



# Elder abuse: Recent research and effective responses

24 October 2016 | Rachel Carson, Melanie Joosten, Anita Frayman and Gary Ferguson

## Comments

“ **Are you aware of any upcoming elder mediation courses for experienced mediators?**

*Di | 24 October 2016*

“ For elder mediation training, please enquire through the website of the Elder Mediation Australasian Network (EMAN) [www.elder-mediation.com.au](http://www.elder-mediation.com.au) or contact A/Prof Dale Bagshaw at [dale.bagshaw@unisa.edu.au](mailto:dale.bagshaw@unisa.edu.au). An experienced mediator who is a specialist in issues of concern to older people can be distinguished from a commercial mediator or a mediator who practises in the context of family law. The emphasis is on the mediator's familiarity with, and understanding of, the complexity of the issues often confronted by older people at various stages of old age.

*Anita Frayman | 24 October 2016*

“ If anyone is interested in elder mediation and/or wants more information about elder abuse, please go to our Elder Mediation Australasian Network (EMAN) website - [www.elder-mediation.com.au](http://www.elder-mediation.com.au). The website has the names and contact details for elder mediators and information about services, a huge list of readings and resources and many links to related websites and services for services providers, older people and their families. If you are a mediator and you are interested in additional training to be an elder mediator there will be training provided early next year - please contact me by email ([dale.bagshaw@unisa.edu.au](mailto:dale.bagshaw@unisa.edu.au)) or phone (0408805641) to register your interest.

*Dale Bagshaw, C... | 25 October 2016*

“ **Thank you very much for today's webinar and opportunity to hear all the information we did. I am certainly very interested in finding out more about experienced mediators after hearing Dr Anita Frayman speak today. I think the key word is "experienced", but more information on this, is it an accessible service to all, again awareness...also probably funding goes with this. I picked up a lot of key points today that I was not aware of...so the opportunity to learn more was great. One fact I did not know was GP's not having to report Elder Abuse. We are behind with what is happening in domestic violence , particularly if elder abuse falls under the same umbrella.**



Also mentioning the issues around Elder Abuse in Regional areas...the alarming number of increasing farming families. People think we are in the country we are resilient ...but we are truly isolated due to issues around distance, transport and availability and access to services. This is a key point with addressing Elder Abuse in regional areas. Also the fact we still have the silent generation ..they don't pick up the phone, they don't log onto a computer..they don't make a fuss..or know how to. We have a lot of work to do and a long way to go. We are certainly behind in the country area, we are not on the radar and we need a lot more done with creating awareness and education around detection and prevention of elder abuse. Keep up the great work everyone ...."we do it best when we all do it together" ..... collaboration is going to be vital to fight what is about to come with our ageing population set to peak. If anyone has any thoughts on what else can be done rurally, links, networks or information please let me know.

*Maria | 24 October 2016*

“ **More Advocacy is needed in Rural areas as well.... the Office of Public Advocates are 4 hours away from my family member and are then reliant on my ongoing information and advocacy. I guess SRV highlighted that they can assist the older person, not the carer or family member. Where do those that have dementia go....a lot fall through the system. Particularly if they don't have strong advocates behind them. I have actually approached DAIS (Disability Advice and Information Service) here. They advocate for all ages from child to older person with a disability. People are not aware of this as I was not aware. Again education and funding can bring more Advocacy to those with dementia and the victims of elder abuse.**

*Maria | 24 October 2016*

“ Maria, there is a problem with the availability of services in rural areas. There are some elder mediators, including myself, who are prepared to travel to rural areas. I also conduct elder abuse presentations and training in rural areas in Victoria.

*Anita Frayman | 25 October 2016*

“ Hi Maria Perhaps the training I offer which is different to, but compliment's Anita's training, could also assist. I focus on 'Beyond the Awareness of Elder Abuse'; looking at various non typical and typical presentations of EA, associated health issues, more in-depth comparison of perpetrator and victim behaviour, how to respond or not respond appropriately within the system we work within, processes to consider etc, and the implications of different interventions . I also understand why our system is designed the way it and can include the first hand experience of different response systems in other countries and case studies as comparisons. Anita and I are colleagues and regularly liaise; we recognise no single solution is appropriate for every situation. I am fully supportive of mediation and welcome it as another link in the



chain of addressing Elder Abuse. We both travel to regional areas and can collaborate if needed to facilitate a comprehensive training session if needed.

*Kathy Day | 26 October 2016*

“ I am known as a 'bottom line' person and can often offend with my frankness but From my personal experience life is too short to spend on saying the same things over and over again but with no plan for actually doing something. Sorry, but I was disappointed with the webinar- little new except updated statistics and the overdue introduction of mediation which has great potential. Seniors' Rights does valuable work with those who are able to give consent and who can instruct, My work was largely with those who do not have that capacity but who do not necessarily have a current diagnosis of disability. They often just have a HUGELY disproportionate level of information or insight as compared to their abuser. There is little planned to address their position I give the following example as just one of many people I was involved with. Female who in her late 80s was widowed. She was the sole beneficiary of husband's estate. Her husband had never included her in financial decisions. The family home (not where she was currently living) was sold. Children, who were financially stable and working in highly paid jobs asked for ' their inheritance' early to finance renovations so they could avoid bank loans. She agreed- she always believed in supporting her children and always believing they would act in her best interests. It was clear to observers that she had some cognitive issues but they were not effecting her ability to remain at home so no need for an assessment of cognitive ability. Children were well aware that money may well be needed in the future for in home or residential care should that be necessary and may well have intended to use the equivalent funds in the future. She continued to receive superannuation from her husband's estate. Observers believed there was an issue of undue influence. It is not known whether she signed the documents for asset transfer or if it was done under EPOA. When she became more frail and had a diagnosis of dementia the family chose residential care without a trial of increased support at home. She was moved, without her being given any choice of facility or looking at various different facilities, to a high care facility under ' pension only' arrangements with shared room and shared bathroom facilities, shared with all those in her wing of the accommodation and only shared common areas outside her bedroom/dormitory. No place where she could be alone or have visitors in private. Dominant members of the family were not prepared to move her to where she could have afforded if the inheritance had not been 'taken' and there were 'statements' of no longer visiting her if she was moved. She had no knowledge that there were any facilities that offered a better level of accommodation or privacy. The family were extremely wealthy at this stage and could have afforded to return the loaned money or paid it back in the form of



**residential care bond/ costs. Clearly observers could have taken the case to VCAT at that late stage but who was going to destroy a demented person's family relationship especially as she trusted her family and family were in a position to use highly qualified legal representatives to attend VCAT. If there had been some process in place initially, when she was influenced give up her assets, in the form of legal documentation or documented mediation about future plans the outcomes could have been different. Clearly it will be extremely difficult to proceed in this area but I see no inclination to address this type of asset stripped older person. I am not an advocate of mandatory reporting but if it were introduced, especially in the area where statistics show the greatest abuse, financial, at least we would have more information on which to proceed.**

*Past case manager | 25 October 2016*

“ Bottom line. I applaud you sharing your experience and concerns. Yes, it is time for action and not words. EMAN ([elder-mediation.com.au](http://elder-mediation.com.au)) seems the place to go to for assistance.

*Rosemarie Brown | 25 October 2016*

“ Hi Past case manager, Thank you for your considered feedback. We acknowledge the important issues that you raise in your comment. The content of this first CFCA webinar on the issue of elder abuse was intended to raise awareness among the CFCA audience with the view to facilitating a more detailed discussion and exploration of the complexities associated with elder abuse, including those outlined in your email. We look forward to continuing this discussion in this and other forums hosted by AIFS and CFCA in the future. Kind regards, Rachel (on behalf of all the webinar presenters)

*Rachel Carson | 25 October 2016*

“ What has to be made clear is that there is no mandatory reporting in Australia at all for elder abuse. People think there is but there is no legislation that protects older community dwelling people which is one reason why GP's are not required to report. Who would they report it to? The only compulsory reporting (which is not mandatory reporting according to governments and legislation because 'Australia does not want mandatory reporting') is for residential aged care and this is only for suspected sexual or physical abuse. Case Managers are often the ones who identify abuse, work with the victims and the perpetrators while still having to maintain a relationship with both parties to ensure some sort of monitoring occurs and the victim remains 'safe'; and it is often the very presence of knowing someone is 'there' that prevents the escalation of abuse. Identifying subtle situations, which can have as big an impact or greater as very apparent situations, takes a very high level of expertise. These are the 'invisible' cases in the community where workers, case managers, GP's etc are involved but do not recognise the situation for what it is because of highly skilled perpetrators. There are the invisible situations that no one knows about too. Many of them. To know how to work through identified situations, to ensure the rights of the older person are



upheld while still investigating what is happening without destroying a family relationship, and maintaining everyone's trust is an incredibly difficult position to be in but one case managers face frequently and exactly what my Masters Thesis was based on. I have travelled many countries visiting various EA prevention programs, strategies, and presenting at EA prevention conferences, run advanced training sessions etc; I have worked in EA prevention for many years in Australia as an independent professional but sadly have observed only very small changes over the last 17 years ago in Victoria. Despite some initiatives, we still have a long way to go. Mediation is very very, needed. That, along with new dialogue and new consideration of how and why we need to think differently about this issue, is required in Australia- We need to consider the effect of undue influence on a person in a situation of abuse and its impact on their decision making as a start, until our thinking changes, little will remain unchanged. We have to think differently ; mediation is the start and great to see.

*Kathy Day | 25 October 2016*

“ **Thanks to the AIFS and all speakers for the webinar yesterday. I am interested in the perspective of providing support for someone who is the primary carer for a person living with dementia, whose actions to the care recipient may be abusive, but they are not necessarily aware that their behaviour constitutes as elder abuse. An example might be locking the care recipient in the home while they quickly go to the shops. Would the speakers like to comment on the best way to support the carer whilst also upholding the rights of the person living with dementia? Many thanks.**

*Hannah | 26 October 2016*

“ Thanks for your comment Hannah. Many people would be able to identify with the problem that this carer is facing. The carer needs support in the role of caring. Has the older person had an Aged Care Assessment with a member of the Aged Care Assessment Team? This would be a good place to begin the process. (see [www.myagedcare.gov.au](http://www.myagedcare.gov.au)) Also, Alzheimers Australia and Carers Australia and the equivalent in the respective states are among the organisations that may be able to offer advice and support. If the carer feels that additional family support would be helpful, there needs to be a family discussion that focuses on planning for the care of the older family member. The family may be able to plan for some family support together with paid or subsidised aged care support in order to assist the primary carer. If the family are unable to conduct this type of discussion themselves, an elder mediator could assist.

*Anita Frayman | 26 October 2016*

“ **Hello. What avenues are there to follow up where a deceased person may have suffered elder abuse when alive if there is video evidence and conversation from the deceased person? Is there a way of bringing this to light Any help much appreciated**



*Russ Coventry | 27 July 2020*

“ Hi Russ. The most appropriate place for you to file this evidence is with the police. Depending on which state you are in, you could also contact a Seniors Rights Legal Centre/Service (e.g. Senior's Rights Victoria). We hope this is helpful, please let us know if you require any further information. Regards CFCA Team

*Mitchell Bowden | 27 July 2020*

“ Hi Russ, I totally agree with Mitchell Bowden to go to the Police, Seniors Rights, Legal Aid Elder Abuse Service NSW or other state. We have to report this particularly if you have some evidence, the more voices speaking out to create some legislative change. I have spoken with Paul Greenwood a felony criminal prosecution District Attorney (retired) from San Diego who worked for over 22 years as the lead prosecutor of elder abuse. Our Minister for Domestic Violence Gabrielle Williams (VIC) had the respect campaign against family violence with elder abuse running. I have also recontacted the Australian Banking Association team to see if they would or are still doing the financial elder abuse campaign with Bauer Media. Would appreciate anyone else's thoughts or updates on any information or suggestions coming through.

*Maria Berry Consumer Representative Advocate (OPAN) | 27 July 2020*