

Personal Submission

Royal Commission into Family Victoria

Firstly I would like to take the opportunity to thank you for the opportunity to provide input into the Royal Commission on Family Violence.

Family Violence and violence against women in particular is a blight on our society which doesn't discriminate in regard to Age Gender or demography.

I would like to contribute to the Royal Commission focussing on the issue of Elder Abuse.

My interest in this area is as a direct result of having to experience first hand the lack of community and professional knowledge in regard to Elder Abuse, and how despite the best efforts of working documents such as *With Respect to Age-Victorian Government* and options such as seeking independent Guardians via the Office of the Public Advocate we have situations where the issues such as Neglect, Bullying Emotional and psychological Abuse are ignored or not being dealt with .

The story I wish to highlight relates to my parents and the experience they had in regard to the service system response from a Rural Town and Health Setting and subsequent involvement with Office of Public Advocate. And that their approach to the situation could arguable be described as supporting or perpetuating the Abuse and Neglect.

It needs to be noted that issues in regard to Family Violence are always complex, however abuse towards Seniors is even more so, due often to the culture of our senior generation, particularly in regard to " not making a fuss" or deep desire to keep matters private and behind closed doors

They are often Proud People who do not share their issues outside the Home" don't air your dirty laundry" and the cultural norm of males being " head of house" continues to perpetuation an environment whereby women are subservient to males. This is even more evident in Rural Locations where there is conservative view of the world that supports and encourages the gender imbalance between Men and Women .

Background

Mr ■ 8■ yrs and Mrs ■ 8■ yrs .where an elderly couple who spent all of their life operating their family farm in rural Victoria.

Their son 4■ yrs left high school and worked on the farm with them until they retired into town in approximately ■■■■■

Their daughter moved to a regional city some 1.5 hrs away for educational reasons and never returned to the area to live.

A major impetus for retiring along with their respective ages was the onset of Alzheimer's Disease with Mrs ■.

As a family unit they were incredibly private and resisted supports that were available in the community, often citing that they did not need or require them, and that nobody needed to know their business.

This attitude was reinforced and supported by their son, and ultimately they found themselves in a position of being totally reliant on him for everything.

As a daughter I made attempt to engage external services, however the prevailing attitude of "males" knowing blocked any success in this area, as their son disagreed with any suggested assistance.

At one point in time their home in town ■■■■■, and they were required to return to the farm house. This allowed their son to gain control over their lives, by inhibiting visitors due to his behaviours, intimidating them if they had disagreements by telling them " you can always leave' by taking control of the repair process to their home in ■■■■■ .

Eventually the house was rebuilt and they moved back into town. By now Mrs ■'s dementia was beginning to impact on her ability to function, and Mr ■'s physical frailty was reducing their ability to remain independent

As time rolled they became increasingly frail, and dependent on their son for most activities required to maintain independence, including their banking, shopping, Medical Appointments etc.

Neighbours attempt to assist, but they also found it difficult due to their sons behaviour. When I attempted to assist, offers were declined due to their son having that under control.

Throughout this period of time, assistance by their son could only be described as passive aggressive.

If he had a disagreement with them, he would withdraw his services for months at a time, leaving them feeling vulnerable and alone.

Statements such as " he will come to his senses " were often made.

They also began to “ pay him” for his assistance. Remarks such as oh well he needs Petrol Money or we are taking up his time where often made.

One of the most telling remarks from the whole situation was that Mr ■ refused assistance from a neighbour in regard to his garden. He stated that if he allowed the neighbour or anyone else to help then their son wouldn't do anything for them again

I was often told “ don't upset him, he won't give us help” Attempts where made to get them to relocate closer to me, but they articulated oh “ we would never see him again, it would only make him angry”

There are far more details that run with this story, but we would be here forever.

If eventually culminated with Mr ■ having to phone an ambulance last year as Mrs ■ had lost a significant amount of weight due to her not eating for a considerable period of time, as well as wandering overnight.

The Ambulance transported her to the local hospital, and from here she was admitted to the adjoining High Care RAC for Respite.

Family meetings where held, without their son in attendance as he refused to attend, and the recommendation that the Medical Profession made for Mr ■ that it was time for Residential Care, as she had put on weight whilst in respite and Pain Management was now also under control which had reduced her agitation

Mr ■ made the decision after being offered a bed in the same facility to join here, and became a resident himself in the same facility.

Their son, my brother disagreed with this decision. Concerns in regard to their sons behaviour were raised by Nursing Staff of the facility and Mr ■ at the age of ■ on continuous Oxygen, reduced Mobility was put in a position of having to provide strategies for the facility to manage the bad behaviour of their son.

Everything came to a head in ■ when my brother started an argument with Mr ■ in the facility, abusing him verbally, threatening to take him to court in relation to the matter, and threatening him by stating he was going to tell the whole town that he had spent a lifetime abusing his wife (not true)

Mr ■ told the story that he told his son to “ bugger off” . Unfortunately with that he started to pack up Mrs ■'s belongings and create a scene in her room. The situation culminated with the Nursing Staff suggesting weekend leave, “ to settle things down” My father who was ■ and in a distressed state agreed, believing that they knew best, as well as being frightened of his son , he felt he had no power within this situation and did not stop the facility from allowing weekend leave.

That was the last time he saw his wife. He died in [REDACTED] without reuniting with her

In response to question's within the Issues Paper .

Q2 The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence and where they need to be expanded or altered

Even with documents such as "With respect to Age' or Victorian Government Agency Protocols for staff working in an environment where exposure to Elder Abuse may occur, it can be argued that there was little understanding from the Residential Aged Care Facility what options were available to them to prevent the unauthorised removal of a Cognitively deficient Elder.

They admitted that they did not know what to do to attempt to diffuse or de-escalate the situation. The situation was made more complex due to Mrs [REDACTED]'s lack of insight and repeated statements I want to home, there is nothing wrong with me.

They did not support Mr [REDACTED] who was cognitively sound, but physically frail, to exercise any Enduring Powers, that his wife directed to be his responsibility

The facility did not believe it warranted any involvement from the Police in regard to the sons behaviour within the facility and that if they called them to assist it would only make things worse. Staff also articulated that they were scared of reprisals from my brother .

This response indicates that despite there an inordinate amount of what I call " lip service" being given to service providers who work in this area in regard to Elder Abuse , like all forms of Domestic Violence unless there is a broken limb, or black eye, the subversive forms abuse are largely ignored, or seen as too difficult to substantiate.

There is no accountability in terms of allowing situations such as these to escalate to a point of forced intervention.

Even in terms of the Residential Facility allowing this occur, there is no enforcement of emergency planning or responses to such events. It can be argued that there were also a whole range of social issues impacting on this event.

IT was a small country town.

People don't want to get involved.

Where did the question of “ duty of care” go to protect both residents Mr ■ and Mrs ■ whilst in there care. It could be argued that the Health Service failed both Mr and Mrs ■ in regard to their Duty of Care towards them

What perception of care was required for Mr ■ There was a belief that he was not vulnerable to abuse, due to his gender. No support was made to assist him in this process.

The only process available to families is a Legal Process via VCAT, which is threatening and scary for most people, not to mention the elderly who may never been involved with the courts in any way shape or form.

The time frames once a VCAT process and then alternate Guardians and investigations process is complete is horrendously slow. Mr ■ died without being informed of any outcome. His wife was taken in ■ of ■ he died on the ■ of ■.

No support throughout that legal process was offered to him. This limited his ability to share his story and the back ground information of my brother’s long standing intimidation and bullying behaviour.

Issues around small towns and limited services.- Ongoing system failures could be reasonable described as closing ranks. Once external services had been forced onto my brother re Mrs ■’s care there could be argued a conflict was evident as they where employed by the same organisation that had allowed him to “ take her”.

There is documented evidence that talks about my brother presenting under the influence of prescription ■ (he is addicted to ■ and ■) whilst caring for Mrs ■ two days in a row, and no action was taken by the district Nurses other than document his “ dishevelled and confused orientation”

They did not follow up in terms of contact her Power of Attorney medical, which was Mr ■.

There has never been any explanation given as to the choices they made in regard to leaving her in this environment.

On another occasion they have document that they supported my brother in taking my mother ■ to another small hospital for ■. She had become ■ due to ■. The Nursing Staff in attendance to the home actually recommended the hospital in ■ NSW ■. That meant there was no obligation to contact my Father who was still at the point in time his wife’s Legal Guardian.

Q6. What circumstances, conditions, situations or events, within relationships, families institutions and whole communities are associated with occurrence or persistence of family violence.

In terms of Elder Abuse it largely goes undetected by mainstream service providers and therefore by default service providers do not know how to identify cues, how to support persons who may be in an abusive situation, or even develop the relationships required with Seniors that will elicit acknowledgement from them that they are experience abuse.

Much work has been done on the easily identifiable forms of Abuse such as Physical Violence, or Financial Abuse , but the less tangible forms of abuse such as

- Bullying
- Isolation
- Intimidating the victim
- Neglecting the Victim
- Deprivation of access to other family ,members and friends constituting social abuse and isolation
- Deprivation of access of support other than the abusing care-giver.

All of the above are examples of abuse, however there is no real service system response to these issues. They are intangible, difficult to prove, and are often supported by the inaction of the service system.

Much of the response by the service system is that it provides a “sympathetic ear” to the care giver in terms of the care giving role, by platitudes such as

- “ Oh it is a stressful role” you are doing the best you can under the circumstances
- It’s a family matter
- The victim is unreliable due to their cognitive state.
- Statements such as I don’t want to go into care... ultimately support and allow the ongoing abuse, as Agencies including protective agencies will use such statements as “ wishes and intent of the senior victim’
- The burden of proof in establishing tangible abuse, rather than risk assessments on environment and care-givers
- An acceptance of poor diet as demonstrated by continued weight loss or poor personal hygiene for Mrs ■ as being a secondary outcome to the care givers role and how difficult that must be

Within the example of Mr and Mrs ■ there where a range of barriers and circumstances that have allowed the Neglect and Abuse to continue,

- A small Rural setting where there is history and relationships amongst people and providers. Providers do not wish to ruin current relationships.
- Not knowing what to do.
- Mr ■ not wishing to seek help as he found it “ embarrassing” and was too ashamed to seek assistance from members of the community.
- Fear of reprisal or withdrawing of the son if complaints are made about the abuser.
- The VCAT or Legal process are often not pursued due to those intimate relationships within a small rural setting. Everyone will now know my private business.
- Service Providers not involving themselves as they may be threatened by the abuser. One of the nursing staff whilst my Father was still alive, spoke to me of her fear as she knew my brother knew where she lived, and he had threatened her whilst on duty .
- The lack of support provided to staff who raised these behaviours as an issue from their management, citing it was a family matter and not get involved.
- The concept of rewarding carers in an Elder Abuse role, diminishes any impact that issues around neglect may highlight. By highlighting the difficulties in a caregiving role it focus’s on supporting the caregiver and ignores the needs of the abused older person.
- Lack of Residential or alternate care options, particularly in rural settings increase the risk of vulnerable Seniors not being fully protected from Abusive relationships

By supporting a statement from a person suffering from end stage dementia “ I don’t want to go into care’ as being the basis of the decision in regard to leaving Mrs ■ in the community, ignores safety concerns such as capacity of the caregiver. As mentioned in this particular example the care giver is addicted to prescription medications and it has been documented that it has impacted on his ability to care.

Other issues that cause concern and demonstrate and acceptance that neglect is ok include

- Approval from OPA to leave Mrs ■ unattended in the house for periods of time over an hour
- She has absconded from the property and found her way to a neighbours approximately 1 km from ■■■■■■■■■■
- He is not required to engage extra care such as personal care for Mrs ■
- Evidence provided by other family members, neighbours and long time family friend about his intimidatory behaviour is largely ignored as it does not support the image of a loving care giver.

- When Mrs ■ has made statements in regard to the Care giver being Rough the statements are ignored and attributed to her dementia and therefore are unreliable statements. This is a direct quote from the Guardian from the Office of the Public Advocate.(OPA)
- Attempts by other friends and family to contact Mrs ■ by phone are not successful as he refuses to answer the phone. Again the Guardian from OPA did not believe this was a problem. The alternate argument is that this is isolating behaviour and typical behaviour from a perpetrator of Domestic Violence.
- There was also a total lack of regard for a Marriage of ■ yrs. Despite the fact that Mrs ■ would state “nothing wrong with me I don’t need to go into care “, she would also state “I don’t know where Mr ■ is but I want to be where he is”

Throughout this entire process there was never an acknowledge that Mr ■ was also a victim of Family Violence. His gender being Male and the fact that he was still cognitively sound actually disadvantaged him. The only option ever given to his was “ oh well you will just have to go to the Police and get an Intervention Order against your son”

There will be a mountain of evidence that comes out of the Royal Commission to describers how difficult a process this is, let alone the challenges for an Older Male to take this course of action.

Q17 What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of peoples experiences?

The commonly used term of Elder abuse is set out below

“Elder abuse is defined as being a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person “

However the complexities of Elder Abuse ensure that it remains hidden, under-reported as well as poorly identified, despite there being a significant amount of activity to promote community awareness of the topic, and realistically what has occurred has only just paid lip service to the issue.

Current research demonstrates that the majority of abusers or older people are close family members and that many factors contribute to the episodes of abuse. However most research has identified that abuse of older people within the family is still largely the abuse of older women, by older and younger men.

Issues that blur into neglect, are often supported by systems that Support a Care Giving role, and are far more lenient if the Care Giving role has been assumed by a Male Son.

Sons who neglect and abuse elderly parents are representative of issues that relate Power and Control. If these issues are not recognised for what they are by service providers particularly in the Health and Aged Care Sector , service providers ultimately end up unwittingly colluding with the perpetrators , provide excuses for the perpetrators in terms of the “ heavy load in regard to the caring role’ and condone behaviours or neglect and ultimately condone the perpetrators behaviour.

Understanding the power and control issues in regard to Elder Abuse is essential in breaking down the barriers for fearful, isolated victims and to ensure that service system responses recognise these issues when confronted by them.

Rather than responding how wonderful to an Elderly Persons statement of “ oh I owe him everything”, consider why would a person make that statement. For those of us who have worked within a Domestic Violence Framework they signal alarm bells. However for the less skilled or exposed systems such as Aged Care Services they may not recognise triggers, statements or cues of abuse for what they are.

There are currently no standard risk assessments conducted on primary carers when caring for elderly, and particularly those with cognitive deficits I would suggest that the introduction of the tools such as those by Domestic Violence Agencies would be particularly useful.

Profiling Risk Assessment Tools, can alert service providers to situations where there may be a higher than average risk of abuse or neglect perpetrated by the care-giver. It would allow a spotlight to be placed on them and there intent in regard to the relationship, rather than assuming it is a “ loving, caregiving relationship “

By acknowledging that Abuse can take many forms and that there is a need to be skilled in regard identifying risk factors such as one developed in Canada called the *Indicators of Abuse Measure*.. This screening measure identified typical characteristics of an abuser-(1). Troubled caregiver who had difficulty in getting along with others and (2).a situation where the care recipient had been abused in the past and in which there is inadequate social support.

Finally issues in regard to the only avenue of solution at this point in time is to take the matter before VCAT, hope there is an outcome, and then hope that the Office of the Public Advocate identify elements of risk are intimidating to elderly , Cumbersome, Disempowering and Disrespectful to family members

Throughout the whole process of my parents, my father was spoken to ■ times. On the ■ occasion which was approximately ■ months into the process and no

decision had been made in regard to my the situation involving his wife he instigated the contact himself.

As an ■ yr old man, I would suggest that he was in a position whereby he was a victim of abuse by his son, and then the way he was treated by the system suffered “ systems abuse” The fact that they had been married and life-long partners for just shy of ■ years had no relevance to any decision making process in relation to his wife, or the concerns he raised regarding her safety. He was in effect ignored. Nor where the issues surrounding his abuse ever acknowledged or support offered. At one stage he actually contacted Seniors Rights Victoria, who told him they could not offer any assistance.

The experience highlights the complexities regarding Domestic Violence, the broader context in which Family Violence and Abuse occurs and the lack of service system maturity in non Domestic Violence Agencies and their inability to identify and subsequently respond to identified risk issues. It is magnified further when the victims of Abuse are either physically frail or cognitively compromised.

The system will take the “ easy option” and conclude that it is the best course of action eg, not going into care, or the victim remaining with the perpetrator as they state they don't want to go into care

Aged Care Services including Protective Aged Care Services, such as the Office of the Public Advocate seem to also lack the ability to identify risk issues, or if they do acknowledge that there may be concerns will hide behind a statement of “expressed wishes “ Despite there being in some instance contradictory statements regarding what are the “ expressed wishes” . A commitment to the least intrusive response may not be the safest for the older person , and it could be suggested that by holding that line, they expose vulnerable seniors to greater risk and neglect.

Suggestions such as Non Domestic Violence Agencies collaborate with Domestic Violence Agencies can only improve outcomes for Vulnerable Elderly.

Possible Mandated Responses similar to that which are in Child Protection legislation may be another option.

Further research, community education, and the commitment of other Agencies other than Domestic Violence support network to identify, act, and be committed to ensuring the safety or frail aged is vital to ensure that our elderly are safe from abuse from family members. Australias Population is ageing., and there is an expectation that incidents of Elder Abuse will increase accordingly

