

MISTREATMENT OF OLDER PEOPLE IN ABORIGINAL COMMUNITIES PROJECT

AN INVESTIGATION INTO ELDER ABUSE IN ABORIGINAL COMMUNITIES

**Office of the Public Advocate
2005**

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EXECUTIVE SUMMARY

In 2004 the Government's Active Ageing Strategy allocated funding to the Office of the Public Advocate to work with Aboriginal people to identify and develop local responses to elder abuse and the mistreatment and neglect of older people in Aboriginal communities. Additional funding was also received from the Aboriginal Policy and Services Directorate of the Department of Justice. Two Aboriginal Project Officers, Sharon Bedford and Maxine Chi, were employed to conduct research and consult with Aboriginal people regarding elder abuse, mistreatment and neglect in Aboriginal communities.

The three-month timeframe to conduct this project was brief and there was not sufficient time to undertake consultation throughout all of the regions of Western Australia. In order to complete the project brief within this timeframe, research and consultation with key stakeholders relied on the expertise of the Aboriginal project officers and their experience and knowledge of Aboriginal networks and community engagement on such a sensitive issue.

It is acknowledged that more research, community awareness and wider community consultation is required to explore and identify local solutions to addressing elder abuse, and the mistreatment and neglect of older people in Aboriginal communities. This project is the first step in researching this issue within Western Australian Aboriginal communities. While the research project has made important findings, given the limitations of the project, the report cannot be seen as the definitive view on the extent of abuse among older people in Aboriginal communities. While the report makes findings about mistreatment of older people in Aboriginal communities, it must be acknowledged that the majority of Aboriginal carers are doing the right thing by older people, sometimes under extremely difficult circumstances.

Aboriginal people who participated in this research project were very strong in voicing their concern that elder abuse and the mistreatment and neglect of older people does exist and is a major concern that affects many families within their communities. Many Aboriginal people expressed a desire to address these issues and also identified those factors that prevent positive action being taken to address abuse occurring in their communities.

Many Aboriginal people and organisations consulted expressed a strong desire that Government seriously considers the findings of this report and continues to work with them to achieve solutions.

This report will be presented to the State Government and government agencies with an interest in elder abuse and Aboriginal people. A summary of the findings will be distributed to Aboriginal people and organisations.

I would like to acknowledge the valuable contribution of Aboriginal people and community based organisations that participated in the research project and

consultation process. Their desire to address this issue within their own communities needs to be commended.

The roles and responsibilities of Aboriginal community based organisations, their professional contribution to their communities and the contribution of their workers as community people, who have the best interests of their communities continually at the forefront, also needs to be recognised.

Any strategies to address elder abuse will involve working in partnership at the local level and strengthening the capacity of Aboriginal communities to develop local initiatives.

Michelle Scott
Public Advocate

SUGGESTED STRATEGIES

Strategy 1: Responsibility

That a lead government agency be appointed to develop and co-ordinate a whole of government approach to the prevention of elder abuse in Aboriginal communities. A co-ordinated Statewide response is required. It is essential that there is a partnership approach with Aboriginal communities to develop local initiatives.

Strategy 2: Consultation with Aboriginal communities

Further consultations be undertaken with Aboriginal people throughout Western Australia to determine the extent of elder abuse within their communities and to identify local responses and protocols. Given the diversity and sensitivity of the issue, appropriate cultural protocols need to be developed and adopted in partnership with Aboriginal communities in relation to consultations, engagement and feedback.

Strategy 3: Community Awareness and Education

It is imperative that community awareness and education is developed in collaboration with key stakeholders. The need for preventative programs that aim to decrease the risk of elder abuse is required.

Strategy 4: Consultation with metropolitan and regional service providers

Consultation be undertaken with health and aged care service providers, appropriate government and non-government agencies in collaboration with local Aboriginal communities. There is a need for improved service delivery and protocols for reporting mechanisms in responding to elder abuse.

Strategy 5: Small grants program for local communities be established

A small government grants program be established to provide funding and resources to communities to develop local responses to elder abuse. This could be modelled on the Indigenous Community Partnerships Fund grants, which are integral to the current State Government's response to the Gordon Inquiry.

Strategy 6: Further explore issues for carers of the elderly

Improved access to training and support by Aboriginal carers is required. Information dissemination is required for Aboriginal carers and the elderly in regards to access to both State and Commonwealth aged care programs.

Strategy 7: Cultural Awareness training

Aboriginal cultural awareness training is required for government agencies and service providers within the aged care sector.

Strategy 8: Support for Agencies

Policy, protocols and procedures should be developed to assist and support staff to identify and appropriately respond to elder abuse within Aboriginal communities. Consideration will need to be given on how to protect Aboriginal community workers who identify and report abuse. Aboriginal staff should be recruited to work in agencies, such as the Office of the Public Advocate, to ensure effective relationships with Aboriginal communities.

Strategy 9: Initiatives aimed at teaching young people care and respect for older people

That Aboriginal people be supported to develop initiatives to teach their young people care and respect for older people in their communities.

Strategy 10: Culturally appropriate alcohol and drug rehabilitation services to reduce the risk of elder abuse in Aboriginal communities

Access to detoxification services should be improved to reduce the risk of abuse of older Aboriginal people. Services need to be culturally appropriate/sensitive/secure and be available and responsive to the needs of Aboriginal individuals and families seeking help in crisis situations. Information should be made available to Aboriginal families about how to access these services.

Strategy 11: Address the needs of grandparents raising grandchildren

Strategies to support and address the needs of grandparents who are raising grandchildren be addressed as a matter of priority. Recommendations from the Council on the Ageing report *Grandparents Raising Grandchildren* should be implemented. Aboriginal grandparents who are raising grandchildren should be appropriately resourced and assisted by State and Commonwealth Government agencies through the provision of financial support, culturally appropriate respite programs, counselling services, protection from violence and abuse, and legal support.

Strategy 12: Improve Housing for Older Aboriginal people

A variety of housing options are required to improve the quality and accessibility of housing for older Aboriginal people. Recommendation 165 from the report, *Finding a Place: An Inquiry into the Existence of Discriminatory Practices in Relation to the Provision of Public Housing and Related Services to Aboriginal People in Western Australia* (2004) should be implemented as a matter of priority.

Strategy 13: Improve Options for Respite Care for Older Aboriginal People

A review of Aboriginal respite programs be carried out to identify the number of Aboriginal people requiring respite and to ensure that Aboriginal respite programs are adequately funded and appropriately delivered. It is further recommended that employees of all Government agencies and service agencies providing respite care participate in programs specifically designed to educate them about understanding Aboriginal culture. The need for respite care has to be mindful of the effect that absence from family, community and country may have on elders.

Strategy 14: Western Australian Alliance for the Prevention of Elder Abuse

This report should be referred to the newly established Western Australian Alliance for the Prevention of Elder Abuse (see Appendix Three). Implementation of its recommendations should be in consultation with the Alliance.

Strategy 15: Evaluation

Continued evaluation, monitoring and accountability is required in order to address positive outcomes for Western Australian Aboriginal communities in identifying, responding to and addressing issues of elder abuse.

ACKNOWLEDGEMENTS

The Office of the Public Advocate would like to thank the people who participated in this research project. Their information and support for the work being carried out and support for the Project Officers was instrumental in the success of this project.

The Mistreatment of Older People in Aboriginal Communities Reference Group members are especially thanked for their contribution. The members include:

- Michelle Scott – Public Advocate, Office of the Public Advocate
- Stephen Boylen – Director, Planning, Policy and Research, Office of Seniors' Interests and Volunteering, Department for Community Development
- Maryann Howley, Senior Policy Officer, Office of the Public Advocate
- Ken Kelly, Policy Officer, Aboriginal Policy and Services, Department of Justice
- Rhonda Murphy, Project Officer, Indigenous Community Volunteers
- Sam Dinah, Complaints Officer, Aboriginal Legal Service of WA (Inc.)
- Bernadette Lockyer, Women's Contact Officer (on behalf of Dennis Eggington, Chief Executive Officer), Aboriginal Legal Service of WA (Inc.)
- Patricia Bushby, Supervisor (Medical), (on behalf of Vanessa Davies, Chief Executive Officer), Derbarl Yerrigan Health Service, East Perth
- Eileen Taylor, Manager, Derbarl Yerrigan Health Service (Mirrabooka)
- Sandra Collard, HACC Development and Training Officer, HACC Training and Transport Brokerage, Woodvale
- Doris Hill, Project Officer/Advocate, Advocare Incorporated
- Stephen Evans, Project Officer/Advocate, Advocare Incorporated
- Sharon Bedford, Project Officer, Office of the Public Advocate
- Maxine Chi, Project Officer, Office of the Public Advocate

The contribution and support from the Department of Justice's Director, Aboriginal Policy and Services, Kate George, and Manager, Court Services Division, Dawn Bessarab throughout this project helped guide the project and consultation process.

Many others also provided information in confidence to the project officers and we thank them for their contribution.

CHAPTER 1 - INTRODUCTION

1.1 Background To The Project

The Public Advocate is an independent statutory officer appointed under the *Guardianship and Administration Act 1990* to promote and protect the rights, dignity and autonomy of people with decision-making disabilities and to reduce their risk of neglect, exploitation and abuse.

The Public Advocate is concerned about the impact of abuse on older people with decision-making disabilities. Research shows that people with decision-making disabilities are particularly at risk of abuse. The report, *Elder Abuse in Western Australia* (Nov 2002), completed by Curtin University's Freemasons Centre for Research into Aged Care and commissioned by the Office of Seniors' Interests and Volunteering indicates that 75% of older people who experienced abuse had a decision-making disability.

The 2002 Curtin study involved surveying general practitioners and service providers. The study indicated that relatively high levels of abuse were reported in Aboriginal communities. The authors, however, acknowledge that the study was not specific to exploring elder abuse in Aboriginal communities and that the current concepts and understandings about elder abuse have been developed and determined by non-Aboriginal people. Further research and work with Aboriginal people about the issue of elder abuse was recommended.

The Curtin research explained that there were problems associated with definitions of elder abuse in that they were developed for different purposes, which include legal rights, health practice, law enforcement and addressing criminal behaviour. The researchers indicated that in trying to define elder abuse for Aboriginal communities, further investigation and discussion and an understanding of Aboriginal people's lifestyles, worldview and cultural obligations was required.

Following on from this research, the Western Australian Government's Active Ageing Strategy (2004) provided non-recurrent funding of \$50,000 to the Public Advocate to research elder abuse in Aboriginal and in culturally and linguistically diverse (CALD) communities. The Public Advocate allocated \$25,000 of the total funding to undertake research with Aboriginal communities and the remainder is being used with CALD communities.

The Aboriginal Policy and Services Directorate of the Department of Justice provided additional funding of \$50,000, making the total budget for this project \$75,000. The additional funding has allowed more extensive consultation and a more in-depth analysis as well as a stronger focus on developing suitable community education material. The additional funding also enabled the employment of two project officers rather than one. This is important because it has allowed for collaboration and support in working through this very complex and sensitive issue.

1.2 What Is Elder Abuse?

The abuse of older people is a largely hidden issue in the general community. There is little awareness about its existence and about what constitutes elder abuse. It has been put on the agenda as an area of concern for governments in Australia in the past decade. However, the prevalence of elder abuse within Aboriginal communities in Western Australia has not been explored to date. Literature strongly supports exploration and further research in this area.

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)

There are various definitions arising from research into elder abuse. Modified definitions that have arisen out of this research have included the following:

Financial abuse: the illegal or improper use of an older person’s money or finances. It includes misappropriation of money, valuables and/or property; forced changes to a will or other legal document, denial of the right of access to, or control over personal funds including withholding pension payments, forgery and misuse of Powers of Attorney.

Physical abuse: the infliction of physical pain, injury or physical coercion. Examples include hitting, slapping, pushing and burning, and the use of physical restraints.

Sexual abuse: abusive or exploitative behaviour including rape, indecent assault and sexual harassment.

Psychological abuse: the infliction of psychological anguish, involving actions that cause fear or violence, isolation or deprivation, and feelings of shame, indignity and powerlessness. Psychological abuse includes verbal intimidation, humiliation, harassment, shouting, threats of physical harm, abandonment or institutionalisation, withholding affection, preventing the older person from seeing others and denying an older person the right to make his/her own decisions.

Social abuse: restricting social freedom, social isolation from family and friends. (Advocare Inc. 2003)

Spiritual abuse: i.e., as being the disregard for spiritual belief, values or practices. (Kingsley, B 2000)

Neglect: is intentional and/or unintentional failure to provide the necessities of life to a person for whom one is caring. Unintentional neglect can occur when a person lacks the skills and knowledge to provide adequate care, is unaware of available community support services or is ill and unable to meet the person's needs. Neglect includes abandonment, non-provision of adequate food, clothing, shelter, medical or dental care, inappropriate use of medication (including over medication), poor hygiene or personal care, and refusal to permit other people to provide adequate care. (*Office of the Public Advocate, Victoria 2003*)

1.3 What Do We Know About Elder Abuse In Aboriginal Communities?

Before the commencement of this project, the Public Advocate had consulted with Aboriginal people who acknowledged that there were instances of mistreatment of older people in Aboriginal communities. Those consulted indicated that this treatment was not acceptable. However, an understanding of what constitutes abuse of older people from an Aboriginal perspective has not yet been developed.

The report of the Gordon Inquiry into the Response of Government Agencies to Family Violence and Child Abuse in Aboriginal Communities identified a need for increased safety for children and women in communities. Although the Gordon Inquiry focussed on child abuse, concern was expressed about risks to vulnerable Aboriginal adults. The Gordon Inquiry found that "family violence and child abuse in Aboriginal communities arise from multiple factors [and complexities] within individuals, families and communities" (p.71).

In some communities, high levels of poverty, unemployment, economic, health and social disadvantage, makes families in these communities more susceptible to becoming involved with both child protection and justice services (p.62).

Welfare dependency is also a problem and many people, particularly in rural and remote communities, have almost become reliant on welfare (p.63).

It is clear that certain groups of people within families require the need for increased safety. Elder abuse and the risk of abuse perpetrated against older people within Aboriginal communities, has therefore been raised as a real concern.

The Gordon Inquiry found that family violence and abuse stemmed from an environment of social disadvantage, not only within rural and remote communities, but within the metropolitan area. Thus the response by government to date has been through the proposed "Strengthening responses to vulnerable children and adults at risk" section of the WA State Government's action plan.

"Responding to the multiplicity of factors that make children and families susceptible to safety concerns, requires a complete and comprehensive strategy." (*The Western Australian State Government's Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities Nov 2002, p.21*).

The interim report of Advocare Incorporated's Aboriginal Access Project (AAP), which documents 12 months of consultations in Western Australia, identified the need for advocacy and group advocacy to Home and Community Care (HACC) eligible Aboriginal and Torres Strait Islander clients. The report raised a concern with regard to the issue of "Elder Abuse" within Aboriginal Communities:

"Cases referred to the AAP have included a significant percentage of "abuse" issues. From September 2003 through to September 2004 they received 49 cases of elder abuse involving ATSI clients. " (*Advocare Inc. Report, p.4*) and;

"South West Consultations – major issues summary

- Elder Abuse identified as a concern
People in this region identified elder abuse as a broader concern of which HACC issues were a smaller related aspect. This highlights a challenge for this Project to deliver a meaningful advocacy response by working with other services." (*Advocare Incorporated Report, p. 14*)

It was not clear from the interim report with respect to (i) how the issue of elder abuse was raised by the Advocare Incorporated facilitators in their South West consultations (ii) whether Aboriginal participants were aware of what constituted 'elder abuse' (i.e., did the facilitators refer to the ANPEA definition) and (iii) whether there was any discussion or information given about how people might respond to elder abuse within their community.

In a doctoral research study by Bill Genat (2001), Aboriginal health workers in Western Australia who come into contact with the elderly provided an insight into how they perceived their roles compared with the Aboriginal community's perception of their role. The issue of elder abuse in the metropolitan community and the feelings of helplessness of these workers were highlighted in this research and the complexities evident in identifying and responding to the issue of elder abuse as health workers and more importantly, community/family members:

"The study has found that Aboriginal Health Workers face a situation of enormous complexity, where historical legacies of exclusion, cultural oppression and racism continue to erode the environmental, psychological, social and cultural health of Aboriginal clients. Frequently the participant Aboriginal Health workers encounter clients resolving family and personal social problems that override personal health management. Often they visit clients subject to injurious relationships related to dependency within their own families. While these Aboriginal Health workers respond to the complexity of their task through a unique, client-centred, holistic practice, lack of organisational and professional recognition of this practice by managers and more clinically orientated health professionals compromises their efforts... "...there is a need to promote and support this unique Indigenous holistic practice and the Indigenous knowledge upon which it is founded." [Bill Genat's research "*Beyond the Clinic, Beyond the Rhetoric: Holistic Aboriginal Health Worker Practice at the Margins*" (2001)]

Aboriginal health workers felt that their personal and/or professional relationships at times compromised their response to complaints that family members were abusing the elderly.

Research by Genat highlighted the difficulty these workers faced in responding to complex situations within families in their role as a representative of an Aboriginal community based organisation.

In 2001, a research project was commissioned by the Public Advocate to look specifically at the needs of Aboriginal people in the Guardianship and Administration system in Western Australia. While the research does acknowledge that there is limited data available to inform a statistical needs analysis, it suggests a growing demand for substitute decision-making among Aboriginal people. The research found that:

- “Indigenous people suffer generally poor health and are more likely to suffer from the effects of chronic ill health and substance abuse;
- on all indicators Indigenous people are severely disadvantaged;
- social and economic disadvantage are associated with a higher prevalence of disability;
- Indigenous people encounter the ageing process earlier than non-Indigenous people;
- among Indigenous people, there is evidence of growing levels of decision-making incapacity resulting from the combined effects of severe disadvantage associated with substance abuse, early ageing, psychiatric disability, brain damage and traumatic life events such as motor vehicle accidents;
- in many Indigenous communities, elderly people are left with little family support as younger people move to regional centres or towns;
- the often reported breakdown of the “family obligation” value base of Indigenous cultures will reduce the extent to which younger family members care for older or disabled family members, increasing their reliance on services.” (*Needs of Indigenous People within the Guardianship and Administration System in WA, Report of the Office of the Public Advocate, 2002*).

The current research confirms the findings of the earlier report. This indicates that it is likely that there will be a corresponding impact on the resources and capacity of the Office of the Public Advocate and other agencies to deal with the increase in the number of Aboriginal people with decision-making disabilities. The move of younger people, who could care for older and disabled people, away from regional areas may also increase demand on the services of the Office of the Public Advocate and other agencies in regional areas.

1.4 What's Happening About Elder Abuse And Aboriginal People In Other States?

Queensland

The Elder Abuse Prevention Unit (EAPU) is funded by Queensland's Department of Communities to provide their statewide response to the issue of elder abuse. The EAPU has recently commenced a project to raise awareness of elder abuse in Aboriginal communities. After initial consultations conducted in northern Queensland and the Torres Straits Island regions, the EAPU has identified several initiatives to respond to elder abuse, including the production of videos with scenarios on elder abuse for both Aboriginal and Torres Strait Islander communities, tailored training for Aboriginal Service Providers and the adaptation of existing elder abuse prevention resources to make them more suitable for Aboriginal people.

Ongoing consultations are planned by the EAPU to help to ensure that communities have the opportunity to have input into all stages of the project. It is hoped that this, in turn, will promote local responses to elder abuse – this is viewed as paramount to self-determination and strong community capacity building. (*Aboriginal, South Sea Islander and Torres Strait Islander Strategy for Responding to Elder Abuse Interim Report: March 2005 Update*)

New South Wales

The New South Wales Department of Juvenile Justice in conjunction with a local Aboriginal organisation developed a successful program entitled, "Our Journey to Respect." It is aimed at diverting young people from the criminal justice system by working intensely with young people and their families, in particular their elders, with the expertise of trained local Aboriginal facilitators.

CHAPTER 2 – METHODOLOGY AND RESEARCH PROCESS

2.1 *Project Objectives*

The objectives of the research project were initially to:

- identify whether mistreatment of older people is an issue in Aboriginal communities and what differences exist in urban, traditional and remote communities;
- begin to develop an understanding of what constitutes mistreatment of older people in Aboriginal communities;
- gather the views of Aboriginal people on how best to identify and respond to mistreatment when it occurs;
- identification of appropriate ways to raise awareness of the issue of mistreatment of older people in Aboriginal communities; and
- identify priorities and strategies to further address the issue in the future.

2.2 *The Research Methodology*

A number of factors impacted on how the research was conducted. Key issues which were considered early in the project included:

- the limited timeframe available for the research and consultations;
- the need to firstly raise awareness about the issue of elder abuse, mistreatment and neglect;
- the need to take into account the sensitivities of the issue of “abuse” of older people and how Aboriginal people understand “abuse” of older people within their own communities.

The research methodology included:

- reviewing relevant literature relating to elder abuse and how it may/may not correspond to family violence within Aboriginal communities;
- developing communication material to raise awareness of elder abuse for Aboriginal organisations and individuals;
- consultation with Aboriginal people and organisations;
- analysis of demographic data about Aboriginal people in Western Australia; and
- analysis of the qualitative information gathered through the consultations.

A project reference group was established to guide the project officers in conducting the research, consultations and provide valuable input into the structure and content of the final report.

It was decided to use an Indigenous research methodology to undertake this research. This research project was heavily influenced by cultural protocols and Aboriginal ways of doing business including personal interviews and yarning sessions in order to understand and develop relationships with participants. Understanding community and family dynamics is an important factor that contributes to and allows for sensitive personal information to be gathered for research within Aboriginal communities and cultural groups.

2.3 *The Consultations*

It was determined that the project would focus on exploring the issue of elder abuse within Aboriginal communities by talking primarily to Aboriginal service providers, particularly those who work with elderly people, about whether this issue exists in their community and about what they perceive as relevant local level responses to this issue.

The consultations also included talking on an individual basis to community members who have an intimate knowledge of family networks and possess strong community relationships. Yarning sessions were held with individual Aboriginal people.

The establishment of trust is a fundamental part of the process of consultation with Aboriginal communities and one that has been difficult due to the short time frame. There was some difficulty in establishing relationships with people due to the sensitivity of the issue of “abuse” and the perception of the project officers as “government” coming into a community or family structure to talk openly and candidly about a particularly sensitive issue.

The need to establish a relationship with the community takes time and respect. The fundamental process allowing communities to effectively engage with government has been highlighted in a report released by the Department of Indigenous Affairs *Consulting Citizens, Engaging with Aboriginal Western Australians* (2003):

Putting Principles into Practice

A number of key interconnected principles underpin effective engagement with Aboriginal populations:

- recognition and understanding of the individual aspirations and unique circumstances of Aboriginal people and communities in the different regions of the state;
- the need to build trust and co-operation between Government and Aboriginal people;
- mutual respect and reciprocity;
- effective Communication;
- informed consent;
- sustainability of relationships.” (p.18)

For some people, the issue of abuse is seen to be a “closed” or “not talked-about” subject. The project officers needed to ensure that confidentiality was maintained when people were specifically talking about abuse occurring within the family, especially if it is perpetrated against the participant. The project officers tried to ensure that they were inclusive in providing opportunity for input, in particular from elderly people themselves. Through these consultations, more often than not, it is particularly the elderly who are afraid or reluctant to raise the issue, possibly because of fear of repercussions or the implications for them if they are seen to be complaining or ultimately admitting that this issue exists within their own families.

Questions used for the consultations

During consultations, the objectives of the research project and the types of elder abuse were explained. The following questions were asked in various ways but generally the context was the same:

- Does elder abuse, mistreatment or neglect occur in Aboriginal communities?
- What do you understand to be elder abuse, mistreatment or neglect and what types of abuse occur?
- What can be done in your community to address elder abuse, mistreatment or neglect?

In all of the conversations with participants, Aboriginal people in all cases loved to yarn and gentle prompting with the use of these questions often brought out “storytelling” or “yarns” about situations identifying elder abuse and the factors contributing to such abuse within the community. This was done in a way where people were not easily identifiable.

Recording of Information

Information for the research project obtained from community organisations, groups and individuals was recorded on tape recordings or by note taking. Background about specific organisations and services was sourced from newsletters, meeting reports, organisation reports and other information pamphlets/leaflets and reports to inform the research.

Participants in the research were asked whether they wanted their information to be tape recorded. They were asked to sign a consent form that was developed for the research project. Given the sensitivity of the issue of elder abuse, identification and anonymity is an important factor and participants were asked if they wished to be identified or to remain anonymous. Participants were informed that the recordings would be destroyed once the research concluded.

The consent form is included in Appendix One.

2.4 Factors in the Consultation Process

Regional

Data about the population distribution of Aboriginal people in Western Australia helped to determine where to commence and target consultations. The following table shows population distribution of Aboriginal people across the state.

Comparisons between General and Aboriginal populations;
Western Australia and Regions; Census 2001²

Statistical Division (ABS)	Total Population	% of total State population	Aboriginal population	% of Regional population
Kimberley	40,653	2.2	13,555	33.3
South West (includes Mandurah, Bunbury, Vasse, Blackwood)	180,940	9.8	3,445	1.9
Lower Great Southern (includes Albany)	50,176	2.7	1,632	3.2
Midlands	50,614	2.8	2,050	4.0
Central (includes Geraldton and Gascoyne)	66,445	3.6	6,082	9.2
Upper Great Southern	17,773	0.9	850	4.8
South East (includes Kalgoorlie/Boulder)	55,799	3.0	5111	9.2
Pilbara	42,411	2.3	5,736	13.5
Perth Metropolitan	1,325,392	72	20,015	1.5

² ABS Census of Population and Housing 2001

As a proportion of the total population of Western Australia, Aboriginal people make up 1.5%. The State's largest numbers of Aboriginal people reside within the Perth metropolitan area. This is followed by the Kimberley, then the Central Murchison region, and then the Pilbara and Goldfields. It is also interesting to note that according to the 2001 ABS Census:

- “nearly three quarters (72%) of the State's total population live in the Perth metropolitan area;
- of the State's Aboriginal population, 34.2% live in the Perth metropolitan area, making the Aboriginal population much more regionally based than the general population;
- comparatively small sections of the State's total population live outside the Perth metropolitan area;
- in each of the regions except for the Perth metropolitan area and the South West (which includes Mandurah and Bunbury), a significant proportion of the regional population is Aboriginal.” (*Consulting Citizens: Engaging with Aboriginal Western Australians*, 2003)

Based on the population distribution of Aboriginal people within the State and in the timeframe available, visits to the Kimberley, South West and the Goldfields were organised. Making the initial approaches and organising these visits required ongoing intensive contact with organisations and individuals who were appropriate contacts for local Aboriginal communities.

Interpreting services were required for consultations in one regional community, as the target group was specifically older members of the community. Older people in this case are fluent speakers of their native Aboriginal language and speak English as a second, and in some cases third or fourth, language.

Perth Metropolitan

The Project Officers attempted to meet as many people and organisations as possible within the short time frame. It is acknowledged that broader and more in-depth research is needed to address the issue of proper and appropriate Aboriginal community consultations.

Consultations were conducted with Aboriginal organisations that have a large elderly client base that they service on a regular basis.

2.5 Limitations Of This Research

Several factors limited the scope of this research, the consultation process and the information contained in this report.

The time frame to conduct the research, consultation and report writing for this project was limited to three months. The initial objective of holding consultations in a remote, traditional and urban setting was considered too ambitious for the timeframe and the project resources. Therefore, the consultations were not as far-reaching as initially planned. A more inclusive approach involving consultation with Aboriginal organisations in all areas of Western Australia was preferred by the project officers, but this could not be achieved within this project.

The project officers have provided only a “snapshot” of consultations carried out with Aboriginal people in selected regions and community based service organisations.

Despite these limitations, it is important to stress that this research project has generated interest, discussion and increased awareness of elder abuse amongst Aboriginal people. There is a strong sense that something further needs to be done.

2.6 Communication Strategy – Resource Materials Produced

One of the strategies employed by the project officers in conjunction with the Manager, Community Education at the Office of the Public Advocate was to develop some resources about elder abuse that could target Aboriginal communities across Western Australia. The wording needed to be easy to read and to the point about elder abuse and mistreatment within Aboriginal communities. The Office was able to secure the services of Aboriginal entertainers/comedians/actors with a social conscience, Mary G and Baamba, for a community awareness and education campaign. Mary G is a nationally acclaimed Western Australian Aboriginal entertainer who has a ‘side-kick’ named Baamba. Their credits include two, recent nationally televised series, each of six episodes, on SBS TV. Mary G has been successful in attracting Aboriginal audiences to radio and live performance through the very nature of the character herself. Mary G talks about care and respect for older people and has a large Aboriginal following nationally, and particularly throughout regional Western Australia. *The Mary G Show* radio segment is broadcast weekly via the National Indigenous Radio Station network across the Kimberley, Pilbara, Central Australia, Northern Territory, South Australia, regional New South Wales, Queensland and the Torres Strait (on 99.7FM in Broome, 98.9 FM Brisbane), although not in Perth.

The resources developed by the Office of the Public Advocate are referred to in Appendix 2 (a), (b), (c) and (d). The flyer was designed to provide a brief outline of the research project. The other materials were designed to continue to be used after the project and to raise awareness about the issue of elder abuse and how to obtain advice and assistance.

2.7 Presentations

The consultations also included presentations, both formal and informal, about the research project to various forums and to raise awareness of elder abuse in Aboriginal communities.

A combined Community Education Forum for service providers held at Noongar Alcohol and Substance Abuse Services (NASAS) in East Perth, entitled *Working with Vulnerable Aboriginal Adults* gave the project officers the opportunity to present information about the research project. This was done in conjunction with the Office of the Public Advocate and Advocare Incorporated. A presentation of the research project was also given to the Indigenous Women’s Congress, an advisory group to the Minister for Women’s Interests and supported by the Department for Community Development’s Office for Women’s Policy.

The consultations in various locations, both regional and metropolitan, networking and distribution of information has generated growing interest in the project, within government, non-government and more importantly, within Aboriginal communities. The Aboriginal network has been influential in raising the issue of abuse of older people within Aboriginal communities and more community awareness and education is needed as a result of the initial research.

CHAPTER 3 – ANALYSIS OF INFORMATION

The Australian Network for the Prevention of Elder Abuse (ANPEA)'s definition of elder abuse was used to identify the six types of abuse to be explored during the consultations. It provided a starting point from which to compare the diversity of Aboriginal views, perspectives and understanding about elder abuse within communities. According to ANPEA abuse can be physical, sexual, financial, psychological, social and/or neglect and often a combination of several of these.

Terminology plays a huge part in the defining and understanding of concepts. The process of analysing the information gathered, involved redefining the issue of elder abuse and what it means to Aboriginal people. It was not easy to separate the information from the consultations into the six categories of elder abuse contained in the ANPEA definition. Issues have been identified under the headings of physical, sexual, financial and emotional abuse but many of them are intertwined. Further consideration may need to be given to the findings along with further research to clearly separate these issues.

3.1 *Aboriginal People's Understanding Of Elder Abuse And Mistreatment Of Older People Terminology - 'Elder Abuse', 'Mistreatment', 'Neglect' And 'Older Aboriginal People'*

The task of discussing elder abuse and meanings for people in these diverse environments was complex. The initial project brief was entitled '*Research into Mistreatment of Older People in Aboriginal Communities Project*'. There was a need to discuss terms and definitions of 'elder abuse', 'mistreatment', and 'older people' to communicate the aims of the project to Aboriginal people.

Advocare Inc. indicated that the sensitivities of the terminology should be carefully considered. Their Interim "Aboriginal Access Project" report stated that:

"The need to avoid the word "abuse" (because of the judgmental connotations it carries) when engaging in discussions with ATSI people was identified. Education is more effective when the focus is on the familiar notion of rights and alternative options are discussed and/or workshopped."
(AAP Report p. 14)

Some Aboriginal people were concerned that the term 'elder abuse' as defined by ANPEA was too 'confrontational'. Other Aboriginal people accepted the use of the term once they understood the types of elder abuse that occur. This raises the question of whether the mainstream definition 'fits' with Aboriginal people's perception of what constitutes 'elder abuse'.

An example of where Aboriginal and mainstream meanings may differ is the discussion surrounding the terms 'domestic and family violence'.

The terms 'domestic violence' and 'family violence' in the Aboriginal context is referred to in the report *Putting the picture together, Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, (Gordon, S., Hallahan, K., Henry, D. (2002) (referred to as *The Gordon Inquiry*):

"In the mainstream community, the term 'domestic violence' has commonly been used. Most research findings suggest Aboriginal people prefer the term 'family violence' (Bagshaw et al. 2000). The use of the term 'family violence' allows a focus on the broader experience of violence within extended families... A wide range of behaviours – including suicide, self inflicted injury, child abuse, put down about culture and identity and a negation of the cultural and spiritual sense of self – have been included... The different views of Aboriginal communities of the terms 'domestic violence' and 'family violence' has been an issue for the Inquiry. During consultations a number of Aboriginal women said that they preferred the term 'domestic violence' because they believed the violence in those intimate relationships should be seen as separate from (although not necessarily related to) the violence that occurs in communities – including violence between family groups or between men within that community. However the literature is generally not supportive of this view (Blagg 2000)." (p.29) During the consultations, an Aboriginal woman participant explained that she was an educated woman who worked in a good job and until she fully understood the ANPEA definition of what constitutes 'elder abuse', she had not realised that she was actually experiencing 'abuse' within her own family. Another Aboriginal woman advised that: "It happens, and we just get on with it, that's what we do."

In conducting this research, Aboriginal people's understanding of what constitutes 'elder abuse' has increased.

Information gathered from consultations is that some Aboriginal families are dealing with 'abuse' on a daily basis from close and extended family members. This abuse takes the form of financial, physical, social and psychological abuse and usually occurs during 'pay weeks'.

It is important that information be provided to Aboriginal communities regarding the types of elder abuse that occur.

Older Aboriginal People

The term 'older Aboriginal people' is difficult to define. Research into what constitutes an older person shows that the words 'elder' and 'older' are used interchangeably in documentation. Some examples include:

- 'Elder' in the context of the World Health Organisation report *Missing Voices: Views of older persons on elder abuse (2002)* refers to persons 60 years and over.
- The report "*Elder Abuse in Western Australia*", *Report of a Survey Conducted for the Department for Community Development – Senior's Interests, June 2002*, refers to elders and older people from the age of 60 years and over.

- The Council on the Ageing (COTA) seeks membership from seniors who are people aged 50 years and above.
- The Department of Sport and Recreation, Seniors Recreation Council of WA, City of Melville, Department for Community Development's Office of Seniors Interests and Volunteering, the Indigenous Sports Program and Lotterywest support and provide a weekly Aboriginal Senior's Day program for people over 45 years of age.
- The age category to receive an Age Pension is currently 65 years for a man and between 62 and 65 years for a woman, depending on the year she was born."([http://www.centrelink.gov.au/internet/internet.nsf/filestores/co029_0503/\\$file/co029_0503en.pdf](http://www.centrelink.gov.au/internet/internet.nsf/filestores/co029_0503/$file/co029_0503en.pdf)).

In determining what an older person or an elder is in the Aboriginal context, the Project Officers took into consideration information from documentation and statistics provided by an Aboriginal community based organisation, that the average age of death for Aboriginal women in the Perth metropolitan area is 51 years and the average age of death for Aboriginal men is 47 years. The life expectancy of Aboriginal people is estimated at 20 years less than a non-Aboriginal person. The Australian Bureau of Statistics estimates that the national Aboriginal and Torres Strait Islander life expectancy is around 20 years less than for their non-Aboriginal counterparts. Life expectancy for males is 56 years and 63 years for females (ABS, 2003).

An Aboriginal male participant suggested that an 'older person' was "in their late 30s going upwards."

In the South West, Aboriginal people have defined an 'elder' as a person aged 50 years and over, or the eldest member of a family group.

Many Aboriginal women and men become parents and grandparents at a younger age than non-Aboriginal people, some in their early 30s. Many of their non-Aboriginal counterparts are becoming grandparents 15 to 20 years later.

Many Aboriginal mothers and grandmothers have large extended families. These relationships and responsibilities impact on their lifestyle because of the number of people that live within their households or are visitors or short-term residents. Many Aboriginal households are not nuclear family households but may include two to four generations of a family and extended family (grandparents, parents, children, grandchildren and cousins) for short term or long-term periods.

The level of ill health is a concern in the Aboriginal community. Aboriginal people are acutely aware that the life expectancy of people in their communities is less than in the mainstream community and that they "are dying earlier." Their view is that they are exposed to "a harder lifestyle." Health issues such as heart disease and diabetes, depression, mental health problems, physical injuries, the impact of alcohol, drug abuse and poverty are all common contributing factors.

3.2 Elder Abuse In Aboriginal Communities

Aboriginal people have been strong in voicing their concerns that 'abuse' of older people within their communities does in fact occur and is occurring in different forms. However, understanding what Aboriginal people themselves are meaning by 'abuse' and how much abuse occurs can be problematic. Some people have indicated that the situation of 'abuse' of older people is 'normalised' within Aboriginal communities and that there is a feeling of helplessness and disempowerment on the part of family and community members.

Financial Abuse

The most common form of abuse reported during the consultations appeared to be financial abuse, and understandably this type of abuse is commonly referred to as "taking advantage of" the older person's personal income. It is usually perpetrated by immediate family members and more often by grandchildren.

A prominent Aboriginal man indicated that financial abuse within his region is accepted as a major issue. Some elderly people, particularly from traditional communities, appear to have no 'western' concept of money and they give monies to relatives because they have a cultural obligation to share. Sometimes this type of relationship can be taken advantage of by perpetrators for their own financial gain.

"Looking at the financial abuse, it's happening every day. Every pension day you see the oldies and a lot of the times, it's very sad, ... if it's not the children, it's certainly grandchildren and their surrounding friends who go there and "nanna, nanna I need money", and under their kinship laws around here they may not even be related to them but people just call them nanna for the sake of getting some money. I know of occasions when key cards are in the possession of other people. They withhold the key cards and say they will mind it, they may give them \$20 or \$50, which is totally inadequate... what they tend to do is keep their key cards as opposed to taking them to the bank with them they get their money out and then they come and withdrawal all the money... it's probably happening right across the state, it's certainly happening here .in particular it's very evident when we do get people coming in... because they have got a lot of money when they come in, around tax time and Christmas, a lot of the money.... The people who live in the lands, they have got nothing to spend their money on, they live off the land out there, so there's no need to buy food and so forth in their communities... when they do get into town, they don't have the concept of money as well. One day they could have \$4000 - \$5000 [in their possession].

"They would walk in at Christmas time and for someone like myself who earns a substantial wage, they still offer me money. Want to give me money, and it's actually rude to say no I don't want it, you're offending them. That's their way, they say you look after us, if they come and stay with us. I say, but your family, we're not going to kick you out of our house. It's just the way they are. You do get the occasions when they go to someone else's household who will just take them to the cleaners. Take them for all they have got. It's very unfair." (*Interview, Aboriginal male, 13 May 2005*)

Another regional Aboriginal Community Worker advised that elder abuse does exist within the community but again, the most common is financial abuse. In his experience, physical and sexual abuse are very rare, but then again, elderly people may not report it due to the embarrassment or “shame” of it.

Community members and workers indicated that financial abuse appeared to be the most common of all types of elder abuse. Again, older people are left in a vulnerable position during pension weeks when family members who are given the responsibility of looking after that older person take advantage of the situation. Community workers reported that they witnessed incidents where grandchildren demanded money at the local shopping centre, “not \$5, \$10, these kids run amuck for \$50-\$100 notes from the oldies... they got no respect...” (*Interview, Community Worker, 1 June 2005*).

The frustration was clearly expressed by some community members and local service providers. Their view was that something needed to be done to look after older people when certain family members appeared to be taking advantage of their older people, especially when it came to blatant financial abuse.

Some communities have gone to extensive lengths to combat elder abuse. One remote community has developed an informal arrangement to deal with concerns about financial abuse. The agent for the local bank holds clients’ keycards and only allows certain family members to withdraw monies on behalf of that old person. This situation has occurred because of past experiences where family members, especially those affected by alcohol, were demanding monies from the oldies and taking money from them on their pay days. While this practice has risks, it is supported by the community which claims it ensures, to some extent, that the old people are not being taken advantage of.

Financial abuse is a common occurrence within the metropolitan area:

One metropolitan Aboriginal organisation reported this happens on many occasions where older people are in a vulnerable position especially when they have been drinking (alcohol). The park is a place where people gather during pension week, especially when the weather is warm and they have a chance to meet up with family members or friends – the park is located near the shopping centre and also near a take-out bottle shop and TAB.

“Elderly people in the park are easy targets for some to stand over, rob people for monies, especially during pension week.” (*Interview, Community Worker*)

This organisation suggested that perhaps to offset this problem, there could be a Drop-In Centre where the elderly could come in for a yarn and a cup of tea where they could meet up with others and have a break from shopping and their usual errands while they are out. This could be a place where there is no alcohol allowed. It could provide shelter as well as organised activities where yarn sharing and meetings could be held so that older people are not placed in a vulnerable position during pension week.

Physical Abuse

Physical abuse was reported to occur. It was interesting to note the different tone and concern in community workers' voices when they talked about their experience of dealing with cases of physical abuse perpetrated against older people. They gave examples of injuries they had discovered on elderly clients that "walk in the door" of their organisation. They feel they are powerless to stop this abuse. Families will either "disappear" or move house when they discover someone "is onto them", taking the clients with them. This may result in the care and contact with the elderly client ceasing altogether. In these cases community workers face a dilemma about whether to report or document abuse as occurring; confront the family and/or risk the client being denied a service; or stay silent in order to continue treatment and ensure that the client continues to remain in contact with the organisation.

An example of an incident from a community highlights the issue of physical abuse and how it may be linked to other forms of abuse. A male elder had his grandson demand money from him and when he refused, his grandson pushed him and he fell from the veranda of his house and sustained a broken hip. Due to a lack of facilities in the region, the elder was sent to a hospital several hundred kilometres from home for several weeks where he subsequently died. This incident meant that the elder had sustained a serious injury and suffered emotional, psychological and cultural shock by being removed from his country, his language and cultural setting to be treated elsewhere. Many elderly people fear leaving their country for medical treatment and dying away from family and friends. The community's perception was that no action was taken by the Police to charge the abuser. This highlights the complexities of Aboriginal and Police relations in regard to charges being laid and punishment relating to elder abuse. The Aboriginal community's perception is that the issue should be dealt with in a traditional manner. The old man was an important man in his community and repercussions continue to be felt by the community.

Sexual Abuse

Sexual abuse of older people within Aboriginal communities was reported to happen, but infrequently and was said to usually occur when the perpetrator is affected by alcohol. Many cases are not reported due to 'shame'.

"...these old girls these fellas come in all drunk and take advantage of them and things like that. Sexually and physically..." (*Interview, Community Worker, Perth, 9 May 2005*)

Two senior Aboriginal women indicated there were cases where older people were physically and sexually assaulted but no one liked to talk about it, because they felt "shame." They made a point that occurrences happened but did not elaborate, making it difficult to understand how incidents are dealt with in the community. (*Interview, Senior Women, 1 June 2005*)

Safety concerns for the elderly in poor living conditions associated with extreme poverty, itinerant lifestyle and alcohol abuse were also mentioned. Elderly people were at risk of abuse if they themselves were in a situation where alcohol abuse had taken control of their lives and those around them. According to information from an Aboriginal man:

“The other thing with elders is that there are a few people... who are looking after their elders, but not all. The ones who get left out, I pity them because they have got nothing, really. People are living anywhere, anywhere... This is where I can say where the sexual abuse takes place. Especially women, when they get drunk, they are out. You know what happens if a man gets drunk, it happens. So what can you do? The women must take charge of their lives too and don't get too drunk. When they get drunk they don't know what happens. They get abused and don't even know it. Very sorry to say that, but it is happening, really.” (*Interview, Aboriginal man, 18 May 2005*)

The itinerant lifestyle of some Aboriginal people, lack of care and alcohol abuse put people at risk of abuse and highlights the issue of safety.

Emotional Abuse

In some instances, family members may place an older person in a position where they feel a sense of guilt and are pressured into situations they are not happy with.

“We also have a client of ours that no matter how much, it's not really physical abuse, it's more emotional, financial or whatever abuse, where that client won't say anything for it. Like, you know something is going on and no matter what you say or you try and do that client is not going to budge because they want that family member there and that family member is more important than getting abused, so they are not going to budge on that, and there's nothing you can do. You know that something is going on there.

“The oldies see that as their role now, like before they had a role that was, you know, now they are willing to put up with the attention being taken and being left with kids because they still feel they have got a role in that family unit.

“Blackmail, it could be. It's not right. They shouldn't abuse their elders like that, but they do.” (*Interview, Community Worker, 11 May 2005*)

Cultural Obligation

Cultural obligation is a major factor in determining the way family members relate to each other and in developing an understanding of abuse. It has been suggested that the ANPEA definition referring to “a relationship where there is an implication of trust” is different to the way in which some Aboriginal people understand relationships and “kinship obligations and responsibilities.”

These consultations support the premise that elder abuse occurs within relationships where there is obviously an implication of trust. In almost all cases where there are reported incidences of abuse against an older person, kinship is the determining factor of that particular relationship, and it appears the perpetrator has used this relationship to abuse that older person. It was reported that in most cases, the abuse of older people in Aboriginal communities occurs in families between older people and younger generations. In Aboriginal families, relationships involve strong cultural obligation between grandparents and grandchildren, parents and children.

Grandparents' relationship to family members

In many cases, people reported that older Aboriginal people are affected by relationships with their adult children or their grandchildren. Many cases were reported where grandparents (more commonly, grandmothers) are caring for more than one grandchild. In many cases the grandparents are caring for their adult children as well as their grandchildren and extended family members who are itinerant or homeless for varying periods. This can create problems of overcrowding, lack of privacy, safety, personal stress, additional health problems and financial burden through additional rental costs, electricity, water, food and extra costs for raising grandchildren. Damage to property where grandmothers and mothers are Homeswest tenants is a significant issue as costs related to the damage are the responsibility of the tenant, who in most cases will not lay charges against family members to recover costs for damage.

The issue of cultural obligation between grandparents and grandchildren was raised in regard to financial abuse. The cultural obligations of an Aboriginal grandmother or mother for 'looking after' children and grandchildren provides some explanation of why Aboriginal people tolerate abusive behaviour from close family members. When people are questioned why they put up with abusive behaviour their response is:

“but he's my grannie..., I have to look after him” or “he's my son.”
(*Aboriginal Social Worker, personal conversation, 3 June 2005*)

Some community members have found that although the problem of elder mistreatment or abuse exists within their communities, the frustration and helplessness is experienced in situations where the victim condones or tolerates abusive behaviour simply because of family relationships and obligations to the perpetrator. A community member advised:

“Yeh, they (the perpetrator) go and ask gran for money, knowing it is pension day and that old person will give their last \$20 or \$50, simply because, he 'right, that's my grannie, sometimes they'll even go without, knowing that they still got that \$50 book-up each week that they'll entitled to, thinking that \$50 worth of food can get them through the week. If you go to shopping at the local supermarket here, \$50 doesn't get you too many things, let alone food to last the whole week. What can you do when old people say, “who gunna look after my grannies if I don't”, “it's ok, he's my son.” (*Interview, Community Worker*)

Fear of Losing Children to Statutory Authorities

Much of the abuse between grandparent or parents and their adult children is tolerated due to cultural obligation as well as the fear of losing children or grandchildren to child protection authorities or 'welfare'. Many fear for their children or grandchildren entering the justice system. A large proportion of Aboriginal grandparents and parents are aware of the devastating impacts on their families of past government policies and the removal of children who became known as the *Stolen Generation*. Many are themselves children, grandchildren or great-grandchildren of these people and fear further institutional abuse through contact with government agencies and authorities and family members entering 'the system'. They are concerned that they may be judged as unfit to look after their children or seen as failing in society.

The issue of privacy and the negative impacts of conducting research into elder abuse was also an issue of concern for Aboriginal people involved in the project. Many Aboriginal people "do not want other people knowing their business" or are concerned about generating further negative public images about Aboriginal people. It is important that Aboriginal people are supported to confront and respond to abuse in their communities.

Historical Factors Contributing to Elder Abuse

Although this short-term research has been conducted to highlight the incidence of elder abuse occurring within Aboriginal communities, it is important to understand that many pre-existing factors within contemporary Aboriginal society, can contribute to multiple layers of trauma resulting in family breakdowns, endemic violence and abuse within Aboriginal communities, spanning many generations. The government policies of the era of the Stolen Generation have had a direct, damaging and often traumatic effect on many elderly Aboriginal people, their families and their communities.

"The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report" states that many Aboriginal people are suffering from post-traumatic stress disorder. (Robertson 2000) To survive over the years, many Aboriginal people have had to suppress and/or deny their feelings of distress and despair. This pain has become internalised within the family, expressing itself in destructive behaviours such as family violence, alcohol and drug abuse and suicide (Atkinson 1994). This enacting of trauma is a form of 'coping mechanism' Robertson 2000:31)." (Gordon Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities, 2002 p.57)

The underlying factors contributing to family violence in Aboriginal communities, as outlined in the report of the Gordon Inquiry and highlighted by thorough research, listed those contributing factors as being:

- poverty;
- unemployment;
- substandard or inadequate housing;
- limited access to societal resources and services;
- loss of identity and self esteem;
- abusive styles of conflict resolution;
- sexual jealousy;
- imbalance & inequity within male and female roles, responsibilities;
- lack of respect within families;
- emotionally damaged family members;
- neglect or abuse of children;
- suicide; and
- alcohol abuse. (*Atkinson 1996*) (p.56)

The report also quoted research by K. Mow into family violence in Indigenous Australia which suggested:

“...Violence in Aboriginal communities resulting from oppression and dispossession, the enforcement of protection and assimilation policies (up until the 1970’s) which fragmented many Aboriginal families, as well as poverty and alcohol.” Mow also notes that: “cultural factors relating to ‘shame’ interfere with the recognition of the problem itself, and help seeking behaviour.” (p.56)

Prevalence of Family Violence in Aboriginal Communities

In its own report, the Gordon Inquiry research into the extent of violence within Aboriginal Communities in Western Australia concludes that:

“The true prevalence of Aboriginal family violence is unknown. What is known is that the violence is endemic and presents an extremely troubling picture of the situation in many Aboriginal communities.” (p.48)

3.3 Significant Issues Linked To Elder Abuse In Aboriginal Communities

Throughout the consultation the following contributing factors were consistently raised:

- Loss of respect for old people and culture and the need to teach young people respect.
- Alcohol and substance abuse within the community.
- Grandmothers/grandparents raising grandchildren.
- Poor housing conditions.

Loss of respect for old people and culture and the need to teach young people

Throughout the consultations for this research, Aboriginal people consistently stated that care and respect for older people had broken down, that there was a breakdown in culture and that young people needed to learn respect from an early age.

“...There is no respect; there is no value of Aboriginal culture... The caring the sharing, the family networks has all gone by the wayside. The respect for your elder people, not your elders in that context, but just older people, it’s just all gone, going back to when I was down here about 10 years ago, it was in that 10 year frame, it has just widened more. *(Interview, Community Worker, May 2005)*

A community worker gave a personal example when she said that family upbringing is vital to the way in which people within family structures relate to each other:

“...You look after the old people. There are certain laws within the moiety [kinship] system that said they have to respect it all the time. Well, that’s thrown out of the window. I know that my kids will look after me. I can walk in the house now and the kettle is put on to make me a cup of tea. I don’t see that when I go to other people’s places. So, why is that? Because that’s the way I raise my kids to always respect their elders. Sort of talking about the environment, you see.

“Anybody comes through their house, they treat them the same way they treat me. Respect is always there for other people...even my little grannies, total discipline and respect.” *(Interview, Community Worker, 9 May 2005)*

In one regional area, an Aboriginal male participant stated that the government was responsible for the current lack of respect for older people because of laws that prohibit adults from using physical means to discipline their children. Children learned at school that they could not be hit and adults feared that their children could report them for physical abuse. He reported that in his day he had to go and get his own ‘stick’ and strip it of bark before he got a ‘hiding’. He learned to respect his elders. *(Interview, Aboriginal elder, 9 June 2005)*

In considering respect for elders, the project officers were mindful of the sensitivities surrounding some abusive behaviour within some families. Some research has suggested that family and domestic violence, drug and alcohol abuse and child sexual abuse within some Aboriginal communities have a huge impact on family relationships. The report of the State Coroner, (Alastair Hope, November 2001) into the death of Susan Ann Taylor on 12 February 1999 at Swan Valley Nyungah Community Aboriginal Corporation – Crown Reserve 43131 (also known as Lockridge Campsite) in Caversham, Western Australia, triggered the Gordon Inquiry. The Coroner stated:

“Mr Ted Wilkes, the Director of the Derbarl Yerrigan Health Service which provides health services to aboriginal persons in the Perth Metropolitan area, gave powerful evidence describing the plight which these young persons are in...Mr Wilkes advised that many young persons feel intimidated by elders in the community and by older aboriginal persons. The extended family, which is at the heart of aboriginal culture, also makes it very difficult for children to stand up and complain about sexual abuse when the sexual abuse has been committed by an elder person in the same family group.” (p.24)

Community workers have identified an apparent lack of respect among the younger generation that leads to abuse of older people within the Aboriginal community, especially in the metropolitan area of Perth. This issue is also linked with neglect of older people by younger people.

“They might maintain some of their culture and their language, but as far as respect for their elders is concerned, they threw it out the window a long time ago. Here in urban areas, it’s basically, nothing there at all, they don’t have any respect at all for their elders, unless they have been brought up in a good environment, and I guess this is what happens in the remote and urban communities, it’s the environment that makes the difference between respect for the elders and the acknowledgement of not only the cultural differences, but also the lifestyle that that child has been brought up in the urban communities.” (*Community Worker, Perth, 9 May 2005*)

In the more remote areas, the experience of community workers is that there is not only a lack of respect for elders but also a lack of support by their youth. Young people tend to make the choice as to whether they wish to adhere to traditional and cultural norms or be “westernised” when it is appropriate for them.

From what the community workers have indicated, in some cases the elders in more remote regions have “lost control” of young people.

Community workers agree that the respect for the old people has changed and some of the young people have lost that respect. They feel this is mainly through alcohol and drug abuse by the perpetrators:

“There’s only one time a year when the old people, our elders, are number one (sweeping her hand across to indicate the elders) and no one plays up here in town or out on the communities, from the little ones to the adults and that is around law time...”

“The elders are often called upon to assist Aboriginal local people with cultural healing and they are often approached there at the frail aged home. The elders also expect something in return, like a tin of tobacco, or whatever else they got to offer. The staff at the hostel also protect the oldies from family members who seem to only want to come and visit when they know it’s pension pay day and the staff are seemingly aware of who those family members are. Family members are also encouraged to come and visit the elderly in the hostel and there are weekly open days for family gatherings and barbeques that are held on a regular basis at the hostel. The frail aged are also given the opportunity to visit their more remote communities, those who come from the outlying areas, but can only stay overnight due to medical reasons.” (*Community Worker, 1 June 2005*)

In a regional community, there are also plans for a proposed ‘Healing Centre’ to be built as a part of the women’s resource centre, where families and partners are given the opportunity to come together to deal with family violence and for counselling and healing as a family. Elders will have the opportunity to be involved in this process.

“Bullying between kids at the local school is a problem that the school should address and if these kids bully other kids, then you know that it leads to bullying of family members, especially the oldies.” (*Community Worker, 1 June 2005*)

In one regional area, community workers said that the issue about neglect had to be carefully considered. Environmental health was an issue about which the workers feel that there are differing world-views. For example, environmental health officers had concerns about old people being surrounded by dogs and advised that either the dogs or the old people were to be removed from the situation, suggesting unhealthy living conditions. However, Aboriginal people in this area did not see this as an issue as often it was common for old people to possess about three or four dogs. The old people would often sleep out in the open on makeshift mattress beds, the dogs and owners keeping each other warm. Community workers explained:

“If the dogs were sick, the old people were sick. Old people needed the dogs to hunt goanna and other small game, and kept the old people safe from harm. The dogs protected them and the dogs provided help in getting the old people bush tucker to survive when they were out in the bush... If you take the dogs away, the old people will suffer.” (*Community Workers, 1 June 2005*)

The director of a health service in a regional area said it was unique because it provided a cultural health and healing service for its client base, especially for the old people. The involvement of both male and female elders from town and surrounding communities provided valuable assistance.

A community worker reported on the services provided by a women's resource centre and the adjacent women's refuge. Grandmothers sometimes use the women's refuge with their grandchildren when situations at home become difficult and they need respite, counselling and a safe environment. Although the women's refuge has a policy that it does not cater for the grandmother/grandchildren situation, the refuge takes into account cultural relationships and the importance of extended family situations where grandmothers often take on day-to-day care and responsibility for their grandchildren.

As part of the consultations, Aboriginal people and organisations were asked how they think communities could respond to elder abuse at the local level. This issue was not fully explored because of the time constraints for the project. Much further discussion and consideration is needed. However, the following suggestions and issues were raised.

Respect and care from family members

A number of strategies to improve respect and care for older people were suggested by regional service providers and community members. These include:

- Developing education programs for children about respect for older people. Programs could be integrated with the school curriculum, providing opportunity for schools to develop specific programs in conjunction with input from local Aboriginal communities and families.
- Raising community awareness about the issue within communities through television advertisements, posters, etc.
- Providing training opportunities for Aboriginal people in the provision of appropriate care for their old people i.e., Aged Care Certificate, Community Care certified training through TAFE. Ongoing liaison and evaluation with carers and old people.

Alcohol and drug abuse

A major factor that was constantly referred to during consultations was the effect of alcohol and drug abuse upon the Aboriginal community that contributes to older people being at risk of elder abuse.

The impact of alcohol and drug abuse and the resulting despair is a cause of great concern and open discussion within the Aboriginal community as well as a high rate of suicide, self-harm, increasing incidence of psychosis amongst Aboriginal youth, brain injury (from physical assault and substance abuse, e.g. paints and solvents) and mental illness. The risk to Aboriginal communities and individual families is that many young people remain untreated in the community. This places the responsibility of care upon their families who suffer increasingly from abusive behaviour.

Grandmothers and mothers have expressed concern that they are not sure where to go for help in crisis situations and that intervention needs to occur immediately when family members are prepared to undertake detoxification or to seek assistance. It was reported that a detoxification centre would not deal with verbally abusive Aboriginal clients and there was a waiting list of six weeks (by which time the family member could have changed his/her mind about treatment).

Many elderly people put up with the situation as they feel they have no alternative. They prefer to remain in the family home and consequently accept an abusive situation. For example:

“Half the time they don’t even have a good square meal. You got all the drugs coming home and the fighting. These old people must live in absolute fear, with all the fighting, and in today’s age where everybody is killing each other...that’s all you ever hear coming through, oh, he got stabbed in a brawl the other night, somebody picked up a knife and give it to him. These old people must live in absolute fear...wondering, now, whether I will get some sleep tonight because it’s Johnny’s pay day today, or Tommy’s tomorrow...all the drinking and carrying on that is happening, fighting.” (*Community Worker, 9 May 2005*)

Intervening to protect older people from abuse

Feedback was obtained from service providers in regional Western Australia about ways of protecting older people who are at risk of abuse. Suggestions included:

- Police, nurses, welfare and health workers and others in the community working together to identify and respond to the abuse;
- Development of local strategies with key stakeholder agencies in addressing immediate response to extreme cases of elder abuse;
- Development support mechanisms for carers and older people i.e., local people visiting homes regularly to check on the welfare of older people and to advocate with service providers.

Grandmothers/grandparents raising grandchildren

The issue of grandmothers or grandparents looking after grandchildren was raised consistently. The fact that grandparents often put their health at risk in caring for grandchildren was a concern raised by Aboriginal community workers who witness the impact on the grandparents' health on a regular basis when they come in contact with health services, the court system or in the community.

It was reported in these cases that many grandparents are concerned for the safety and welfare of grandchildren who often remain in the care of parents who are alcohol and drug dependent. Many grandparents take on the responsibility of looking after their grandchildren when parents are in prison or are deceased. As a result, grandparents within Aboriginal communities are quite often handed or take over the task of raising their grandchildren.

“In the cultural way, the grandmother is responsible for that child. We miss our mother, our mother just gives us life and then we go back to our grandmothers. The grandmother raises that child. What’s happening today is the grandmother is raising the child, ok, but not the financial assistance to raise that child because mum’s too busy picking up the payment and running. ...Thing is, she gets the money and doesn’t hand it over to nanna to function with the kids...Nannas looking after the kids on her money. She’s providing for herself, plus the food for the kids. The kids don’t have any money and are out on the streets stealing and all the rest of it. When they do see mum and dad, they ask for our money, give us our money, and they go and buy \$600 outfits, better dressed than us, the cycle goes on...Grandmothers are getting younger and younger these days.”
(Community Worker, 9 May 2005)

The legal rights of grandparents with custody or care of grandchildren was a major issue of concern for grandparents and other family members. In many cases grandparents were unable or unwilling to claim Centrelink payments for grandchildren in their care, for fear of abuse from the children’s parents. Abuse came in the form of physical abuse, psychological abuse, and threats from the parents if their payments were ‘cut off’, limiting their access to money to purchase alcohol and drugs. The situation of breakdown in parental care and the concerns of grandparents raising grandchildren were documented in a report commissioned by the Council of the Ageing:

“The grandparents may have been concerned for some time about what was happening because of the parents’ drug or alcohol addiction, or they may have been aware of problems resulting from the parent’s mental or physical illness or intellectual disability. They may have been supporting the family financially and practically, for example caring for the grandchildren intermittently and for extended periods. The parent, usually the mother of the grandchildren (and often their own adult child) may have died and the father may be unavailable or unable to take them.” (COTA 2004, p13)

Housing Conditions

Overcrowding, poor housing standards and conditions, location and lack of suitable housing stock present difficult issues for Aboriginal people who rely on public housing. There is limited appropriate housing stock available for older Aboriginal people, particularly those who need to accommodate grandchildren and extended family members. Many people who were consulted expressed concern that poor housing has an impact on family stress and contributes greatly to older people being at risk.

The report, *Finding a Place: An Inquiry into the Existence of Discriminatory Practices in Relation to the Provision of Public Housing and Related Services to Aboriginal People in Western Australia* (2004) identified the following issues of complaint by Aboriginal people: poor housing stock, overcrowding and the increased risk of safety for children and vulnerable people, lack of maintenance, lack of security and problems surrounding debt. The fact that Aboriginal families have become de facto emergency housing providers for family and friends as a result of lack of adequate housing stock sometimes resulted in increased tenant liability, alleged anti-social behaviour and lack of privacy and eviction.

The report recommended the following in regard to addressing housing problems for Aboriginal seniors:

“165. That the DHW be encouraged to work with local authorities to develop appropriate housing for Aboriginal Seniors in consultation with local Aboriginal leaders and elders.”

Provision of residential and aged care services

There is a need to improve housing options for older Aboriginal people and to improve their quality of life and safety. A range of suggestions were received:

- provide community housing for older clients to keep them safe – allow families to visit but not to reside there;
- provide more aged care facilities with culturally appropriate services;
- provide respite beds in aged care facilities;
- provide respite in local communities so older people do not have to be removed from their traditional way of life; and
- provide single units in clusters in regional and metropolitan areas with a caretaker on site for security and emergency situations.

There was consistent concern expressed by Aboriginal workers that there needs to be more culturally appropriate, sensitive/culturally safe residential and aged care services available in local communities. An example is a complex of several units for elderly that is located adjacent to an Aboriginal organisation. The Aboriginal Corporation, in conjunction with Silver Chain, organises elders lunches at the centre three days a week as well as other appropriate activities.

3.4 Service Issues Which Contribute To Older People Being At Risk

Many Aboriginal Community Workers said a lack of service provision had a significant impact in putting older Aboriginal people at risk of abuse and reported many instances of systemic abuse by service providers and government agencies. Many workers said there was often a lack of care and respect for older Aboriginal people by mainstream health service providers.

The lack of adequate service provision was identified as a significant contributor to older people being at risk of abuse.

Caring with Limited Resources

Aboriginal Community Workers say that Aboriginal people are trying to care for their elderly and disabled family members with limited resources and within their meagre budgets. Many Aboriginal people are uncomfortable having non-Aboriginal people come into their homes and are fearful that service providers will make judgements about their living conditions.

The level of poverty and lack of resources within Aboriginal family homes is reflected in the *Australian Bureau of Statistics Australian Social Trends 2005* document:

“In 2002 the mean equivalised gross household income of Indigenous people aged 18 years and over was \$394 per week, with a higher level reported in non-remote areas (\$407 per week) than in remote areas (\$352 per week) ...In 2002, the mean equivalised gross household income of Indigenous adults was equal to 59% of that of non-Indigenous adults.” (ABS 2005 p15)

also,

“In 2002, 54% of Indigenous people aged 18 years and over reported that they would be unable to raise \$2,000 within a week in a time of crisis. This measure of financial stress was reported by a greater proportion of people in remote areas (73%) than in non-remote areas (47%). Overall, Indigenous adults were almost four times more likely than non-Indigenous adults to report this measure of financial stress.” (ABS 2005 p16)

and,

“Health concerns among the Indigenous population include high rates of diabetes, heart disease and respiratory conditions...in 2002, 38% of Indigenous people reported that they had a disability or long-term health condition.” (ABS 2005 p13)

It was reported that in many cases, Aboriginal people feel awkward in asking for help from mainstream agencies, including Home and Community Care (HACC), Community Aged Care Package providers, for respite and in home care. At times Aged Care Assessment Teams (ACAT) are not seen by Aboriginal people to be working in a culturally sensitive manner when conducting assessments in relation to Aboriginal people. Aboriginal workers reported that some questions asked during assessments are irrelevant. They said that decisions were made by professional staff who at times were perceived by Aboriginal workers to have limited understanding of Aboriginal culture and limited ability to communicate effectively with Aboriginal people. They said that judgements were made on Aboriginal people's living conditions rather than their health issues.

Aboriginal Community Workers explained that many Aboriginal people are trying to care for their elderly and disabled people with the meagre resources they have. They are in need of respite and support but at times are not aware of this and are unable to plan ahead. This leads to carer stress:

“There is a lot of abuse. But you see people who are caring and doing a great job and they just don't have access to respite care and places like that. They just struggle for years to keep people at home.

“We have started and have had a few respite places, come and talk to staff, but I think the problem that we have, with a lot of the things, is when the patients come in they need it right then and there. Need respite ASAP, but you can't, it takes a while to organise referrals and get them assessed. The respite places have to assess them and then if they are eligible they go in. We are trying to explain to clients, you can't get them respite and places like, even with beds in nursing homes, you can't get them at the drop of a hat. Need time to be able to arrange it.” (*Aboriginal Community Worker, 11 May 2005*)

It was reported that there are many Aboriginal carers who do not access carer and respite programs to support them in caring for older people. It was also reported that there are not enough services to adequately support Aboriginal carers. These carers are often described by people working in aged care area as 'hidden' or 'invisible carers':

“All they want is respite. Clients will go back into their houses, sit at home and go through all this crap. They don't get a break from their families which they need. Back at home and no respite and no one gets a break. Every Aboriginal grandparent is a carer, whether they have disabled children, alcoholic children and abusers.” (*Community Worker, Perth, 20 May 2005*)

Counselling and respite care programs need to be promoted as services to assist Aboriginal carers. It was reported that there are no cultural awareness programs occurring for people working in the respite area, nor are there culturally specific programs or Aboriginal staff working in many government agencies who are responsible for funding services and policy development. This is despite requests being made for Aboriginal workers who have more understanding and can work in culturally sensitive ways.

Carers and Carers' Payments

A range of issues were reported about neglect of older people with a significant area of concern being abuse by those claiming Carer Payment and Carer Allowance within the Aboriginal community. Often older people are being taken care of by their partners or relatives who receive a 'Carer Payment' or 'Carer Allowance' from Centrelink to provide care for an older person or a person with a disability.

The perceived level of care provided by people receiving Carer Pension and Carer Allowance to someone in their care is a major concern for complaint by many Aboriginal and non-Aboriginal aged care workers. Many stated that some carers were not caring adequately for those older or disabled people in their care and that Centrelink monitoring assessments and reviews of Carer Payments are carried out.

Aboriginal workers expressed frustration during consultations that there was an expectation by carers that the health service also provide a high level of care even when the carer is receiving a Carer Payment. They felt people with little or no family support should be given priority in the health service. Suggestions included a quarterly review by Centrelink on Carer Payments to ensure people in care were not being neglected. If neglect occurred appropriate carers should be found within their extended family. Aboriginal workers advised that abuse and neglect occurred when carers did not provide the necessary basic care for the person, failed to provide proper food, failed to ensure medication was administered, and of greater concern, subjected the person in care to living with alcohol and drug dependent carers who exhibited anti-social behaviour.

"Needs to be stricter guidelines with Centrelink...we go in and see some of the elderly without the proper food. Needs to be a better way of reviewing that and if they are found to be neglecting them...it needs to be transferred to somebody that's going to care for them...with the financial carers pension, if they signed, like the care plans that we had, they have to sign them and agree to what they are actually doing, transport for medical appointments and personal care at home. Supporting cleaning at home. If they have signed it then they can't go to an agency and say I need you as a health worker to come and do that because I've signed that, I'm getting paid for that sort of thing...

they've got a carer's payment and they have got to realise that it is nursing care more or less.

"It keeps some people out. Some people are real genuine and really want to help out, it's awkward for them, they can't get in on it because other people have been abusing it." (*Community Worker, 11 May 2005*)

Aboriginal workers explained the system for receiving Carers' Payments requires the carer to visit the doctor with the client to discuss medical care arrangements. The doctor and client both sign the Carer Payment form certifying that the patient needs care, the doctor then talks to the patient to ensure that is what he/she agrees to and the form is then processed by Centrelink. Aboriginal workers stipulated there was a need for a clear understanding between the client and carer about what they were agreeing to. Aboriginal workers also suggested that "Care Plans" were required for carers listing the jobs they were required to perform at home in caring for the elderly client.

On a number of occasions it was reported that carers receiving a Carer Payment did not actually live in the same town as the person they were being paid to care for. This caused concern for Aboriginal workers who then felt responsible to provide care. This was seen clearly as financial abuse. Aboriginal workers were concerned that many carers were not ensuring medication was being provided or administered appropriately. It was also reported that many carers did not access services that can support them or provide them with respite or counselling to deal with the responsibility of providing care.

In 2005 Carers WA employed an Aboriginal Project Officer on a short-term contract to increase awareness by Aboriginal people of the services of Carers WA and to increase their membership of Aboriginal carers. At the commencement of the project a total of 72 Aboriginal carers were listed, 20 lived in the metropolitan area and 52 lived in the country. Currently there are 129 active Aboriginal and Torres Strait Islander carers registered with Carers WA. Carers WA provide counselling, support and referral for carers to the Commonwealth Carer Respite Centre.

Training programs for Aboriginal people caring for others can be provided by HACC and are currently offered by the Kimberley Aged and Community Services. Other training providers and opportunities for carers need to be identified.

Issues to consider in developing local responses

Community workers in one regional community provided an example of local practice involving families in identifying and addressing elder abuse. Workers explained that when there was obvious abuse occurring in a family against an elderly person, rather than confront the abuser directly regarding their behaviour and be abused themselves, they met with family members who had responsibilities to that person and the abuser. They advised them of the situation and health needs of the elder and encouraged family members to deal with their family member's abusive behaviour.

Often when there are allegations of abuse of elderly people within families, community workers have reported that they themselves are placed in a position where they see abuse occurring but sometimes cannot "intervene" or "cut-across" family business. One community worker describes:

“We can’t just cut across the family and speak up about that abuse, we must first advise a family member who we think may be able to sort things out. Often the family call a meeting and will sort out the person who is seen to be mistreating that older person and extended family members will put pressure on that person to conform...that’s how they usually stop the abuse, within the family.” (*Interview June 2005*)

Community workers feel that the hardest part of dealing with abuse is when there are community people who come into town from the outlying remote communities. They explained, “that’s when you will find that abuse is rife” within the family structure, including family violence and particularly those situations involving alcohol and substance abuse.

CONCLUSION

It is important for Aboriginal communities to identify and respond to issues of elder abuse within their own communities.

Although this research has been conducted over a short timeframe, consideration should be given to further appropriate consultation with Aboriginal communities. Given the social complexities of Aboriginal communities and the factors contributing to elder abuse in communities identified by this research, a whole of government approach in partnership with Aboriginal communities is required.

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APPENDIX ONE: LIST OF ORGANISATIONS CONSULTED

Derbarl Yerrigan Health Service, East Perth

Nindilingarri Cultural Health Services, PO Box 59, Fitzroy Crossing WA 6765

Guwardi Ngadu Frail Aged Hostel, PO Box 59, Fitzroy Crossing WA 6765

Kimberley Aged and Community Services, Broome and Fitzroy Crossing Remote HACC

Fitzroy Crossing HACC Services

Yahning Aboriginal Corporation, Girrawheen

Marninwarntikura Women's Resource Centre, Fitzroy Crossing

Wangki Yupurnupurru Radio, Fitzroy Crossing

Aboriginal Legal Service of WA (Inc.), PO Box 8194, Perth Business Centre WA 6849

Yorgum Grandmothers Support Group, Perth

Waminda Aboriginal Corporation, 89 Seventh Road, Armadale WA 6112

Indigenous Women's Congress, Office for Women's Policy, Department for Community Development, Level 1, 141 St George's Tce, Perth WA 6000

Bulup-Kulung, 346 Guildford Road, Bayswater WA 6053

Minyma Ngurra Karnpi 2005 (Women's Camp 2005) Hampton Hill Station via Kalgoorlie

Goldfields Community Legal Centre, 23 Maritana St, Kalgoorlie WA 6430

Indigenous Co-ordinating Centre Kalgoorlie

Division of Population Health, Kalgoorlie

Department of Health and Ageing - Remote Carers Teleconference Group

APPENDIX ONE: continued

Western Australian Police Service

Great Southern Aboriginal Health Service, Albany

Many individuals were consulted but because of the confidential nature of the survey their names do not appear.

APPENDIX TWO: RESOURCES DEVELOPED

- a. Public Advocate – Aboriginal communities project, Care and Respect for Older People in Aboriginal communities (Project Information Sheet)
- b. Mistreatment of Older People in Aboriginal Communities Research Project (List of Questions)
- c. Caring for and respecting older people in our communities (Brochure)
- d. Care and respect for older people in our community (Wallet Card)
- e. Caring for and respecting older people in our community (Draft Poster)

APPENDIX THREE: APEA:WA STRATEGIC PLAN

The Alliance for the Prevention of Elder Abuse: WA (APEA:WA) promotes a whole of government policy framework that values older people and supports the rights of older people.

APEA:WA brings together Western Australian organisations that are the last resort for older people and their family and friends who are experiencing elder abuse. These organisations currently comprise:

- Advocare
- Office of the Public Advocate
- Office for Seniors Interests and Volunteering
- Legal Aid Western Australia
- Disability Services Commission
- Department of Health
- Office of the Chief Psychiatrist
- Public Trust Office
- WA Police
- Aboriginal representative

As a high level policy group, APEA:WA:

- Advocates for a whole of government response to elder abuse;
- Works to influence others to achieve its purpose;
- Is predominantly action-oriented rather than an advisory body;
- Works within the framework of the Western Australian Family and Domestic Violence and Active Ageing Strategies.

APEA:WA recognises diversity within the community and supports implementation of a range of appropriate policy, program and practice responses to meet the needs of older people and to represent the needs of Aboriginal people affected by elder abuse.

- Every person has a right to live safely and without fear of abuse, neglect, violence or exploitation.
- Every person is assumed to be capable of making informed choices and decisions regarding their own lives unless shown otherwise.
- Decisions made on behalf of a person with established decision-making disability will be in the best interests of the person, taking their views into account, and with regard to cultural practices.
- Victims of elder abuse will be involved in decisions about their care and have a right to comprehensive, accurate, accessible information on which to base decisions.
- Responses to elder abuse will be developed in consultation with older people.
- Any response to elder abuse should be least restrictive to the person's autonomy.

The Alliance acknowledges the importance of addressing the Aboriginal cultural context through all five goals.

1. **To raise community knowledge and understanding of elder abuse.**
Rationale for this goal: Community response to elder abuse will be strengthened through increased knowledge and awareness.
Outcome: Community knowledge and understanding of elder abuse increases.
2. **To provide policy advice on elder abuse.**
Rationale for this goal: There is growing awareness of the need for policy development to address the problem of elder abuse and inform best practice.
Outcome: Best practice policy responses to elder abuse will be developed and implemented across government.
3. **To expand the breadth and quality of knowledge of elder abuse.**
Rationale for this goal: Development of evidence based policy and implementation of best practice requires an adequate knowledge base.
Outcome: The body of knowledge will expand to meet the needs of effective elder abuse policy and practice development.
4. **To support provision of adequate elder abuse prevention and protection services.**
Rationale for this goal: Security is a pillar of the Active Ageing Policy Framework.
Outcome: Responsive and adequate elder abuse prevention and protection services will be provided.
5. **To promote professional education and training in elder abuse issues.**
Rationale for this goal: Education and training will improve knowledge and understanding of elder abuse issues amongst professionals.
Outcome: Well-informed professionals will work effectively to identify and address elder abuse.