

# TRANSCRIPT

## LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

### **Inquiry into capturing data on family violence perpetrators in Victoria**

Melbourne—Tuesday 6 August 2024

#### **MEMBERS**

Ella George – Chair

Annabelle Cleeland – Deputy Chair

Chris Couzens

Chris Crewther

Cindy McLeish

Meng Heang Tak

Jackson Taylor

#### **WITNESSES**

Professor Bianca Brijnath, Director, Social Gerontology, National Ageing Research Institute;

Ben Rogers, Acting Chief Executive Officer, Council on the Ageing Victoria; and

Avital Kamil, Principal Lawyer, Seniors Rights Victoria.

**The CHAIR:** Good morning. My name is Ella George, and I am the Chair of the Legislative Assembly Legal and Social Issues Committee. We will now resume the public hearing of the Committee's Inquiry into capturing data on family violence perpetrators in Victoria.

I begin by acknowledging the traditional owners of the land on which we are meeting, the Wurundjeri Woi Wurrung people of the Kulin nation, and I pay my respects to their elders past, present and future.

I am joined today by my colleagues the Deputy Chair and Member for Euroa Annabelle Cleeland, the Member for Mornington Chris Crewther, the Member for Eildon Cindy McLeish, the Member for Geelong Christine Couzens, the Member for Bayswater Jackson Taylor, and the Member for Clarinda Meng Heang Tak will be joining us again shortly.

Thank you to our witnesses who have already appeared before the Committee this morning, and thank you to our witnesses who are appearing across the course of the day. We recognise that evidence to this inquiry may be distressing and urge people to reach out for support. You can contact Lifeline on 13 11 14, 1800RESPECT or the Blue Knot helpline on 1300 657 380.

All evidence given today is being recorded by Hansard and broadcast live. While all evidence taken by the Committee is protected by parliamentary privilege, comments repeated outside this hearing may not be protected by this privilege.

Witnesses will be provided with a proof version of today's transcript to check, together with any questions taken on notice. Verified transcripts, responses to questions taken on notice and other documents provided during the hearing will be published on the Committee's website.

I welcome Bianca Brijnath, Director of Social Gerontology from the National Ageing Research Institute, Ben Rogers, the Acting Chief Executive Officer on Council on the Ageing Victoria, and Avital Kamil, Principal Lawyer, Seniors Rights Victoria. Thank you very much for appearing before the Committee today.

I invite you to make an opening statement of 5 to 10 minutes, and this will be followed with questions from members. Thank you.

**Ben ROGERS:** Hello, all. My name is Ben Rogers, Acting CEO of COTA Victoria and Seniors Rights Victoria. I am joined today by Avital Kamil, the manager and Principal Lawyer for Seniors Rights Victoria. First of all I would like to thank the Chair as well as the wider Committee, members and Secretariat for having us here today. We deeply appreciate this opportunity to ensure that elder abuse and perpetrators of elder abuse are appropriately considered and captured by this inquiry.

Before we dive into this issue I want to take the time to properly introduce ourselves and our role. Council on the Ageing, or COTA, Victoria is the peak body for older Victorians and the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. As part of this, Seniors Rights Victoria, or SRV, is the key statewide service dedicated to advancing the rights of older people and the early intervention into or prevention of elder abuse in our community. We provide comprehensive advice, representation and information to older people who are either at risk of or are experiencing elder abuse as well support for the professionals who work with them. This is accomplished through education programs that focus on prevention and early intervention, through the hard work of our dedicated team of lawyers and advocates and of course through our statewide helpline. It is through SRV's key role across this state that we have a strong understanding of data related to elder abuse perpetrators and issues impacting their collection. Our submission to this inquiry highlighted that the biggest barrier to collecting data on elder abuse perpetrators is the family violence system's inability to capture, understand or handle elder abuse. This is crucial, with elder abuse in Australia estimated to affect one in six older individuals annually and only expected to rise with the increasing ageing population.

Elder abuse as a form of family violence is distinct in its drivers, victim-survivor and perpetrator profiles and relationship dynamics. This often includes specific drivers like ageism and the dynamics of relationships, which often involve adult older children of family members rather than intimate partners and also a sort of divide in the gender profile, particularly of perpetrators and victim-survivors. However, family violence programs and frameworks particularly around data overwhelmingly ignore these distinctions while focusing on gendered and domestic violence. This means that the service they provide is often not appropriate, dissuading victim-

survivors from using their services, while the data they collect does not capture the relevant details regarding elder abuse. Consequently, elder abuse is inadequately addressed or captured by the current family violence system.

Furthermore, due to some of the factors that make elder abuse distinct it remains largely under-reported within the justice system. We often find victim-survivors do not want to pursue legal or judicial means to preserve the relationships that they have with their perpetrator. This funnels the demand for support onto specialised elder abuse services like us, exceeding their capacity and leaving many cases unaddressed or unnoticed by the broader system. Additionally, the potential for professionals working with older people to identify and respond to elder abuse is largely unrealised. As a result of these factors data collection on elder abuse is incomplete.

Before we take your questions I do want to take the time to highlight some key issues that we believe have major implications for this inquiry. Firstly, it is important to recognise that elder abuse, as a distinct form of family violence, requires a different approach to data collection. This is why we need to expand the collection of family violence data to include specific elder abuse measures and indicators as well as expand who is captured through the family violence data collection framework to include greater requirements on tier 3 and tier 4 services that interact with elder Victorians that are potentially at risk of elder abuse. Secondly, this needs to be supported through increasing capability and capacity within the sector. It is not enough to require services in a constrained fiscal environment to just do more. While training to increase skills and awareness regarding elder abuse its perpetrators and reporting requirements is vital, they are not enough. There should be greater funding if we are to appropriately develop the sector workforce to capture data regarding elder abuse. This includes the specialised elder abuse services who are on the front line of this issue.

There is also a real lack of focus on perpetrators in current data collection and service provision around elder abuse. While more generalised family violence has men's behaviour change programs, which capture information about perpetrators and their outcomes, there is not an appropriate or similar program available for perpetrators of elder abuse that can support broader prevention or intervention efforts. Indicators do exist regarding the perpetration of elder abuse to help inform this. For instance, we often see elder abuse arising in circumstances when an adult child has returned home after experiencing a crisis or financial hardship.

Our submission highlights the range of recommendations that we believe will support greater and improved data collection regarding perpetrators of elder abuse. We are happy to expand on these points through questions. However, at their heart lies two simple points: prioritise addressing elder abuse and invest in addressing elder abuse. This will support the sector to capture the data it needs to improve our response to a pernicious form of family violence, which needs a specialised approach to adapt to its unique features. I encourage the inquiry to look at how we can ensure that elder abuse is not neglected when it comes to data on family violence perpetrators. We look forward to any questions that you have. Thank you.

**The CHAIR:** Thank you, Ben. That was an excellent overview. Before we start with questions, I just want to check with Bianca and Avital if you want to add anything further to that.

**Avital KAMIL:** No, nothing from me. Thank you, Chair.

**The CHAIR:** Great.

**Bianca BRIJNATH:** I have a statement.

**The CHAIR:** Please.

**Bianca BRIJNATH:** Great, thank you. Thank you for the opportunity to address this inquiry, and I represent the National Ageing Research Institute, or NARI, which is at the forefront of elder abuse research in Australia. For over a decade NARI has been dedicated to improving the understanding and prevention of abuse against older adults, and through rigorous translational research we have investigated the prevalence, risk factors and outcomes of elder abuse. Our work has informed policies and practices to protect vulnerable communities, emphasising the importance of data accuracy and consistency. By engaging with diverse communities, health professionals and policymakers, NARI's research has driven advancements in identifying and addressing elder abuse, ensuring older adults' safety, wellbeing and dignity. NARI's nine recommendations to improve the mechanisms for capturing perpetrator data and elder abuse are detailed in our

submission, and so in my statement I really just want to steal a couple of key recommendations that must be addressed if we are to have more reliable and comprehensive evidence.

First and foremost, frontline service providers must be upskilled to ask questions about elder abuse. Hesitancy in using elder abuse screening tools has been noted in health and aged care services. But if frontline staff—that is, doctors, nurses, allied health, paramedics and aged care staff—lack the confidence and skill to sensitively inquire about this issue, the true prevalence, impact, response and outcomes of elder abuse will remain unreported. Gathering data is step one. Ensuring that it is then utilised and applied in real time is critical. There is little point in asking already overwhelmed services to collect data if this information sits in disparate databases sequestered from researchers and services. Joined-up secure electronic data repositories are needed to facilitate information sharing in real time, enable inter- and intra-agency collaborations, data modelling to identify and monitor trends, identify red flags and plan for services. Such data sharing would also hopefully reduce the burden on older people to tell their stories again and again. Too often these data are collected at crisis point, after abuse has occurred. Data is gathered from older victims, not perpetrators, at a time of heightened stress, and the reliability of the data is neither fully corroborated nor complete. Instead, if data from multiple sources could be collated, we could map what is collected, we could reduce repetition and we could strategically add more questions that elaborate on the risk factors for elder abuse and perpetrators' social and clinical characteristics.

For instance, more insight is needed to understand how cognitive capacity, mental health conditions, addiction, family history and criminal history affect the interactions between perpetrators and older adults. Gathering these data, alongside data on outcomes, enhances our understanding of what ultimately happens to older victims and how perpetrator circumstances, behaviours and interpersonal relationships may change over time, including in the years following elder abuse. It also helps us to better understand what effective service responses are, both from the perspective of the older person themselves and from the legal and health system. Now, if these recommendations were implemented, the power of AI and machine learning could also be brought in to analyse de-identified data, to assist in identifying high-risk perpetrators, to raise the red flags for appropriate early intervention, to facilitate referrals and link victims and perpetrators with multidisciplinary services. Taking these steps would certainly not make elder abuse disappear, but it could drastically reduce its prevalence and its severity. To achieve this, investment in infrastructure will be needed. Unfortunately, we have gone backwards in Victoria with regard to our elder abuse response, and in the context of a rapidly ageing population such investment is long overdue. Too many services collect and store data in their in-house databases, which may even include paper-based records or databases that are not user-friendly. Medical records are one such example.

Finally, alongside investment in infrastructure we need investment in research—that is, in the data analysts, in the statisticians and in the policy experts who understand elder abuse and can extract information from routine databases to provide a meaningful analysis of the older person and the perpetrator's trajectory. Without these crucial investments to harness the power of data, the frequency and severity of elder abuse is likely to continue. I will close there. Thank you for this opportunity to speak, and I am happy to answer any questions.

**The CHAIR:** Thank you very much for your opening statements. I would like to start by talking about the MARAM framework and the family violence information sharing scheme. From your perspective, is elder abuse sufficiently covered by both the MARAM framework and the FVISS?

**Ben ROGERS:** I will answer from Seniors Rights Victoria's perspective—look, for us, no. They are primarily for domestic and gendered violence, and they do not really capture the unique aspect of elder abuse that we would want them to. For instance, in regard to MARAM, we know that when they did their review they genuinely found that most family violence practitioners did not know what is or what constitutes elder abuse. They also found in their own review that elder abuse involves various complex behaviours and relationships which MARAM does not account for and is not designed around. It is the same with FVISS—for instance, SRV are a community legal centre; we do not have a relationship with FVISS because of client privilege, and this is true for all legal centres. That means that we find that FVISS's application for elder abuse is generally quite minimal, given especially that victim-survivors do not tend to go to family violence services. I think particularly if we open it out from, say, MARAM and FVISS and start looking towards Orange Door, again we know they are not the right place for people experiencing elder abuse, and we know people experiencing elder abuse do not often go.

**The CHAIR:** Okay. Beyond what you mentioned about that MARAM review and the need for MARAM to better identify elder abuse, are there any other recommendations that you would have about how the MARAM framework could be improved to better identify elder abuse?

**Avital KAMIL:** Yes. There are a number of ways that the MARAM framework could be expanded and also that FVISS could be expanded to encapsulate better reporting of risk, both in relation to people experiencing elder abuse and also in relation to the perpetrators of elder abuse. There are certain factors. Very little emphasis is placed on the financial circumstances of the victim and perpetrator in the MARAM framework, and this is quite a significant factor when it comes to elder abuse and consideration of things like the financial dependence that is chosen by the person who then subsequently experiences the elder abuse. That is not really reflected in the MARAM framework—things like abuses of powers of attorney and administration orders.

As well as that, factors like cognitive impairments, health issues, mobility issues, physical dependence and carer stress are not really things that are very well covered in MARAM. There tends to be a very strong focus on intimate partner violence from a gendered lens when we know that the same thing cannot be said about elder abuse. The prevalence is that it occurs to men and women in roughly the same numbers—I do not want to say exactly the same numbers, but it occurs in roughly the same numbers—and certainly it is more likely to be perpetrated by adult children of the person experiencing the violence and less likely to be perpetrated by an intimate partner. So the framework just does not fit in that respect.

**The CHAIR:** Okay. Thank you. Annabelle.

**Annabelle CLEELAND:** Thank you. Just to your comment, Ben, about the Orange Door, I want to ask: are you involved, or are there elder abuse services involved in the Orange Door now? And where are victims that are older seeking help and support from if they are not going to the Orange Door?

**Ben ROGERS:** In regard to Orange Door, I believe six of the 36 currently have specialised elder abuse staff, who are operated through Better Place Australia. Even Better Place Australia have said publicly that Orange Doors are not currently designed to suit people experiencing elder abuse, in particular again due to that gender component. Men presenting as victim-survivors of elder abuse do not necessarily fit with the Orange Door format, and so oftentimes people do not see themselves reflected in Orange Door so therefore they do not go. Particularly where they are presenting—it could be at our service; it could be at plenty of other community organisations—they are saying, ‘We have this issue,’ and it is not currently mainstream family violence services. It is SRV. It could be Eastern Community Legal Centre. There are other community organisations where they currently present, and often they are referred through to us.

**Annabelle CLEELAND:** With that referral, where do the barriers to information and data sharing currently exist, and where would you like to see any voids of information corrected in this space?

**Ben ROGERS:** Look, I think we definitely want to see, as Avital said around FVISS, in terms of opening that up to include appropriate data around elder abuse so that the elder abuse sector can get involved in the family violence sector essentially, that information then able to be shared across, fitting within that format. Would it be nice if maybe we had our own elder abuse information-sharing framework? Yes, but I think we need to be realistic in terms of what we can achieve. I think broadening that existing format would work really effectively, and also therefore particularly increasing the requirements. We look at the family violence data framework and increasing those requirements for the places where people do present, such as hospitals, banks. It is these sorts of holistic services where people—the professionals may not recognise it, but that is where you are seeing the signs of elder abuse, whether it is financial abuse, whether it could be physical abuse, whether it could be mental abuse. It is looking at it more holistically because people are not just going to present to Orange Doors or explicitly family violence coded locations.

**Annabelle CLEELAND:** We are just asking one question at the moment, so I have to leave it, unless anyone would like to contribute, otherwise I will pass it to my colleagues.

**Avital KAMIL:** I will contribute one additional thing to it. The way that the family violence information-sharing scheme works is it does heavily depend on the involvement with the justice system. Many of the information-sharing partners are courts, police—those sorts of organisations that are just not likely to be involved in cases of elder abuse because of the unique dynamics associated with the relationships that lead to elder abuse.

**The CHAIR:** Great. Thank you. Christine.

**Chris COUZENS:** Thank you all for coming along today. We appreciate your submission and your time this morning. Can you expand on how artificial intelligence could be used to collect, share and analyse data?

**Bianca BRIJNATH:** That is me. If we are collecting big data, if you are joining up data from health services, legal services and police in a de-identified format—it is not impossible it gets done at a Commonwealth level as well—and you have got data linkage, including for housing and other critical services that come to bear in elder abuse, and if you bring that data together, you could actually write suitable AI algorithms and codes. And you do machine learning on that big data to identify patterns and trends based on what has come before to then pick up what might happen in the future—sort of general trends. Family violence did this. Why do you think we have screening for women at six weeks after they have had their babies for family violence? The evidence is there, and there is evidence that it works. So I think we should be looking at some of that information and thinking about it in a more holistic way. But of course, like I said, you also need to have a research team or an analytic team that knows what they are looking at when it comes to elder abuse so you are not making false equivalences or connotations. But I do not think it is impossible to do at all.

**Chris COUZENS:** In terms of elder abuse, is it happening anywhere else that you are aware of?

**Bianca BRIJNATH:** The machine learning and the AI?

**Chris COUZENS:** Yes.

**Bianca BRIJNATH:** I do not think so. It is a pity. But I think it could be done.

**Chris COUZENS:** Great. Thank you.

**The CHAIR:** Thanks, Chris. Over to the other Chris.

**Chris CREWITHER:** Thank you. Firstly, thank you again for your evidence today and your time and your submissions as well. Just a general question—and adding to what my colleague here the Deputy Chair Annabelle Cleeland noted before—do you think that elder abuse is forgotten about in the context of family violence or insufficiently seen as a subset of family violence? In this context, yesterday we heard from SASVic that Orange Door is not sufficiently taking into account sexual violence and that SASVic cannot train Orange Door workers in that field. Is it a similar thing with elder abuse as well with the Orange Door? It is sort of a multifaceted question.

**Ben ROGERS:** I think you would love to take that one.

**Avital KAMIL:** Yes. Unfortunately, I think the situation is quite similar. It is not just a matter of training existing staff in recognising and responding to elder abuse. It does require a very specific, unique response and a very tailored set of skills in order to recognise it. On the question about it being overlooked or maybe minimised in the family violence system, I think that is very much what we experience at Seniors Rights Victoria. The family violence system is structured around intimate partner violence. All the frameworks, all the responses are built around intimate partner violence, and perpetrator interventions and early interventions for victims of family violence are all centred around intimate partner violence. It is just not the experience that our clients—older people experiencing elder abuse—have. The violence is not being perpetrated, for the most part, by their intimate partners. There is very little in terms of programs that have currently been developed that target education, intervention or response at adult children, who are most likely to be the perpetrators of elder abuse, and there is no place for that education in the current family violence system.

**Chris CREWITHER:** Thank you.

**Ben ROGERS:** The only thing I will add is that I think family violence—we take it to mean something concrete, but it is actually quite a broad subset of violence. That needs to be recognised. Too often it is like, ‘Oh, that’s a family violence response; you’re all captured in that.’ But that is just not the reality that we see. We really want to make sure that elder abuse is recognised as a form of family violence but also that there are specific carve-outs that acknowledge specific needs, particularly of people like victim-survivors, and really drill down into how the perpetrators are different. We often see, particularly in regard to those examples, there are very different outcomes that people want in regard to elder abuse, because of those familial relationships. It is

why they do not produce judicial means at all—because they want to preserve those relationships. Oftentimes the client ends up happy with outcomes where they are still continuing to live—and love, essentially—with their perpetrators, who are often their adult children. They just want specific carve-outs that protect them in that circumstance.

**Bianca BRIJNATH:** Elder abuse is definitely the very, very, very poor cousin of family violence. I will just give you one very quick example to put it in context. In the last national plan for elder abuse \$11 million was dedicated by the federal government to address it. How much was dedicated in the last budget for family violence: \$952 million. There is one answer to illustrate the absolute starkness of the inequity in the response that is provided.

I echo what Ben and Avital have said, so I will not repeat that point. But I think also when we think about an elder abuse response in a more systemic way we really also need to be looking at legal issues like power of attorney and how that sort of transpires across the states and different jurisdictions. We need to be thinking about neglect and what that means for older people. When people are completely dependent on one person who is your carer and who is also your perpetrator, ultimately people get sort of trapped in certain relationships. As Ben says, they sort of need the carve-out. They want the abuse to stop, but they do not necessarily want the relationship to end.

**Chris CREWETHER:** Thank you.

**The CHAIR:** Thanks, Chris. Heang.

**Meng Heang TAK:** Thank you, Chair. Thank you for your presentation. How can the Victorian Government support tier 3 and tier 4 organisations by helping to include multicultural organisations that offer services under the family violence data collection framework to collect comprehensive data in elder abuse?

**Ben ROGERS:** Yes, this is us. I think in particular what we would really like to see is an investment in training to support these services. That is a clear way to improve their capability, but to be honest, we also do not think it is enough. We could probably highlight the examples of the integrated models of care, which was an elder abuse initiative that was predominantly focused on hospitals. That really worked because it provided support for that capacity, in terms of having people on the ground that could focus on those interactions and that passage of information, to ensure that people received support for elder abuse. I think that is a key component around making sure that there is capacity within the system to emphasise the focus on looking for opportunities to engage with people who are potentially experiencing elder abuse, recognise those signs and pass them on to appropriate services or—again respecting the agency of the people involved—see if they want to be passed on to those services if it is suitable and safe for them.

In terms of bringing them in, of course it would require change to bring them in within the framework. But also we would not want a case of, necessarily, mandatory reporting. But we would want the case that there is an expectation for you to work with people coming into your services. If there are indicators—which again feeds into the need for improved data—and if we can capture those indicators and risk factors and train people up to see them in these broader services, like multicultural services, it allows us to better identify cases of elder abuse and make sure we are getting that support and service before their needs are more acute.

**Bianca BRIJNATH:** A couple of things there. About five years ago we actually analysed Seniors Rights Victoria's data from about the last seven years, and a significant proportion of victims were from a culturally and linguistically diverse background. However, they all spoke English—they were proficient in English. The first thing that I would say, if you want to engage with multicultural communities, is that we need to make sure that the questions are actually asked in language by qualified and trained interpreters who can ask those questions sensitively and work with the services to do that. That is the first thing. The second thing is we know that with older people from a multicultural background, there are some very unique aspects in how elder abuse presents—additional features, cultural isolation being one of them. Often the perpetrator will cut or sequester the older person from their community, their friendship networks et cetera. They almost become the sole conduit to the outside world. They will take them to the bank, to the doctor, to supermarket et cetera, so they are completely reliant on their perpetrator to facilitate almost every interaction. During COVID, one of the challenges the aged care assessment services and the hospital services were seeing was when they were doing those sorts of telehealth Zoom calls into people's homes—especially in multicultural families in the western

suburbs, for example—it was the perpetrator who was acting as the interpreter for the engagement with the service provider. You can imagine how that is going to completely affect the interaction, so we really need to develop much more sophisticated mechanisms to address this.

The other side of elder abuse that is quite unique in CALD communities that we see is around how visas are weaponised. Older people—their visas get weaponised. Older people might migrate to Australia on a family reunification visa. They have divested themselves of all of their resources and assets in their home country to purchase that \$50,000 visa to come. They come, they have got very limited resources, they may not speak English very well, they are living with their adult children, and they almost become indentured labour. There is a big difference between, you know, supporting your family and looking after the grandchildren and having that kind of support network versus suddenly you are working 16 hours a day, every day. So those are some of the really unique aspects that do present. Those are the things that the multicultural services at least tell us a lot about.

**Avital KAMIL:** I might just add to that as well. I think there really needs to be much more robust training of multicultural services to go out and deliver the education in their own communities and to develop these programs in their own communities—prevention strategies, response programs and things like that—because what we find is that even something as basic as a translation, a literal translation, often does not accurately communicate because the language that we are using is not the same. It does not transcend all cultures, and different language is more appropriate in different cultures. So we make a real effort to go out and train trainers in multicultural communities to deliver elder abuse education, but that is something that is woefully lacking in the sector.

**Meng Heang TAK:** And perhaps translation services are one thing, but access to that service and the availability of that service is another thing. Following on, how should the collected data be shared or used to inform understanding of the perpetrator of the elder abuse?

**Bianca BRIJNATH:** How should the data be collected and shared?

**Meng Heang TAK:** Yes, collected and shared.

**Bianca BRIJNATH:** I think you could put the data in a central database. You could upload it. You could put mechanisms in place to make it de-identified or identifiable or have different levels of access for different services to avail of. I think if there are red flags from particular perpetrators, then I would suspect the intervention would need to follow the same course it would follow for other communities in that obviously it has to be person centred and driven by the older person's needs to begin with, but safety also must feature in that equation. Older people, especially from multicultural backgrounds and who do not speak English well, need to be linked in to services that are able to cater to their cultural and linguistic needs and provide some of that holistic support.

**Meng Heang TAK:** Thank you. Thank you, Chair.

**The CHAIR:** Thank you. Cindy.

**Cindy McLEISH:** Thank you very much. I just want to draw your attention to a couple of comments. Ben, you mentioned earlier the need for greater investment and training. Bianca talked about the very poor cousin within the family violence sector and also, just in relation to the last question, the development of sophisticated mechanisms to address some of the issues and more robust training. What impact did the 2023 budget have, when the government cut in half the budget allocated to elder abuse?

**Ben ROGERS:** I will say from the perspective of SRV, we received some top-up funding which was not renewed in the 2023–24 Victorian state budget. That has had an impact on our ability to staff our helpline. We did have to reduce the FTE that staffed it. The knock-on impact of that is—I will have to take it on notice to give exact figures, but for the 2023–24 year we received over 12,000 calls to our helpline. We were only able to contact roughly I think 3,500 in terms of those contacts. That does not mean that the difference between 12,000 and 3,500 people did not receive a service—chances are a lot of those people that we did have contact with had made multiple calls—but it meant that we were not able to appropriately staff the helpline to make sure that we could take those calls live. That for us is really where our concern is, because the flow-through effect is that the helpline is where people enter our service, and that is where it is so key.



I will say, more generally, that was really the impact that we saw. I know that the elder abuse prevention network did receive some increased funding in terms of their work, but I will say one of the things that we are really seeing in our service at the minute is increasing acuity regarding the victim-survivors that we are engaging with. This is having real impact on the ability of our advocates and then our lawyers to provide services to all the people that we are engaging, because they are having to take so much time to support individual cases.

We are focused, perhaps, on the upcoming budgets to see where we can increase that funding to meet community need. That for us is really essential, because we think there is demand for those legal services but also to make sure that the helpline is there to be ready to answer people when they call. With elder abuse we do know that people will make a call, and if they do not get an answer, they may not leave a message and they may not call again. That is why we really want to try and be on hand as much as possible to be live to take those calls when people are trying to engage us.

**Cindy McLEISH:** You talked about engaging with the victim-survivors. Do you get a sense from them what the characteristics are of those that are doing the abuse? Do they talk about their son or daughter having a gambling problem; do they have mental health issues; are they just greedy? Do they have a real sense of why they are being abused?

**Avital KAMIL:** They do not have a sense of why they are being abused, but certainly they do identify a lot of those intersectional issues when they are speaking with our helpline advocates. I might also add to the previous point as well in relation to the helpline and the impacts of the funding cuts. The helpline previously did receive calls from older people experiencing violence themselves, from professionals wanting secondary consults and from third parties—friends and family members—who were identifying that an older person in their life was experiencing or might be at risk of experiencing elder abuse. But we no longer have any sort of capacity to field those calls from those third parties. Often the older person themselves is just not going to make that call—has not identified it—so those calls are just not being responded to at all, because we have had to prioritise working with the older people directly. But certainly when we do speak to them and when we do meet with them at advice appointments they identify those intersectional issues—drug and alcohol issues; financial stress, a significant one; and factors that lead to adult children or other family members moving in with them, which heightens the risk.

**Cindy McLEISH:** Thank you.

**The CHAIR:** Thank you. Jackson.

**Jackson TAYLOR:** Thank you, Chair. Thank you very much for coming in today and for answering our questions. The State Trustees inquiry submission notes:

State Trustees works collaboratively and effectively with banks, financial institutions, police and VCAT when it becomes aware of elder financial abuse. Privacy concerns ... can sometimes impede 'just-in-time' data sharing ...

either allowing abuse to continue or perpetrators to avoid consequences. How can barriers to collecting and sharing data about the perpetrators of elder abuse with banks and financial institutions be overcome?

**Bianca BRIJNATH:** That is a million-dollar question.

**Ben ROGERS:** It is a good question, too –

**Jackson TAYLOR:** If I do say so myself.

**Bianca BRIJNATH:** It is a very good question.

**Jackson TAYLOR:** The answer is going to be even better.

**Bianca BRIJNATH:** I doubt it.

**Jackson TAYLOR:** No, you have been wonderful.

**Bianca BRIJNATH:** It is really tricky with banks and financial institutions, that is the short answer. We know that quite a lot gets actually done by certain banks, so NAB, for example, the Commonwealth—they

actually have a lot of measures in place to safeguard against elder abuse. Not all banks do it, and I do not know how much information sharing goes on across the banks. Privacy legislation and restrictions around that are one barrier; commercial in confidence is another; and then the third of course is also a legitimate reason to actually keep that information—how they detect elder abuse and what the red flag actually means—to kind of minimise how much that gets shared, because you ultimately do not want perpetrators to figure it out and then find another loophole around it. So it is I think tricky.

What has certainly motivated financial institutions to address elder abuse and to address family violence is really on the back of the banking royal commission, the financial royal commission, where they actually said as a recommendation they had to do it, that they were really insufficient in their attention to it, and that has prompted them to take a lot more steps to address this issue. Ultimately if you could put something in legislation—a little carrot, a little stick, I do not know; you are the legislator, not me—I think they would probably come to the party at it. There is also forensic accounting, which could be utilised a lot more effectively.

**Ben ROGERS:** I think the thing we would like to add, echoing all of that, we think FVISS has a real applicability here, but it needs to be said there need to be principles in place that support the process and particularly key amongst them is the agency of the older person themselves. While these risks can be identified and that information should be passed on, the next stage needs to be gaining, ideally, the consent of the potential victim-survivor to retain that information and go forward. For us it is really about the agency. As we said, in terms of highlighting how, particularly with victim-survivors of elder abuse, they want different outcomes than may be expected. They have their own led outcomes that they want to achieve, and I think the system has to adapt to that. You can identify, you can try and engage, but you need their consent. If they do not want to go forward, you need to respect that. It is very much victim-survivor-led.

**Jackson TAYLOR:** Can I ask as a follow-up: you say that there are a couple of banks that are really good; why is it that some banks are good and others are not? Are there standardised federal regulations when it comes to this? Are they up to scratch if they exist, and if they do not, should they?

**Bianca BRIJNATH:** The standardised legislation—and APRA is the financial regulator, if I am right. They do have to demonstrate how they are addressing family violence through the financial system. That is enshrined in APRA, and they have got to demonstrate that. But enthusiasm for demonstration and how much enthusiasm you want to demonstrate is quite subjective, so I think some banks have taken it more seriously than others and have taken more steps towards it, and other financial agencies as well—it is not just banks, it is also insurance agencies and others. I cannot speak to the motivations of banks. I have no idea. I wish I did, but I have no idea on that one.

**Jackson TAYLOR:** Some work needs to be done, clearly.

**Bianca BRIJNATH:** Research would be really handy.

**Jackson TAYLOR:** Thank you very much. Thank you, Chair.

**The CHAIR:** Thank you. I think we have a final question from Annabelle.

**Annabelle CLEELAND:** A quick one, I guess. Are there any legislative barriers that you have identified that might prevent the sharing of information in this space? My supplement to that is: is there anything that we have not asked you that you are really keen to get on the record? Speak now.

**Bianca BRIJNATH:** Would you like to go?

**Ben ROGERS:** You can go first on this one.

**Bianca BRIJNATH:** Thanks. Legislative issues—can I take that question on notice?

**Annabelle CLEELAND:** Yes, sure. An example: I think we heard that St Vincent de Paul or one of those charity organisations in their constitution does not share information, but that would be quite important. Do you have any services that actually cannot share information that might be valuable? You can take that on notice and just have a little think about that one. Is there anything else that you want to get on the record?

**Ben ROGERS:** We will definitely take that on notice. I think in terms of what we would really like to perhaps leave as one of our final things—expanding probably on the point we mentioned in the opening remarks—is particularly around the need for perpetrator programs or programs that look to address and support and intervene with elder abuse perpetrators, because it is something that does not currently exist. We are not aware of necessarily any ongoing program around the world that exists, and we would be really keen I think. Victoria has a leading family violence response. We would want to see that in elder abuse and see that reflected. There has been a lot of success with men’s behaviour change programs. That program is not applicable to elder abuse, but we think something similar that can try and intervene—through community education or even through potentially restorative justice—could be really interesting in terms of providing those sorts of interventions that can support people facing elder abuse while giving them the outcomes that they want, without penalising relationships that are constructive to moving forward. Because that is what we want. We want people safe in our community. Avital, any final –

**Avital KAMIL:** Just to piggyback off that, awareness raising that is targeted at perpetrators is really lacking at the moment. At this stage the focus on elder abuse campaigns around awareness raising is focused on educating older people as to whether they or someone they know is experiencing elder abuse, but there is no education targeted at adult children, particularly where there are those intersectional factors that I mentioned earlier where they might be at higher risk of becoming a perpetrator. There is an opportunity there for preventative education that is targeted at would-be perpetrators.

**Annabelle CLEELAND:** Thank you.

**The CHAIR:** Christine first.

**Chris COUZENS:** A quick clarification. Firstly, I have seen the ads on TV just recently; they are very good too. Ben, you mentioned earlier—I am not quite sure if you said you do not support mandatory reporting or it does not exist.

**Avital KAMIL:** We do not support it.

**Chris COUZENS:** Can you just explain a bit why you do not support mandatory reporting?

**Ben ROGERS:** You are probably best for this one.

**Avital KAMIL:** Seniors Rights Victoria generally would not support mandatory reporting because fundamentally it is our view that it would strongly discourage people from coming forward to any services at all, whether it be health services, financial services—which they are not coming forward to anyway—or support services. In family violence services already there is a huge level of under-reporting with regard to elder abuse. This would drastically diminish the number of reports made to other services.

**Chris COUZENS:** Okay.

**Ben ROGERS:** If I could just be so cheeky, in regard to the current campaign that is going on, we are the state provider. If you call up 1800 ELDERHelp, you will come through to SRV’s helpline. There has been a lot of investment in that campaign. There has not been any investment to increase the capacity within those state helplines which take those calls across the country, which is disappointing, if we could put that on record.

**The CHAIR:** Thank you. Cindy.

**Cindy McLEISH:** Thank you. Just a quick one: with the different types of elder abuse—physical, mental financial—how do you break that down? Is most of it financial, or is most of it –

**Avital KAMIL:** The data that we have, and certainly from the seven-year report that NARI partnered with us on, the vast majority of people contacting the ELDERHelp helpline or the SRV helpline are experiencing financial abuse. I would not say that indicates that is the most prevalent kind of abuse, but certainly it is the most reported kind of abuse because it really is something tangible. I think when people see money leaving their account or they see that their bills are not being paid or they are having financial difficulties, they are more likely to call up the helpline than if those intangible forms of abuse are occurring and they cannot quite define it or they do not understand that that is what is occurring. Even though that is what is most presented to us

without a doubt—often in combination with psychological abuse which we have identified during the course of our consultation—financial abuse is definitely the one that is most prevalently presented to us.

**Cindy McLEISH:** Do hospitals or ambulance officers ever report physical –

**Bianca BRIJNATH:** The national prevalence study said the most common form of elder abuse was actually psychological, and financial rated quite significantly lower, but they often co-present, as Avital has pointed out. So those issues do happen.

Ambulance are a really fantastic resource we have to identify elder abuse. This really was shown through COVID. We did some analysis where we interviewed frontline providers and the responses during COVID. Paramedics see it a lot, because they are in and out of people's homes, and they are more likely to be allowed into people's homes than the police. A lot of the non-emergency patient transport—they are driving around older people from hospital to residential aged care or back home or to this test or whatever it is, and a lot of time is spent in the back of the cab chatting with the person, so they pick up on it. They might go into a residential facility and they can see this person has fallen down on the floor and they have been on the floor for the whole weekend: why did nobody come and help them? What has happened here? They can identify a lot, but they are not trained. I would not for a moment suggest that a frontline paramedic needs to a lot of screening and assessment and all the rest of it, but I think a little bit of training at least then to be able to hand off to the triage nurse or to tell the facility manager or to alert whoever they are handing off the patient to—'Look, there's something not quite right. You need to investigate a bit more.'

**Cindy McLEISH:** 'I saw this person, they had been on the floor for two days when we picked them up'—passing that information on.

**Bianca BRIJNATH:** That is right. Or another classic one that paramedics tell us about is, 'We presented to this older person's home. Their medication has been mismanaged completely, but the carer's on the property.' This person is completely delirious and their diabetes is absolutely out of control, what is going on here? Something is not quite right. Why wasn't the medication given? Or this older lady is completely incontinent, she has been left in her soiled conditions for the weekend because the aged care staff do not come in over the weekend or whatever it is, but the carer, the family member, has been there—why has that person not changed them? This person has had neglect. They see very different kinds of abuse than what might present to a legal service. What the health services see is much more physical abuse, much more neglect, much more—you might even see some sexual abuse as well.

**Cindy McLEISH:** That would be hard to work out: what are the characteristics of the person doing the abusing?

**Bianca BRIJNATH:** It would be difficult but not impossible. We are actually running a big study with 10 hospitals across the country upskilling sub-acute care providers on looking at elder abuse. What are the signs that you see? What is sort of triggering it off? The most important thing to detect elder abuse, the most important condition for it, is rapport. So if an older person has trust with the provider that they are engaging with, they are much more likely to reveal what is going on, and then steps can be taken from there.

**The CHAIR:** Thank you. Thank you to our witnesses for appearing before the Committee today. We greatly appreciate the time you have taken to prepare your evidence for today and the submissions that you have made.

We will now adjourn the hearing for a short break.

**Witnesses withdrew.**