

Differences in Risk Factors and Abuse Patterns Across Models of Familial Elder Abuse



Anna Gillbard, Elder Abuse Prevention Unit, UnitingCare
Deidre Venz, Gold Coast Hospital and Health Service, Queensland Health

Elder Abuse Prevention Unit

Helpline

- Phone-based elder abuse information, support and referral service in Queensland;
- Funded by the Department of Communities, Disability Services and Seniors (Qld);
- Collecting anonymous data for over 15 years.

Data Analysis

- Stata statistical software was used.

Limitations

- Callers not asked set questions - data only captured if disclosed during call;
- Self-report data - all data is based on unverified allegations of abuse.

EAPU Models of Abuse

- **Carer Stress** –Perpetrator originally had a genuine motive to care for the victim but carer stress and/or burnout appears to be a contributing factor to abuse.
- **Intimate Partner Violence (IPV)** – Victim and Perpetrator are or have been in a couple relationship where the perpetrator appears to exert significant power and control over the victim.
- **Other Elder Abuse** – Any elder abuse (family or close friends who ‘act as family’) cases that do not fit the Carer Stress or Intimate Partner Violence models.

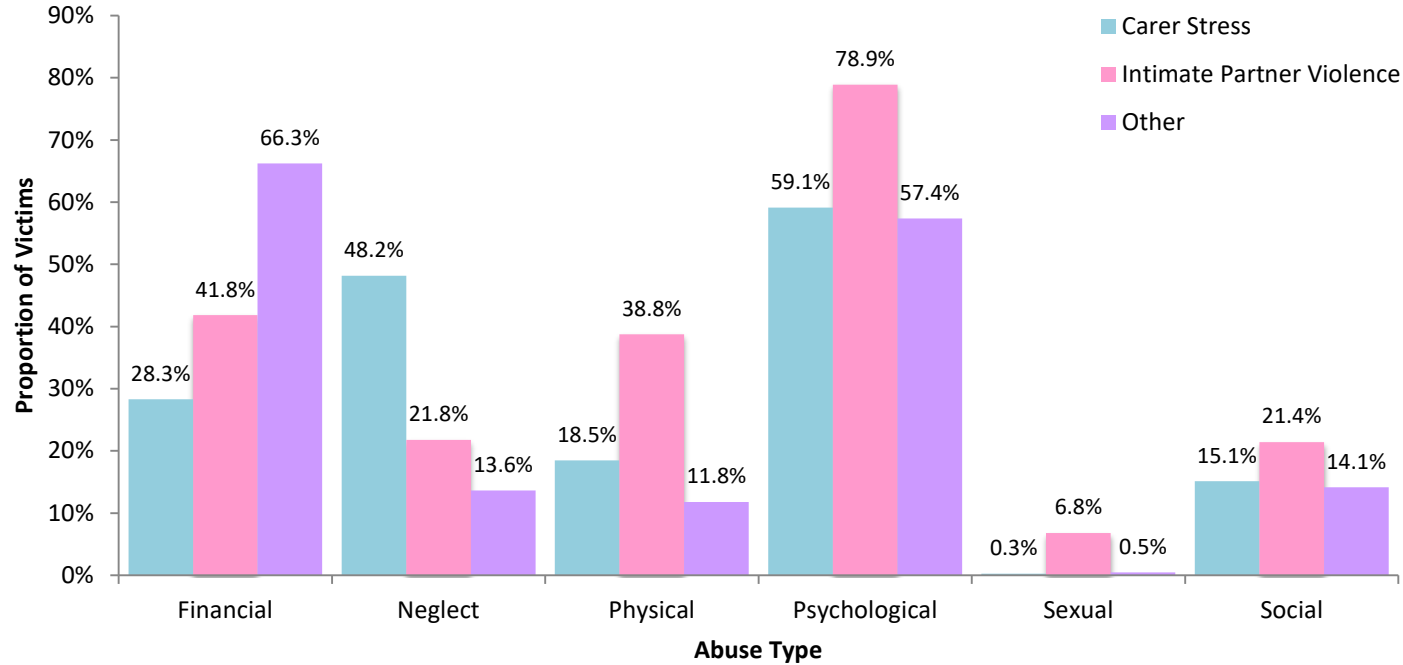
Exploration of the Models of Abuse with EAPU Data

Data Analyses

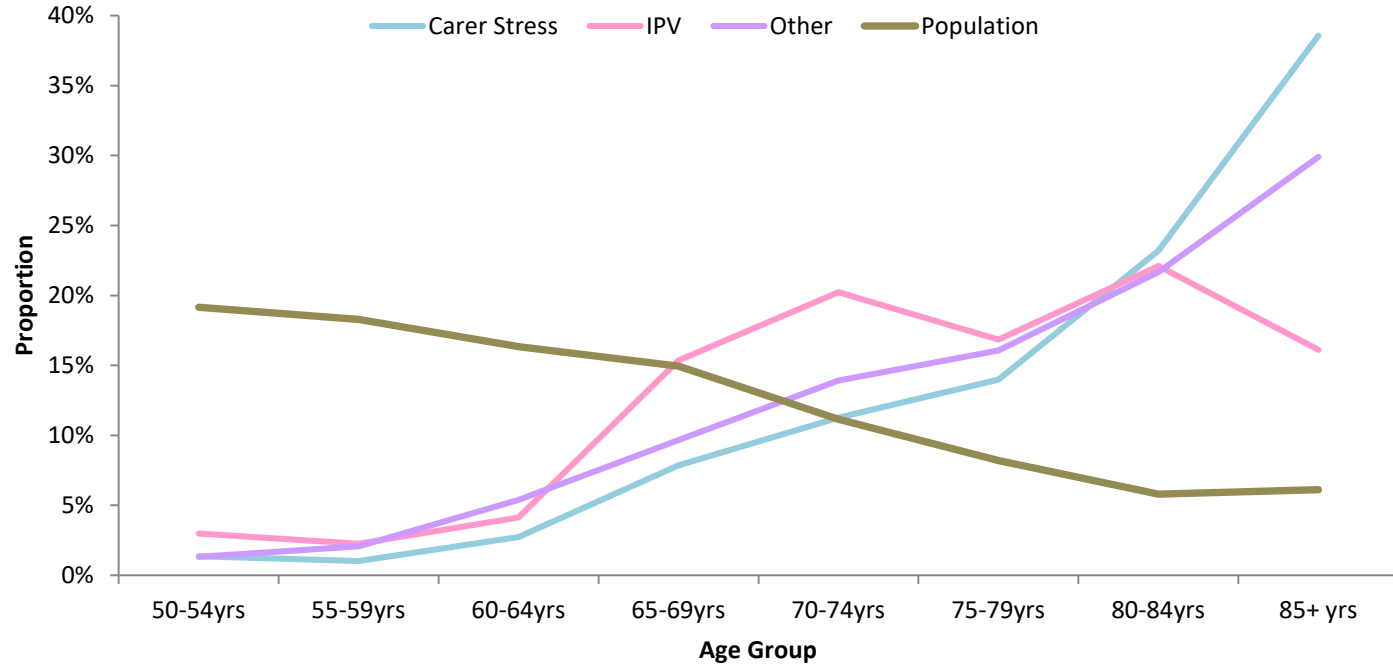
- 4 years of Helpline data;
- Victims aged 50+;
- Sample sizes:
 - Carer Stress, $N=357$;
 - Intimate Partner Violence, $N=294$;
 - Other Elder Abuse, $N=6,519$.



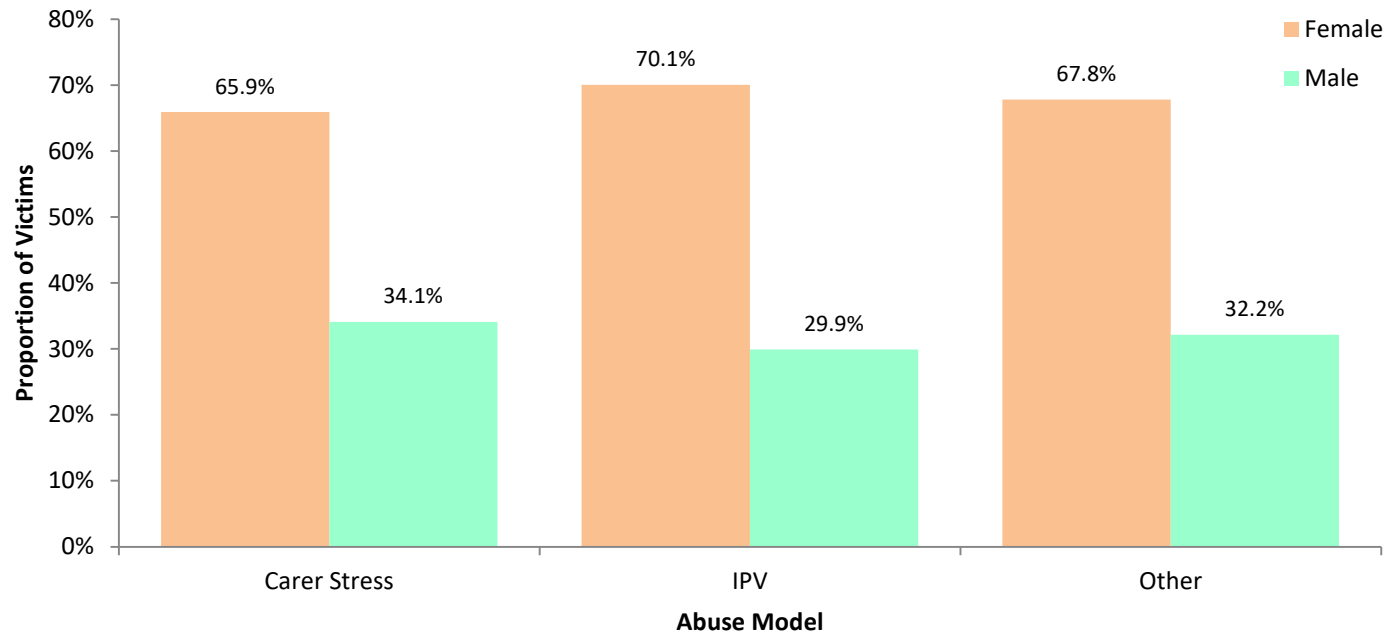
Abuse Types



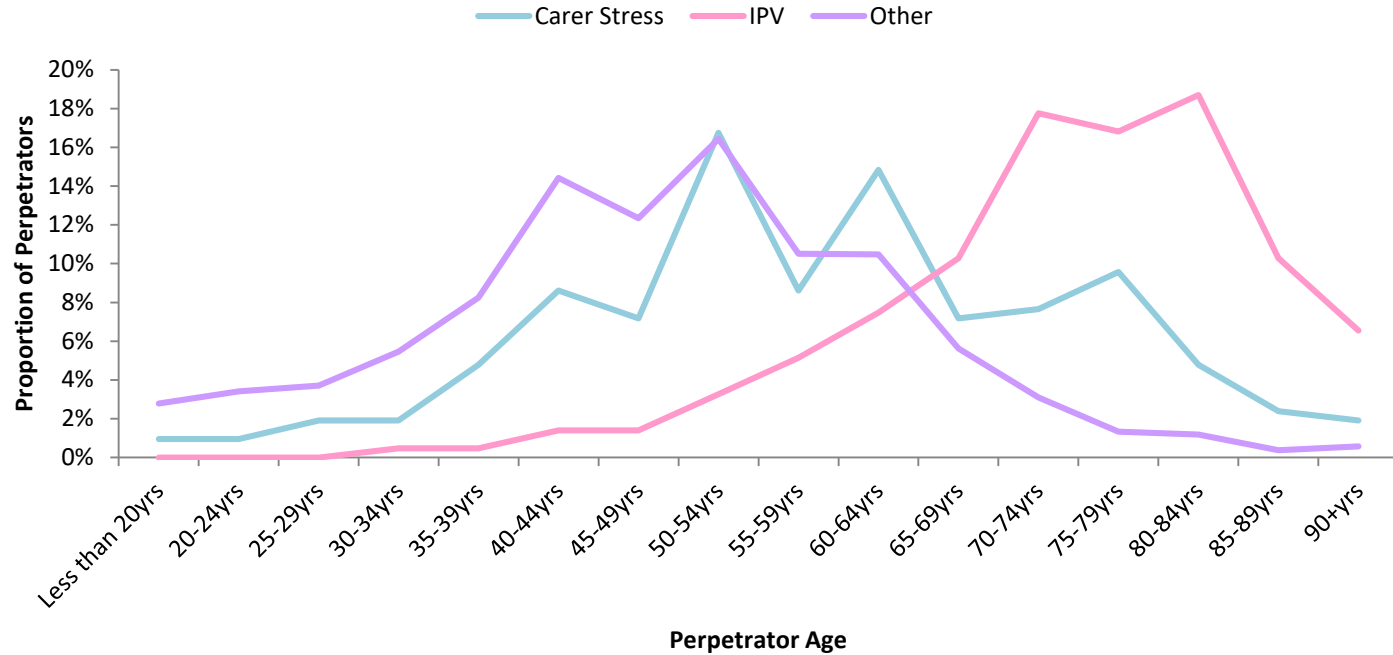
Age of Victims



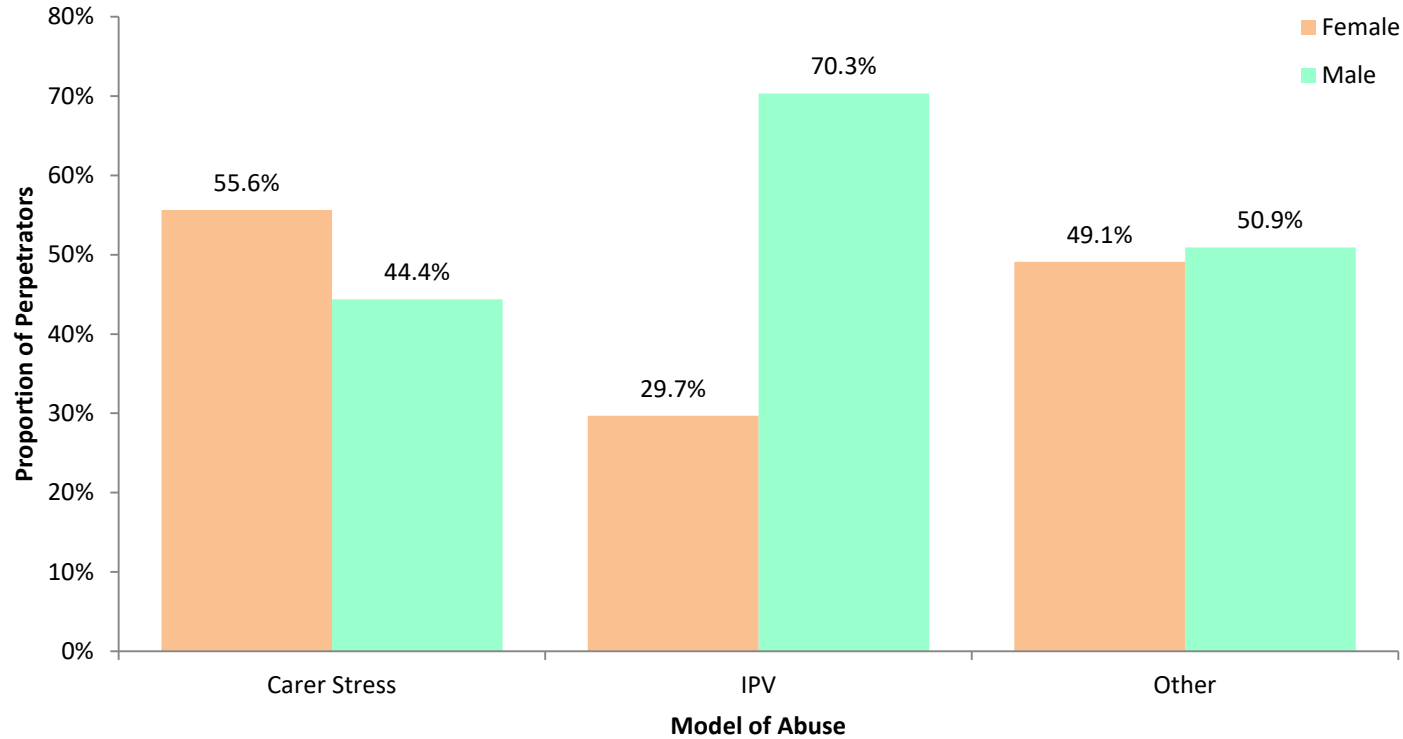
Gender of Victims



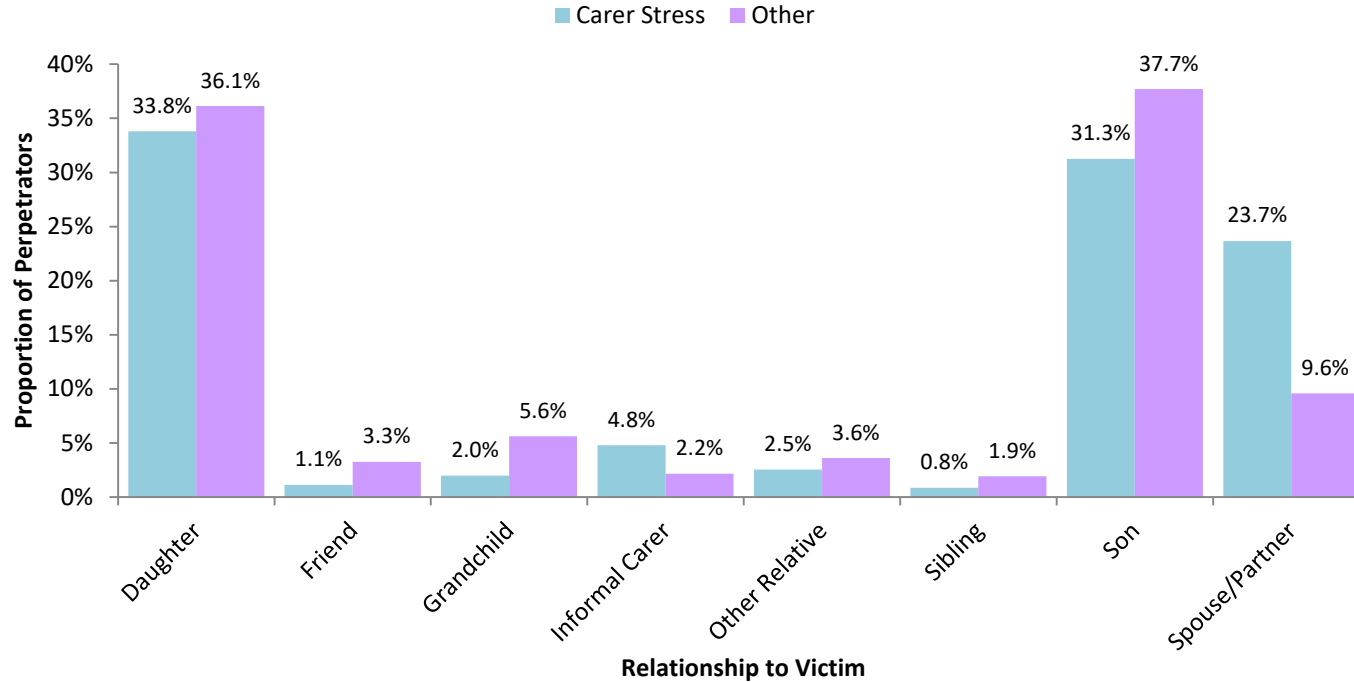
Perpetrator Age



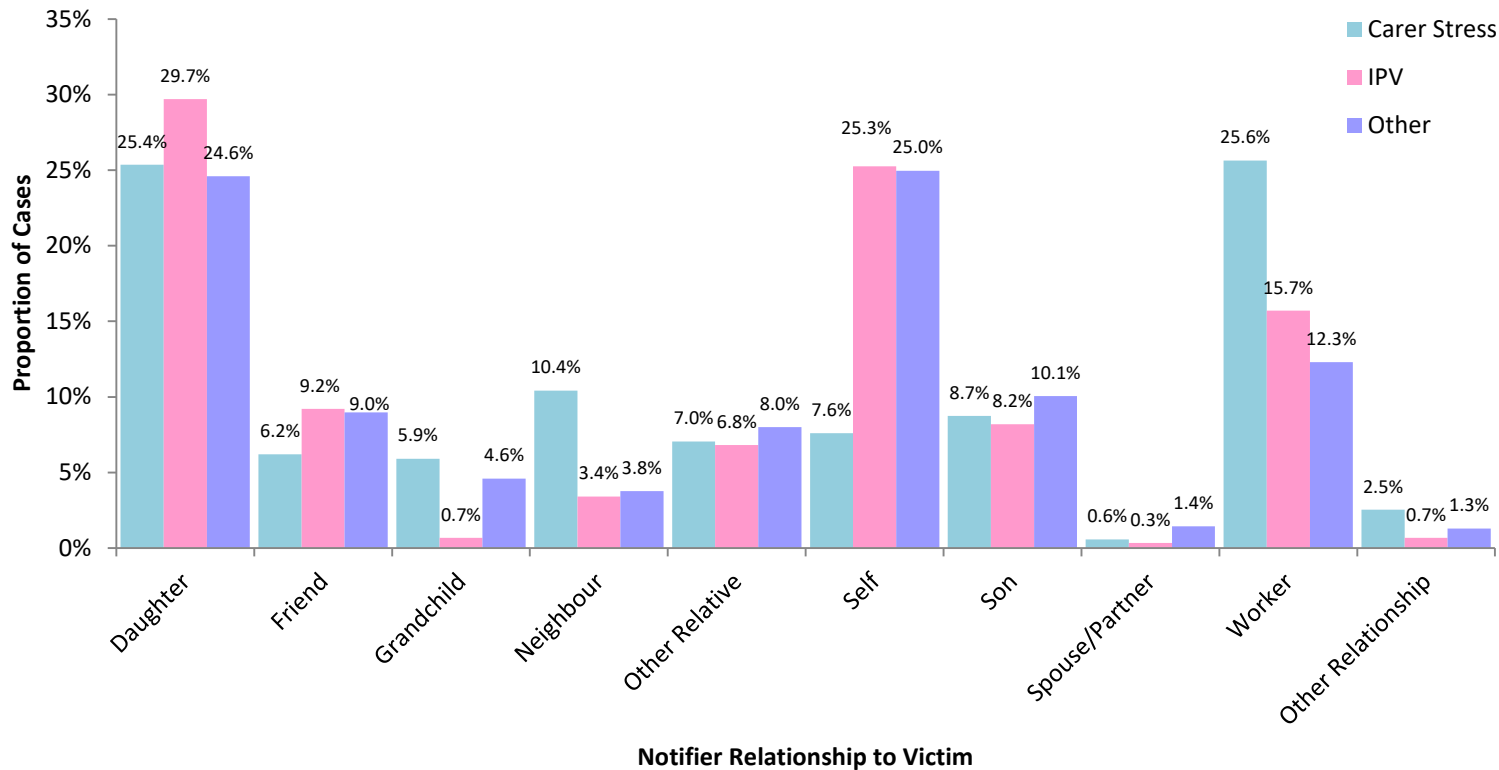
Perpetrator Gender



Perpetrator Relationship to Victim



Who Reports the Abuse?



Summary of Findings - Models

Abuse Types

- Financial abuse was significantly more likely in the Other Elder Abuse group.
- Neglect was significantly more likely in the Carer Stress group.
- Physical, psychological, sexual and social abuse were significantly more likely in IPV cases.

Victim

- Overall, highest proportion of victims aged 80-84 years but IPV rates lower in those aged 85+. More victims aged 80+ in Carer Stress (61.8%) and Other Elder Abuse (51.6%) cases.
- Females were over-represented as victims in all models.

Perpetrator

- Median age differed : Carer Stress 55-59 years; IPV 75-79 years; Other Elder Abuse 45-49 years.
- Gender also differed: Carer Stress more females; IPV predominantly males; Other Elder Abuse almost equal.

Relationships

- IPV group - perpetrators were spouse/partners. Carer Stress and Other Elder Abuse cases – mostly daughters, sons and spouse/partners.

Notifiers

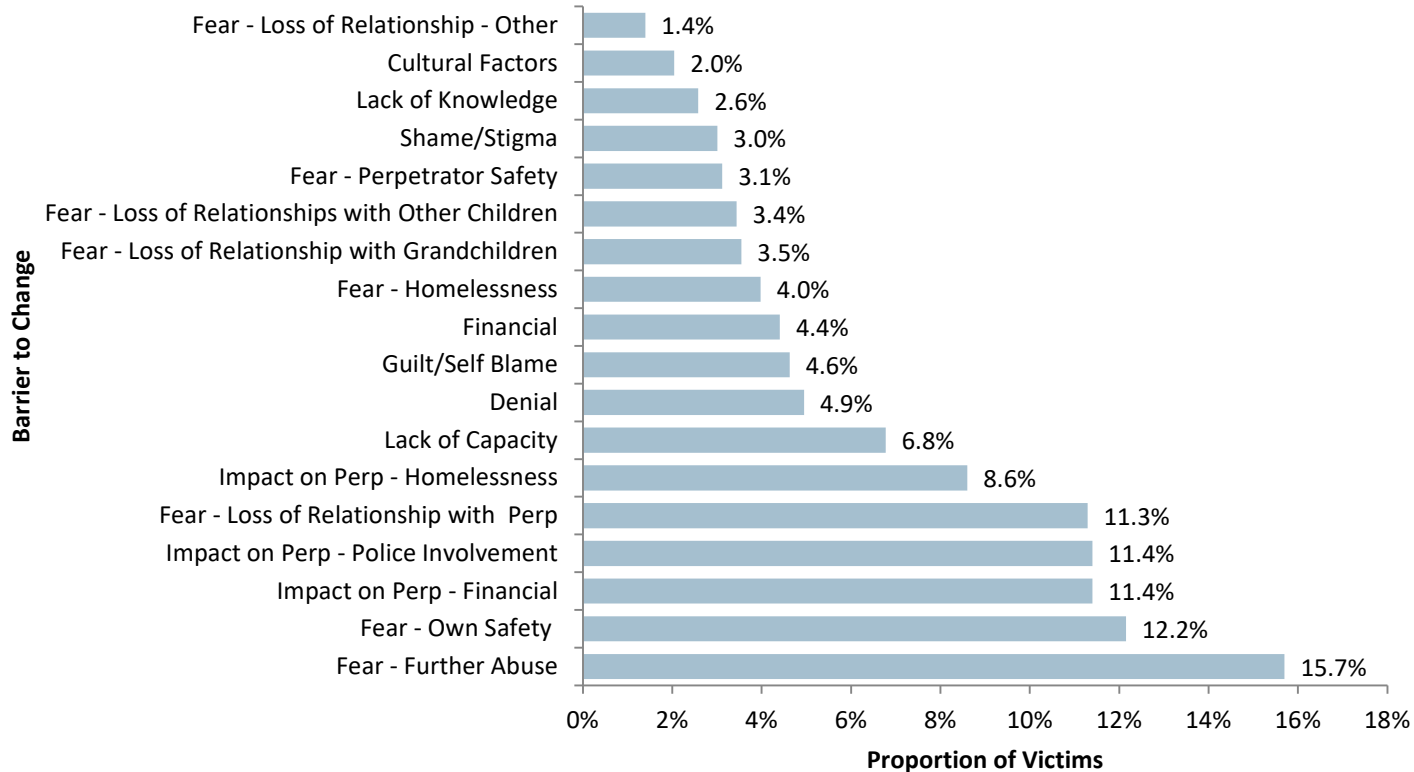
- Overall, daughters, victims and workers most common notifiers. Neighbours more likely to report in Carer Stress cases. Victims less likely to self-report in Carer Stress cases.
- Across all models - neighbours more likely to report if victim had a cognitive impairment and workers more likely to report if the victim was dependent on the perpetrator.

Complexity in Family Violence Involving Older People

Analysis of 6 months data (N=930) from EAPUs new database showed:

- 28.1% of victims had a cognitive impairment;
- 35.8% required some level of support with activities of daily living, leading to dependence;
- 34.3% had health issues;
- 5.9% had difficulty with communication;
- 37.2% had a decision maker appointed (EPoA enacted or appointed by QCAT);
- EPoA was used to facilitate financial and/or social abuse in 51.7% of cases where a decision maker had been appointed;
- Victims often more protective of the perpetrator when it is their adult child.

Barriers to Change for Victims



Social Work Advanced, Aged Response – Gold Coast Hospital and Health Service

- District wide, strategic position which focuses on complex age related presentations within the GCHHS.
- Includes consultation with staff members, education, community engagement, review of current aged care services within the district and assisting in establishing governance for future response.

History of the Project

- Late 2014 EAPU delivered training to Gold Coast Social Worker Group.
- Identification of gaps in the system.
- Decision to invite key stakeholders to a meeting which led to the formation of the Gold Coast Elder Abuse Reference Group (GCEARG).
- GCEARG allowed education, information sharing, networking opportunities and an avenue to feed back systemic issues to the EAPU Brisbane Reference Group.
- Data analysis provided by the EAPU used to support the project.
- Outcomes from the development of GCEARG lead to trialling the Gold Coast Elder Abuse Response Panel (GCEARP).

Understanding and Navigating Systems

- Office of the Public Guardian;
- Queensland Civil Administrative Tribunal;
- Public Trust Queensland;
- Specialist Domestic and Family Violence Courts (Queensland);
- Queensland Police Service;
- Elder Abuse Prevention Unit;
- Aged and Disability Advocacy Australia;
- Seniors Legal and Support Services;
- Health;
- My Aged Care/Aged Care Providers (including Residential Aged Care);
- Carers Queensland;
- Relationships Australia – Elder Abuse Prevention and Support Service (New Service);
- Aged Care Quality and Safety Commission.



Gold Coast Elder Abuse Response Panel

- The Gold Coast Elder Abuse Response Panel formed in early 2017 to provide an integrated response to complex elder abuse cases.
- To date we have had 18 referrals that have been considered by the panel members.
- The panel remains unfunded however stakeholders have recognised the benefits and have continued to commit their time.
- In December 2018, panel members participated in a facilitated reflection.
- Goal is to undertake a comprehensive evaluation of the panel in 2019 – funding/partnership permitting.



Panel Members

- Office of the Public Guardian – Investigations Team;
- Aged Care Assessment Team;
- Queensland Health – GCHHS;
- Elder Abuse Prevention Unit;
- Aged and Disability Advocacy Australia;
- Seniors Legal and Support Service;
- Queensland Police Service – Domestic and Family Violence Taskforce, Elder Abuse Officer;
- Queensland Civil Administrative Tribunal;
- Older Persons Mental Health;
- Domestic Violence Prevention Centre;
- Bolton Clarke, Service Provider;
- Blue Care, Service Provider – Social Worker.



Achievements

- Ongoing commitment from service providers to participate, despite the time commitment and lack of funding.
- Demonstrated application of working in an integrated way to respond to elder abuse.
- Workers who have referred clients have reported that it was a supportive and beneficial process which helped them to know how to move forward with complex and challenging cases.
- Anecdotal evidence that the process has led to better outcomes for clients.
- Examples of innovative and creative practice.
- Improved relationships across the different organisations with an ability to contact if needed in between meetings.
- Feeding back broader systemic gaps to Brisbane Elder Abuse Reference Group where higher level changemakers sit.

Challenges

- Information sharing at times
- Consent issues where the older person has impaired capacity.
- Time constraints to facilitate the background work, administration role etc.
- No single identified legal framework in which to operate under.



Facilitated Reflection

- December 2018, all available panel members attended a facilitated reflection with an independent facilitator
- Program Logic was utilised as the underpinning model in which to consider the intended ways for the response panel to operate by linking activities with outputs which shows intermediate impacts and longer term outcomes. (NSW Health, 2017)

Program Logic

Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
Partnerships	Monthly panel meetings and documentation	Meetings/year	Immediate risks to safety have been resolved or reduced	Older person has more information, choices/options and support	Effective systems advocacy
Staff time and commitment (multiple agencies)	Cases submitted	Cases reviewed/year	Increased knowledge re: referral pathways and key contacts	Increased understanding of complexities of elder abuse	Older people have enhanced quality of life (+ increased self-determination)
2 lead agencies/(in-kind) champions	Follow-up work for cases	Agencies and staff involved	Relationships (interagency)	Relationships (interagency)	
Referrals	Feed information about any issues identified to the Brisbane reference group		Increased worker self-efficacy		
Other models (esp CNAP 65+)					
Process for deidentification					



Contact Details

Anna Gillbard – Elder Abuse Prevention Unit

Email: anna.gillbard@uccommunity.org.au

Deidre Venz – Gold Coast Hospital and Health Service

Email: Deidre.Venz@health.qld.gov.au