

**Submission  
No 28**

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

**Organisation:** Australian- Indian Aged Care Support Holistic Association

**Date received:** 14/11/2015

---

## **Submission to the Inquiry into Elder Abuse in New South Wales**

On behalf of the Australian-Indian Aged Care Support Holistic Association (AASHA)

Please accept this submission to the NSW Parliamentary Inquiry into Elder Abuse in NSW On behalf of the Australian-Indian Aged Care Support Holistic Association (AASHA)

AASHA is a charity non-profit association which is in the process of being formally registered. This group has been formed due to the increasing number of senior population living in Australia. There are various categories of these migrants

- A. People who migrated to Australia in early sixties
- B. Seniors who have recently migrated due to family reunion policy
- C. Seniors who have come here to be with their children and families and are waiting to get permanent residence, in other words are on bridging visa

According to last census in 2011 there is a significant senior Indian population. The last forum organised by Multicultural Health in Oct. 2015, indicated that the Indian senior population is as high as 6<sup>th</sup> or 7<sup>th</sup> number in CALD communities. But it is not still recognised as a significant CALD group within the health system. This shows that we need to cater for these seniors for issues of aging, mental and elder abuse issues.

### **Target Group**

- People of Indian subcontinent origin 60 + and over
- Non English speaking background
- People with no extended family support system in NSW
- Elders with mental illness and age related health issues in the community. Migrant Indian population who lacks awareness of elderly abuse and wellbeing & have deep rooted stigma, especially people of subcontinent origin.
- Older Indian community members who prefer to continue staying at home & accept support provided by culturally friendly service providers.
- Organize events for Indian community family members & clients who require emotional & cultural support
- Clients who require culture based activities to assist smooth transition in the wider community in Australia

### **WHAT IS AASHA?**

#### VISION STATEMENT

To facilitate retirement facilities for seniors of Indian and South Asian cultures of which Dementia Day Care will be an integral part.

Goals, Aims and objectives:

- Our organisation aims to bridge the Cultural and Service gap between NSW Health services and seniors from Indian and Subcontinent back grounds.
- The organisation acts as facilitators to ensure families and clients from Indian subcontinent with dementia are identified and placed appropriately.
- Provide emotional and cultural support to families and clients.
- With the team of volunteers provide cultural based activities so that transition and ongoing progression can be smooth and practical.
- Create awareness to NSW Health services, Health professionals and Multicultural Health Services to recognise Indian community and need for culturally based facilities for them in NSW

AASHA is a link or a bridge to connect Indian and Sub Continental senior communities to Health services and assist them in smooth transition to wider society.

AASHA's motto is CARE FOR PEOPLE WHO CARED FOR US

CULTURE CARE

AASHA is currently working with community towards

- EMPOWERING
- INFORMING
- FACILITATING

WHY WE NEED AASHA?

Due to various cultural issues like language, lack of knowledge, fear, lack of confidence, anxiety etc. Indian seniors lack awareness and understanding of the health system and feel helpless and suffer in silence.

Responding to the need of these seniors group, AASHA has been formed to promote CULTURE CARE. This group includes 4 doctors, professionals, educationist and other committed professionals who want to help aging subcontinent population

On 10<sup>th</sup> October a Mental Health Forum was held which was attended by more than 250—280 people.

The keynote speakers were:

- Dr. Parminder Sachdev, who Clinical Director of NPI at Prince of Wales Hospital. He talked about Dementia.
- Dr. Manjula O 'Conner consultant Psychiatrist from Melbourne University who talked about Elderly Abuse.
- Other speakers were from various gov and NGO health providers,

Information about Forum attached.

OTHER INIATIVES AT THIS STAGE Are

Enrolling Indian Seniors on MY AGE WEBSITE, as most of them do not realise the changes to age care services after July 2015.

This process is very complicated as they do not have computer skills or knowledge about the relevance of this change in the system which is complicated for even health providers.

This is a huge task which AASHA will like to undertake with the assistance from NSW govt to provide resources to go ahead.

AASHA is currently seeking resources from the community and funding to undertake the following initiatives:

AASHA if given additional human and financial resources will empower and inform elders taking into account their cultural sensitivities and specific needs.

Some of these issues need further data to target these initiatives. AASHA could initiate study to draw a sample of people living in Sydney West to start with. It can look at some of the following areas:

- A. Socio demographic characteristics of participants
- B. Attitude to Blaming elderly for their abuse
- C. Awareness about different types of abuse in Indian community
- D. knowledge regarding possible causes of elderly abuse
- E. Sociodemographic variables and response to questions
- F. Gender specific issues

Organisations like AASHA if given the right resources can assist and work as a bridge to fill these gaps of communication and cultural barriers to improve the well-being of elderly people.

If information is presented in plain English and explained in their own language, will improve outcomes. AASHA could be a group to help in this direction and is working towards culturally appropriate responses by keeping in mind their clients and community's specific needs.

## **SUMMARY**

In this submission following points will be discussed

- Main problem as faced by elderly Indian and sub-continent men and women
- Older peoples' roles within their communities.
- Perceptions of the contexts in which elder abuse occurs and its perceived causes.
- Situations where different acts of violence and/or abuse are acceptable or unacceptable
- Situations where it is appropriate for family members, neighbours or friend to intervene
- Whether abuse is common in Australian Indians or not

- Seasonal influence of abuse
- Perception of elder abuse as a health issue and an issues of concern for health care workers
- Identify existing /needed health and social services and community support in relation to violence and abuse
- Define the gaps, the needs and views for future responses to abuse, care and prevention

## **WITH REGARD TO THE TERMS OF REFERENCE**

### **1. The prevalence of abuse experienced by persons aged 50 or older**

The rates of elder abuse is estimated between 0.5-5%, and with an ageing population this prevalence is expected to increase.

Aging is an inevitable and irreversible physiological process that affects all body systems. As a result of increased life expectancy, the proportion of elderly population in the country is steadily increasing specially in NSW. Due to earlier migration and family reunion the number of Indian seniors is increasing daily. It is coming to almost 6-8<sup>th</sup> number in the CALD communities. Elderly are an integral part of a population of a country who owe respect and attention equally like any other section. However, due to changing family structure and modernisation, elderly are facing inevitable challenges of loneliness, lack of treatment and many more.

Sadly, the abusers are the family members. The abusive behaviour towards elderly is a serious issue in Indian community which is to be solved; otherwise it will harm the physical, mental and emotional condition of elderly in the Indian families inevitably and irreversibly.

The traditional Indian society looked after their elders. However, over the last decade, with the rapid changes in social scenario and the emerging prevalence of nuclear family set ups in recent years, the elderly people are likely to be exposed to emotional, physical and financial insecurity. Elderly face multiple medical and psychological problems. Elder abuse is a type of harm to older adults involving abuse by trusted individuals in a manner that "causes harm or distress to an older person". It ranges from physical abuse to neglect of basic needs of an older person like, adequate food, shelter, clothing, medical care or dental care. World Health Organisation [WHO] defines elder abuse as "'a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair,"

### **2. The Most common forms of abuse experienced by older persons and the most common relationships and settings in which abuse occurs.**

Psychological abuse is more common in abuse among older people with the perpetrator more likely to live with the victim. The perpetrator is most likely to be a partner (51-73%) but may also be an adult child (24%). Elder abuse is most often a continuation of a pattern of domestic violence.

The problem of elderly abuse [which was initially called "granny battering"] emerged around the world in very short span. For the first time, the abuse of older people was described in British scientific journals in 1975, [Baker 1975, Burston 1977].

In Australia, abuse and neglect of older people by family members began to be recognised by the late 1980s [Kurrle, 2003]. Many studies in Australia have shown that most frequent form of reported or suspected abuse of elderly people is financial abuse and the adult daughter or son are the most likely the abusers. It can be inferred from the available information that familiar ties dissolved in very early times in western or developed countries, resulting in separation or emergence of nuclear family. Raju [1996] indicated that

the older individuals suffering from depression, poor health or physical impairments were more at risk of being abused.

Most Indian elders depend on their family members for financial, medical help, transport, communication, food, clothing, shelter and for basic needs and day to day expenses. In recent times elderly are sent to nursing homes where they have massive problems with food, communication, spiritual beliefs, music, festivals, values, dress codes, unfamiliar activities. This results in three basic elderly abuse for Indian elders

1. Neglect, including isolation, abandonment, unfamiliar food, customs, festivals and spiritual beliefs
2. Violation of human, legal and medical rights.
3. Deprivation of choices, decision, status, finances and respect

The concern of not getting health care facilities, elderly are discriminated and are not taken to ceremonies due to ill health ,chronic diseases like Arthritis, Depression ,High Blood pressure ,Diabetes ,Dementia ,Impairment of various organs like ears ,eyes and knees and so on.

Most elderly have faced familiar abuse for more than 10 years but do not come up with complaints because of family prestige and fear of losing whatever they have. Verbal and physical abuse leads to elder depression and an intense feeling of loneliness. They treat their body with a jolt when need help for instance climbing stairs, getting from bed or go to lavatory are the various forms of physical abuse which elderly suffer on regular basis. According to World Health Organisation, 80 percent of elder abuse is unreported but percentage number increases when elders are living in NSW as some Indian elders are in deprivations due to inadequate food, clothing and shelter. Bad words while giving food, financial support or washing of their clothes makes them feel weak and helpless.

The cause of abuse of older people are complex and multifaceted and many encompass physical, psychological, social ,medical , legal and environment factors and multiple systems. Elderly abuse is a complex phenomenon that results from several different causes and often has multiple factors.

### Gender and abuse

Older Indian women are predominantly at risk of financial abuse, physical and sexual abuse. Till today, Indian community even in Australia does not accept remarriage of older women.

“Identity theft” is another common abuse in elders as elderly people are considered as soft targets because they are vulnerable. They are often isolated either living alone at home or sharing a place with family. Often family or outsiders steal their social security number, bank account numbers and other financial or personal documents. Such a vulnerable and helpless population cannot resist against theft and scam mail.

3. The type of government and/or community support services sought on behalf of elder abuse and nature of service received from these agencies
  - a. NSW Police: Emergency intervention and investigation of criminal offences.

- b. NSW Health: Assess, Assist, Provide information, Refer the older person to specialist services where required.
  - c. Aged Care Assessment Teams and Aged Care Services: Comprehensive assessment and care coordination for vulnerable older people.
  - d. Hospitals (acute care staff): Emergency and ongoing medical treatment.
  - e. Sexual Assault Services: Response to sexual abuse and care coordination.
  - f. Mental Health Services: Mental health issues and case management.
  - g. Guardianship Tribunal: Appointment of substitute decision makers and consenting to medical treatment for adults who lack capacity to make their own decisions.
  - h. NSW Elder Abuse Helpline and Research Unit
  - i. Christian Community Aid Service
  - j. The Aged-Care Rights Service
  - k. Older Person Legal Service
- The bigger issue for the elder from the subcontinent is lack of Communication skills, as a result they are unable to access services provided by agencies, as most of the elderly do not speak or read English.
  - Limited access to information due to not being able to read and comprehend information
  - Culture - Indian elders rarely seek help from govt or other agencies as it is against their culture to talk about personal and family matters in public. When spoken by AASHA reps with some Indian elders in their own language these are the words of some people “what is the point about talking to anyone, nothing will change. Instead it will create more problems and conflict in family.

Moreover we have to live with them. Where can we go? Who will take care of us? Our children are the only one who can look after us and we have to tolerate all kind of abuse. We have no money, friends, shelter and we live in a place where our language and food habits are different.

They take it as their fate and keep suffering in silence. Due to abusive behaviour by family members, elderly feel upset and sad, health degrades. At times they lose interest in life which turns detrimental: some even in extreme cases attempt suicide or pray to almighty for early death. Some attempt to injure themselves physically or mentally which brings serious health problems. In such families burden grows rapidly at both ends.

- Intergenerational issues especially Western and Eastern up bringing is different. This results in challenge for the agencies to respond to the specific needs of the subcontinental elders.

#### 4. The adequacy of powers of NSW police force to respond to allegations of elder abuse.

Based on the experiences of a health professional in the field, AASHA believes if a crime is suspected there should be a coordinated approach to any investigations or intervention involving NSW Police along with other relevant authorities. Report to the Police, regardless of the victims' views where:

- Serious injuries, such as broken bones, have been inflicted
- The perpetrator has access to a gun and is threatening to cause physical injury to any person



- The perpetrator is using or carrying a weapon in a manner likely to cause physical injury to any person to likely to cause a reasonable person to fear for their safety.
- An immediate serious risk to individual/s or public safety exists
- Workers/health professionals are threatened.

When a decision to report is taken to report to Police, the supervisor or line manager should be informed. When there is doubt as to what action to be taken, the supervisors or line manager should be consulted.

Government agencies and Ngo services can only work if elderly abuse is reported which cannot happen because Information gathered by AASHA and some other agencies and group by observation and talking informally to Indian elders identified several main barriers to use aged care and law enforcement to assist abused victims are:

- Lack of understanding English

Most of Indian elders spoken to were unable to read and understand information in English. It was worst for women than men. Only limited number of elders read English newspaper. Most of them read mainly Indian newspapers in their own native languages. The vast majority depends on print, radio, and TV information in their own language. Many of them feel that they would understand less than 20% of any information provided in English. The percentage is lower in areas like Blacktown and Sydney West as many of them come from Indian villages and are not educated.

- Limited Access to Information

Lack of understanding amongst Indian migrants about available services from Migrant Resource Centre, local councils and other agencies. Some of them have even approached Indian taxi drivers or other Indians in various religious places for information.

Secondly, lack of knowledge regarding the appropriate services to their needs.

Finally, they are dependent on others for their mobility to access these services.

- Lack of knowledge about available services

Poor knowledge about information from adequate sources results in migrant older people knowing little or nothing about aged care services. Some people have said they have been looking after their spouses and parents and in laws and know nothing about aged care services. Sometimes Centrelink provides little information. No one person could identify a specific aged care service organisation or government agencies that can provide help in elderly abuse.

Lack of knowledge about age care and police assistance. It is now more complicated due to lack of assistance to access MYAGE website

- Intergenerational Issues

Many young families take care of members without any type of assistance and have no knowledge or time to learn of what services are available for older people in NSW. This leads to frustration and ground for abuse.

- Choices and rights

Aging Indian migrant elders do not know about their choices and rights. Moreover, their wishes and needs are not always listened to or acted upon. These elderly are often confused about where to go or who to contact. Use of adult children as intervention and often many other translators who themselves have limited cultural sensitivity could result in miscommunication or even have more damaging implications.

- How well informed are Australian Migrants?

In short not well enough. Older Indians from culturally and linguistically different backgrounds will like to be informed about choices and their rights. They would like to be heard and consulted and being heard. Most people when spoken to said that they would like to learn about options in aged care by means of presentations, seminars and written material in their own language. Some would like to be informed by Indian newspapers, radio. Many will like to be given the opportunity to ask questions about issues important to them.

- Concern about angering the abuser and ruining the relationships e.g. family members as there a dependency in terms of financial, emotional and social nature.
- Fear of possible court appearance
- After reporting, lack of co-operation by the victim due to fear of consequences by their abusers and carers

We need to listen to the voice of elder people and find out their viewpoint. This will identify strategies that are most likely to help overcome the barriers discussed above. Such strategies include empowering elderly to access information through various means [presentations, publications, forums and radio programs] in their preferred language.

Enhanced communication is required so that migrant's elderly can benefit from aged related services that are available to all older people in NSW.

## 5. Identifying any constraints to elder abuse and Best practice

Elder abuse is recognised as a socially and culturally constructed phenomenon and is a global problem. Some of the finding by AASHA by observation, informal talking and stories shared by some elder Indians showed that elder abuse is a type of harm to older adults involving abuse by trusted individuals in a manner that results in harm and distress to older people. Forms of mistreatment include physical or verbal maltreatment, injury, sexual assault, violation, rape, unjust practices, financial wrongful practices or customs, offence; crime and or otherwise verbal aggression.

Some of the issues have already been touched in earlier points. There is a positive attitude from most educated people regarding negligence of elderly. Public awareness and attitude related to some common issues of elder abuse are poor, especially regarding physical abuse, intolerance towards demands of elderly, cultural influence, sexual abuse and reporting of incidents.

It is important to address the elder abuse, mistreatment, abandonment and negligence of older people, particularly in a community and culture where older people are dependent on care from family members.

Knowledge of family members regarding elder abuse, its causes and prevention will play an important part in prevention and intervention of elder abuse.

6. Identifying any strength based initiatives which empower older persons to better prepare themselves from risks of abuse as they age

Some of the initiatives that will empower and better prepare the Indian elders:

- Awareness to recognise abuse
- Inform them about their rights and choices
- Implementation of education programs regarding prevention and management of elder abuse to community level health care personal.

7. No specific submission

8. The possible development of long-term systems and proactive measures....

AASHA is now being approached by carers of elderly and we are observing there is an urgent need to take care of the carers' themselves.

## CONCLUSION

Awareness and information as well as education are important tools in preventing abuse and neglect. It is important to inform general public about various types of abuse and negligence, counsel and educate regarding the needs of older people, promote tolerance towards demanding elderly, how to identify signs and symptoms of abuse, from where they can get help and teach them that it is the responsibility of individual in prevention and reporting of elder abuse.

The social media can be helpful in this direction. Creating awareness regarding elder abuse and neglect and changing the attitude of public towards elderly may bring positive result in prevention of elder mistreatment. AASHA can assist in this by forums, seminars, newspaper articles, radio and contacting individuals if they desire.

## CASE STUDIES – Includes some group and individual examples

1. There has been many cases where elder person has been thrown out of house and they had to get shelter at Parklea Sikh Temple. From many years and more so in recent years

there have been many cases where the only place for them to go has been Sikh Temple as their families have abandoned them.

In the words of Dr Gurcharan Singh Sidhu, the founder of Sikh Temple at Parklea” there have been many cases where elderly had to go to various institutions provided by govt and non govt health organisations. These people are facing problems of unsuitable cultural food, loneliness, frustration, lack of communication, different values and spiritual beliefs, depressed and missing family and friends and find it hard to adjust and cope.”

2. Case of a widow where daughter and son in law took money from her net banking account as they had the password. Refused her to see her new born grandson unless she paid them money. Abused her on phone, text messages. In the end when she gave up and even agreed to buy a unit along with son in law’s but loan is on her name. What will you call this?
3. Story of 82 years old couple .Many years ago decided to buy house in north shore before son got married. Now the husband has Dementia, wife has many medical problems and has limited mobility and uses pusher to move about around house. She is the sole carer for husband and looks after his basic needs. Both of them stayed home most of the time except when community volunteers took them for medical appointments, shopping and to temple on Sunday. AASHA members convinced and helped the husband to go to Day Care centre for twice per week. The couple cook for themselves and in the evening take food to their room and heat in microwave and spend time in their room. The family does not show any interest in their medical, social, emotional or financial needs. Even after all this they do not want anyone to know what is happening to them and in their family as they feel ashamed to talk in public about their children.
4. Another couple looked after son and their family and even did babysitting for grandchildren and also put money and human resources to establish business for daughter in law. Once son’s family got financially stronger, grandchildren grew up and convinced to sell their house and they bought house in son and daughter in-law’s name. Later threw them out of house and they ended up in a small unit living by themselves and younger daughter visits them. Both of them are over 80 years of age and have many health issues. Wife had heart bypass surgery as well.
5. Many elderly people come to our seniors meetings and picnics. When talking to them in friendly informal setting it is found that
  - A. As new elders migrate to Australia and start getting social security they open bank account in join names with family. The children take out all the money and these elders do not see or know what they are getting. Even with single name bank accounts family gets the pin number and take money from their account. This is growing issue within the elder community.
  - B. When there is a couple and they have more than one child here. Children ask them to split up so that one parent stays with one child and other with the other child. Often daughter in laws find having parents living with them a burden. Not only that they ask them to keep changing their living places from month to month as it becomes too much for family.

6. Many stories are there in the community and have been shared .Often elders are convinced by their children to sell all their assets in India and come and live with their children. Due to love for their children and grandchildren and aging health issues they sell everything and bring money to Australia. The children take money buy property and other things in their own names. Later mistreat them and elders have nowhere to go. Then they feel unhappy, helpless, depressed, angry and agitated. Some of them will talk about it but others suffer in silence.
  7. Another lady shared her sad story. She is a widow and lives with two sons. Two sons bought double story house and each one lives independently on each floor. Now mother who is 79 years old has no floor or space for her. Family fights that she should be shared equally. So every month she moves from ground floor to first floor along with her stuff because this decided by family as it is too much work for the one who has to look after her. She even has to look after the grandchildren after school and holidays as both sons and their wives work. She feels sad, helpless and has many age related health issues as well, including knee and weight problems. Climbing stairs is not easy for her.
  8. There are many more real people and real stories where elders are abused either by direct or indirect abuse. Even in educated section of the community there is emotional abuse by family. Elders are not respected, ignored, not spoken to or verbal chat back, undermining their opinion, values, traditions and made to feel worthless and ignorant as they are not able to go at the pace in technology as the young ones.
  9. Many stories of elders send to nursing homes where they are facing food, language issues and family rarely visits them.
  10. One elderly lady in a nursing home, with very supportive family. She herself was awarded and recognised for looking after elders during her entire life. She now have to 'indianise' the nursing home food, by reheating the provided food with Indian spices to suit her cultural palate.
  11. An old man in western Sydney nursing home completely abandoned by his family and was totally isolated socially and culturally. This became very evident he welled up as he smelled the mangoes brought to him by a friend while visiting.
- These are just few examples but there are many, many more and even serious incidents of elder abuse. This submission due to limitations of time and resources only looked on the surface of the degree and nature of abuse experienced by the elderly in family. There is also elderly abuse in intuitions. We are already in the category of 'greying nation' and these issues need to be addressed. This submission has limitation of data and resources and hence had to rely on past research and current contacts in the community. The abusive behaviour towards elderly is against the human values .Timely intervention of policies and imperative measures are utmost important to overcome the concern else there would be a great loss of human resource.

### **Contact details at AASHA:**

Bijinder Dugal:

Director & Coordinator AASHA, Vice President AHIA

Dr Rakesh Sachdev:

Director-AASHA