

Accessing the Aged Rights Advocacy Service to Prevent Elder Abuse



A Conversation With Members of Two
Culturally and Linguistically Diverse Communities

November 2013

aras



aged rights advocacy service inc.

for the rights of older people

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Executive Summary

The Aged Rights Advocacy Service Inc (ARAS) is a not-for-profit community based organisation that provides advocacy support. Many ARAS clients, and potential clients, have identified special needs, including those from CALD communities. Clients are currently using residential and community aged care services, or are at risk of abuse by someone they should be able to trust and are entitled to access advocacy support when they have that need.

Members of CALD communities face unique barriers when attempting to engage with service providers.

To combat this issue, ARAS determined to consult with two CALD communities and ask their advice about how ARAS could be more accessible to them in order that their members could use the services that ARAS provides. The findings from this project will be used by ARAS to shape the planning of future promotional activities.

Thirty older people from CALD communities (specifically Greek and Italian) took part in a semi-structured interview that focused on three points of discussion:

- Perceptions of elder abuse
- Responses to elder abuse
- Information delivery

Essentially, this study drew a number of conclusions, some of these were:

- Verbal communication is consistently preferred to written media, regardless of whether it is printed in English or in the individuals' native language.
- Individuals from CALD communities are hesitant to engage with protective services for a number of reasons. These refer both to conceptual reasons such as cultural expectations and practical reasons such as language barriers.
- A certain amount of pre-established rapport is needed between CALD communities and service providers to encourage greater levels of disclosure.

The challenge that faces service providers now is shifting away from functioning as external agencies that distribute information, and establishing instead a *dialogue* within CALD communities.

Background

ARAS seeks to speak directly with consumers to gather data on what they know, what they would like to know, and how best they would like to receive this information.

ARAS Introduction

The Aged Rights Advocacy Service Inc (ARAS) is a not-for-profit community based organisation, providing advocacy support. It is an independent, rights based organisation that aims to promote and protect the rights and wellbeing of older people, through the provision of information about rights and entitlements, education, advocacy support and representation.

ARAS aims to increase the amount of control older people have over their goods, services and quality of life, and to develop a sense of empowerment and of being valued as an individual and citizen of Australia.

The agency acts in the interests of older people to safeguard, uphold and promote their rights. All activities look to encompass strategies that are appropriate to the special needs of any given client group, including linguistic and cultural requirements.

ARAS has identified a need for the creation of a platform from which they can more effectively work with members of culturally and linguistically diverse (CALD) communities. ARAS recognises that the best way for this to occur is to speak directly with consumers to gather data on what they know, what they would like to know, and how best they would like to receive this information.

Each case of elder abuse is different and occurs for a wide variety of reasons. It has the potential to be influenced by a number of cultural, systemic and personal factors such as the abuser's 'individual personality, family of origin, social class, race or ethnicity, religion or religiosity, age and gender' (eds Podnieks, Kosberg & Lowenstein 2003, p. 84).

Definitional Issues

Elder abuse is a complex concept that has different connotations for different people, especially for those from CALD backgrounds (Blundell & Clare 2012).

When attempting to address the subject of elder abuse in CALD communities, it is important to consider the state of current research. One of the methodological issues affecting elder abuse research today is the myriad of definitions the term has taken on since first being addressed as a social problem.

Studies have drawn on a number of different definitions, making it difficult to merge findings (Kozak, Elmslie & Verdon 1995) and create a comprehensive understanding of the prevalence and function of elder abuse in different community contexts. While it cannot be said that the most commonly used definitions for elder abuse are *uniform* in nature, they do hold commonalities in terms of the significant concepts embedded within them.

Initial definitions of elder abuse within Australia, such as the one found in the New South Wales Training Kit (NSW ADD 1996 cited in Phelan 2013), defined elder abuse as 'wilful or unintentional harm caused to a person by another person with whom they have a relationship implying trust'.

This definition was soon amended to describe elder abuse as being 'any *pattern* of behaviour which causes physical, psychological, financial or social harm to an older person' (Kurrle et al 1997, p. 120). It went on to provide parameters for abuse by stating that it had to occur in the context of a *relationship* between the abused and the abuser, and, as such, excluded self-mistreatment and self-neglect. This definition was popularly used by members of both medical and allied health professions in Australia for a number of subsequent years.

The Australian Network for the Prevention of Elder Abuse (ANPEA) developed a revised definition which was endorsed by all Australian states and territories through the Healthy Ageing Taskforce (HATF) in 2000.

This is the definition that is most commonly adopted by agencies, including ARAS, today. The definition poses that elder abuse is 'any act occurring within a relationship where there is an implication of trust, which results in harm to an older person' (Australian National Network for the Prevention of Elder Abuse 1999).

Elder abuse may be broken down into several different categories. ARAS (2012) define these categories as being:

Physical abuse: a non-accidental act which results in physical pain or injury and includes physical restraint or coercion, hitting, slapping, burning, pushing, pinching or forced confinement to a bed or chair.

Sexual abuse: non-consensual sexual contact, language or exploitative behavior and includes rape, indecent assaults, sexual harassment or interference.

Financial abuse: the illegal, improper use and/or mismanagement of a person's money, property or resources. It includes forgery, stealing, forced changes to a Will, unusual transfer of money or property to another person, withholding of funds from the older person, failure of others to repay monies or loans, lack of financial information to an older person by Enduring Power of Attorney.

Psychological/emotional abuse: any language or actions designed to intimate another person and cause fear of violence, isolation, deprivation or feelings of powerlessness ie: insults, shouting treating the older person like a child, threats of restricting access to others and humiliation.

Social abuse: restricting or stopping activities and/or social contact with others.

Neglect: the failure of the caregiver to provide necessities or basic needs. Neglect can be deliberate or unintended eg. not providing adequate clothing/personal items, unwillingness to allow adequate medical, dental or personal care, improper use of medication, refusal to permit other people to provide adequate care such as food or drinks.

Although a nationally adopted definition is now used by the majority of relevant agencies in Australia, the effect that definitional issues have had on elder abuse conceptualisation and research in the past cannot be understated.

These inconsistencies are indicative of the ways in which subjective interpretations of elder abuse can themselves be problematic. They also outline, particularly when working with CALD communities, how important it is to ensure that the term itself is made both meaningful and relevant.

Formal Legislative and Policy Responses

The complex discourse surrounding elder abuse has additionally had an effect on the way it is viewed in policy and legislative responses.

For example, a project review found in Clare et al. (2011) that focused on national and international elder abuse literature, extracted a number of definitional concerns relating to the use of the word 'elder' or 'older'. Blundell and Clare (2012, p.15) discuss the differences inherent in these two terms by stating that it is 'clear that *older* is a comparative term while *elder* is either a proper noun or a synonym for older.

According to the recent publication by the Office of the Public Advocate (OPA) and the Queensland Law Society (2010), the term *elder* is not defined at common law and has no legal meaning'.

By not having a concrete legal framework to relate to, addressing elder abuse in legislation and policy becomes difficult. This can be seen by the lack of singular policy that aims to safeguard older persons against elder abuse.

The inadequacies of current legislation also extend to the absence of policies specially aimed at protecting members of CALD communities.

In place of a singular piece of legislation, South Australia has five key pieces of legislation which provide *some* policy framework for elder abuse prevention.

They are *Intervention Orders (Prevention of Abuse) Act 2009* (SA), *Mental Health Act 2009* (SA), *Aged and Infirm Persons Property Act 1940* (SA), *Guardianship and Administration Act 1993* (SA), and *Criminal Law Consolidation Act 1935* (SA). Each of these five pieces of legislation present elements which may be applicable to safeguarding older persons against elder abuse.

For example, the *Intervention Orders (Prevention of Abuse) Act 2009* (SA) has been framed directly to address issues of domestic violence. Although it should be noted that similar abuses of power can occur within instances of domestic violence and elder abuse such as physical, psychological and financial sub-groups of abuse, there are also significant differences between the two that this legislation does not consider.

While this lack of consideration may raise questions as to the effectiveness of implementing the legislation in response to elder abuse, it does provide an intervention framework for bodies such as SAPOL, if required.

In addition to not recognising all forms of elder abuse, an element of subgrouping also exists which may result in the exclusion of certain older persons from the safeguarding of policy frameworks.

For example, the *Mental Health Act 2009* (SA) and the *Guardianship and Administration Act 1993* (SA) are both aimed at individuals with mental health or incapacity issues. They exist to safeguard individuals who, without such legislation, may be left vulnerable to forms of abuse or neglect. However, as the South Australian Office of Public Advocate (OPA) (2011) argues, a limitation of this Act is that if an older person does not meet the definition of mental incapacity as it is outlined in the act, they are not safeguarded under the policy umbrella.

Further legislation which provides an element of safeguarding to older persons against elder abuse is the *Aged and Infirm Persons Property Act 1940* (SA), however, this particular policy only makes reference to an older person's estate. It allows the Supreme Court to make a protection order on an individual's estate if argued to be necessary.

This could be argued to have the same limitations as the previous acts mentioned as it focuses on the lack of capacity for an older person to protect their interest rather than the acknowledgement of elder abuse, in which the older person may be forced to release power of their estate.

The Criminal Law Consolidation Act 1935 (SA) focuses on direct acts of crime. Although not all are related to elder abuse, there are some forms of abuse which can be made relevant to this piece of legislation. The Act is only applicable however, when the instances of abuse have been reported and prosecuted.

While it has been noted by bodies, such as the South Australian OPA (2011), that there are significant factors which may often prevent an abuse victim from choosing to report, when prosecution *does* occur, the Act exists to support victims on a generalised level, rather than specifically directed to elder abuse.

It is important to note that there are also *some* Commonwealth policies in place. Although these have some influence in the safeguarding of older persons, they do not hold significant relevance to the research which has been the focus of this report.

Incidence and Prevalence

Elder abuse has only been acknowledged as a social problem for a relatively short amount of time. It was first referenced in literature in 1975 but not fully recognised in academic papers until the late 1980s. In Australia, research has only recently begun to explore how this complex social issue exists and is understood in CALD communities.

When paired with the aforementioned definitional issues, the relatively small amount of research compiled has had an influence on the validity and applicability of statistical representations of elder abuse in Australia. It could be argued that the issue of elder abuse is therefore relatively underexplored, under-researched and, subsequently, under-acknowledged by society.

It is estimated that 3-5% of persons aged 65 and older have experienced some form of elder abuse within Australia.

A publication by the Office for the Ageing (2007) commented on the difficulty inherent in providing accurate data as elder abuse often occurs as an 'hidden problem', consequently going unrecognised and unreported. The publication also acknowledged that Australia does not currently have a central register or system purely directed at elder abuse; this, most notably, includes the absence of a mandatory reporting system.

Bagshaw and Chung (2000) cite the need for qualitative approaches to elder abuse research stating that, although national surveys of victims of crime are present, they rarely focus on the *experience* of elder abuse. The lack of a central registry is a concern within itself, since in the 2006 national census it was noted 18% of the Australian population was over 65 year old. Additionally, one-third of this 18% was born overseas (Kurrle & Naughtin 2008).

Cooper, Selwood, and Livingston (2008) undertook a systematic review of all international studies relating to elder abuse; locating only 49 studies within the relevant data bases. While the statistical data presented in these studies was subject to discord, the following statistical representations of elder abuse were found to be the most commonly agreed upon statistics. These statistics were further supported by a range of other, more recent, publications (Ryan, 2009; Kurrle & Naughtin 2008).

The research suggested that 3-5% of persons aged 65 and older have experienced some form of elder abuse within Australia (Kurrle & Naughtin 2008). It is commonly argued that the most prevalent forms of *reported* elder abuse are financial abuse and psychological abuse (Ryan 2009).

While ARAS Abuse Prevention Program data consistently shows psychological abuse to be more prevalent than financial abuse (ARAS 2011; 2012; 2013), as it accompanies other forms of abuse, research presented in the Office for the Ageing's abuse prevention action plan (2007) posits that financial abuse makes up 36%

of elder abuse reported within Australia, with 33% being psychological, 13% physical and 0.6% sexual abuse.

It is important to note that neglect has not been acknowledged within these categories and that these figures are only indicative of the types of abuse most commonly *reported*, not necessarily perpetrated.

To date, very little research has been done in Australia that explores whether these figures change depending on cultural background or context.

Due to the lack of research conducted in this field, the statistics in current literature are limited. This not only has implications for assembling and implementing prevention and intervention strategies, but also in attempting to gain further understandings of elder abuse within CALD communities.

The presence of elder abuse in CALD communities is an under-researched area of an already under-acknowledged social issue. As Wainer et al. (2011) state, Australia is a multi-cultural society with the predominant countries of birth for overseas born Australians being England, Italy and Greece, in that order (ABS, 2002). The Australian Bureau of Statistics (2002) reports that over 750,000 over 65 year olds were born overseas. This consequently means that 38% of the older population of Australia were born overseas (Ethnic Communities Council of Victoria, 2009), with both the ABS (2002) and Ethnic Communities Council of Victoria (2009) predicting that this number will only continue to grow.

A discussion paper published by the ECCV (2009) noted that data specifically on elder abuse and neglect in ethnic communities is sparse. Therefore it is difficult to represent incidence rates within different ethnic communities. In spite of the lack of empirical data, Wainer et al. (2011) postulate that it is a significant issue that is present within these communities and requires further exploration.

Risk Factors In Elder Abuse

ARAS data collected since the inception of the Abuse Prevention Program in 1997 indicates that there are a number of specific risk factors that may contribute to an older person experiencing, or being vulnerable to, abuse. These can include:

Risk factors related to the older person

History of family conflict and/or violence.

Shift in family dynamics as older people become frail and their role in the family changes.

Increasing physical and/or psychological dependency and vulnerability as the older person has to rely on others for care and support.

Older person's own experiences, level of resilience.

Cognitive impairment resulting in poor memory, lack of insight and inability to manage their financial affairs and other aspects of daily living.

Isolation provides opportunity for abuse to occur undetected and limits access to others who may be able to intervene and assist.

Insufficient planning for future care and financial security.

Cultural norms that perpetuates practices that may be considered abusive.

Lack of knowledge of their rights and resources that could assist in preventing, minimizing and stopping the abuse.

Risk factors influencing alleged abusers

Greed and/or sense of entitlement to the older person's money and assets.

Financial problems or unemployment.

Misunderstanding of role or deliberate misuse of power of attorney or power of guardianship responsibilities.

History of family conflict and/or violence.

Alcohol or substance abuse and/or gambling addiction

Mental health issues or emotional problems

Carer stress

(Aged Rights Advocacy Service 2011)

Data such as this is useful in creating an understanding of what circumstances may perpetuate abuse and can lead to effective responses to instances of elder abuse. There is a lack of information however, that explores whether these risk factors change across different cultural contexts.

Elder Abuse In CALD Communities

It is important to recognise that older Australians from CALD backgrounds are not a homogenous group. The diversity within Australia's CALD communities is significant. Australians identify with more than 300 ancestries and there are more than 260 different languages spoken in Australia today, including Indigenous languages (Department of Health and Ageing 2012).

There have been a number of studies which have looked to examine individual experiences of elder abuse. While these studies have provided valuable insights into attitudes surrounding elder abuse and made comment on the types of services that should be made available, a paucity of research exists which focuses exclusively on individual perceptions of, and responses to, elder abuse in CALD communities.

One of the few pieces of Australian research regarding the state of elder abuse in CALD communities was commissioned by the Western Australian OPA in 2006. Over two hundred CALD seniors and more than thirty organisations working with CALD seniors were consulted during this project.

The project was focused on exploring two points of interest. 1) The perspectives of members of CALD communities on elder abuse, and 2) what their views were on how the issue should best be responded to.

The report's findings indicated that some CALD seniors were at a greater risk of elder abuse due to poor English skills, social isolation and dependency on family members, unwillingness to disclose abuse because of social stigma, and cross-generational factors resulting in differing expectations of care and support (Blundell & Clare, 2006).

The research also concluded that a significant amount of underreporting occurs within this group and the subsequent effects of this phenomenon require additional exploration. In further support of this, the ECCV (2012) found that, while there is no research to indicate instances of elder abuse to be more *prevalent* in any one specific cultural group, when elder abuse occurs, people from migrant and non-English speaking backgrounds can be more vulnerable.

One of the fundamental problems present when addressing elder abuse in this context arises when the older person does not label or recognise the behaviour as being abusive (James & Graycar 2000).

To couple this with the fear of talking about abuse, and the fact that particular types of abuse are 'culturally specific and, therefore, remain invisible in Western conceptions of abuse of older people' (Tam & Neysmith 2006) the need to gather data that explores individual conceptions of elder abuse is crucial in gaining a further understanding of how to respond to occurrences in culturally sensitive and appropriate ways.

Before institutional responses to elder abuse may be considered, it is first important to determine what level of understanding surrounding the issue exists within different ethnic communities, how prevalent this level of understanding is, and how best to compile resources with which to broaden this understanding.

For example, the ECCV (2010) states that their feedback indicates the concept of institutionalised elder abuse is 'not well understood in ethnic communities since there is a strong preference for older people from CALD backgrounds to stay at home longer rather than seek institutional care'.

Taking into consideration that some members of these groups 'may not know, or be able to take the most basic, practical and preventative measures such as understanding how to make contact with the police and legal systems' (ECCV 2010), the need for dedicating research to exploring how best to empower individuals to be both aware and informed citizens becomes clear.

Protection Agencies

There are a variety of organisations and service providers which address and respond to elder abuse within South Australia, some of which are members of the Alliance for the Prevention of Elder Abuse (APEA). APEA was established in late 1999 and is comprised of some organisations and services which aim to improve and challenge how elder abuse is addressed. Additionally, APEA acknowledges that their strategic plan also specifically includes, but is not limited to, older persons from culturally diverse backgrounds. There are currently five members of APEA who support this aim through different processes.

In addition to ARAS, the members of this alliance include the Legal Services Commission, the Office of the Public Advocate, Public Trustee, and the South Australian Police (SAPOL) Home Assist Scheme.

The Legal Services Commission provides free information and legal advice for individuals in addition to the preparation of Enduring Powers of Attorney and Guardianship.

The Office of Public Advocate promotes and protects the rights of people with mental incapacities, as well as extended family members and carers. The Office of the Public Advocate also has the ability to act as guardian, conduct investigations, educate and advocate on behalf of their clients.

Public Trustee services include personal estate planning services, investment services, taxation, real estate management, public education and preparation of Enduring Power of Attorney and Enduring Power of Guardianship documents.

The SAPOL Home Assist Scheme aims to improve home and personal safety, thereby allowing people to remain in their own homes and to provide a better quality of life. This is achieved by implementing education sessions for older people, using SAPOL officers to conduct security audits and, if necessary, conversing on behalf of the older person to make alternations to circumstances.

Prevention and Intervention Strategies

Discussion of prevention and intervention strategies must first be prefaced with the acknowledgement that responses to elder abuse in Australia occur in a greatly agency *based* context.

Protection agencies are bound to respond to elder abuse by their duty of care, which is defined as 'a legal obligation to avoid causing harm and arises where harm is 'reasonably foreseeable' (Legal Services Commission 2013). Although this requires agencies to respond to instances of elder abuse when they are disclosed, this does not mean that agency responses are uniform in nature. On the contrary, different agencies within different states have unique intervention and prevention frameworks that they choose to implement.

In South Australia, ARAS follows a three tier response framework ranging from Informal, Formal to Protective responses depending on the abuse context. A consumer may elect to use a selection across the three tiers.

Informal strategies encourage the consumer to self-advocate and revolve around advising individuals of their rights and options, and exploring their informal networks of support. Informal strategies include considering whether or not the individual is in a position to self-advocate, or whether the individual's family and friends would be able to provide their support.

Cultural and community resources are explored during informal responses, such as local social clubs, religious gatherings and cultural groups. These are encouraged to give the individual a greater sense of independence and foster a rich social support network to guard against isolation.

Formal strategies involve working with service providers such as community and private agencies. This is done with a view of reducing consumer reliance on an alleged abuser and introducing external support networks.

Protective strategies may focus on the legalities of abusive situations and are highly variable depending on what the abuse context is. They include the exploration of legal options and a broad range of police responses depending on the type of abuse that has been alleged.

ARAS (2013) Abuse Prevention Program data shows that, in the 2012 financial year, 40% of intervention responses were informal, 29% were formal and 31% were protective. The main goal underpinning all three of these strategies is to action or create resilient and reliable external support networks.

Relating this back to CALD communities, research supports that individuals from CALD backgrounds may be at greater risk of abuse because of practical communication factors such as reduced English language skills, especially in relation to understanding legal and financial documents, and social isolation (OPA 2006).

In addition, there may be a limited understanding as to what constitutes abuse both in terms of language and conceptual understandings. It is important to note however, that this research was limited to the state of Western Australia, and so, findings may be geographically dependent.

Regardless of these considerations, it is apparent that it is important to gain primary knowledge of what mediums of communication older people from CALD backgrounds respond to best and, further to this, what forms of elder abuse awareness raising they would like to see implemented in their communities.

Aim

ARAS is committed to providing an equitable and accessible service to older people across South Australia. Additionally, they acknowledge that many of their clients and potential clients from CALD communities have identified needs.

As outlined in the introduction, there is a risk of elder abuse in these communities. ARAS acknowledges that some communities including, but not limited to, CALD communities, have elements which may restrict their ability to access information and support services.

The key aim of this research was to identify these elements specifically in the Italian and Greek communities within South Australia. This was done with the intention that it may contribute to future planning and increase both awareness of, and access to, protective agencies for CALD communities.

The objectives which were the focal points to achieve the aim were:

- **To identify the perceptions of elder abuse held by older South Australians in the Italian and Greek communities.**

As previously stated, the Italian and Greek communities make up a significant portion of the older population in South Australia. In addition to this, there has been no South Australian research to date on CALD community perceptions of elder abuse.

- **To identify influencing factors on individual responses to elder abuse.**

This is yet to be a focal point of studies in South Australia. Furthermore, it could be argued that knowing what factors may influence an individual's response to elder abuse may be fundamental to effectively achieving the subsequent aim.

- **To define the perceived accessibility and appeal of services directed at assisting those experiencing elder abuse.**

This will be a point of focus as services may be more effectively distributed when an understanding of the participants' opinions is gained.

- **To differentiate how best to communicate protective strategies to the Italian and Greek communities.**

Although this particular report will not outline directives by which this may be achieved, it will clearly outline the opinions participants have about what they believe would be beneficial to assist them in the future.

Method

Participants

The participants consisted of 15 individuals from an Italian background and 15 individuals from a Greek background.

These participants were sourced from four separate community groups; three Greek and one Italian. These community groups had briefly interacted with ARAS in the past.

Demographic information was not collected about the individual participants. However it can be noted that they were all older individuals, estimating over 65 years old as that is the basis for these community groups.

As seen in Appendix 1, the participant pool consisted of ten males and 20 females. The Italian sample consisted of four males and eleven females while the Greek sample consisted of six males and nine females.

Ethical Considerations

Due to the nature of the research, approval from an ethics board was not needed. Research was supported by ARAS and The University of South Australia's School of Psychology, Social Work and Social Policy.

Additionally, it should be noted that the researchers upheld the ethical standards of Australian Social Work Association and ACWA in addition to ARAS's ethical standards.

Preparations

Prior to engaging in the interview process, the researchers, in collaboration with the CEO of ARAS and the Abuse Prevention Program Team Leader, developed a participant information letter, release form, and questionnaire.

Meetings then took place with the managers of the community groups with the primary aim being to set up the time in which the interviews could take place. These meetings were also conducted to ensure that all parties felt comfortable with the developed questionnaire and also to ensure that all cultural considerations were upheld.

It should also be noted that, in addition to the development and preparation of the interview instruments, the pro forma for consolidation of data collected in the interviews was developed based on the interview questions, see Appendix 8.

Once interview dates were finalised, it was necessary to book interpreters. This step was undertaken by the Team Leader of the Abuse Prevention Program at ARAS.

Protocol Design

Interviews were conducted during regular meetings of the community social groups. Although dates varied, all interviews began within an hour of 10:00 am.

On arrival, the key researchers sought the most appropriate environment for the interviews to take place. The environment options were different at each location. However, on all occasions, the interviewing area was not in direct view of the social group.

At this stage, the ARAS representative would address those in attendance as a group and provide brief information on ARAS as a service and, additionally, what the interview hoped to achieve. At the end of the presentation, the individuals were encouraged to participate in the volunteer interview. It is important to note no alternative encouragement or incentive was provided to the participants.

When a participant volunteered, they were greeted by the key researcher, ARAS advocate and the interpreter. All of these individuals were present throughout the interview process, for all the interviews. At this stage of the protocol, the participant was asked all of the 13 pre-set questions. If requested or required, the interpreter was used throughout this stage.

Analysis

The responses received from the Italian and Greek communities were then consolidated to the aforementioned pro-forma. This was done by the primary researchers for that participant group; furthermore it was done after extensive discussion on important elements of interest and knowledge of thematic analysis. It was then that the data was separated into two forms of analysis; Quantitative and Qualitative.

The Quantitative responses consisted of eight questions out of 13. Each of these questions was structured so that participant had to select a provided response.

Additionally, it should be acknowledged that the questions which provided the participant an opportunity to choose an answer and add further detail, were analysed using both quantitative and qualitative methods.

In addition to the quantitative analysis, a qualitative analysis was required; for this research thematic analysis was used. Thematic analysis focuses on the human experience subjectively. This analysis primarily focused on the participant's perceptions, feelings and experiences; which were the key focal point of this research.

It was the role of the researcher to identify key themes. A theme represents a level of patterned response or meaning from the data. A researcher's judgement is the key tool in determining which themes are more crucial.

Data Analysis

To conduct the quantitative analysis SPSS was utilised. This was achieved by an allocating a value for each response, and then the frequency was analysed. Consequently, this will provide statistical representations of the responses. It should be noted that this was conducted for each individual question for three participant groups, Italian, Greek and the combined community representation. As noted, where applicable, questions which require thematic analysis will also be provided.

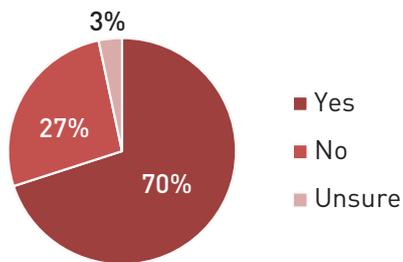
In regards to the thematic analysis section, this will be reported in the report through succinct short answers of the key themes within the responses. As mentioned above this data will be provided for the Italian, Greek and combined participants.

Results

Have you ever heard the term 'elder abuse' before?

Combined CALD Community Response:

Figure 1.



As displayed in Figure 1, 70% of the participants from both CALD community groups acknowledged that they had heard the term 'elder abuse' before. Twenty-seven percent responded 'no' that they had not heard the term before, and 3% of participants replied that they were 'unsure'.

Italian Response:

Figure 1a.

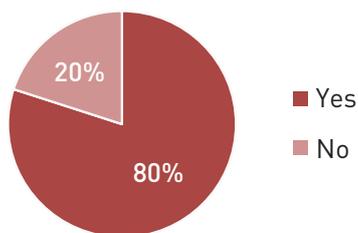
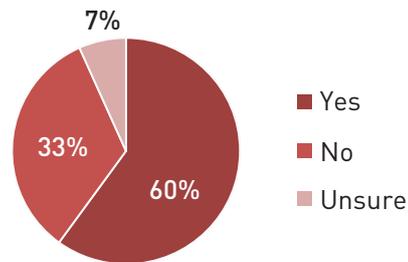


Figure 1a shows that 80% of participants from the Italian community confirmed that they had heard the term elder abuse before. Twenty percent of participants stated that they had not heard the term before.

Greek Response:

Figure 1b.



The results as displayed in Figure 1b show that 60% of Greek participants acknowledged they had heard the term elder abuse before. Thirty-three percent of Greek participants reported they had not heard the term before while 7% reported they were unsure.

Do you remember where you heard it, or who it was that spoke to you about it?

Combined CALD Community Response:

Formal mediums were most commonly mentioned by participants in response to this question. In particular, radio and television were noted. Results also reflected that informal discussions with friends, family and first-hand experience was secondary to this, with only one response dividing the two. It should also be noted that of the 30 participants, seven of these either did not recall where they heard it or had not heard about elder abuse before.

Italian Response:

The most common response to this question within the Italian community was formal methods, in particular television news shows, secondary to written material. The next most common response was informal methods of introduction to elder abuse. This included, but was not limited to, community centres and speaking with friends.

The least reported answer (10%) was that the participants did not recall where they heard it or they had not heard it before.

Greek Response:

For the Greek community, it was apparent that the most common method in which they received information about elder abuse was through 'word of mouth' or first-hand experience, with additional examples provided around speaking with family and friends.

The other answers which were reported with equal prevalence were that participants had seen the information in a formal medium such as written information or radio. The other alternative answer was that participants could not recall where they had heard it or had not heard the term elder abuse before.

What do you think abuse of older people is?*Combined CALD Community Response:*

Data collation showed that there were three core responses to this question. There was the act of elder abuse, the victims and the emotions the victim would have experienced and, lastly, the perpetrator. It should be noted that the most common answer referred to the act of elder abuse itself. This included descriptions of physical, psychological and financial abuse as well as descriptions of insufficient service delivery and neglect. Furthermore the acknowledgement of loss of assets or money being stolen was also a key element in the majority of answers, even when other elements were presented.

In addition to the act of elder abuse, there was a focus on the victims, with age groups in particular being highlighted. Only one of the participants who mentioned victims gave a specific age group. In addition to the age focus, there were elements of reflection on possible emotions a victim may feel when experiencing abuse. Words like 'hopelessness' and 'loneliness' were commonly voiced.

There was also an assumption that the perpetrator would be a young person or an adult child. There was limited mention that service providers may also be perpetrators and was not as prevalent in comparison to the relation between the participant's description of elder abuse and younger perpetrators.

Italian Response:

Although the responses had the same key elements as presented in the combined CALD community response, there were also additional themes present. These included a focus on disrespect. Participants also often stated that this would occur in interactions with a variety of people, not only the younger related individuals.

In addition to the key theme of disrespect there was also an element of focus on the environment in which the abuse occurred. The participants mentioned both private and institutional settings, such as in the home and in nursing homes.

Greek Response:

While the Greek community's answer did not include any themes additional to those presented in the cumulative data, it may be important to note the breadth of all the answers given was quite limited.

Do you think abuse of older people happens in your community?

Combined CALD Community Response:

Figure 2.

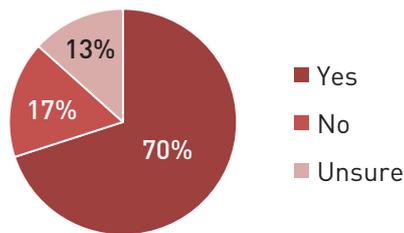
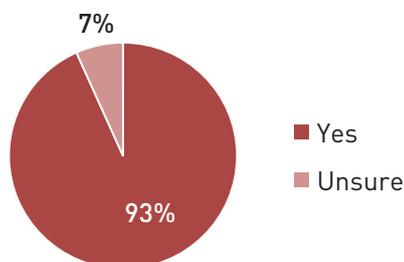


Figure 2 displays that out of 30 participants 70% believed that elder abuse did occur within their communities. Secondary to this was the 17% which believed it did not occur, followed by 13% which were unsure.

Italian Response:

Figure 2a.



In response to being asked if the participants believed that elder abuse occurred in their community 93.3% responded 'yes' and 6.7% responded that they were unsure whether it occurred.

Greek Response:

Figure 2b.

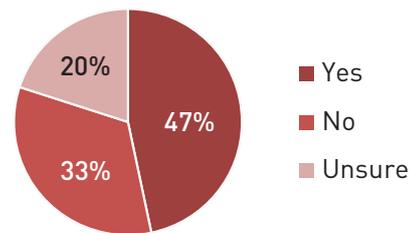


Figure 2b shows that 47% of participants believed that elder abuse occurred in their community. Whilst 33% responded 'no' and 20% responded that they were 'unsure' whether elder abuse occurred.

What do you think ARAS could do to help older people who are experiencing abuse in your community?

Combined CALD Community Response:

The most prevalent theme within both CALD communities' responses was establishing contact between ARAS and their communities. Additionally, their responses commonly extended to explain the cultural reasoning as to why they felt this was of significant importance. Participants also supplied suggestions on how establishing contact could be achieved.

To emphasise this, there was acknowledgement of the low likelihood of individuals engaging with ARAS without some pre-established rapport.

In addition to contact, another key theme was the promotion of ARAS and its ability to assist in elder abuse situations. Key words that were utilised were 'awareness' and 'advertising'. It should also be noted that 23% of the participants responded to the question with "I don't know".

Findings display that the participants felt that the most appropriate methods for ARAS to communicate with their communities were radio (34%), informal gatherings (23%), and speaking at community events (20%). Both newsletters and meetings were reported to be the least effective method (3%). In addition, 17% of participants responded to the question with 'other'. The 'other' as reflected in participants' answers included information packages, talking to individuals through churches and by alternative print media.

Italian Response:

In reflection to the combined CALD themes, the most prevalent theme in the Italian community's answers was personal contact. It was evident that the participants believed that home visits and direct communication would be most beneficial to assist individuals experiencing elder abuse.

In addition to this, other themes that were present were the need for government support and structure, and further access to information. Although both of these were only mentioned in brief, they were still areas that the participants felt needed development.

Greek Response:

The key themes present in the responses taken from Greek community participants were the same as reflected in the cumulative data. However, it should be noted that the Greek participants also furthered the theme of 'contact' by adding a variety of methods in which this may be achieved. This included, but was not limited to; home visits, informal discussions, and previously initiating contact to build rapport.

There was also a key theme of 'knowledge' and 'information'. Fifty percent of participant responses included this theme, with methods by which this could be achieved, for example, information being provided in hospitals etc.

What do you think would be the best way for ARAS to communicate with community/social groups?

Combined CALD Community Response:

Figure 3.

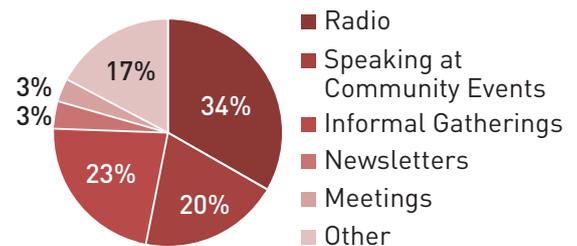


Figure 3 indicates that 17% of participants currently receive information about community events via radio. Other forms of media include newspapers (3%), meetings (7%) and newsletters (10%). The alternative methods that were reported were pamphlets and word of mouth. To clarify, participants stated that word of mouth consisted of speaking with friends, family members, neighbours and other social groups.

Italian Response:

Figure 3a.

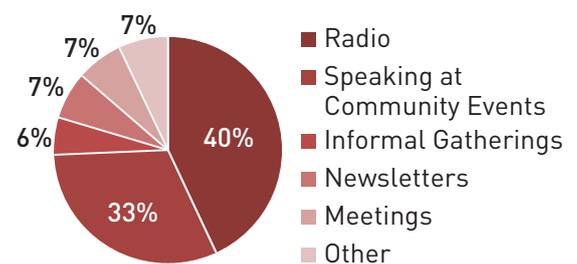
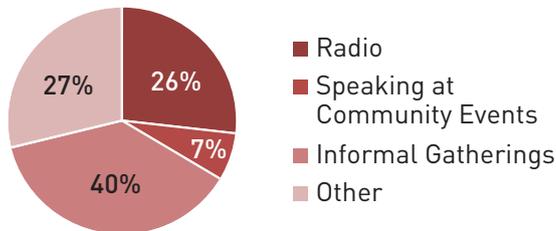


Figure 3a show that the Italian participants responded that the use of Italian radio to communicate was most effective (40%). The second most chosen response was speaking at community events.

Informal gatherings, newsletters and meetings made up 6.7% of responses each. In regards to the 'other' response, it was proposed that direct communication on an individual basis would be most effective.

Greek Response:

Figure 3b.



This research found that the majority of the Greek participants preferred informal gatherings for the best method of receiving information from ARAS. Secondary to this was radio (27%) and other (26%). Participants contributed alternative ideas in regards to other responses, such as one-on-one contact, personal letters, and information packages provided through hospitals. The least preferred method of contact was speaking at community events (7%).

How do you prefer to find out what's happening in your community?

Combined CALD Community Response:

Figure 4.

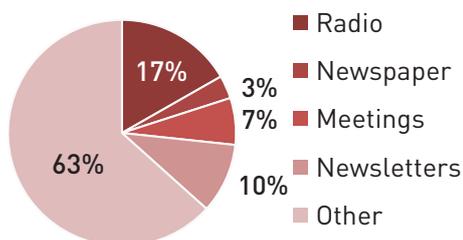
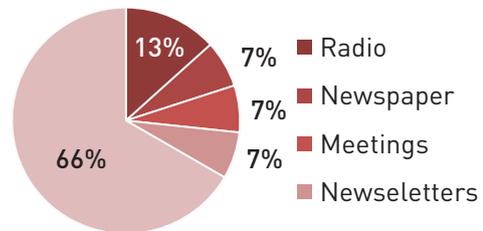


Figure 4 indicates that 17% of participants currently receive information about community events via radio. Other forms of media include newspapers (3%), meetings (7%) and newsletters (10%). The alternative methods that were reported were pamphlets and word of mouth. To clarify, participants stated that word of mouth consisted of speaking with friends, family members, neighbours and other social groups.

Italian Response:

Figure 4a.



Participants were asked how they find out what is happening within their community. The most prevalent response was 66.7% reporting 'other'. The other in this instance reflected that the majority of participants were informed of community events through a variety of methods, inclusive of the provided prompts, but with the additional method of word of mouth. Radio was secondary to the use of multiple methods (13.3%) with newspapers, meetings, and newsletters all being the sole method if gaining information on what was happening within their community (6.7% each).

Greek Response:

Figure 4b.

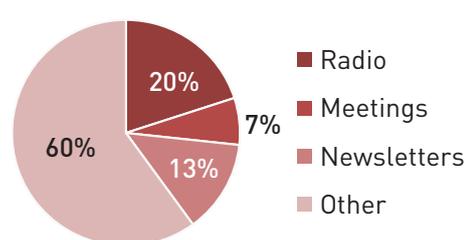
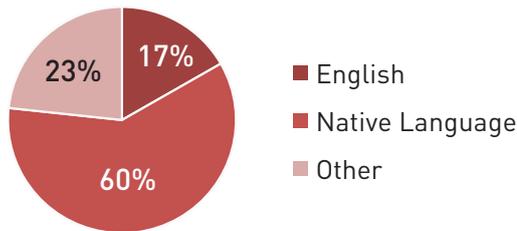


Figure 4b shows that 60% of participants chose 'other' when asked how they prefer to find out what is happening in their community. Those that chose this response stated it was commonly through a variety of methods including talking to friends and neighbours, pamphlets and other alternative social groups. The next most common response for the Greek participants was radio (20%), newsletters (13%), and meetings (7%).

Do you generally prefer to get you information in English or Native Language?

Combined CALD Community Response:

Figure 5.



The results displayed in Figure 5 show that 60% of participants preferred to receive communications their native language, with 23% of participants reporting no preference. It was a consistent theme among these individuals that it was not a concern which language was used. Seventeen percent of participants responded that English was their first preference.

Italian Response:

Figure 5a.

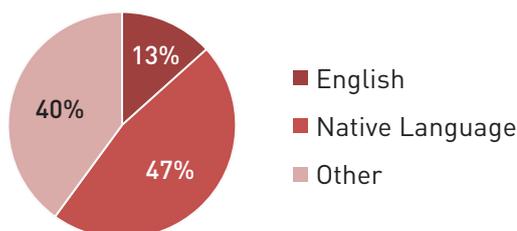


Figure 5a shows that 46.7% of participants preferred to communicate in Italian at all times. Whilst 40% stated either, which commonly reflected that participants did not have a preference between English and Italian.

Participants that preferred English only made up 13.3% of responses.

Greek Response:

Figure 5b.

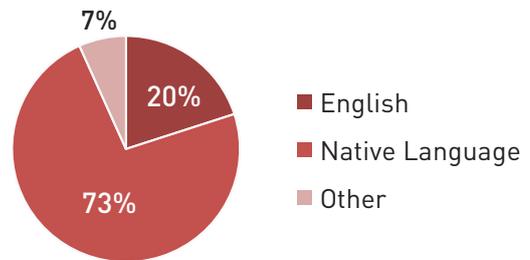
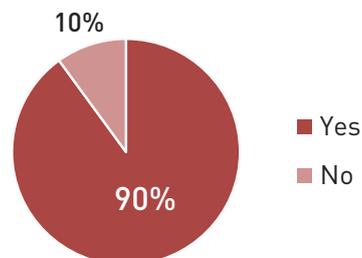


Figure 5b shows that 73% of the Greek participants preferred to communicate in Greek, while 20% preferred to communicate in English. Seven percent of participants had no preference.

If someone you knew was experiencing abuse, would you talk about it?

Combined CALD Community Response:

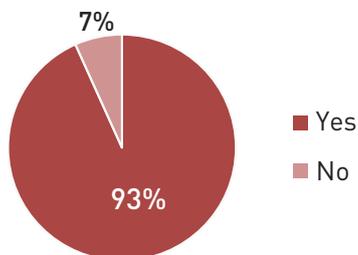
Figure 6.



As Figure 6 displays, 90% of participants reported that they would speak to someone if they knew of an individual experiencing elder abuse. Only 10% of participants reported they would not speak to anyone.

Italian Response:

Figure 6a.



The majority of the participants from the Italian participants acknowledged that they would talk to someone if they knew someone was experiencing elder abuse in their community (93.3%), while 6.7% of participants responded that they would not talk to anyone.

Greek Response:

Figure 6b.

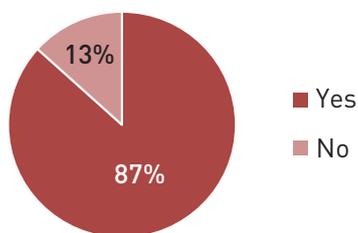


Figure 6b shows that 87% of Greek participants stated that, if they knew someone experiencing abuse, they would do something about it. Thirteen percent of participants stated they would not.

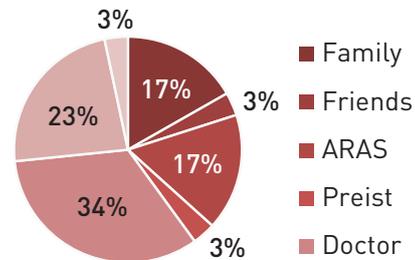
The participants who stated that they would do something about it, they often disclosed that they would speak to the victim or a service that supported individuals that were experiencing elder abuse.

For those who responded that they would not do anything, it was commonly additionally added that, if they did, there would be boarder consequences which they were not willing to encounter.

Who would you talk to?

Combined CALD Community Response:

Figure 7.



The most prevalent response as reflected in Figure 7 was that participants would talk to their doctor if they knew of someone that was experiencing elder abuse (34%). Secondary to this, 23% of participants responded that they would talk to others. The subsequent prevalent other person which participants noted they would talk to was the abuse victim. Seventeen percent of participants said that they would speak to other family members or ARAS and 3% of participants said that they would speak to friends or a priest. A further 3% of participants disclosed that they would prefer not speak to anyone.

Greek Response:

Figure 7a.

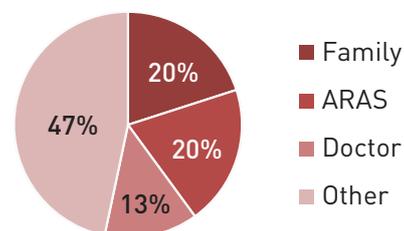
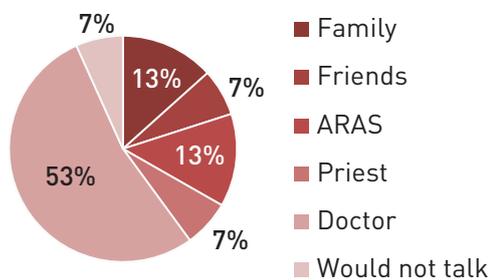


Figure 7a shows that participants would choose individuals alternative to the provided prompts to discuss an incident of elder abuse with. The 'other' option was chosen by 46.7% of participants which commonly reflected a discussion with friends, police or that they would contact more than one person to discuss the situation.

Secondary to these options, participants stated that ARAS (20%) and other family members (20%) would be likely to be contacted if the Italian participants knew of an individual experiencing elder abuse. According to the result, a doctor in this circumstance would be less likely to be contacted by Italian participants to discuss elder abuse.

Greek Response:

Figure 7b.

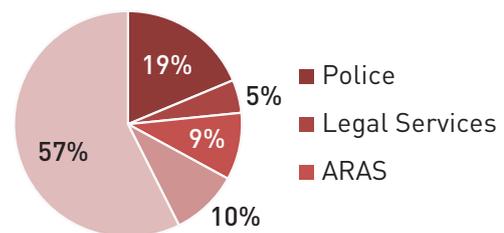


As displayed by Figure 7b, 53% of Greek participants stated that, if they knew someone who was experiencing else abuse, they would discuss it with their doctor. Subsequently, 13% of participants responded that they would talk to their family and 13% responded that they would contact ARAS. Seven percent of participants stated that they would either not talk to anyone or would talk to their priest.

I am going to provide you with a list of some services that can help older people experiencing abuse. Would you talk to any of them?

Combined CALD Community Response:

Figure 8.



When participants were provided with a list of services they could contact if they knew someone who was experiencing elder abuse, 57% of participants stated they would contact either multiple services or an alternative service which included C.I.C or A.N.F.E.

It should be noted that a key theme which was present in these particular responses was that the participant would choose according to how severe they believed the abuse to be.

Subsequent to this group, 19% of participants stated they would report the abuse to the police, 10% to service providers, 9% to ARAS and 5% to legal services.

Italian Response:

Figure 8a.

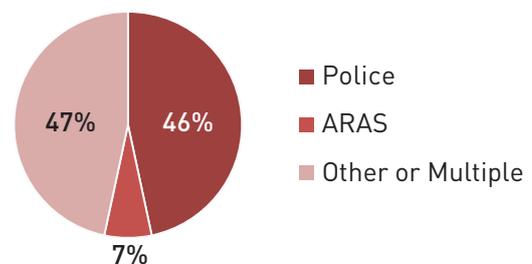


Figure 8a displays participant responses to being asked who they would prefer to contact after being supplied with a list of services they could contact if they knew of an individual that was experiencing elder abuse.

Participants reported that they were more likely to contact the police with their concerns (46.7%) or 'other' (46.7%). As discussed in their answers 'other' reflected an intention to contact C.I.C , A.N.F.E, friends or multiple services.

Greek Response:

Figure 8b.

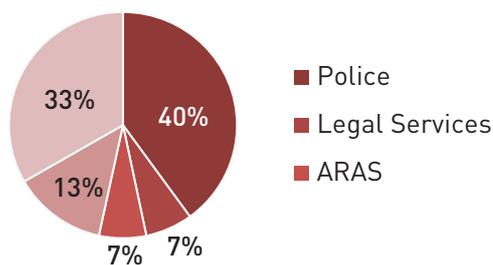


Figure 8b shows that 40% of participants stated that they would report elder abuse to the police. The next most frequent response was 33% stating 'other' or 'multiple services'. Those that responded with this answer often acknowledged that their choice would be influenced by the context of the situation and the severity of the abuse. Thirteen percent of participants stated that they would contact service providers and 7% stated they would contact either legal services or ARAS.

If not, what do you think would hold you back from wanting to talk to them?

Combined CALD Community Response:

The most prevalent themes to emerge were 'communication barriers' and 'fear of consequences'. Participants reported that they felt apprehension in contacting services as most did not feel confident in expressing themselves using English.

In regards to the fear of consequences, the participants reflected that this fear related to both themselves or the victim and that of their family. Terms like 'isolation' and 'hopelessness' were commonly used when participants were describing the victims.

It was also expressed in the majority of responses that, if the abuse was occurring within the family, it would be 'intrusive' and could impact the family structure which was described as being a point of concern.

Italian Response:

Key themes in the Italian participant responses consisted of implications from not knowing whom to contact, concerns of consequences that could arise if they spoke out and considerations of family. The consequences which individuals acknowledged consisted not only of concerns of the perpetrator but also for the victim.

It was apparent that the participants felt that the individual should be empowered to speak for themselves. Additionally this was linked to the considerations of family; the participants felt that talking to anyone would affect the relationships within the family structure and this, it was stated, was not appropriate from the bystander's perspective.

Participants also stated that they did not want to get the person 'in trouble' with their family or get into trouble themselves for disclosing abuse.

25% of participants stated that there was nothing that would hold them back.

Greek Response:

The key themes in the responses of the Greek participants were 'communication issues' and 'consequences'. These participants had a strong focus on their inability to clearly communicate unless they were being spoken to in Greek. They noted this caused them great apprehension when contacting services.

Continuing the presented theme of consequences, participants expressed consequences for themselves if they did speak about someone experiencing elder abuse without their consent. There was mention about the consequences for the family which the abuse was taking place in and, additionally, there was a focus on the impact on the victim. It was evident that there was a fear that the victim could subsequently feel more 'isolated' and 'helpless'.

It should be noted that 47% of participants noted nothing would hold them back from talking to someone about their knowledge of an individual experiencing elder abuse.

Do you have any other comments or suggestions you would like to share with us about elder abuse or what ARAS can do to better help your community?

Combined CALD Community Response:

Although responses varied for this question, there was a dominant suggestion to increase communication and contact with the older persons. There were many suggestions to have direct contact to raise awareness and build rapport as it was suggested that reporting incidences to a stranger is rather difficult. In addition to increased contact and communication, the other prevalent theme was a request to increase information provision.

It should be noted that many of the participants did not make any further comments or suggestions when asked.

Italian Response:

The majority of participants did not have any additional comments or suggestions. The participants who responded discussed the prevalence of elder abuse and the need to address the issue. Themes which were extracted from participant responses included a focus on acknowledging that individuals do need help and that there is a problem that must be addressed. Often responses included a reinforcement of a particular method of addressing elder abuse; for example the mention of home visits and increasing community awareness.

Greek Response:

When participants were asked if there were any other additional comments or suggestions there were three key themes presented; 'communication', 'information' and 'contact'.

Participants noted that, in the future, when presenting information to the Greek community the use of examples when discussing elder abuse may be beneficial. It was argued that it was not only beneficial due to the language differences but it was also stated that the use of real, descriptive examples highlights the importance and increases understanding. In regards to the theme of information, most participants noted they wanted to know more and gain a furthered understanding of elder abuse; however, they did not suggest how they thought this was best achieved.

Lastly, was the theme of contact, many participants acknowledged again that establishing rapport and direct one-on-one contact made them feel most comfortable.

Discussion

Data from the interview transcripts was collated and analysed to identify key themes, relating to the underlying concepts of participants' understandings of elder abuse in CALD communities. Through this process of analysis, three core themes (each with a series of sub-themes) were extracted. These themes were:

- **Culture**
- **Communication**
- **Contact**

Research focused on exploring conceptions of elder abuse in CaLD communities so it is not surprising that culture and communication were identified as two main themes during analysis. Acknowledging isolation as a significant risk factor in abuse situations (Aged Rights Advocacy Service 2011), the importance placed on maintaining contact between older persons and external support networks also emerged as a theme.

Culture

This theme relates to the impact culture may have as to how abuse is interpreted and responded. One of the fundamental problems in addressing elder abuse arises when the older person does not label or recognise certain behaviour as being abusive (James & Graycar 2000).

While this is in no way a culturally specific dilemma, members of CaLD communities experience this in a unique way as there are also particular types of abuse situations that may remain invisible in Western conceptions of abuse (Tam & Neysmith 2006).

Although these culturally specific experiences were not implicitly discussed with participants, their responses may, to a point, be seen to be a product of their own cultural backgrounds and, therefore, be representative of that culture.

The three sub-themes relating to this theme are:

- ***Interpretations of abuse***
- ***Responses to abuse***
- ***Limitations to disclosure***

Interpretations of abuse

When asked for their opinions on what they thought elder abuse was, participants from both community groups responded by describing situations that will be referred to as either active or passive abuse. Active abuse situations were the most commonly described and these centred on acts of physical, psychological and financial abuse. Passive abuse situations that were mentioned related to family members and service providers neglecting the older person by failing to meet their physical and emotional needs. It is interesting to note that sexual abuse was not mentioned by participants from either community group.

Data collation showed that participants often focused on the experience of the victim, discussing their emotional responses to abuse situations by using words like 'loneliness' and 'hopelessness'.

This indicated that participants empathised with the experience of the victim, suggesting a certain amount of association.

When describing instances of active abuse such as physical and financial abuse, a prevalent assumption made by participants was that the perpetrator would be either a young person or an adult child. In the few descriptions of passive abuse given, participants mentioned 'family neglect', treating the family as a whole unit rather than separating specific individuals. Service providers were also occasionally mentioned in these discussions.

The prevalence of scenarios in which participants described family members as perpetrators suggested that these conceptions were more meaningful to participants than those of service providers. This was consistent among both Italian and Greek responses.

Responses to abuse

Discussions around disclosing abuse showed a clear indication for individuals to seek out someone to speak to. However, the preferred individual or body for participants to disclose abuse to was culturally variant. The most prevalent response in the Greek community was that of the *doctor*, with 53% of participants choosing this option.

The majority of Italian participants (46.7%) chose *other* when asked the same question. Italian participants disclosed that they chose this option because they would prefer to speak to their close friends or, to a lesser extent, to contact the police.

Although they prefaced their responses by stating that it was dependent on the severity of the abuse, participants often showed a preference for disclosing abuse in more informal contexts, with only 19% opting to disclose to statutory bodies such as SAPOL. Participants spoke about feeling 'intrusive' at disclosing abuse that was occurring within a family unit and not wanting to impact the 'family structure'.

These responses supported pre-existing research conducted by the Western Australian Office of the Public Advocate (2006), which indicated that some CaLD seniors were at a greater risk of elder abuse due to a number of factors.

These included an unwillingness to disclose abuse because of social stigma and cross-generational familial structures that resulted in differing expectations of care and support.

Limitations to disclosure

This sub-theme relates to what factors can influence older people to *not* report abuse or to steer away from service providers and statutory bodies such as SAPOL in favour of more informal confidants.

When asked what would hold them back from speaking with protective agencies, the most prevalent response given by participants was 'fear of consequences'. This was elaborated by participants stating that they would not want to get the individual 'in trouble' with their family or get 'in trouble' themselves. These findings may be indicative of a limited understanding surrounding the responsibilities and approaches of protection agencies. This supports pre-existing publications (ECCV 2007) which note that some members of CaLD communities may not feel comfortable navigating service providers, police and legal systems.

Participants also spoke about 'not knowing' certain agencies and, therefore, not feeling comfortable enough to approach them regarding an instance of abuse. It could be said that this lack of awareness is an indicator of the need for protection agencies to provide information in formats that are both meaningful and relevant to the communities they are targeting.

Communication

This theme relates to how language and different methods of communication can affect the ways in which elder abuse is perceived and understood. Individuals from linguistically diverse backgrounds have a unique experience of communication, both in the context of navigating mainstream services (seeking) and of having various agencies reach out to establish contact with them (receiving).

The two sub-themes that emerged from this theme are:

- **Language barriers**
- **Agency contact**

Language barriers

Participants spoke about the difficulties of making contact with agencies due to language barriers. This became evident when asked if anything would hold them back from speaking with various agencies to disclose elder abuse. The most common response participants gave for not wanting to contact agencies was a lack of confidence in their ability to express themselves adequately using the English language.

These responses supports the pre-existing literature which states that individuals from CaLD backgrounds may be at greater risk of abuse because of practical communication factors such as reduced English language skills (especially in relation to understanding legal and financial documents) and social isolation (OPA 2006).

Agency contact

Interview questions were structured to discern two points. 1) How participants were currently receiving information about what was occurring in their community and 2) what their preferred method of receiving information from agencies like ARAS would be.

Discussion occurred around these two points and the majority of participants stated that they received their information through verbal mediums such as *radio* and *word of mouth*. Written media such as *newsletters* and *newspapers* were not commonly used. This suggests a preference for verbal exchanges of information rather than written print and may be indicative of lowered literacy rates and an overall preference for verbal communication.

To add to this, the majority of participants preferred to receive communications in their native language rather than English. This could suggest that effective outreach campaigns could take place by utilising culturally specific organisations, such as local radio stations, to compile verbal information packages in the participant's native tongue.

While both community groups heavily favoured verbal communication over print media, an interesting finding gathered from the data was the differences in how the Italian and Greek participants stated they would prefer to receive information from ARAS.

After *radio*, the second most prevalent response from the Italian community was *speaking at community events*, which was chosen by 33% of participants. In contrast to this, Greek participants stated that speaking at community events was their least preferred method of contact, with only 7% of participants requesting it.

Data such as this is important when considering the approach that service providers use in their communications with CaLD communities as it highlights the diversity that exists within them.

CaLD communities are not homogenous groups and findings like these show that a 'one size fits all' approach to building relationships with them is not appropriate.

Contact

The theme of contact relates to the relationship that must exist between protection agencies and individuals from CALD communities in order for reporting to occur.

Two sub-themes emerged during the analysis of this theme, they are:

- **Building trust**
- **Isolation**

Building trust

Participants spoke about the likelihood of individuals engaging with services being dependent on the amount of pre-established rapport that existed between them. Building rapport with communities differs from establishing contact in that it implies a positive two way relationship. This could be suggestive of the need for protective agencies, such as ARAS, to find ways to integrate themselves into different community groups.

Considering participants had a clear preference for verbal exchanges of information, such as *word of mouth* over print media, and such as *newsletters*, the data suggests that protective agencies face the problem of relying on community groups (and their members) to circulate positive 'word of mouth' amongst one another about a phenomenon that traditionally exists as a 'hidden problem' and, consequently, is not spoken about (Office for the Ageing 2007).

Isolation

When discussing elder abuse, participants often spoke about the victim experiencing isolation, this was also sometimes described as intense 'hopelessness' or 'loneliness'.

The majority of participants suggested increasing contact between protective agencies and older individuals from CALD backgrounds to ward *against* isolation. These suggestions could be related to the notion that participants believed isolation increased the likelihood of abuse.

This could be indicative of the perceptions participants held around elder abuse and *how* and *where* they felt it was most likely to occur.

It is also interesting to note here that, while isolation is a risk factor for abuse (ARAS 2012), there are a number of situations in which abuse occurs in highly populated contexts such as aged care facilities. It must be acknowledged however that people in aged care facilities are not always in group settings within the facility.

Recommendations for Future Development

It is important to note that the recommendations for future developments were determined with regard to the responses of the research participants. Considerations were made in terms of practicality.

As the following recommendations have been taken directly from participant responses, they do not necessarily consider practices that may be currently in place or other implications which may influence the ability to implement services.

Participants suggested the following recommendations:

1. Rapport to be built *prior* to abusesituations occurs

A number of participants commented that they would feel more comfortable discussing knowledge of elder abuse if they had a prior relationship with an individual. If there was a logistically effective way to achieve this then it could be argued to be significantly invaluable.

2. Altering the way communication is presented

Some participants noted that there were particular communication methods which would assist their ability to understand information presented; such as the use of short narratives, examples and illustrations. Although this appears rather simplistic in nature, understanding the difference in communication structure may have a significant impact on the success of information exchange.

Further to this it was evident that a shift from a printed medium to a verbal medium may also be beneficial. Although printed media offers accessibility and could be argued to be more practical, verbal communication may be more effective in achieving the goals of the advocate and client, and ARAS goals.

3. Using multiple methods of promotion and advertising

Among the responses from the research participants it was evident that there was a lack of knowledge of ARAS services and its ability to assist individuals with information about elder abuse. It could therefore be argued that investing resources to improve this alone could be beneficial. Furthermore, that if resources were allocated to this that utilising a variety of methods would be appropriate. This is due to participants noting that they gain information from a variety of sources and would prefer to gain further information in the same manner.

4. Home visits/personalised contact

This is potentially one of the key recommendations. Although logistically it may be difficult, participants continually stated that they would like more contact; and that the home environment is the most appropriate and accessible for them.

In regards to the recommendations, although practices are designed with consideration regarding the individual belonging to CALD communities, it is evident that contact needs to be personalised where possible to achieve the best outcomes.

Significant consideration could be given to all of the above points with an emphasis on acknowledging the family structure.

Suggestions For Future Research

As with all research, it is necessary to identify the strengths and limitations of the research process, as this subsequently assists in determining suggestions for future research. There are three key limitations of this research which should be considered when undertaking future research.

This research was conducted over a four month period. It could be argued that the time restraints had a variety of impacts throughout the process, including, but not limited to, the specificity of questions. It could be important in the future to further narrow the research aim or to extend the project time allowance to ensure the best results.

In regards to the lack of specificity within the questions, it was apparent throughout the interview process and, furthermore, through the analysis of the data, that there are a variety of areas of focus which could be further developed.

Although the broad questions presented to the research participants enabled key themes to arise, it could be important in the future to delve deeper in order to establish the reasons why such perceptions occur.

This could be significantly beneficial in regards to expanding on future developments in assisting in the prevention and intervention of elder abuse and the accessibility of services.

Future research should also acknowledge the importance of seeking appropriate methods to collect demographic data from participants. This is important as the presence of demographic data will increase the research project's ability to prove validity and reliability.

In regards to the structure in which the interviews were conducted, there could be an argument made for future research to limit the amount of people present during the process. Participants acknowledged that they would feel more comfortable discussing elder abuse if they had prior engagement with the individual to whom they were talking.

It could be argued that having three individuals present during the process may have impacted their responses. Altering this in the future may ensure that responses are extensive and more reflective.

The field would also benefit from further research being conducted on how individuals from CALD communities conceptualise elder abuse. It was apparent in participant responses that there was a lack of consistency and, furthermore, *understanding* of elder abuse occurring outside of the family structure.

If this was further explored, it could assist in developing ways to effectively and appropriately educate older persons from CALD communities on elder abuse. This could lead to further benefits in the prevention and intervention processes, including but not limited to, higher report rates.

Further follow up research could be conducted in regards to agency and employee perceptions of elder abuse, to investigate their current perceptions and knowledge of elder abuse.

Additionally, as the majority of older individuals come into contact with these parities, it could be argued that such staff have a significant influence on the perceptions of their clients.

Further research could also be conducted in the form of a cross-cultural comparative study of older people's perceptions, knowledge, and ability to respond to elder abuse. A comparative study could assist in the establishment of processes tailored for the specific needs of different community groups to ensure effective and efficient practice.

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Appendix 1

CALD Community Frequency Data

Statistics	Nationality	Gender	Q4	Q1	Q7	Q6	Q8	Q9a	Q10	Q11
No. Valid	30	30	30	30	30	30	30	30	30	30
Missing	0	0	0	0	0	0	0	0	0	0

National	Frequency	Percent	Valid Percent	Cumulative Percent
Greek	15	50.0	50.0	50
Italian	15	50.0	50.0	100
Total	30	100.0	100.0	

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	10	33.3	33.3	33.3
Female	20	66.7	66.7	100
Total	30	100.0	100.0	

Question 1	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	21	70.0	70.0	70.0
No	8	26.7	26.7	96.7
Unsure	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Question 4	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	21	70.0	70.0	70.0
No	5	16.7	16.7	86.7
Unsure	4	13.3	13.3	100.0
Total	30	100.0	100.0	

Question 6	Frequency	Percent	Valid Percent	Cumulative Percent
Radio	10	33.3	33.3	33.3
Speaking at Community Events	6	20.0	20.0	53.3
Informal Gatherings	7	23.3	23.3	76.7
Newsletters	1	3.3	3.3	80.0
Meetings	1	3.3	3.3	83.3
Other	5	16.7	16.7	100.0
Total	30	100.0	100.0	

Question 7	Frequency	Percent	Valid Percent	Cumulative Percent
Radio	5	16.7	16.7	16.7
Newspaper	1	3.3	3.3	20.0
Meetings	2	6.7	6.7	26.7
Newsletters	3	10.0	10.0	36.7
Other	19	63.3	63.3	100.0
Total	30	100.0	100.0	

Question 8	Frequency	Percent	Valid Percent	Cumulative Percent
English	5	16.7	16.7	16.7
Native Language	18	60.0	60.0	76.7
Other	7	23.3	23.3	100.0
Total	30	100.0	100.0	

Question 9a	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	27	90.0	90.0	90.0
No	3	10.0	10.0	100.0
Total	30	100.0	100.0	

Question 10	Frequency	Percent	Valid Percent	Cumulative Percent
Family	5	16.7	16.7	16.7
Friends	1	3.3	3.3	20.0
ARAS	5	16.7	16.7	36.7
Others	7	23.3	23.3	60.0
Priest	1	3.3	3.3	63.3
Doctor	10	33.3	33.3	96.7
Would Not Talk	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Question 11	Frequency	Percent	Valid Percent	Cumulative Percent
Police	13	43.3	43.3	43.3
Legal Services	1	3.3	3.3	46.7
ARAS	2	6.7	6.7	53.3
Service Providers	2	6.7	6.7	60.0
Other or Multiple	12	40.0	40.0	100.0
Total	30	100.0	100.0	

Appendix 2

Italian Responses Frequency Data

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	4	26.7	26.7	26.7
Female	11	73.3	73.3	100.0
Total	15	100.0	100.0	

Question 1	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	12	80.0	80.0	80.0
No	3	20.0	20.0	100.0
Total	15	100.0	100.0	

Question 4	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	14	93.3	93.3	93.3
Unsure	1	6.7	6.7	100.0
Total	15	100.0	100.0	

Question 6	Frequency	Percent	Valid Percent	Cumulative Percent
Radio	6	40.0	40.0	40.0
Speaking at Community Events	5	33.3	33.3	73.3
Informal Gatherings	1	6.7	6.7	80.0
Newsletters	1	6.7	6.7	86.7
Meetings	1	6.7	6.7	93.3
Other	1	6.7	6.7	100.0
Total	15	100.0	100.0	

Question 7	Frequency	Percent	Valid Percent	Cumulative Percent
Radio	2	13.3	13.3	13.3
Newspaper	1	6.7	6.7	20.0
Meetings	1	6.7	6.7	26.7
Newsletters	1	6.7	6.7	33.3
Other	10	66.7	66.7	100.0
Total	15	100.0	100.0	

Question 8	Frequency	Percent	Valid Percent	Cumulative Percent
English	2	13.3	13.3	13.3
Native Language	7	46.7	46.7	60.0
Other	6	40.0	40.0	100.0
Total	15	100.0	100.0	

Question 9a	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	14	93.3	93.3	93.3
No	1	6.7	6.7	100.0
Total	15	100.0	100.0	

Question 10	Frequency	Percent	Valid Percent	Cumulative Percent
Family	3	20.0	20.0	20.0
ARAS	3	20.0	20.0	40.0
Others	7	46.7	46.7	86.7
Doctor	2	13.3	13.3	100.0
Total	15	100.0	100.0	

Question 11	Frequency	Percent	Valid Percent	Cumulative Percent
Police	7	46.7	46.7	46.7
ARAS	1	6.7	6.7	53.3
Other or Multiple	7	46.7	46.7	100.0
Total	15	100.0	100.0	

Appendix 3

Greek Responses Frequency Data

Question 1	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	9	60.0	60.0	60.0
No	5	33.3	33.3	93.3
Unsure	1	6.7	6.7	100.0
Total	15	100.0	100.0	

Question 4	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	7	46.7	46.7	46.7
No	5	33.3	33.3	80.0
Unsure	3	20.0	20.0	100.0
Total	15	100.0	100.0	

Question 6	Frequency	Percent	Valid Percent	Cumulative Percent
Radio	4	26.7	26.7	26.7
Speaking at Community Events	1	6.7	6.7	33.3
Informal Gatherings	6	40.0	40.0	73.3
Other	4	26.7	26.7	100.0
Total	15	100.0	100.0	

Question 7	Frequency	Percent	Valid Percent	Cumulative Percent
Radio	3	20.0	20.0	20.0
Meetings	1	6.7	6.7	26.7
Newsletters	2	13.3	13.3	40.0
Other	9	60.0	60.0	100.0
Total	15	100.0	100.0	

Question 8	Frequency	Percent	Valid Percent	Cumulative Percent
English	3	20.0	20.0	20.0
Native Language	11	73.3	73.3	93.3
Other	1	6.7	6.7	100.0
Total	15	100.0	100.0	

Question 9a	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	13	86.7	86.7	86.7
No	2	13.3	13.3	100.0
Total	15	100.0	100.0	

Question 10	Frequency	Percent	Valid Percent	Cumulative Percent
Family	2	13.3	13.3	13.3
Friends	1	6.7	6.7	20.0
ARAS	2	13.3	13.3	33.3
Priest	1	6.7	6.7	40.0
Doctor	8	53.3	53.3	93.3
Would Not Talk	1	6.7	6.7	100.0
Total	15	100.0	100.0	

Question 11	Frequency	Percent	Valid Percent	Cumulative Percent
Police	6	40.0	40.0	40.0
Legal Services	1	6.7	6.7	46.7
ARAS	1	6.7	6.7	53.3
Service Providers	2	13.3	13.3	66.7
Other or Multiple	5	33.3	33.3	100.0
Total	15	100.0	100.0	

Appendix 4

Participant Certification Form



I volunteer to participate in a research project conducted by the Aged Rights Advocacy Service. I confirm that:

- My participation in this project is voluntary. I will not be paid and I can choose to stop at any time for any reason, no questions asked.
- If I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.
- The interview will last approximately 20 minutes and confidential notes will be written during this time by the interviewer.
- While information may be published, I won't be identified in any reports. My confidentiality is to remain secure.
- This research is being conducted with the support of the University of South Australia's school of Psychology, Social Work and Social Policy and the Aged Rights Advocacy Service.

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I have read and understood the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

Participant Signature: _____ Printed Name: _____ Date: _____

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher Signature: _____ Printed Name: _____ Date: _____

For further information, questions or concerns please contact Marilyn Crabtree
 The Aged Rights Advocacy Service
 (08) 8232 5377

for the rights of older people

Appendix 5

Participant Information Letter

2nd October 2013

Dear Sir/Madam

The Aged Rights Advocacy Service would like your help in getting a better understanding of opinions around the abuse of older people. We invite you to take part in a voluntary interview which will centre on:

- What you think elder abuse is
- How it exists in your culture.
- How you feel it could best be responded to.
- How you think ARAS could better approach raising awareness for it.

The interview will be held in a private room with one interviewer and one advocate present. We will also provide an interpreter at your request.

As an advocacy service ARAS understands the importance of showing respect and treating people with dignity. If you choose to share your time and knowledge with us you can expect that we will:

- Be respectful of your privacy.
- Value your knowledge and opinions.
- Respect your right to opt out of answering any of the interview questions.
- Answer any questions you may have about the project.
- End the interview at any time should you feel uncomfortable.

All information collected during the interview will be treated as confidential, therefore your identity will remain anonymous.

If you would like any further information on this project you can reach the Aged Rights Advocacy Service on 8232 5377.

Kind Regards,

Marilyn Crabtree
CEO

for the rights of older people



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Appendix 6

Italian Interview Pro Forma

SECTION ONE

1. Have you ever heard about elder abuse before?

Yes | No | Unsure

2. Do you remember where you heard it, or who it was that spoke to you about it?

Reading material | Speaking with friends | Community centres | Information sessions | Other

3. What do you think the abuse of older people is? What does it mean?

4. Do you think the abuse of older people happens in your community?

Yes | No | Unsure

SECTION TWO

5. What do you think ARAS could do to help older people who are experiencing abuse in your community?

6. What do you think would be the best way for ARAS to communicate with community/social groups?

Radio | Speaking at community events | Informal gatherings | Newsletters | Meetings | Other

7. How do you prefer to find out what's happening in your community?

Radio | Newspaper | Meetings | Newsletters | Other

8. Do you generally prefer to get your information in English or Italian?

English | Italian | Other

SECTION THREE

9. If someone you knew was experiencing abuse, what would you do about it? Would you talk to anyone?

10. (If yes) Who would you talk to?

Family | Friends | ARAS | Doctor | Priest | Other

11. I'm going to provide you with a list of some services that can help older people experiencing abuse. Would you talk to any of them?

Office of Public Advocate | Police | Legal Services | ARAS | Service Providers | C.I.C | A.N.F.E.

12. If not, what do you think would hold you back from wanting to talk to them?

13. Do you have any other comments or suggestions you'd like to share with us about elder abuse or what ARAS can do to better help your community?

Appendix 7

Greek Interview Pro Forma

SECTION ONE

1. Have you ever heard about elder abuse before?

Yes | No | Unsure

2. Do you remember where you heard it, or who it was that spoke to you about it?

Reading material | Speaking with friends | Community centres | Information sessions | Other

3. What do you think the abuse of older people is? What does it mean?

4. Do you think the abuse of older people happens in your community?

Yes | No | Unsure

SECTION TWO

5. What do you think ARAS could do to help older people who are experiencing abuse in your community?

6. What do you think would be the best way for ARAS to communicate with community/social groups?

Radio | Speaking at community events | Informal gatherings | Newsletters | Meetings | Other

7. How do you prefer to find out what's happening in your community?

Radio | Newspaper | Meetings | Newsletters | Other

8. Do you generally prefer to get your information in English or Greek?

English | Greek | Other

SECTION THREE

9. If someone you knew was experiencing abuse, what would you do about it? Would you talk to anyone?

10. (If yes) Who would you talk to?

Family | Friends | ARAS | Doctor | Priest | Other

11. I'm going to provide you with a list of some services that can help older people experiencing abuse. Would you talk to any of them?

Office of Public Advocate | Police | Legal Services | ARAS | Service Providers

12. If not, what do you think would hold you back from wanting to talk to them?

13. Do you have any other comments or suggestions you'd like to share with us about elder abuse or what ARAS can do to better help your community?

Appendix 8

Data Collation Pro Forma

Have you ever heard of the term 'elder abuse' before?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Do you remember where you heard it, or who it was that spoke to you about it?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

What do you think elder abuse is?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

What does it mean?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Do you think the abuse of older people happens in your community?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

What do you think ARAS could do to help older people who are experiencing abuse in your community?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

What do you think would be the best way for ARAS to communicate with community/social groups?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

How do you prefer to find out what's happening in your community?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Do you generally prefer to get your information in English or Italian?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

If someone you knew was experiencing abuse, what would you do about it?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Would you talk to anyone?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

(If yes) Who would you talk to?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

If not, what do you think would hold you back from wanting to talk to them?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Do you have any other comments or suggestions?														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15



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