoria to provide research, expert advice, and professional development to key stakeholders on improving the health and wellbeing of immigrant and refugee women. It does this through research and publication, participation in advisory groups and committees, written submissions, training and seminar programs, and presentations of our work. MCWH also works directly with women in the community providing capacity building and multilingual education on women's health and wellbeing, across a wide range of issues and topics, through the use of trained, community-based, bilingual health educators.

ABOUT THE GENDER AND WOMEN'S HEALTH UNIT

The Gender and Women's Health Unit aims to improve the health of women, their families and communities through high quality teaching, research and knowledge exchange. The Unit's work contributes to knowledge about the health effects of gender inequity and its intersection with other social, economic, cultural, psychological, and biological factors.

The Unit hosts the World Health Organization Collaborating Centre in Women's Health and works in partnership with scholars and international agencies in the Asia-Pacific region to develop research priorities and programs as well as to increase regional research capacity.

The Unit's current research priorities are sexual and reproductive health, including young mothers' wellbeing; contraception; female genital mutilation/cutting; violence against women; abortion services; disability, including intersections between disability and employment; health, gender and disadvantage; housing and the built environment, including intersections between gender, precarious housing, public transport, and health and social isolation; and cancer prevention, including genetic testing, understandings of cancer risk, and breast cancer screening.