

Title Elder abuse: Protecting rights, preventing harm

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Video Link [OPAN Webinars](#)

Panellists

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Member | OPAN National Older Persons Reference Group
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Webinar resources:

OPAN

- Aged care advocacy information, resources & support
open.org.au | 1800 700 600
- Abuse of Older People – eLearning module:
For health professionals, Allied Health & aged care workers.
open.org.au/training

Reporting abuse

- Immediate danger or crime
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- Abuse happening outside of the aged care system
1800 ELDERHelp (1800 353 374)
- Concern about care or abuse in the aged care system
open.org.au | 1800 700 600

Counselling & support services

- 1800 RESPECT: Domestic, family & sexual violence counselling service
1800respect.org.au | 1800 737 732
- Lifeline: 24/7 Crisis supports line. Call, SMS or online
lifeline.org.au | 13 11 14, or SMS 0477 13 11 14
- Beyond Blue: 24/7 counselling support. Call or chat online.
beyondblue.org.au | 1300 224 636
- 13YARN: Run by Aboriginal & Torres Strait Islander people
13yarn.org.au | 139 276

Other links

- Compass, guiding action on elder abuse – Online resources
By Elder Abuse Action Australia
compass.info
- OWN | Older Women's Network
ownaustralia.org.au
- National Plan to End the Abuse & Mistreatment of Older People
ag.gov.au website

[Announcer]

Across Australia, there's a network of independent, not-for-profit organisations giving a voice to older people at every stage of their aged care journey. Nationally, these organisations come together as members of OPAN, the Older Persons Advocacy Network.

Whether you or a person you care for is seeking aged care services or is receiving aged care services at home or living in residential aged care, our network of advocates are here to help you. Understand your rights. Resolve any issues you may be having with your provider. Help you express your needs and concerns. And we can help you access services you are entitled to.

Plus, our support is free and confidential, and we're independent from both government and aged care providers, meaning we're on your side. Nationally, we also raise awareness of aged care issues, taking your voice all the way to government.

To be put through to your local, state or territory aged care advocacy service, call OPAN's National Support Line on 1800 700 600, or for more information, visit open.org.au. OPAN, the Older Persons Advocacy Network.

[Kyle Olsen]

Hello, my name's Kyle Olson and on behalf of the Older Person's Advocacy Network or OPAN for short, I'd like to welcome you to this week's webinar where we're going to be discussing the topic of elder abuse, protecting rights, preventing harm.

Before we begin in the spirit of reconciliation, the Older Person's Advocacy Network acknowledges the traditional custodians of country throughout Australia and their connections to land, sea, and community and acknowledge the gadigal from the Yora Nation on whose lands we are today.

We pay our respects to elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples joining us.

Now today we're talking about something that affects far more older people than many realise, yet it's a topic that's often less spoken about and that's elder abuse.

Now, before we move on, we know that some people may find today what we're discussing distressing. So please remember to look after yourself while watching. If at any point you need to step away or take a break, we encourage you to do so. And you can find the details of support services on your screen should you feel the need to reach out.

Now we are aware that the term elder does have different meanings for different people, particularly for Aboriginal and Torres Strait Islander communities. So please know that in today's webinar, when we refer to the word elder in elder abuse, we're referring to abuse of any older person of all communities.

So what do we mean when we talk about elder abuse?

Well, simply put, elder abuse is any act or failure to act that causes harm or distress to an older person within a relationship where there should be trust.

Now, elder abuse is not always physical. It can be emotional, financial, sexual, social, or involve neglect and may occur in families, communities, or aged care settings. It includes controlling someone's finances, isolating them from loved ones, pressuring them into unwanted decisions, or gradually undermining their independence and confidence.

Now research tells us that around one in six older people experience some form of abuse, yet many don't seek help. And look, there are many reasons for that. Feelings of shame, fear of damaging relationships, concern about consequences, or not recognising that the behaviours actually abuse can make it really difficult to speak up, especially if the harm is caused by someone they know and trust.

So that's exactly why conversations like today are so important. We're talking openly about elder abuse, helping people recognise the signs early and sharing information around rights, how to report abuse, and where to go to for support.

So with that in mind, here's what we're going to be covering today. First, we'll take a look at what underpins your right to live free from abuse and the protections in place to uphold this.

We'll then talk through the different forms of abuse from the obvious through to those much harder to recognise.

Now from there, we're going to look at recognising the signs of abuse to look out for and the circumstances that can make someone more vulnerable along with the different experiences and considerations for people from diverse communities.

And most importantly, we'll talk about what you can do if you're worried about yourself or someone else, including how to go about finding support and if safe to do so, reporting abuse.

And finally, we'll finish off with today's webinar with a live Q&A.

So right now I'd like to introduce today's expert panel. First up, joining from Melbourne, please welcome Dr. Catherine Barrett, CEO of Celebrate Ageing.

Next up, joining us from the Northern Territory, please welcome Rachael Bowker, CEO of Darwin Community Legal Service, one of OPAN's member organisations.

And joining me here in the studio is Beverly Baker, who's president of the National Older Women's Network, and Beverly is also a member of OPAN's National Older Persons Reference Group.

So a big welcome to everybody.

And if you need further support or are having issues with any government-funded aged care service, OPAN's member advocates across Australia are here to provide free independent and confidential support. Now you can access them by calling the Aged Care Advocacy Line on 1-800-700-600.

Right, so let's get started with first of all, looking at your right to live free from abuse.

Catherine, I'm going to start with you. Let's start with the basics. Now, when we say elder abuse, what are we actually talking about?

[Dr Catherine Barrett]

I think the definition you provided earlier was spot on, Kyle, because elder abuse can be a very complex area. And to simplify it, as you said earlier, it's a single or repeated action or a lack of action that causes harm in a trusted relationship. And I think it's that trusted relationship, particularly in families. We know most elder abuse happens in families. That makes it really harmful because that breaching of trust in a relationship.

[Kyle Olsen]

Thank you Catherine. Look, Beverly, we mentioned earlier that every older person has the right to live free from abuse. Now, I know you've just returned from a UN event in Geneva. So can you talk about these rights and what protections exist here in Australia for older people today?

[Beverly Baker]

Elder abuse is a worldwide phenomenon. We have a worldwide ageing population and it seems to be increasing. That's why I was in Geneva. We're working on a convention, excuse me, for the rights of older people because it's obviously slipping through the nets.

All older people have the same rights as every single person in our society. Absolutely.

They have the right and have to, to be free of abuse, violence, financial abuse, they have those as basic human rights that exist.

Unfortunately, our laws, we have no underpinning Human Rights Act in Australia and we rely on laws contained in other areas for that protection. We've really got to do something about making sure that that act is in place and that human rights are absolutely cleanly and spelled out.

[Kyle Olsen]

Thank you. Thank you for that, Beverly. Now, Rachael, when it comes to elder abuse, how might these rights play out into everyday life, particularly, let's say for those who are receiving aged care services?

[Rachael Bowker]

Really about what happens to older people in their everyday life. So it's things like the rights to safety when receiving care without being harmed or threatened or neglected or be taken advantage of.

It's the right to dignity or being treated like an adult. Just because you're a senior doesn't mean that you are you don't have, you have the right to be treated with dignity. People should speak directly to you. They should respect your privacy and listen to what you have to say.

Choice and control is another really important right as well. So older people have the right to make decisions about their care, their daily routines, finances and relationships, and they have the right to make those choices even if other people don't agree with them. That is their right and their choice and control.

It's also a right to people have to ask consent so that it's, it's just, it's not a given just because you're receiving aged care that your rights are taken away or someone gets to make decisions for you.

So I guess really all those rights or the statements of rights are about respecting the older person as an individual and keeping their voice at the centre of every decision that's made.

[Kyle Olsen]

Thank you, Rachael. Okay, so the, the rights are there to protect you from abuse. Let's now get a better **understanding of the different forms** that there is.

As we heard earlier, abuse isn't always obvious. So Catherine, can you first of all walk us through a top level of the different kinds of abuse older people may experience?

[Dr Catherine Barrett]

Yes, absolutely. I think we're talking about physical abuse. We're talking about sexual abuse, social abuse, emotional abuse. And these pretty much physical and financial speak for themselves.

Emotional abuse can be manipulating and gaslighting, sexual abuse social abuse that isolating somebody from people they love and then neglect is another one as well. So these are probably the most widely recognised forms of abuse.

[Kyle Olsen]

Yeah. Okay. But what about some of the less obvious ways elder abuse may play out or, or possibly even overlap?

[Dr Catherine Barrett]

Yeah. Really, really important question. And I think there's, you know, like often older people say to me that they're not being abused and they're not being physically mis- mistreated, particularly by family, but they're feeling like they're not being valued. They're feeling like they're being belittled. And so these other sort of microaggressions, these sort of daily experiences can erode an older person's sense of self and as a collective really form the basis of, of abuse of the older person.

And so some of the things we're talking about here are coercive control and we know there've been lots of changes nationally. Recently we've got changes in New South Wales, Queensland and the ACT have brought in coercive control legislation and the other states are working on them. So, you know, that sort of dominating another person and taking away in little pieces, often in little pieces really important.

Social isolation is another one that we see there as well. And, and we know how important social connection is for health and wellbeing. So being isolated from social connections can be devastating over time.

Gaslighting is another one. So that sort of discrediting of an older personing. Imagine you're imagining things because you're old. And then the older person starts, you know, thinking they're having multiple senior moments and, and you know, they're just sort of failing as they age. But actually they're being discredited or gaslit.

Manipulation is another one as well too, and it's often people being coerced into making decisions that they would not have normally made through, you know, guilt or pressure particularly by a family member. We see this happening.

Restricting independence is another one where a, a, a person is has their decisions taken away from them. Then they're not seen as competent by in a, in relationships and those decisions are taken away.

And I think the, the next one is digital abuse and that using technology. And it could be the internet or phones or taking control of an older person through accessing their password or the, the technology they use to maintain their lives, taking control of those. So they're some of the ones that might not be as well recognised and might not seem as severe, but can really be quite corrosive to an older person's sense of self and form a picture that underpins abuse.

[Kyle Olsen]

Oh, thank you for that, Catherine. Wow, there's so much to look out for there. Rachael, you're, you're CEO of OPEN's top end Northern Territory Network member, and you hear firsthand what older people are experiencing. What are some of the more common types of abuse that you are seeing?

[Rachael Bowker]

So I guess the first thing to make the point of is that older person's abuse is often hidden. It's a very it's, it's more akin to child abuse than domestic violence, I would say, because of the, it's hidden, there's shame with it. And often the perpetrator is an adult child.

So there's that layer of, as we spoke about earlier, that trust, but also people, older people who are being abused don't want their children to get in trouble so they, they don't want to speak up. So some of the most common forms that we see is financial abuse where a, a family member has they call it inheritance in patience, but you know, signing over assets like the house into the, the adult child's name.

So it's, it's around those taking over bank accounts taking the pension so that the older person has no way of controlling their, the money or their finances. We also see a misuse of substituted decision-making powers such as enduring power of attorneys or advanced personal plans. So those being enacted before the person has lost capacity so that they, that the, the person, the, that's doing the abuse or the older child, the adult child is, you know, saying that they are the authority and, and they've got a power of attorney even though that person, the senior, the older person has capacity. So it's those kind of things.

And we often see financial abuse that overlaps with that emotional and abuse and coercive control where the person feels pressured or threatened with like they can't see their grandchildren if they don't do what they're told or, you know, they can't go out and see their friends. So it's all those kind of things that they're the kind of the ones we see.

We also see neglect and isolation as well, people not getting the care they need, not getting the medication they need, not getting medical assistance when they need it and things like that.

So they're probably the, the main ones we see a lot of and they're very complex situations to deal with. So there's lots of things to unpack and, and to help an older person in those situations.

[Kyle Olsen]

Oh, Thank you, Rachael. Look, Beverly, I know you're in touch with many older people through your networks. What are you hearing about the difficulties older people may face in particular speaking up if they're experiencing abuse?

[Beverly Baker]

Look, I think for older people or for the women that I talk to, their biggest concern is not being listened to, that they're spoken over or they're ignored. They're, they're asked a question and somebody else answers and they've got the answer, they're quite capable of answering, but it's ignored. It's viewed as that, well, they really don't know what they're talking about. Somebody else will answer for them. And they feel absolutely devalued, because they're not accepted as being in, in charge of their own life. And that's the biggest complaint that we hear because that seems to be the starting point of everything.

That if they complain to a doctor, it's imagination. They're hypochondriacs. They are, they're, they're, it's, you know, they're just, they're just old. Even though they know full well what's wrong with them and they want help with that. If they are suffering in a shop, they're ignored. They're pushed to the side and somebody else is pushed in. They feel like, "Well, hang on, I was here first. Why wasn't I served?"

So it's that devaluing that is the biggest impact that I think that older people are facing is that they feel that they are no longer of value.

[Kyle Olsen]

What's your message to those people if they experience this? Some of the examples that you've given me. What, what should they do?

[Beverly Baker]

They should stand their ground is to demand their, their right. And that is not, not be aggressive, don't have to be rude about it, but just simply say, "Excuse me, I was here first." Or, "I have paid for this doctor's visit. Please listen to me not to who helped me walk through the door." Those sorts of things are hard, but they are the things that will make the biggest difference is to give yourself your own voice back and then demand that you are respected in that way.

[Kyle Olsen]

Great Advice. Thank you, Beverly. Look, one of the hardest parts of elder abuse is that often it develops gradually with many people not realising it's abuse until much later. So now let's look at **recognising the signs** of abuse to help identify it early. Rachael look, for each of the types of abuse, what are some of the common signs people can look out for?

[Rachael Bowker]

So some of the common, common signs are...

So physical abuse, for example, you may see bruising or injuries, frequent falls, or they say the older person says they're having falls distress during personal care or fear of a particular person may be some of the signs. But as I said earlier physical abuse is not necessarily the most common form. So usually when we are seeing signs of physical abuse, there's usually a lot more that's happened prior to that.

And some of those signs are when you talk about emotional abuse is that fear. If the older person that is your friend or family member seem to, if their behaviours have changed, if they appear anxious about things or depressed, losing confidence, always saying they have to check with someone that, you know, their carer before they can make a decision, withdrawn from friends not participating in in their social life, which they had previously. So it's those kind of changes that we that being put into look at.

Also things in financial abuse, if all of a sudden they don't have money, you know, when, whereas previously they did, or they have bills that haven't been paid, or they're worried about paying for things because there's no money or someone else is controlling their money, are signs also to think about.

The sexual abuse again is if there's a fear, if the person has a fear of personal care or again, unexplained injuries or infections, changes of behaviour and moves and that is a common theme through all types of abuse. If a person's behaviour changes, they become withdrawn. There's probably something going on.

Social abuse is again, if they're being isolated and you're not seeing them out where they were previously a social person they all of a sudden they're isolated, they're depressed, they're ang – have anxiety, loss of friendship. Those kind of things are also red flags that should looked at as in perhaps they could be signs of abuse and neglect is another one.

If they're losing weight, if they're constantly sick if they seem more confused than normal. If they appear unclean and where they're normally, you know, really a clean, hygienic clean person. All those kind of

things are things where you might be like, "Oh, is there something going on there?" They're, they're the signs to look for.

[Kyle Olsen]

Thank you, Rachael. Yeah, some of the really important signs to look out for. But look, just while I've got you, what about when another person is present? What are the signs to look out for, for let's say when an older person attends an appointment accompanied by a family member?

[Rachael Bowker]

So for us as our advocacy organisation, where our, what our red flags are if an older person comes to see an advocate and they're accompanied by a carer or a an adult child, if that person does not let a senior per – the senior speak then that's a red flag. If they're doing all the answering then we kind of think question what's going on there.

Maybe there's a genuine reason for that. I'm not saying that that's always leads a sign of abuse. If they interrupt and correct all the time, if they dismiss – dismiss what the older person's saying, a real common one is if they say things like, "Oh, they've got dementia. Don't worry about what they've got to say. Don't worry about what they're calling." So that, that's a real sign for us question if there's no evidence of that or there's no medical evidence of that. And what we do is to have conversation one-on-one with that person to make sure we are actually listening to what they want, what they need.

[Kyle Olsen]

Yeah, thank you very much. That's good to know, Rachael. Look, Beverly, we're going to cover higher risks for those living in diverse communities in just a moment. But beyond that, are there other circumstances that may increase someone's risk of abuse?

[Beverly Baker]

There are. We are, baby boomers are hitting the age of 80 this year. And they've grown up at a time when women were subservient. They weren't in charge of their own finances. In some cases couldn't even have a job.

And so they may well have been in an abusive relationship all of their lives. And that's normal for them. Yeah, they don't realise it. They don't realise it. It's just perfectly normal. And then suddenly they start hearing conversations about gaslighting and about financial manipulation. And it suddenly, hang on. It's Just Me. Me they're talking about. And it's then where they go and what they do.

That's the, the big shock to the system is that – Would come as A huge – It's a massive shock to the system to think I have been a victim of abuse when I'm in, in this situation. So it's a range of things that you can do that you, but it's getting the courage to do that. Accepting the fact that what has been happening to you isn't right or just, and you need now to do something about it if you want to.

Some people don't. They are afraid if they do something about it, they might lose the support, the network and everything that they had. So it is cultural and it is a life, what you've experienced over your life.

[Kyle Olsen]

Thank you, Beverly. That's a great segue to discussing **considerations for diverse communities**. Culture, language, gender, disability, sexuality, or even where someone lives can all influence both the abuse they experience and whether someone feels safe asking for help. So

Catherine and Rachael I'll throw to both of you on this. Why is it that people in those communities are at a higher risk of abuse? Catherine, I'll go to you first.

[Dr Catherine Barrett]

I think there are different risk factors for different groups of older people. Yeah. And to pick up on Beverly's point some of the work we've been doing with Beverly's organisation is around sexual violence and sexual abuse.

And we need to understand here that older women are particularly at risk because we had marital rape immunity laws until the, the end of the 1980s, and we changed the law, but there was not education or in heterosexual relationships in particular to tell older women that they had rights and to tell older men they had responsibilities to negotiate sexual consent. And so a lot of the older women where they're talking to don't understand that they have rights, that they have sexual rights, or that there are fabulous services like sexual assault services out there who can help them. So that's one.

I think dementia is another risk area and partly because people living with dementia may be dependent on a perpetrator. They may not be able to communicate. But the biggest problem really is our attitude

towards people living with dementia that we discredit, we minimise, and we don't believe people living with dementia.

And I think the third one just really quickly is older LGBTI people who may not trust services because they've never been able to trust institutions. They may also put up with abuse for longer because it's family members that they desperately want to build those relationships with, and those relationships may be quite fractured if an older person comes out or transitions later in their life.

So you know, really different vulnerabilities in different context and we need to understand elder abuse is not one thing. It's very different across different groups of older people and in different contexts.

[Kyle Olsen]

Thank you very much for that, Catherine. Rachael, what about communities in your region? I, I know access can play a part here too.

[Rachael Bowker]

Absolutely. The biggest probably issue in terms of for remote communities and even darn to be honest at times, is that there's a lack of services. There's a lack of safeguarding.

So often there are no specialist services or no aged care service in community. Sometimes it's just the local council delivering those services. Sometimes it's just Meals on Wheels. So there's no legal, there's no advocacy. There's there's sometimes not in the police in the community. So when older person's abuse has been identified or that person wants choice, wants to, to get out of that situation only choice is

they have to take an off country. You know, they have to come into, into Darwin, into the hospital. And, and that's really nearly an impossible choice for the older person because they want to stay. And, and so usually in remote communities, it's Aboriginal and Torres Strait Islander people.

And as Catherine was saying earlier, there's a real mistrust for Aboriginal and Torres Strait Islander people. There's that there's generational trauma from stolen generation and colonisation around trusting the government, trusting institutions. So they don't want to speak up. They don't want to say no because they're worried about losing services. So there's this whole issue where if they speak up, they're going to be removed from country. And, and you know the most saddest thing is they're going to probably die in Darwin. They won't get back to country because there's no one to support them to go home. So then they don't speak up.

So also language matters in terms of we know that lots of our Aboriginal population, English is their third and fourth language. So communicating that is another layer of complexity. And, and that is not just for Aboriginal and Torres Strait Islanders, that's from all their multicultural populations that communities that we deal with across Australia. That's an issue because it's hard sometimes to explain what's happening when English is not your first language. So they're sort of some of the things that we face the territory around that access, that safeguarding is just not there and it's, it's really hard to access for people who do want to to get out of those situations. There's just nowhere to go.

[Kyle Olsen]

Thank you, Rachael. I'd like to now move on to how to go about **finding support** and if safe to do so, **reporting abuse**.

Catherine, what should someone do if they recognise themselves as experiencing any of the kinds of abuse that we've discussed today? What's the first thing they should do?

[Dr Catherine Barrett]

I think the first thing is to know tell yourself it's not your fault, it's not your shame. You're not from a bad family, you've not done anything wrong. If this is happening to you, that's, that's really important because, because that that shame can sometimes freeze people. So know that it's not, you know, you're not alone. There are other families and other older people who experience this. I think that's the first thing.

The second thing is get someone in your corner. Find a, a trusted friend or another family member. Get someone in there to provide you with emotional support or other kinds of support. And then I think that when it's safe to do so, reach out to services and we'll share some of that, the information on services with you shortly.

But finding a time when you feel confident to and safe to reach out to services and find out what your options are.

[Kyle Olsen]

Thank you, Catherine. That's some really good advice there. Good to know. But Beverly, what would your advice be to someone if they're worried about someone else?

[Beverly Baker]

First thing is to talk to the person, build that relationship. And if that person then opens up to you, that's when you can be their support. And then you can look into where you can go.

And if you Google support, there's hundreds of organisations that will come up. There's some statewide, nationwide organisations that you can talk to about where the next steps might be, what you can do to help that person. If, and that's, then you've got that trust relationship going.

That person knows there's someone in their corner and then you can work with them. You don't work over the top of them. You don't want to be the person who is now stepping in and doing everything. The rights rest with the person and the empowerment rests with that person. Person.

Your job as a support person is to support them so that they can take advantage of that.

[Kyle Olsen]

Absolutely. I, I, it's so important to start that conversation though. They're probably in different situations, but just desperate for someone to be able to talk to. If you give them that friendly friendly ear and then together guide through.

[Beverly Baker]

Yeah, just a simple ha - are you okay? Is everything all right? Is there anything I can do to help? You look worried. Yeah.

You know, just something to break the eye so that they feel that there's somebody who might listen to me, somebody who is going to hear me. And that's the most important thing is, is to be heard because all of the abuse happens in silence. Nobody knows about it. It's dark. And once you can throw some light on that, that's when you can start getting things to improve.

[Kyle Olsen]

Thank you. Thank you very much. Those are some great advice there, Beverly. Okay, Catherine, where can people go to report abuse? We've been talking about services. Does where people go depend on what's happening?

[Dr Catherine Barrett]

It does absolutely. And I think if people are experiencing you know, immediate harm, calling Triple O can be really important and the numbers are up on the screen now.

If people are experiencing abuse within the aged care system calling OPAN on the numbers on the screen is useful. And outside of aged care, calling elder help, 1-800-ELDER-Help.

But I think for a lot of people as well too, there are, there may be nuanced services. It may not be an emergency. It may not be something that that you want to wait nine to five until business hours to contact someone. But I knowing there are other services out there that are confidential free 24 hours a day. These services are amazing. People tell me that, you know, it's really can give people a lot of confidence to know that these services are there 24 hours a day and they are confidential services.

And I think in terms of what to expect from these services, reaching out to somebody and talking about what you're experiencing can be enormously useful. It could be like the weight is taken off your shoulder.

You're speaking to someone who, who's impartial, they're not going to tell anybody else, and they can give you information about your options, your choices. That doesn't mean you have to take those options up. It's not, it doesn't mean that, you know, your family members are going to get arrested or you don't even have to tell them who you are, but to ring and ask what your options are and to be able to talk to someone about what you're experiencing and feeling can be enormously supportive and a, a critical first step.

[Kyle Olsen]

Yeah. And it's just not going to be solved in that first conversation. They're going to give you advice that you can go away and process and think about and then give them another call back to talk it through further again.

[Dr Catherine Barrett]

Absolutely.

[Kyle Olsen]

Yeah, thank you for that. Rachael, last question to you. We've been hearing about reaching out to advocates. Now, what about situ – what situations can they help with? Who can reach out and what can they expect in doing so?

[Rachael Bowker]

So there are funded aged care advocates across Australia. They're part of the OPAN network. And so you, anyone can reach out and make a query.

They, it can be the, an older person themselves, or it can be a family member. The number there is on the screen now, the 1800 number, no matter where you are.

So if you are in, in Northern Territory and you ring that 1800 number, you'll receive, you'll speak to Darling Legal Service. If you're in Victoria you'll speak to out of rights in Victoria. So you'll, it'll direct you through to an advocate in your local area.

And an advocate can do things like they can help you understand your rights, they can find services for you, they can raise complaints. If you have to go to a meeting around anything really, if you need to take an advocate with you, they'll, they'll come along with you and help you. They'll advocate for you. They'll address concerns around quality and safety of your care.

They'll also make sure that they're the voice of the older person. So they won't do anything unless the older person to do that. So they always have the older person's wishes and thoughts and at the centre of what they do. So the older person always remains in control.

The other thing that family members can also call. So if they are concerned about things like older person's abuse and they, they suspect something's happening to a family member, they can call to and get advice from advocates as well.

So an, an aged care advocate is a wonderful resource that I would suggest if you have any questions around anything with the aged care, give them a call because they are a wealth of information.

The other thing is that OPAN have a fantastic resource or e-module, online e-module that's for allied health service health professionals, the abuse of our, the older person.

It's a free online training that you can do, which is fantastic. So that sort of runs through all the things we've talked about today, but in more detail on where you can go. That's, that is also a help as well. It's, it's a really good information to, to access. So I would suggest that if you, if you're an Allied health or, or a health professional, that's a great place to start in learning around older person's abuse and what your options are. But even advocate of call, they're fantastic.

[Kyle Olsen]

Great. That's, that's wonderful, Rachael. It's such a fantastic service.

And once again, it's free and it's confidential. So thank you for that, Rachael, and thank you to all the panel for your insights. I'd also like to mention Elder Abuse Action Australia or EAAA's Compass website, Guiding Action on Elder Abuse. Now this has a tonne of resources on this topic and you can see the details for that right there on your screen now.

Okay, it's time now to move on to our **live Q&A**.

Thank you to everyone who submitted questions. So you may notice that some were being archived as they came through, but rest assured that

we are receiving them all and are working hard behind the scenes to collate them and feed them through to my iPad here. Now we're going to answer as many as we can in the time that we have. So speaking of time, I respectfully ask the panellists to keep your answers as succinct as possible.

Right. First one Beverly, the first one is for you. Is there any progress with laws around elder abuse on a national level that came in from Maria?

[Beverly Baker]

The short answer is no, but the real answer is it's slowly coming together. There is now a real interest in human rights and there is a real interest in building an act, actually having them spelled out in an act.

The federal government is supporting the work around a convention on the rights of people as they age or the rights of older people. That's a really positive step that will look at the overarching, pulling all of the different acts together to say, here is a package of rights that must apply to older people. And so that's a really important step in the right direction for the future.

[Kyle Olsen]

Good to hear. Thank you for that. Rachael, a question for you from Danielle. Danielle has, has written, "Are there practical recommendations for supporting seniors who financially rely solely on their family for safe accommodation and daily needs, yet they do feel unsupported, neglected, or Worse?"

[Rachael Bowker]

I would probably suggest, to be honest, to contact an aged care advocate around talking for their rights or what their options are. And any of the numbers, the elder abuse line as well would be another one, but any of those source resources can help and give you options to let you know what can be done and what can't be done and where to go to get that help in local in your area.

[Kyle Olsen]

Thank you, Rachael. Catherine a question for you. If you suspect a friend is being abused financially or emotionally by their immediate family or carer, what's the best strategy to approach that person? And they're referring to the offender.

[Dr Catherine Barrett]

Oh, to the offender. I think that's a really interesting question because why... I think Beverly's point earlier, which was around being careful not to take action to disempower the person who is experiencing abuse. And so I think approaching the offender may be actually disempowering for the just hearing thing.

Yeah. I think the response to the person who is experi - the first response to the person who is experiencing abuse is to listen without judgement because people are feeling asha- ashamed and embarrassed. And I think to listen with an open mind and an open heart, don't be telling people what to do. Ask them what they want to do. Ask them whether they want you to approach the perpetrator. Find out what it is that they want before you take any action.

[Kyle Olsen]

Thank you, Catherine. Beverly from... A question from Erica. What do you consider the biggest emerging challenges in balancing rights, autonomy and safety are?

[Beverly Baker]

Wow. How long have we got? The first thing I think we need to do as a society is to change our language. We've had 20 years of baby boomer blaming. This is now creating an environment where the oldie were, you're viewed as a whinging baby boomer, somebody who's stolen everything.

They've got everything. You're not deserving. You're not worthy. You've got it all. What are you complaining about? We've got to change that because baby boomers aren't all rich. They aren't stealing all assets. They are a range of people from the poorest to the wealthiest, the same as in every other age group. So we've got to change the language. We've got to stop disliking older people because unless you intend to do something very silly yourself, you're going to be one.

So the way to view it is what would I like to be to, to happen to me when I'm that age? And it's changing that dialogue, I think is the most important thing we can do. Because once we then accept that it is a life course and that at all the way through our life course, we have rights, expectation and roles, then we change the way that we treat people. We change the way we think about it and we move then forward so that we don't need all these extra acts because it's part and parcel of who we are and what we're doing.

The same as we've changed and we're awake and aware of the abuse of children and we changed everything around that. We are now moving towards looking at the second most vulnerable group that we have, and that's people as they age. Once we change the language, change the expectations, change everything around that, we are then moving forward in a way that will make it better for everyone.

[Kyle Olsen]

Thank you. Thank you for that. Catherine from Sarah. Sarah wants to know, can elder abuse occur in the workplace?

[Dr Catherine Barrett]

Absolutely it can. Doing some work at the moment, particularly the experiences of older women who find the microaggressions are the thing they're experiencing the most, which is that sort of that daily put downs. But then also to things like not being promoted, not being given job opportunities, being asked when they retire.

And in fact, older women are saying that, that being an older woman in the workplace is so stigmatised that they're feeling pressure to colour their hair, to hide their grey hair as a way of trying to pass through at least some of that stigma.

[Kyle Olsen]

Thank you. Thank you for that. Rachael, a question from Tracy. How can we empower the older person to speak for themselves and express their wishes while still maintaining a positive family relationship and

acknowledging the care and support their family does provide? How do we get that balancing act?

[Rachael Bowker]

Yeah, that is a good question. I kind of think back to, to what Beverly and Catherine have already said. I think it's a little bit about maybe this is a two-part answer.

I think some of it's around we have to educate people around what the family need is, and around respecting elders and, and they're part of our family. They're part of our history. They're part, you know, they built our, our cities, they built our towns, they built industry. And so we really need to respect them. And so I think that's a bit of an education piece around, especially in schools and younger people around, we have to respect our elders and look after them and res – and, and listen to their voices. Just because you, you are getting older doesn't mean that you don't have opinions or thoughts and it's not a valid thing that we should be listening to. So I think that's some of the issue.

And I guess also it is around we need to make sure we're empowering older people as they, as they age to speak up. You know, we, when you go to the doctors, they need, we need to be educating health professionals and allied health and things like that, that they need to be keeping the older person at the centre of what they're doing and, and making sure that they're listening.

So I think it's a bit of a, a community organisation, you know, education piece around we should be making sure that we have a focus on and respecting and loving and empowering our older population because

they're still a valid part, a valid and, and part of our community that we should be listening to.

[Kyle Olsen]

Absolutely. Thank you, Rachael. Thanks for that.

Now, Beverly, back to you. It's a question from Dawn. What emergency relief support or help for women over 65 is there when they need to escape the family home?

[Beverly Baker]

Look, it's, it's very difficult. It's under, terribly underfunded area. But first thing they do is they should ring a housing provider and those are listed. I guess it's Google them, but they're, they are listed to find out what their next step is.

Unfortunately sometimes there's nowhere for them to go because the places are full. And that's when other support services can be brought in to support the person. It's a terri - it's terribly sad that once somebody gets to that stage, our support services are not enough for them.

If they want to talk to somebody, please ring the older women's network. There will be people there who will, will talk to them and we'll tell them who they can contact to get themselves out of that situation.

But it's a, it is really quite sad that we do not have the support services that we need in that space.

[Kyle Olsen]

Absolutely. Thank you for that. Rachael, a question for you. At what point does respecting an older person's choice not to report abuse become a form of systemic neglect?

[Rachael Bowker]

Oh, this is a good question. When people not wanting to report abuse, I guess it's the same with any mandatory reporting or domestic violence. If someone's in immediate danger, then maybe that's not the choice of an older person's. And please jump in, Catherine Bev, with with an answer with these. But I, I think then it comes down to you need to really weigh up the situation in terms of the wants of an older person, but also if someone's in immediate danger of physical harm, then is that a matter where we need to report that? So I think it's probably a really balancing act of working out what's right and what's wrong. Catherine or Bev, do you have a, an answer to that?

[Beverly Baker]

It is a comp – really complex question because you also have the dignity of risk. People are entitled to take their own risk.

[Rachael Bowker]

Yeah.

[Beverly Baker]

And if they have said that I'm prepared to risk this because the cost to me is too great, I think sometimes we're going to have to accept that

knowing full well that if the law is broken, if a criminal act occurs, then that will be outside of that. That will, something will happen around that issue. But it's the dignity of risk. You can't live people's lives for them.

[Kyle Olsen]

Absolutely. Thank you.

[Dr Catherine Barrett]

I think I'd like to add to that, but I think

[Kyle Olsen]

Yes, please.

[Dr Catherine Barrett]

One of the solutions for moving forward sometimes can be found in exploring why the older person doesn't want to report. And we found that, Beverly, around the work we do around sexual abuse and assault is that sometimes people are afraid that it's going to make it worse or they're - Yeah. Afraid of reprisals.

And, and in identifying those obstacles, there's the opportunity to start talking about strategies to get around that stuff so that... Yeah, so I think having conversations about the why is really important here.

[Kyle Olsen]

Actually, so Catherine, while I've got you there, I'm just going to tie in another question that came through from Alice. What do you think about mandatory reporting laws for elder abuse? Alice is saying she's bothered by people using violence and then not being held accountable.

[Dr Catherine Barrett]

Yeah, I think accountability and mandatory reporting, I'd separate them out, I think, actually, because I think we need to hold perpetrators to account. Absolutely.

But mandatory reporting, I, I don't, mandatory reporting has values, but I don't think it's the, the fix for the system. I think, I think to fix elder abuse, we need to actually really fix ageism. And that's about each and every one of us understanding that our own ageing is a privilege to be celebrated because we all know someone who didn't make it this far and would probably give us a big shake and say, "Why are you not valuing your ageing? Because I didn't get that opportunity." I think this is where the revolution is. It starts with each and every one of us.

And you think with us as individual service providers, but then there are individuals who are policymakers and researchers and, and people who fund grants and, and, you know, if we all have internalised ageism, it's never going to shift. We've got to shift the internalised ageism before we can build respect for older people before we can stop elder abuse happening.

And I think that's the staff that has great benefits for the whole community and will go really, and will be more effective and comprehensive and sustainable than mandatory reporting. Not that we don't need mandatory reporting, that's a different discussion, I think.

[Kyle Olsen]

Great answer. Thank you for that. Yes, please. Absolutely.

[Rachael Bowker]

Keep in mind with mandatory reporting, physical abuse is rarely, it's not, it's not as common as all the other types of abuse. So sometimes when we talk about mandatory reporting with DV and the likes, it's, you can see someone has bruises and things like that.

So I think that physical violence is not necessarily the forms of, the main forms of elder abuse that we see. So I think that, that's probably also plays into that mandatory reporting conversation as well.

[Beverly Baker]

And I think there are some areas where there should be mandatory reporting. Like if the person at parent presents at a hospital and are covered in bruises, then that's, that's got to be reportable. Banks will take on mandatory reporting. If they feel that the person's bank account is being drained, they will take on a mandatory reporting, have it investigated, looked at. So those sorts of things are really important backups and supports to have.

[Kyle Olsen]

Can I just throw this question to you then? It's on the, on that exact topic. I won't give their name, but this person is a healthcare provider and they do suspect elder abuse someone that they're looking after, but they are

refusing us to alert the elder abuse hotline, and it's her understanding that the person must agree.

[Beverly Baker]

Look, again, that's a really complex Issue. There, there's a, and there's a lot of debate about whether or not care providers should be able to take on a role of mandatory reporting because people are really quite worried about them reporting that they're not being, you know, they, they not able to stay in their own home, which is a really important thing for people for older people.

But I think that if there is any evidence, it's really that conversation. If they're your carer, they have got to create that relationship where you feel safe to talk to them. And once that's occurred, then you can explore the issues. But it's, it's really a difficult, a difficult situation and there's no – It is. Easy yes or no answer.

[Kyle Olsen]

Thank you. Catherine, what do you think about having something like the Working with Children's check for people like paid carers and tradespeople?

[Dr Catherine Barrett]

I think it's I would be supportive of it. I think and then we need to have a registering body. So I think there needs to be that registration because we can do... Mandatory those checks, what they do sometimes is tell you whether or not somebody has been reported. And I think people can go a long way to being abusive before it gets reported.

So I think having some kind of registration and then those mandatory checks means that people could be held to account. I presume we're talking about service providers here, but I think that would go, you know, again, in relation to sexual abuse, you know, we've, we're aware of cases where a service provider moves from state to state and is not held to account because the records aren't shared and there's no registration anyway. I think we need to do better than that and we can do better than that.

[Beverly Baker]

And we learn a lot from the, the the child abuse cases because that was abuse of vulnerable. We're looking at, of the use of... Still, we're looking at the abuse of the vulnerable. So to have those kind of checks, to have that kind of requirement that you have covered a check before you can go and work in that space, I think is a really important step. It actually alerts people to the fact that there are eyes on them. And that's, as I said before, this stuff happens in the dark. Once you can get light and eyes on people, they change their behaviours.

[Kyle Olsen]

Thank you for that. Look, Rachael, the

[Rachael Bowker]

And I'm Just going to

[Kyle Olsen]

Yes, please.

[Rachael Bowker]

I was just going to say, just chime in very quickly and just say I, I agree with any, any safeguarding that can be, that we can put in place that can safeguard vulnerable people. But I also think because often the perpetrator is an adult child or, or not necessarily a service provider.

Things like we need more training and education around when people are carers and guardians about what they can do and can't do legally, what their responsibility is with finances and things like that if you're someone's carer and guardian. I think that would also go a long way to safeguarding as well.

[Kyle Olsen]

Yeah, thank you. And look, Rachael, while I've got you, I'm going to give you the last question that we've got right now. What can you do when a family member is restricting other family members to an older person?

[Rachael Bowker]

You, I suppose there's a, I suppose there's a number of things you can do. You can ring the, you can ring the elder abuse line to get information and resources on how to tackle those situations. They can talk you through about some of the things you can do. That's probably a good bet.

If you're really concerned about the person and you haven't seen them, you can do you can call the police and do a welfare, ask them to do a welfare check so that they can check in to see where that older person's up to.

But obviously use that in terms of if you haven't seen them for a while and you have genuine concern about their safety and welfare. But I would suggest it's probably an aged care advocate or the elder abuse line or any of the resources that we've talked about today, give them a call because they can sort of talk you through what your options are.

[Kyle Olsen]

Excellent. Thank you for that. Look, unfortunately, we are at the end of the webinar, but I'd like to extend a big thank you to our guests for joining us and sharing their knowledge and insights. So thank you to Catherine, Beverly and Rachael.

As always, if you registered to view this webinar, you will receive a follow-up email with all the resource links mentioned today. And if you'd like to share this webinar, it will be available on the OPAN website in the coming days.

But to find out more about our past webinars and what's coming up, please sign up for our newsletter and we'll be sure to inform you of any of our upcoming topics.

And of course, if you have any questions, don't hesitate to reach out to one of our network member advocates and you can see the contact details are there on your screen right now.

It's been a pleasure to be with you. I'm Kyle Olson. Until next time, stay well, stay connected, but most importantly, look after each other. Goodbye.

[Announcer]

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