

**Submission
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INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Organisation: Australian Longitudinal Study on Women's Health

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Submission to the Legislative Council Inquiry into Elder Abuse in New South Wales

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Introduction

Public awareness on elder abuse is urgently needed. The Australian Longitudinal Study on Women's Health welcomes the opportunity to make a submission to the Legislative Council, Parliament of New South Wales.

The purpose of this submission is to inform the Legislative Council, through key evidence, of abuse of older adults in Australia and to recommend priorities in moving forward to address this abuse.

The Australian Longitudinal Study on Women's Health

The Australian Longitudinal Study on Women's Health (ALSWH) is a prospective cohort study that has been collecting data from three nationally representative cohorts of Australian women since 1996 (see www.alsw.org.au). The study is run by researchers from the Universities of Queensland and Newcastle. The majority of work into elder abuse is conducted at the University of Newcastle, at the Priority Research Centre for Gender, Health and Ageing (PRCGHA). The PRCGA is a dynamic, cross-disciplinary research centre. Its core focus is to maximise analyses of longitudinal and linked data, as well as undertake other studies in relation to gender and health.

ALSWH has measured abuse in women born between 1921-26 at three survey time points (1996, 99, 2002) and in women born 1946-51 at five survey time points (1996, 1998, 2004, 2007, 2010).

Key issues identified

Early identification of elder abuse is essential, for effective intervention and management against poor health and social outcomes. However, abuse can be difficult to detect. Accordingly, ALSWH uses a measure that identifies four conceptual factors – vulnerability, coercion, dependence and dejection – which have been reported by up to 22% of Australian women aged 70 to 75 years. Future disability has been related to vulnerability, coercion and dejection. Women who report coercion and dejection can also have a higher rate of mortality.

ALSWH analysis of written comments made by older women over a period of 13 years provides important identification of the types of abuse that women experience – including assault, unwanted sexual activity, bullying, verbal abuse, indirect intimidation, exploitation, financial abuse, theft, lack of privacy, damage to property, not being listened to, ageism and isolation.

Women who had experienced abuse tend to be less educated and have more difficulty managing on their available income. They were also less likely to be partnered and had lower levels of social interaction. Compounded by the impacts of abuse, women may suffer stress, depression, reduced confidence, restricted activities, feelings of insecurity and forced changes to living arrangements. Women can be more vulnerable to abuse where intimate partner abuse has existed previously, if they live in 'risky' neighbourhoods, where partner or child or grandchild has experienced a mental health or substance abuse problem or after the recent death of a spouse.

Specific life events can also influence a person's feelings of vulnerability and coercion, such as the break-up of a close personal relationship, major loss or damage to personal property, having legal troubles, a decrease in income and being robbed.

Moving forward

Unfortunately the numbers of older people subjected to abuse is anticipated to grow, through increased population longevity and greater numbers of older persons. Preliminary work by ALSWH has indicated that current definitions of elder abuse are limited and are possibly excluding experiences of abuse that are salient and distressing to older women. For example abuse can be perpetrated by social acquaintances, neighbours, sales people and service providers.

The ALSWH offers a platform for further examination of elder abuse at the national level. The RCGHA offers expertise not only in analysing ALSWH data but also in conducting further research into areas of elder abuse that have not yet been fully identified or defined, to provide an evidence base that is easily translated into both policy and practice, including:

- Quantitative investigation via linked data of doctor, pharmaceutical and other health service use including entry into aged care, by older women who have experienced abuse.
 - *For example, an ALSWH report to the Office of the Status of Women (2004) revealed women with any history of abuse had higher rates of surgery, were more likely to have been diagnosed with a range of serious medical conditions, more than twice as likely as non-abused women to have received a psychiatric diagnosis and twice as likely to use medication to help them sleep, for depression and for nerves.*
- Qualitative studies to explore the helpfulness of health services, with women who have experienced abuse.
 - *For example, a series of qualitative interviews with ALSWH participants found that help seeking by women from rural and remote areas who experience abuse was inhibited by factors such as isolation, lack of knowledge of local services, distance to help providers and poor rapport with doctors.*

Recommendations

Taking a public health approach, recommendations based on ALSWH evidence to date include:

Primary:

- Inform the prevention of elder abuse – conduct methodologically sound research to identify women most at risk.

Secondary:

- Identify factors that mitigate elder abuse once it has occurred – and work with GPs to continue to improve their ability to identify elder abuse.

Tertiary:

- Help for family members – who might be experiencing poor mental health, and need access to health services.
- Identify those health services that have been of most benefit to people who have experienced elder abuse.

In all of these areas, the PRCGHA can help identify evidence-based practices that can work to eliminate elder abuse.

ALSWH Resources and Reports

- Australian Longitudinal Study on Women's Health 1921-26 Cohort Summary Report, 1996-2013. October 2014. Available at: http://alswh.org.au/images/content/pdf/Cohort_summaries/ALSWH_1921-2_%20cohort_summary.pdf [accessed on 12 October 2015]
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