

Submission
No 15

INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Name: Ms Carolyn O'Callaghan

Date received: 12/11/2015

Partially Confidential

11 November 2015

Members of the Elder Abuse Inquiry
Standing Committee 2
Parliament House
Sydney 2000

Dear Committee Members,

Enclosed is my Submission on Elder Abuse.

I would like to appear before the Committee to clarify any points, mainly relating to the two personal cases

I have no objection to my submission being printed with my name, but until Case 2 is resolved, I don't want my name or personal details exposed to the media.

All personal details are confidential.

I apologize for any 'lack of polish' in the submission, but writing it is physically and emotionally draining.

Yours sincerely,

Carolyn O'Callaghan

Enclosed: copies of:
Government pamphlets
Newspaper article 2008, 2013
My letter to Medical Ombudsman

My Submission deals with a few areas that need to be addressed and understood.

- (1) I begin and conclude with the government's previous lack of confronting and dealing with Elder Abuse, though it provided pamphlets suggesting it did.
- (2) Mental and Emotional Abuse are just as, or possibly more than, damaging than physical abuse, and are the forerunners of it. They need to be taken as seriously as physical abuse. Police need to be educated re this, changing their attitude, and being given powers to warn or detain perpetrators of this abuse
- (3) I attempt to explain emotional responses to abuse and the brains' connection to disturbing situations – 'no freewill'
- (4) I present a few cases in which the victim is known to me (fictional names)
- (5) Emotional and Mental Abuse in state hospitals by medical staff – my personal traumatic experiences
- (6) A number of Government Departments' refusal to deal with hospital abuse.
- (7) This is similar to the Churches and Government Children's Home refusing to acknowledge that child sex abuse occurred, though they knew it had, and stoutly refused to investigate it, as are the government departments I have contacted re my abuse.
- (8) Why are they refusing – fear of the power of the Medical Profession? Or because I am a Senior, who has presented a unique, difficult case?

A Government Pamphlet 'Legal Aid Legal Issues for Older People' published prior to 2012 lists over 15 conditions which constitute 'Elder Abuse'. It also states 'You May be Entitled to Compensation' and 'You Don't Have to Deal with It Alone'

This is a propaganda pamphlet, pretending Government Departments were concerned about the well-being of senior citizens.

The Reality is that the abused do have to deal with it alone. They are alone with thier thoughts every night and most days. Any counselling is of short duration and term.

It appears that some Ministers and Government Departments are unwilling to accept responsibility for serious, complex issues that are really under their umbrellas, and pass them on to others.

Elder Abuse is an example of this. As all abuse occurs somewhere, each relevant department can forward it to another one, stating that the other is more appropriate than theirs, without investigating the abuse.

Eg. An elderly man attacks his elderly wife – elder abuse or domestic violence? – no bruises? No action. I have letters from Ministers supporting this statement.

What is Elder Abuse?

Violence takes many forms – bruises, black eyes and broken ribs are physical indicators, but even more severe are the mental and emotional abuse which have much longer lasting effects, and which appear to be not included in media releases on Domestic and Elder Abuse. Until these are acknowledged and recognised as the pre-runners to physical abuse and appropriate measures taken by authorities to prevent them, this social problem of violence towards the vulnerable will remain.

When the media report Elder Abuse, it is usually in connection with private Nursing Homes, or greedy younger people wanting a senior's property, money or valuables.

However, much Elder Abuse occurs in NSW Hospitals by nurses and doctors. This is rarely made public, for the authorities set up to ensure all people are well treated, refuse to even do an in-depth investigation of any received complaint.

It is important to be aware that different cultures have different perspectives of right and wrong. Middle Eastern culture accepts FGM and child wives, which are abhorred by Western cultures. Another little known Middle Eastern practice is that if a woman displeases a male for any reason, he may send her to a psychiatric hospital, declaring her to be 'uncontrollable' and 'mad'. This is **abuse**. This form of punishment is used so she will never be believed when she speaks of his demands and verbal abuse, and she will just be considered delusional. When the psychiatrist finds no evidencet she has a mental disorder, she is released, but retains the stigma of a psychiatric admission. This is now practiced in Australia, along with FGM and 'religious' Paedophilia, especially on older women. Due to the very nature of the problem, it is difficult to determine how widespread it is. It is important to investigate this cruel culture.

It is important to be aware of types who become abusers, as well as the working of the brain. A high percentage of abused children become abusers as adults, not because they liked being abused, but because this behaviour was subconsciously instilled into

them as being acceptable, by their role model. This does not excuse abusive behaviour, only explains it in some people.

Others have Personality Disorders – a desire for power; or a cruel streak, deriving pleasure from others' pains; or complexes that cause them to 'put others down', allowing them to feel good about themselves. There are also the 2nd handers who inflict pain because they are ordered to, by another in a higher position/ pecking order. The "everyday person" isn't an abuser, but may occasionally inflict pain due to stress or thoughtlessness. They are always sorry afterwards for the distress they caused. Abusers are never sorry or remorseful.

Abusers shouldn't be judged by the same standards as "everyday persons", because of their different mindsets.

In the Dock, an abuser may pretend remorse to achieve a light or no sentence. Saying 'I'm sorry for pushing the old lady down the stairs,' doesn't bring her back to life.

Why give a reduced sentence for "Sorry", whether genuine or not. Similarly being under the influence of alcohol or drugs should not incur lesser gaol time. Abusers are street clever, and when cornered always appear charming and contrite.

Mental and Emotional Abuse.

When I was a child I was often told "Sicks and stones will break your bones, but words will *never* hurt you." Every adult and child knew this 'truth', which was often chanted in verbal fights, when insults were being hurled. It appeared to be part of the culture. Now we know that sticks and stones cause physical damage that will soon heal, because of the body's self healing abilities, but words cause more damage that may never heal, because healing the mind and psyche is very difficult, for it doesn't heal itself, but needs a great deal of assistance if this is to be achieved.

Studies on children have shown that those who were praised and encouraged regularly and continually performed well throughout life. Those who were criticised were average in performance and attitude, Those who were ignored rarely achieved much in any field – relationships, jobs, hobby satisfaction.

Therefore being *ignored* is a gross form of abuse.

As everyone knows what insults are, and what 'putting down' is, I will not compile a list of such words and phrases.

Continual emotional abuse leads to a low self esteem, making it easier for the target person to be victimized by others, who may be unaware of the victim personality. With being 'put down' and ordered to obey mercilessly. ***Depersonalisation*** can occur.

Being Depersonalized

When in this state, victims feel only that they are 'nothing', colloquially 'a waste of space' and totally worthless to others. They fear to speak to others, and retreat into themselves becoming unresponsive, and where possible reclusive so they don't have to intrude or be nuisances in the lives of their friends or loved relatives. They do feel the pain of rejection, even if the rejection is self imposed. Other people are not aware of this acute state of non-well-being because victims do not reveal any deep feelings, and say they're OK if questioned, because they don't wish to cause concern to the questioner. They feel pain that they can't speak about their real feelings but to do so would be to assume they were worthy of being listened to, which they know they are not. To arrive at this debilitating social state, much mental and emotional abuse has occurred and victims are convinced by the actions and words of abusers that they are deemed to have no personality, feelings or rights, that they are blank pieces of bones and flesh to be bullied and must obey orders without comment, as any divergence

leads to more contempt, bullying and verbal abuse to the worthless liabilities. A 'nothing' is human flotsam to be bullied or ignored until eradicated. Every victim probably has other feelings, but all feel *worthless* and stupid, because they've been told that many times, and therefore must be, to be in their present situation.

In 2013 34 people killed themselves in psychiatric hospitals, and I hypothesise that many of them did so because they were depersonalised by hospital staff. The patients had problems, which were possibly exacerbated by uncaring, bullying staff. Other patients have committed suicide soon after release or on leave.

Emotions.

It is essential that more than 'lip-service' is applied to individual differences. Too often people say: I wouldn't put up with that! I would have said/ done...; why didn't you....? substituting their own personalities for the victim's. Or : he let it happen to himself, no-one else is to blame; if she couldn't see what was happening she deserves the bad consequences; ad infinitum.

The poet John Keats wrote in a letter in 1819: "Nothing ever becomes real till it is experienced – even a proverb is no proverb to you, till your life has illustrated it."

An ancient Chinese saying states: "I hear and I forget, I see and I remember, I experience and I understand."

The amygdala in the brain, is responsible for the creation of emotions and the memories they generate. It is close to the hippocampus which converts short term memory into long term forms. They are both located in the temporal lobe, as is the thalamus, which is the 'control tower' of the senses, processing signals from all over the brain. It takes years for a short term memory to become a long term one except for exciting, happy events and *trauma*, when more brain chemicals are released and the connections fire more rapidly than normally. This results in Post Traumatic Stress Disorder (PTSD), where events are continually replayed, and prevent adequate sleep.

People are a sum of their experiences and their reactions to them. They do not control their autonomic nervous system, nor do they control the hormones and other chemicals released into their bloodstream. Eg Skydivers get an adrenaline surge, serotonin and 'a buzz' when doing a dive. Others are unable to stand on a windy cliff top, because of the fear and related chemicals circulating within them.

People have **no free will** for the release of emotions. They learn control over expressing them, what is appropriate and what is not. This can't always be achieved.

Why do some politicians sometimes behave like unruly kindergarten children, shouting, interrupting and waving arms vehemently? Some may be acting to gain attention, but others may be genuinely disturbed which releases chemicals causing unprofessional behaviour. They may be hungry with low blood sugar levels, or fatigued or may have anxieties about their families. Their behaviour doesn't indicate that they have psychiatric disorders.[Relevance relates to my Case 2]

Post Traumatic Stress Disorder

Most adults would have experienced PTSD during their lives, perhaps only for hours or days, when events continually replay - "Did I say the right things at the interview?" Severe PTSD can last for many months and years. Characteristics = repetition of offending scenes and circumstances, preventing sleep, and when sheer exhaustion allows a light sleep, it may only last for less than 2 hours, despite extreme tiredness. The sufferer wakes to the same replay, which has begun while they are resting. Lack

of sleep causes many problems – fatigue, loss of concentration, possible confusion, amnesia, so from PTSD many ailments arise. Daily life is difficult. Anything can be a trigger to replay the events which refuse to be submerged. There is no escape.

Well-meaning people say: Just forget it; Don't think about it; It's OK, worse things can happen; You need to have positive thoughts; Think of something happy.

People have **no free will** over their thoughts either. A thought just 'pops into your head', unbidden. Many great inventions started this way.

Just as emotional expression is learnt to be controlled, so too people learn not to vocalize their PTSD thoughts, but that doesn't mean they don't exist to continue haunting them, day and night, week in, week out, month after month and year after year. No one can dispel these thought until the perpetrator of them has been brought to justice (which at present is almost non-existent in present day Australian society).

[Check the pitiful sentences handed out to killers, especially of the elderly.]

GPs and psychiatrists prescribe tranquillisers and antidepressants attempting to alleviate the suffering and quell the thoughts. The medication may assist in some ways for the victims to function marginally better, but the thoughts are not eradicated. Many won't take antidepressants due to their addictive quality. Sleeping pills which may become addictive, are a lucrative industry. If these drugs solved the problem of trauma, fewer would be needed.

No-one can accurately judge the damage done by abuse to others, because they 'weren't wearing the others' shoes', with their background. Hearing many stories and/or having a similar experience may give a glimmer of understanding to others' traumas. Empathy is needed.

Trauma doesn't have to be physical, such as being in an accident or war zone, to have devastating effects, but may be caused by necessities of downsizing to a Retirement Village or Nursing Home, or the death of a loved friend or relative..

Verbal, Mental and Emotional Abuse and **Violence** cause trauma. The effects of trauma cause stress, and it is well documented that stress can cause serious physical problems such as arthritis, asthma, cancer, heart problems, fibromyalgia and insomnia. There are probably more children, teenagers, adults, seniors and the elderly who are mentally and emotionally abused than there are who are physically abused.

Therefore investigations into Domestic Violence- bruises, black eyes and broken bones- and Elder Abuse – tying old ladies to toilet seats for hours- is to ignore and gloss over the root causes of physical abuse. It also demeans the trauma caused by mental and emotional violence to the vulnerable.

Stories of Non-Physical Abuse I've been told

Nursing Home,

(Personal Observation)

For a few years at the beginning of this century, I delivered books for Library, regularly to the Nursing Home in for patients. It was a most depressing environment with a TV showing inappropriate programmes continuously. I mentioned this to staff, who shrugged - and said 'They don't care'. How would she know? Interesting shows may provide some stimulation, for these mainly 'living dead' who had retreated into their own world. Another time I commented that the very strong coffee they were being given could not be good for their health, and received the same response. I see this as social abuse - patients being charged to be ignored for most of the 24 hours, and receiving drinks not beneficial for them. The book borrowers usually remained in their own small rooms, avoiding the TV.

This use of TV is common in hospitals and nursing homes, but is not beneficial.

THELMA

Thelma, a single, childless lady, now in her mid-seventies, lives in , where she moved after retiring, to look after her sick, elderly mother. She previously lived in her home. She let this to a friend, Sonia, for less than the market rent. Now, many years later Sonia has had no rent increase. Thelma has sibling who are the beneficiaries of her Will. This year, 2015, Sonia has asked Thelma to put a clause in the Will, for her, Sonia, to remain in the house, without a rent increase for the remainder of her life. As she is younger than all Thelma's siblings, only their children will benefit if Thelma acquiesces. Currently Thelma's health is not the best, and her funds are dwindling. Her savings would entitle her to a part pension, but being a property owner she's not entitled to that. Thelma lives a lonely life in reduced circumstances to what she provided for herself when younger and active.

If Thelma did get the courage to put the \$million property on the market, Sonia has the *law* on her side, because Thelma did not require her friend to take out a contract when she moved in. To get Sonia out could take many years, much money which she doesn't have, and with all the stress a deterioration in her health.

Sonia meanwhile is having a very enjoyable, luxurious lifestyle at Thelma's expense. **The laws need to be changed, regarding dwellings and contracts.** I am sure there are many similar type cases as this, with the kindly person becoming the victim of a greedy, selfish abuser. I am sure Thelma suffers from PTSD as she worries daily how she is going to manage and the conflict of interests between her siblings and Sonia.

JERRY

Jerry was 70 with multiple health problems, causing him to look like a dressed skeleton, with his cavernous eyes and immovable neck, as well as metal knees. He accepted his lot, but he became depressed for no apparent reason. He wondered why he was living and thought of all the benefits to his ex-wife and daughters if he died.

He is a sociable person, belonging to senior groups, attending functions and playing Bridge. He didn't enjoy anything, but no-one was aware of this as he always appeared smiling and positive.

His 3rd storey unit at _____ had been perfect for him, with a view of the park and foreshore, but the stairs became difficult. He decided he would move in a year or so. He spent months just looking to see what was available, and expectations of value for money. He also looked in the Central Coast where a friend, Bob, lived. He was not looking to buy, that would come months or years later, now was an assessment time, which reduced his depression while out. At home alone, he was still in a 'black hole'. In July 2013, he visited Bob, and amused himself going to Open Houses. At the last place of the day, the friendly Real Estate Agent suggested Jerry take a contract just to get an idea of things, and to come back the next evening to watch an auction in progress, for Jerry always asks many questions to get every minute detail of everything. Early the next morning he phoned his Bank Manager and Solicitor, to ask more questions and told them he was attending an auction that evening. Both told him emphatically not to even think about buying, each giving their reasons. He assured them he had no intention of buying, as he didn't like the property, as it was unsuitable for him in every way. He was phoning in case he saw his 'dream home' while there. At 5pm Jerry and Bob arrived at the house to be auctioned. There were a number of people, and soon the auctioneer was asking for opening bids. Silence reigned. He repeated himself, and still no bids. The real-estate agent spoke quietly to Jerry, and asked him to make an opening bid, as others were shy to start. Being a friendly helpful person, Jerry nodded and smiled and made a low bid. Despite the auctioneer's positivity and urgings, there wasn't another bid. Again the agent spoke to Jerry, asking to improve the bid, giving a reason. Jerry shrugged - he had nothing to lose by helping so he bid another \$20 000. The auctioneer was pleased and called for more advances. Finally, 'Congratulations! Sold at a bargain price to the gent in the blue shirt!', pointing in Jerry's direction. He looked around and the agent approached him, saying, 'OK, come down here and we'll fix up the paper work.' Jerry went into shock, and in a daze did as he was ordered to. Bob was mute. Everyone is aware that the RE agent acted illegally— how many others has he conned?. Jerry phoned his solicitor who said he had to go through with the sale of the isolated house at _____, which has nothing he wanted and was tricked into buying. Jerry's agony continued in many ways, and now added to his depression was acute shame that he had been tricked. He was no longer sociable and fear of others took over his life. He believed he was worthless and stupid. He suffered PTSD with acute insomnia. He was prescribed antidepressants, but was fearful of taking them regularly. How many others have fallen prey to this unremorseful Real Estate Agent as he chose the most vulnerable looking person for his victim?.

BETTY

Fran, aged 60, a casual night nurse, having retired from her senior position, was headed to the office to sign off one winter's morning when she heard loud sobbing from a room in _____ Psychiatric Unit. She saw an elderly patient sitting on her bed and asked why she was upset. To her amazement, Betty cried, 'I don't want to have another cold shower.' Fran managed to piece together the story of *abuse by neglect* that had occurred. When admitted six days previously, she had not been shown how to use the shower taps to adjust the temperature of the water. She'd had five cold showers, and now her *emotions* took over and she couldn't do it again. She repeatedly said she feared the nurses and didn't want to be a nuisance or trouble them. Fran comforted Betty, and slowly showed her how to operate the shower.

Questions: (i) Why didn't staff ensure an elderly patient knew how to use 'new fangled' shower taps, and any other relevant equipment? The staff were neglectful and sloppy, lacking a 'duty of care' to the elderly. Though not deliberate, it is abuse.
(ii) Why did Betty fear the nurses? I hypothesise that it wasn't part of her condition, but because of the nurses' attitudes, making her feel inferior and worthless?
(iii) How many nurses walked past the room where Betty was crying, ignoring her?
(iv) s How many other elderly patients to that ward have suffered similarly?
(v) How widespread is *abuse by neglect* in psychiatric hospitals, where if mentioned to authorities, is brushed away, labelling the patient as 'delusional'? They can't win.

YASMINE

In the late 1960's, I took a break from high school teaching to further my own education by being a nurse in Psychiatric Hospital in the Admission Wards. One night, a late middle-aged Turkish woman was brought in, shouting and occasionally screaming by her husband, who said she was mad and uncontrollable. He filled in all necessary forms while the staff took care of Yasmine, giving her an injection to quieten her. She spoke very little English and in her distressed state even that was difficult to understand.

The next day with the help of an interpreter, she told the doctor that she had upset her husband, who said she was 'stupid and mad, and mad people had to go to a mental asylum'. He had overpowered her and bound her wrists and ankles, put her in the car and driven to Rozelle. When brought in she had been shouting in Turkish that she was not mad, but her husband was for doing this.

The doctor could find nothing wrong with her and she was discharged immediately to return to her abusive Middle Eastern husband.

VERA - a relevant story re culture.

In July 1970, one of my close friends married a charming Egyptian man who was in Australia on a student visa, after knowing him for only about nine months. A month after the Registry Office Ceremony he informed her he belonged to the Muslim Faith and wanted her to join it, and abide by its laws and traditions. He insisted that she obey him in everything, putting her car in his name (which she did) and handing over her wages (which she didn't). He began sleeping with a sharp carving knife under his pillow in their bed at night. He kept the knife with him at all times,. Vera soon became afraid of him, because of his verbal and emotional abuse, and rough sex demands, which were not related to love. She left him about seven months later. He visited her siblings and friends looking for her and telling all that Vera was 'mad' and should be in a mental asylum to get help. All knew he was lying..

As Vera had taken her car with her belongings to escape, he reported it as stolen to the police whom he also told that she was 'mad' and wanted their elp to have her committed. She was ordered to give him her car or be charged with theft.

Since she wasn't 'mad', though distressed, she avoided his chosen punishment of being sent to a psychiatric hospital for disobeying and leaving him. He achieved one thing he desired – Australian Citizenship, without a long residency, and the freedom to go to America, which he desired, but could not travel there as an Egyptian.

MY PERSONAL EXPERIENCES

Carolyn O'Callaghan

CASE 1 - Child/Elder/Domestic Abuse and Violence, occurred after Case 2.
Thinking about personal traumas is emotionally disturbing, therefore little detail given.

On 25/12/14 I phoned the police who came to view the damage and make a report.

I am much disturbed by the *Police Attitude*.

Police could take charge sheets with them to call outs, and the offender not given time to threaten and abuse the victim further. Abusers could also be given **on the spot fines**. It's ridiculous that people receive a \$90 fine for overstaying in a parking meter, even for 5 minutes, but abusers receive no punishment at all..

When I was told I wasn't charging him, he sent flowers with a note that reads:

Sorry for the trouble. As if!

It took my Myo-Bowen therapist 4 sessions (2 months) to remove the pain in my left shoulder which was like having a screw driver continually twisting into it. He explained that stress had disturbed the nerve endings. It was months before my body improved, and longer for my emotions to settle.

No, I've spent an entire year in isolation, unable to make arrangements to meet friends because my fibromyalgia pains are so severe, I can't risk going out.

Attitudes towards **emotional violence** must be seen for what it really is - long, long term physical damage. Typing this Submission is causing me much physical pain.

Mental and Emotional Abuse by Medical Staff at two NSW Hospitals in 2010

As this is very complex and multifaceted, involving many aspects of Society, I would like to attend a hearing to present proof of this case to the Elder Abuse Inquiry. Because the complaints are about many people in many different areas, I am presenting Case 2 in points, to reduce reading time.

- **Policeman** about my son's age was unsympathetic, didn't believe me and was emotionally abusive, upsetting me very much ('no will' emotional response)
- **Need for Police *change of attitude towards emotional abuse***
- **Policewoman** called ambulance to check my B/P – slightly elevated
- **I consented to voluntarily** attend the Hospital for B/P monitoring and to see a social worker
- **Before** seeing the doctor over an hour later, I told staff 3 times I would leave as I was OK, and needed food as my blood sugar level was dropping and I had other things to do.
- **Twice** they brusquely ordered me to sit down,- contravenes 'your hospital rights' - and the 3rd they ordered me to give them a urine sample
- **I agitatedly told them I desperately needed water and food**
- **A young nurse** appeared with orange juice and a cold sandwich at the same time as _____, whom the nurse told me was the doctor
- _____ said "I am the doctor". I apologised for eating explaining my hunger and drop in blood sugar
- **Repeat of above point**
- _____ said a 3rd time, 'I am the doctor, and I repeated my need for food.
- _____ left the curtained cubicle, having spent less than 3 minutes with me
- **I finished eating; I told staff I was leaving**

- RN insisted I couldn't [*against hospital rights*] as
 - was arranging for me to be sent to Psychiatric Hospital because he said I was bi-polar
 - I objected; RN arranged a cc interview with staff
 - ***I phoned my sister, then a NUM at Psych Hospital, who spoke to RN confirming my statement that I had *never* had a psychiatric disorder
 - RN's notes state: This information passed on
 - Interviewers, Dr and Nurse agreed that I wasn't psychotic and didn't need to be admitted
 - was determined I should be, so phoned them, while I was left alone in the ED ward, saying I was dangerous and even needed a police escort
 - When they said they'd take me, wrote 'no need for police escort'
 - ordered I take Risperidone, a dangerous antipsychotic drug
 - I arrived at at approximately 11pm
 - ***By eating a sandwich, I displeased a Middle Eastern male (not showing due respect?) who was in a position to implement his culture by sending me to a psychiatric hospital for punishment
 - *** I had eaten nothing nutritious since 7.30 am; I was not given an evening meal; I was given no food till 8.45am 15/4/10
 - *** This contravenes Human Rights Treatment for prisoners
 - gave me a competency test (result 31/31, despite being traumatised, starved, dehydrated, forcibly drugged and fatigued after 11.30pm
 - ordered me to sign the Voluntary Admission form, threatening me with police action if I didn't
 - Staff nurses went through my handbag without my being present
 - 15 April 2010 - Blood extracted roughly without consent – Contravened Health Laws (Bruised arm and need for physiotherapy for shoulder)
 - staff were rude and abusive if they spoke to me, especially male nurse ; Otherwise I was totally ignored
 - Food mainly cheap, chemical laden & inedible = abuse to physical wellbeing
 - I saw , psychiatrist, 5- 5.45pm
 - He agreed I had no signs of any psychosis and could leave
 - Nursing Staff refused this because I was a senior – age discrimination;
 - Contravenes Voluntary Admission status, Hospital Rights and Human Rights
 - 16 April 2010 -Humiliated by transport nurse – handed over to coach driver
 - I was not provided with any food for the trip, which meant I was deprived of sustenance from 9am till after 2pm
 - I landed in this situation because of my low blood sugar levels, and this condition was being forced on me by hospital staff for the second time.
 - *** Staff claimed they prevented me from leaving because of *duty of care!*
 - ***ALL living in Australia are expected to have '*a duty of care*' to many others- parents/children; teachers/students; train drivers/passengers etc so using this phrase to *justify abuse* is not acceptable
 - FGM and 'nuptial blessings' to paedophiles is ME parents' '*duty of care*' to ensure their daughters do not become promiscuous
- I was terrified of staying because I didn't know if another malicious person would think of a reason to keep me there. I was aware that one emotional word of disagreement could be translated as being 'aggressive'. I repeatedly told them my

fears of remaining, until staff threatened if I made a 'fuss', I'd be kept there over the weekend, until I saw the doctor again on Monday, 5pm

- I also needed healthy food and drink.
- **By the time** I was on the coach, I was *completely depersonalised*
- **Depersonalisation and PTSD** lasted for years (still have PTSD)
- **July 2010** – I reported this hospital abuse to my doctor who was appalled
- **September 2010** – I applied for my hospital files
- **October 2010** – I read files - more distressed - over 100 errors, and libels
- **Libels and defamation include** Ⓜ
 - (i) *my parents' drowning deaths was a psychotic episode*
 - (ii) *I was delusional*
 - (iii) *I was bi-polar*
 - (iv) *I had a history of bi-polar – though there's no record of it*
 - (v) *I was dangerous to self and family*
 - (vi) *I didn't always take anti-psychotic medication (never prescribed)*
 - (vii) *I have an IQ below 70, and can't function without supervision*
- **2011** – **Began** analysing the files and composing letters, detailing all abuse, naming the doctors and nurses responsible. This took the entire year as my fibromyalgia was now much worse. I remained depersonalized with PTSD
- **April 2012** – **Began typing letters**- a physically, mentally and emotionally painful occupation
- **2013** – **I sent comprehensive, detailed letters** to relevant NSW Ministers, Government Departments and both hospitals, providing proof that I had *never had a mental disorder* and my IQ is well over the average
- **I also provided file extracts** showing malicious lies and others' lies
- **All except the Minister for Mental Health** forwarded them to Health Minister, Jillian Skinner, who did not reply or undertake an investigation
- **Neither hospital** even acknowledged the letters – contravenes Hosp. Rights
- ***** Due to the libels, lies and errors**, I requested an *evidence only investigation* for I knew the doctors and nurses would 'need' to continue their lies to protect themselves and their positions.
- **This request wasn't granted**, nor were all the abusers included in 'investigations', [some being Dr -late night tests/threats; Dr and =rudeness in speaking when I was, in the cc interview, and libelling me in their notes] and nursing staff lied as I'd expected. They had created the situation, so needed to defend themselves
- **Only the Minister for Mental Health**, undertook a minor, superficial investigation – interviewed. He said I was agitated. I was due to low blood sugar levels caused by hospital staff refusing to consent to my leaving.
- **My agitation was low level**, much less than politicians display in The House
- was believed, and his slander and libel of me was not addressed
- **It was recommended** a senior nurse be appointed to help reduce file errors
- **This acknowledges** there were **many file errors** but did *nothing* to rectify all errors in the file with my name on it – **that still stands as the truth!**
- **Later 2013, dissatisfied** that all complaints were not investigated, and that had continued his slander and libel, I requested the HCCC to investigate.
- **of HCCC** told me 'Doctors can say whatever they like' I had little hope for her findings Spoke to - not at fault

- **I requested a review, emphasising it to be *evidence based* and *to include all abusers, as well as***
- **This wasn't done by** , who spoke to with the same results
- **The 'investigations' by the HCCC** were more superficial than those of the Mental Health Dept, because file errors weren't addressed
- **2015 I wrote to the NSW Medical Ombudsman** requesting an *evidence based investigation into my case*, and that the HCCC be charged with *perverting the course of justice* because the employees were not doing their job thoroughly and were allowing abusers and incompetents to continue working. An ABC 7.30 programme presented an elderly couple who were upset by having their claim of a surgeon's damage to the man's spine, causing him more pain after the operation than before, dismissed by This represents two more cases of Elder Abuse in hospitals and by HCCC
- **The Ombudsman declined** an interview or to look into my case
- **It is most distressing and disturbing** that Public Service personnel, especially those in high positions appear to fear conducting thorough, conscientious investigations into complex issues, especially those that concern the medical profession and those born outside Australia.
- **For nearly 6 years** I have been dealing with this emotional abuse *alone*.
- **Since 2010** I have noted, from various sources, hospital errors, sloppiness and abuse by staff. It is endemic and little justice is ever given to the many victims
- **Rudeness to the elderly** is never reported, but I've been told of many incidents, including two of 'being forgotten' in specialists' waiting rooms Disrespectful hospital staff to seniors include receptionists, nurses and doctors.

All who replied to my letters addressed me as an intelligent person with the ability to read. This indicates they do not think I am 'mentally retarded' and therefore indicates that they agree there is at least one libel in the file. No-one has suggested that this should be removed. Nor being aware of one libel, have they been prepared to have an evidence based inquiry, to ascertain if there are indeed others. This really amounts to Elder Abuse by government departments.

Are my descendants to find medical files indicating that I wanted to be admitted to a Psychiatric Hospital, and that I was bi-polar, a genetically inherited disorder which they may fear is also in their genes (which it isn't)?

I request that the Committee into Elder Abuse recommend a full scale investigation into Elder Abuse by all staff in all hospitals. (I believe the majority are caring people, but those who aren't, are giving the profession a bad name)

I also ask that the Committee request the appropriate authority to conduct an in depth, evidence based investigation into all my complaints against the two hospitals that have caused my physical and emotional painful life for 5 ½ years.

My case is worse than those of Cornelia Rau and V. Alvarez-Solon, who both did have psychiatric problems, and were wrongly incarcerated accidentally.

I was deliberately illegally incarcerated and starved by a malicious Middle Eastern male whose writings show a low level of literacy.

This ME punishment for presumably not showing respect for the doctor status, has been very effective for him. The punishment continues daily.

Not one government employee appears to believe that I have never had a mental disorder, even though I have provided doctors' statements that I haven't, because no one will thoroughly investigate my claims. The idea of sending the offending female to a 'mental asylum' is to make sure no one believes her statements, and it is very successful.

Only three relatives and a few friends know about this evil experience I've had, but I've told a few others that there is an electronic medical file on me which states I'm 'mentally retarded'. All are appalled, saying 'that's bizarre'!

Years ago, females had great difficulty in achieving a conviction for a rapist, because of the many lies the males told. Most rape allegations didn't even get to court, the police were so sceptical, and 'could the case really be proved?'

Now DNA and not having to appear personally in court allows rapists to be prosecuted and convicted.

The Middle Eastern attitude to rape victims is that 'their mode of dress invites males to attack, rape and injure them'. The males are 'innocent' of any crime.

I think that 'sending displeasing women to psychiatric hospitals' is possibly widespread in Australian ME culture, and the women have no way of getting justice, so must always be obedient to their abusive husbands.

As stated previously, I am fighting this 'punishment' and the terrible treatment I received in _____, because I feel a responsibility to all seniors who may receive a like 'punishment' and for every patient who enters _____, for they won't be believed if they complain, because most will have a mental disorder. Staff dismiss any criticism, declaring the person was/is delusional.

If I don't take up this challenge who will? – the downtrodden women or real psychiatric patients?

I hope and pray that Elder Abuse Committee Members will have *courage* to take over from me, to help prevent further abuse in hospitals, and also in the ME community.

I would like to appear before the Committee to prove my integrity and answer questions.

Carolyn O'Callaghan