

Protecting your rights as you age with dignity and respect



An Indian community education resource kit for elder abuse prevention (Punjabi)

The Ethnic Communities' Council of Victoria (ECCV) acknowledges the assistance of the Victorian Government in the development of this resource kit



An activity of the ECCV project to raise awareness in ethnic communities about elder abuse, in collaboration with Seniors Rights Victoria



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www.respectforseniors.org

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Elder abuse is any act which causes harm to an older person and is carried out by someone they know and trust, such as family or friends.

Raising Awareness of Elder Abuse

1.1 Project Background

This resource kit was developed as part of the Ethnic Communities' Council of Victoria (ECCV) project that aims to empower, inform and resource culturally diverse seniors, and ethnic community support services, by raising awareness about seniors' rights and elder abuse prevention, including the role of Seniors Rights Victoria and how to access this and other supports.

The first stage of the project (2012 – 2015) focused on the Greek, Chinese, Filipino, Macedonian, Turkish and Serbian communities. The second stage of the project (2015-2018) focuses on the Croatian, Polish, Vietnamese, Indian, Jewish, Arabic-speaking and Italian communities. Aspects of the project are delivered in collaboration with Seniors Rights Victoria. For more information visit www.eccv.org.au

1.2 Why target culturally and linguistically diverse communities?

There is no evidence that elder abuse is more common in migrant communities, however it may be more hidden than in the general population, due to a lack of awareness of elder abuse, stigma about problem family relationships, a lack of access to support due to language and cultural barriers and a lack of culturally appropriate services. The impact of migration and cultural world views affects the ageing experience, which is why it is important to develop resources specific to particular cultural groups.

To raise awareness of elder abuse in culturally and linguistically diverse communities, this project

- Uses narratives (stories) designed to draw out the most pressing issues, plus the attitudes and values that underpin them
- Encourages discussion in first language, via bilingual educators, to get the conversation started in a way that empowers the older person
- Takes a “whole of family” approach so that discussion about rights is reframed in a holistic way
- Recognises the importance of ethnic and multicultural organisations and bilingual workers as vital support for older people
- Uses ethnic media outlets to raise awareness and reach socially isolated seniors

1.3 Diversity within diversity

We recognise there is diversity within any cultural group and the values and attitudes explored within this kit are by no means applicable to all older members of the Indian community. Within any cultural group or community, individual views are shaped by many factors and people from the same culture do not think alike, share the same values or opinions. Likewise, cultural values and attitudes change over time and are never the same thing to everyone. It is important not to make assumptions or stereotype. Nevertheless, certain beliefs can have more influence or resonate with a cultural group and can be recognised as commonly shared or understood within a community.

About the Indian community

2.1 Indian community in Australia and Victoria

The India-born community in Victoria increased significantly after the end of the White Australia Policy in 1973. By the late 1970s around 12,000 Victorians were India-born. Immigration rates continue to increase with 12.7% of the India-born in Victoria arriving in Australia prior to 1991; 10.9% arrived between 1991 and 2000; and 73.2% arrived between 2001 and 2011.

India-born Victorians according to the 2011 census numbered 111,787.¹ As a whole, the India-born community is relatively young, with the majority aged between 26-44 years. This reflects migration trends from 1996 onwards of mainly younger people². However there were 12,354 people aged 55 or over who were born in India, with 2546 over the age of 75 years, showing an emerging aging population.³

Indian seniors in Australia will largely be from one of two groups. There are those who migrated in the 1970s and 1980s in their late 30s and 40s, often after they were established in their professions and marriages, and who have aged in Australia. Then there are the parents of more recent younger migrants. This group often arrives on temporary or contributory permanent visas. This group is less likely to have English language and may be more dependent on adult children because of this and for financial reasons⁴. See appendix five for further information on visas.

India has 15 official languages and many more are spoken throughout India. Hindi is the most widely spoken and the primary language of 41 per cent of the population.⁵

In Victoria, three quarters of the Indian born population speak a language other than English. The majority speak Hindi. Others speak Punjabi, Tamil, Urdu and Bengali. Punjabi and Hindi are amongst the top ten languages spoken at home (other than English) of the entire Victorian population.

While English language proficiency is higher in the Indian community than other communities, 4284 Indian born people identified as speaking English “not well or not at all”.⁶

India-born people in Victoria follow a variety of religions. The latest census reported 44.6% were Hindu; 21.1% were Sikhs; 18.3% were Western Catholic; 3.1% followed Islam; and 2.4% had no religion.⁷

2.2 Elder abuse in the Indian community

There is a lack of research on elder abuse in migrant communities in Australia. ECCVs consultations indicate that where elder abuse occurs, people from migrant and non-English speaking backgrounds can be more vulnerable⁸. Elder abuse is a complex and sensitive issue, making it difficult to identify all factors that may increase the risk of mistreatment. The Victorian Government outlines a number of possible risk factors, all of which occur across cultures⁹. However, some factors including isolation, dependency, lack of information about rights and stress in the care relationship are of particular concern for older people from non-English speaking backgrounds.

Lack of English language skills and smaller family networks can mean that an older person is more vulnerable to abuse where it occurs, and that they are less likely to identify abuse or seek support. Community members may perceive the welfare support system as generally irrelevant or not be aware of existing supports.

¹ Museum Victoria <https://museumvictoria.com.au/origins/history.aspx?pid=26&cat=none&cid=0> Accessed 11/10/2016

² Singh, S. 2016. *Money, Migration and Family: India to Australia*, New York, Palgrave Macmillan

³ Office of Multicultural Affairs and Citizenship 2013 [Victorian Community Profiles: 2011 Census](#)

⁴ Singh, S. 2016. *Money, Migration and Family: India to Australia*, New York, Palgrave Macmillan

⁵ Queensland Department of Health. 2011 [Community Profile for Health Care Providers: Indian](#). Accessed 11/10/2016

⁶ Office of Multicultural Affairs and Citizenship 2013 [Victorian Community Profiles: 2011 Census](#)

⁷ Ibid

⁸ Ethnic Communities' Council of Victoria. 2009 [Reclaiming respect and dignity: Elder abuse prevention in ethnic communities](#) Melbourne

⁹ Victorian Government. 2009, *With Respect to Age: Practice guidelines for health services and community agencies for the prevention of elder abuse* Department of Health, Melbourne

2.3 The impact of migration and cultural norms in country of origin

The particular migration history of communities may potentially have an influence on the type of elder abuse that may occur and the ageing experience, or the willingness of older people to seek help. For the Indian community, factors to consider include:

- The most common model for family living arrangements in India is joint families, with several generations living in the same household¹⁰. This may influence seniors' expectations of what will happen in Australia or contribute to a sense of reluctance for families to live separately in Australia. This may work well in a new country, however with higher housing prices and different contexts this can lead to increased pressure on relationships.
- There is a cultural norm of two-way flow of money between parents and adult children in India. Joint bank accounts or contributing to parents' or adult children's homes are not unusual in lower to upper middle class families¹¹. Often there is openness in information about money, and it is often shared across the generations. Seniors may thus have openness to sharing their money with an assumption it will flow back from children to them.
- In Indian men tend to be the ones in charge of the financial decisions or discussions¹² which may make women more vulnerable to intimate partner financial abuse or for those women who come to Australia after their spouse dies they may be more reliant on adult children to manage their money.
- There are several cohorts of Indian seniors who have been in Australia for many years and are well established. The other cohorts are more recently arrived. The more recently arrived have been identified as particularly vulnerable to abuse given their limited language and dependency on adult children.
- Many of those in the newer arrival cohort have arrived on Contributory Parent visas to live with their adult children. They may be ineligible for services in Australia, increasing dependency. Service providers and community have noted that given the family has not necessarily experienced living together in this configuration; there are pressures that may result in relationships between the adult children and their parent breaking down. Older parents have often sold their assets and transferred their money to their adult children to pay for the visa, meaning they may be particularly vulnerable to abuse.
- Smaller family sizes, as other adult children may be in India or other countries, meaning the burden of care is not as shared.
- There is a lack of established Indian specific service providers in Victoria which means fewer culturally specific supports.
- There is little civil service infrastructure in parts of India, namely the small villages or rural settings. These people would tend to go to family, neighbours or religious supports if they were seeking support. This may lead to a reluctance to access and also lack of knowledge of service and support systems in Australia.

2.4 Intergenerational conflict

Intergenerational misunderstandings and conflicting expectations are common to all families and communities. Particularly for migrant communities, the differences in the experiences of one generation and another can be more pronounced, leading to more possibilities for conflict and misunderstanding.

Subsequent generations growing up in Australia can feel conflicting cultural pressures and heavy family responsibilities. The children of migrants must often navigate between the competing cultural values and languages of their family and Australian society. Typically, while the older generation may idealise traditional values, younger

¹⁰ Signh, S & Bhandari, MT, 2012, "Money management and control in the Indian joint family across generations". *The Sociological Review*, vol 60, no.1. pp 46-67

¹¹ Ibid.

¹² Ibid.

generation may be more adaptive to dominant Australian values and customs.¹³ In addition, recent Indian migrants continue to adhere to the values of reciprocal care in the family, which means there is a tendency of parents giving and receiving care.

Depending on the audience, it may be important to emphasise the difference between intergenerational conflict and elder abuse.

¹³ Maria Hach, Jasmin Chen and Mike Kennedy, 2014, *Culturally Responsive Palliative Care Community Education Peer Education Resource*, Palliative Care Victoria, Melbourne

About the Resource Kit

The Indian community resource kit on elder abuse prevention provides the information to deliver talks and facilitate discussions to groups of older seniors from Indian backgrounds in the community. It includes notes for talks delivered without technology and on facilitating open discussion with groups.

The community education is based on a presentation and open discussion format that uses stories to stimulate discussion around the issues. While it is important to try and cover all of the information, you should develop your own style in delivering the education and feel comfortable about altering the structure or format. The format should also respond to the size of the group and their familiarity with the subject.

3.1 Community education aims

1. To increase understanding in the Indian community about how the rights and dignity of older people can be abused.
2. To encourage community and family members to talk about how they can help prevent abuse
3. To provide the community with information about relevant services and support if they are experiencing abuse or have concerns about making major life decisions

3.2 Who is the kit for?

The resource kit has been designed to support bilingual, bicultural educators to deliver community education in Hindi to older people in the Indian community. It is important that the educators have an understanding of abuse of older people and are connected with an agency that has expertise in elder abuse, such as Senior Rights Victoria and/or relevant ethnic organisations.

The kit includes some basic information on facilitation. It doesn't provide notes or resources on peer education, public speaking or adult learning principles. It is assumed that the speakers have completed the bilingual education professional development, delivered by Seniors Rights Victoria and the ECCV, which covers these topics and additional information on elder abuse and services available.

3.3 Guiding Principles

Abuse of older adults is hard to talk about and evokes strong emotions. Sometimes well-meaning people who are attempting to assist an older adult tell them what they 'should' do or act on their behalf in a manner that is against the person's wishes.

It is essential to acknowledge the rights of older adults and their right to self-determination when discussing this issue. It is the older adult who must direct the nature of any interaction.

3.4 Use of stories

The use of narratives or stories is a powerful way to ensure community education is relevant to the target audience. Three stories have been developed to give a practical understanding of the attitudes, values, beliefs and circumstances that can underpin situations of elder abuse or prevent a person from seeking help. They are designed to have a broad relevance to the Indian community, including those who may be experiencing abuse, and their families.

The stories are not case studies. They are fictional and do not describe real people. They are based on input from the Indian community consultations about more commonly seen situations of elder abuse. Creativity has been used to generate the stories that encompass most of the key issues.

It is recommended that the stories are used to spark discussion and actively engage the audience. Encourage them to explore the attitudes and values that underpin situations of abuse and share their strategies for addressing abusive or disrespectful situations. The format also allows the facilitator to work at an appropriate level for the group, while delivering the key messages.

Each scenario contains the following information

- ☑ A short narrative
- ☑ The key message of the story
- ☑ The aim of telling the story
- ☑ Suggested questions to open up discussion
- ☑ Background information about issues, attitudes and values that can underlie situations of abuse. Please note that these may not be in themselves abusive.
- ☑ Elements of each scenario have been translated into Punjabi to support bilingual educators to deliver the session directly in that language.

3.5 Community education in English with an interpreter

The stories in this kit have been designed to be delivered in the first language. If you intend to run education sessions for the Indian community through an interpreter, it is important to consider the following questions:

- Is the facilitator trained or experienced in working with an interpreter?
- Does the interpreter have an understanding of elder abuse prevention and appropriate translations of stigmatised terminology (for example, the word “abuse”)?
- Has adequate time been allocated for briefing the interpreter prior to the session start (this should include clarification of their willingness to discuss sensitive issues)
- Has the talk and discussion been shortened to take into account the additional time needed for interpreting?

3.6 Using audio-visual resources

Within my walls is a film developed by Ethnic Communities Council of Victoria as part of the Elder Abuse Awareness project, in close consultation with community advisors. It contains four stories that depict different types of elder abuse. Some of the stories are similar to those in this kit. Due to budgetary restrictions the film is not currently overdubbed in Punjabi, but can be accessed in Hindi or English versions. The whole film is approximately 17 minutes long, or each story of approximately 3-4 minutes can be viewed individually. There is also a 2 minute information clip containing key messages regarding elder abuse, developed by community advisory groups.

Film is a powerful medium for delivering community education. Community educators may choose to use this film instead of the written narratives. Copies are available from the Ethnic Communities Council of Victoria. Equipment such as a DVD player or laptop, screen, projector and speakers or TV is needed to screen the film.

Each of the four stories is available online here: <http://eccv.org.au/projects/elder-abuse-prevention-in-ethnic-communities/>

Running a session

Each session should include the following fundamentals:

- | | |
|---|--|
| <input checked="" type="checkbox"/> The session is delivered in the Punjabi language. | <input checked="" type="checkbox"/> The facilitator is experienced in public speaking, working with groups and facilitation. |
| <input checked="" type="checkbox"/> The key messages are delivered. | |
| <input checked="" type="checkbox"/> The session is interactive and empowering. | <input checked="" type="checkbox"/> While there is an expectation that the facilitator is well informed, there isn't an expectation that he/she is an expert on elder abuse. It is essential they have sound knowledge of where to refer people. |
| <input checked="" type="checkbox"/> There is an opportunity to speak one-on-one with the facilitator after the session. | |
| <input checked="" type="checkbox"/> Groups are offered a follow up session to discuss the issue further. | <input checked="" type="checkbox"/> Interactions within the session are directed by the older adult. The rights of older adults and their right to self-determination are acknowledged and respected. |
| <input checked="" type="checkbox"/> Participants each receive a brochure for further information or support. | |
| <input checked="" type="checkbox"/> The session is designed to be one hour in duration | |

4.1 Before the session

- Speak to the group coordinator before the session to find out about the size of the group and the space you will be working in.
- Find a champion - the support of a respected person the group knows is invaluable. This could be the president, the coordinator of the group. Speak to them before the session. Ask them to introduce the session and emphasise its importance.
- Arrive a little early so you have time to set up
- If you are planning on using audio visual resources (photos or films) to spark discussion, make sure you have technology available (laptop, projector, speakers). Be prepared to adapt if the technology does not work.
- Set up the space differently - people attend groups to socialise and it is natural for them to continue talking during the presentation. By moving the chairs you change the dynamic and engage the audience more fully.
- Familiarise yourself with the stories. Try not to read the narrative directly from the file. Imagine that you are telling a story to the audience. This will make it more engaging.
- Bring bilingual brochures

4.2 After the session

- Allow time for people to speak to you one-on-one after the session. You may need strategies to limit the time spent on this, however, it is important for providing additional information
- Handling disclosures of elder abuse – Presentations should begin with a reminder that, due to confidentiality, specific details regarding incidents of abuse cannot be discussed. Despite this caution, individuals may approach you after a session to discuss specific incidences. Keep referring them to the relevant worker within an ethnic welfare organisation or the telephone help line of Senior Rights Victoria.
- Self Care - you should be aware that you may, at times, experience strong emotional feelings as a result of disclosures of abuse. It is important to consider different coping mechanisms. Professional debriefing is available via 1800 RESPECT.

4.3 Session format

Small groups (12 people or less)

The recommended format is a short presentation followed by group discussion based on the narratives. The session ends with a summary, group feedback and a short time for individual consultation with the facilitator. Participants receive a brochure on elder abuse prevention and the facilitator completes a short tick-box evaluation form, asking participants the questions.

Presentation 10 mins	Introduces session and topic in presentation format. <i>See Appendix One</i> <ul style="list-style-type: none">• To introduce facilitator and theme of session• To give basic information about elder abuse, its prevalence and different types• To introduce discussion
Discussion 20—30 mins	Use scenarios (either written or in the film) and questions to facilitate discussion around different situations of elder abuse. This is an open discussion format. <ul style="list-style-type: none">• Empowerment approach helps group talk about risks/triggers/prevention strategies to elder abuse• Encourages participants to discuss, understand and challenge relevant attitudes and values.• To deliver key messages
Summary 5 mins	See <i>Appendix One</i> <ul style="list-style-type: none">• To reinforce key messages, allow for final questions and end session• To offer a follow up session and one-one confidential time with facilitator in a safe place.
Evaluation 5 mins	See <i>Appendix Three</i> <ul style="list-style-type: none">• To inform the development of community education• To give participants the opportunity to raise any concerns
1:1 time 10 mins	<ul style="list-style-type: none">• To provide basic information and referral to anyone who maybe experiencing abuse or is concerned about anyone who may be experiencing abuse• To allow for any questions that a person doesn't want to raise in front of others.
Brochure	<ul style="list-style-type: none">• Basic information about elder abuse and key services: Senior Rights Victoria plus an ethno-specific welfare agency if available. Additional brochures may be provided if the facilitator chooses (for example, housing, gambling etc)

Large groups There are a number of options for groups that are larger (13 people or more).

1. Conduct multiple visits to each group

For example see the women from the group one week and the men from the group the following week. This may enable the group to explore issues more relevant to them. Drawbacks: high demand on staff resources.

2. Give an interactive presentation, then break into small groups for self-directed discussion

The facilitator still leads and feeds in questions for each group to discuss independently. The groups could then feedback at the end of each story. Drawbacks: time consuming, less able to guide discussion or feed in key messages.

3. Increase number of facilitators

Give the introduction to the whole group and then break into smaller groups each with their own facilitator. Drawbacks: high demand on staff resources.

4.4 Story 1: “Coming to Australia and facing troubles”

Ishita’s story



After Ishita’s husband died she came to Australia on a parent visa, and is now living with her son Ankit, his wife Vani and their children. Before moving, Ishita sold her house in India on advice from Ankit, to cover the costs of the deposit for the visa and her living expenses in Australia. She transferred all her money to her son, who said it would be easier to manage this way. Ankit said he would set up her own account once she was settled in Australia, but after a year of living with them he still has not done

this. Ishita does not have access to her money, and doesn’t know how much remains. While Ankit pays for all her expenses she feels nervous when she asks him for anything she needs, as at times he gets angry. The tension in the household is increasing and Ankit has recently been yelling more at her and saying she is ungrateful and that she should go back to India.

Ishita is worried about losing her relationship with her only son. She has not told any of her friends about this as she does not want them to think badly of her son.

Key message

It is good to help our families, but it is also important to be informed about your own finances. Although these can be daunting, there is help available for you to understand your rights and make the best decision for you.

AIM To encourage families to have discussions about expectations and the future, and to include older people in decisions that affect them.

Questions

1. What are the issues and concerns in this story? Do you think it ever happens in the community?
2. How might Ishita feel about this situation? How might Ankit and Vani feel? Why might they see the situation differently?
3. What are traditional ways this family would have managed this situation? How have things changed in Australia?
4. How could this family’s relationship be more respectful, when making such decisions about the future?
5. What would you advise Ishita to do? What actions are open to her or what does she need to think about?
6. Where could Ishita and family get support to find out more information and improve their situation?

Background

Traditionally in many Indian families money is shared in a two way flow between parents and adult children¹⁴. There may be cultural expectations that families look after each other, however, sometimes expectations are not discussed before a major life decisions or may diverge between generations. Older people’s expectations of financial and emotional support from their adult children can clash with the expectations of adult children.

Additionally people who arrived in Australia in later life to be with extended family are often highly dependent on their family. This is exacerbated by the expense and conditions of some of the contributory Parent visa (see appendix 5). Moving in with children can be different from the norm in India in which the son and his wife will often move into the parents’ home. Intergenerational conflict is normal to all cultures but may be exacerbated by migration, different expectations and shifts in power dynamics.

¹⁴ Singh, S & Bhandari, MT, 2012, “Money management and control in the Indian joint family across generations”. *The Sociological Review*, vol 60, no.1. pp 46-67

This story highlights the issues that can be involved when older people are not involved in decisions about their own finances, or their future living and care arrangements along with change of family structure due to migration. Stigma around these issues and the elder abuse that can follow on from them is a key element to explore in the education session.

4.5 ਕਹਾਣੀ 1: ਆਸ਼ਟ੍ਰੇਲਿਆ ਆ ਰਹੇ ਹੋ ਅਤੇ ਪਰੇਸ਼ਾਨੀਆ ਦਾ ਸਾਹਮਣਾ ਕਰ ਰਹੇ ਹੋ



ਇਸ਼ੀਤਾ ਦੀ ਕਹਾਣੀ

ਆਪਣੇ ਪਤੀ ਦੀ ਮੌਤ ਤੋਂ ਬਾਅਦ ਇਸ਼ੀਤਾ ਮਾਤਾ ਪਿਤਾ ਦੇ ਵੀਜ਼ੇ ਤੇ ਆਸ਼ਟ੍ਰੇਲਿਆ ਆਈ ਅਤੇ ਹੁਣ ਆਪਣੇ ਲੜਕੇ ਅੰਕਿਤ, ਉਸਦੀ ਪਤਨੀ ਵਾਨੀ ਅਤੇ ਉਸਦੇ ਬੱਚਿਆਂ ਨਾਲ ਰਹਿ ਰਹੀ ਹੈ। ਆਉਣ ਤੋਂ ਪਹਿਲਾਂ ਇਸ਼ੀਤਾ ਨੇ ਆਪਣਾ ਭਾਰਤ ਵਿਚ ਜੋ ਘਰ ਸੀ ਉਸਨੂੰ ਵੇਚ ਦਿੱਤਾ ਜੋ ਕਿ ਅੰਕਿਤ ਨੇ ਉਸਨੂੰ ਇਸਦੀ ਸ਼ਲਾਹ ਦਿੱਤੀ ਸੀ ਤਾਂ ਜੋ ਉਸਦੇ ਵੀਜ਼ਾ ਦਾ ਖਰਚ ਅਤੇ ਆਸ਼ਟ੍ਰੇਲਿਆ ਰਹਿਣ ਦਾ ਖਰਚ ਨਿਕਲ ਸਕੇ। ਉਸਨੇ ਸਾਰੀ ਰਕਮ ਆਪਣੇ ਲੜਕੇ ਦੇ ਖਾਤੇ ਟਰਾਂਸਫਰ ਕਰ ਦਿੱਤੀ ਕਿਉਂਕਿ

ਉਸ ਮੁਤਾਬਿਕ ਇਹ ਕਰਨਾ ਸੋਖਾ ਰਹੇਗਾ। ਅੰਕਿਤ ਨੇ ਕਿਹਾ ਕਿ ਉਹ ਜਦੋਂ ਆਸ਼ਟ੍ਰੇਲਿਆ ਵਿਚ ਸਥਾਪਿਤ ਹੋ ਜਾਵੇਗੀ ਤਾਂ ਉਹ ਉਸਦਾ ਖਾਤਾ ਖੁਲਵਾ ਦੇਵੇਗਾ ਪਰ ਇਕ ਸਾਲ ਬੀਤ ਜਾਣ ਤੇ ਵੀ ਉਸਨੇ ਅਜਿਹਾ ਨਹੀਂ ਕੀਤਾ। ਇਸ਼ੀਤਾ ਆਪਣੇ ਪੈਸਿਆਂ ਦੀ ਵਰਤੋਂ ਨਹੀਂ ਕਰ ਪਾ ਰਹੀ ਸੀ ਅਤੇ ਉਸਨੂੰ ਇਹ ਵੀ ਨਹੀਂ ਸੀ ਪਤਾ ਕਿ ਕਿੰਨੇ ਪੈਸੇ ਬਾਕੀ ਰਹਿ ਗਏ ਹਨ। ਜਦ ਕਿ ਅੰਕਿਤ ਉਸਦੇ ਸਾਰੇ ਖਰਚੇ ਘਰ ਰਿਹਾ ਸੀ ਪਰ ਉਹ ਜਦੋਂ ਅੰਕਿਤ ਕੋਲੋਂ ਆਪਣੀ ਜ਼ਰੂਰਤ ਵਾਸਤੇ ਪੈਸੇ ਮੰਗਦੀ ਤਾਂ ਉਸਨੂੰ ਹਿਚਕਿਹਾਟ ਮਹਿਸੂਸ ਹੁੰਦੀ ਕਿਉਂਕਿ ਅਜਿਹਾ ਕਰਨ ਤੇ ਅੰਕਿਤ ਨੂੰ ਗੁੱਸਾ ਵੀ ਆਉਂਦਾ ਸੀ। ਘਰੇਲੂ ਚੀਜ਼ਾਂ ਸ਼ਬੰਧੀ ਅੰਕਿਤ ਦੀ ਘਬਰਾਹਟ ਵੱਧਦੀ ਜਾ ਰਹੀ ਸੀ ਅਤੇ ਅੰਕਿਤ ਨੇ ਹਾਲ ਵਿਚ ਹੀ ਉਸ ਉਪਰ ਕਾਫੀ ਖਰਚਾ ਕੀਤਾ ਸੀ ਅਤੇ ਕਹਿ ਰਿਹਾ ਸੀ ਉਹ ਕਿਰਤਘਣ ਹੈ ਅਤੇ ਉਸਨੂੰ ਭਾਰਤ ਵਾਪਸ ਚਲੇ ਜਾਣਾ ਚਾਹੀਦਾ ਹੈ

ਇਸ਼ੀਤਾ ਨੂੰ ਇਸ ਗੱਲ ਦੀ ਚਿੰਤਾ ਹੋ ਰਹੀ ਸੀ ਕਿ ਉਸਦਾ ਰਿਸ਼ਤਾ ਆਪਣੇ ਲੜਕੇ ਨਾਲ ਟੁੱਟ ਰਿਹਾ ਹੈ। ਉਸਨੇ ਆਪਣੀ ਕਿਸੇ ਵੀ ਸਹੇਲੀ/ਮਿੱਤਰ ਨੂੰ ਇਸ ਬਾਰੇ ਨਹੀਂ ਦੱਸਿਆ ਕਿਉਂਕਿ ਉਹ ਨਹੀਂ ਸੀ ਚਾਹੁੰਦੀ ਕਿ ਕੋਈ ਉਸਦੇ ਲੜਕੇ ਬਾਰੇ ਬੁਰਾ ਸਮਝੇ।

ਜ਼ਰੂਰੀ ਸੰਦੇਸ਼:

ਆਪਣੇ ਪਰਿਵਾਰ ਦੀ ਮਦਦ ਕਰਨ ਚੰਗੀ ਗੱਲ ਹੈ ਪਰ ਤੁਹਾਨੂੰ ਆਪਣੇ ਵਾਸਤੇ ਵੀ ਜੋ ਜ਼ਰੂਰੀ ਹੈ ਉਸਦੀ ਵੀ ਜਾਣਕਾਰੀ ਰੱਖਣੀ ਚਾਹੀਦੀ ਹੈ। ਹਲਾਂਕਿ ਅਜਿਹਾ ਕਰਨਾ ਚੁਣੌਤੀਪੂਰਨ ਹੈ ਇਥੇ ਤੁਹਾਡੇ ਜੋ ਹੱਕ ਹਨ ਉਸ ਬਾਬਤ ਮਦਦ ਮੌਜੂਦ ਹੈ ਅਤੇ ਇਸਦਾ ਫੈਸਲਾ ਜੋ ਤੁਹਾਡੇ ਲਈ ਸਭ ਤੋਂ ਉਤਮ ਹੈ ਉਹ ਹੀ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

ਮਕਸ਼ਦ ਪਰਿਵਾਰ ਵਿਚ ਗੱਲਬਾਤ ਨੂੰ ਅਤੇ ਜੋ ਭੱਵਿਖ ਦੀਆਂ ਮੰਗਾਂ ਹਨ ਉਸਨੂੰ ਪ੍ਰੋਤਸਾਹਿਤ ਕਰਨਾ ਅਤੇ ਬਜ਼ੁਰਗਾਂ ਨੂੰ ਗੱਲਬਾਤ ਵਿਚ ਸ਼ਾਮਲ ਕਰਨਾ ਜੋ ਉਨ੍ਹਾਂ ਨੂੰ ਪ੍ਰਭਾਵਿਤ ਕਰੇ

ਸ਼ਵਾਲ

1. ਕਹਾਣੀ ਵਿਚ ਕੀ ਮੁੱਦਾ ਹੈ ਅਤੇ ਚਿੰਤਾ ਦੀ ਗੱਲ ਕੀ ਹੈ? ਕੀ ਤੁਸੀਂ ਸੋਚਦੇ ਹੋ ਕਿ ਅਜਿਹਾ ਪਹਿਲਾਂ ਬਰਾਦਰੀ ਵਿਚ ਹੋਇਆ ਹੈ?
2. ਇਸ਼ੀਤਾ ਨੂੰ ਇਨ੍ਹਾਂ ਹਲਾਤਾਂ ਵਿਚ ਕਿਸ ਤਰ੍ਹਾਂ ਸੋਚਣਾ ਚਾਹੀਦਾ ਹੈ? ਅੰਕਿਤ ਅਤੇ ਵਾਨੀ ਕਿਸ ਤਰ੍ਹਾਂ ਮਹਿਸੂਸ ਕਰਦੇ ਹਨ? ਉਹ ਹਲਾਤਾਂ ਨੂੰ ਕਿਉਂ ਵੱਖਰੇ ਤਰੀਕੇ ਨਾਲ ਦੇਖਦੇ ਹਨ?
3. ਉਹ ਕਿਹੜੇ ਰਵਾਇਤੀ ਤਰੀਕੇ ਹਨ ਜਿਨ੍ਹਾਂ ਨਾਲ ਪਰਿਵਾਰ ਇਨ੍ਹਾਂ ਹਲਾਤਾਂ ਵਿਚੋਂ ਨਿਕਲ ਸਕਦਾ ਹੈ? ਕਿਸ ਤਰ੍ਹਾਂ ਹਲਾਤ ਆਸ਼ਟ੍ਰੇਲਿਆ ਵਿਚ ਬਦਲ ਗਏ?
4. ਕਿਸ ਤਰ੍ਹਾਂ ਇਸ ਪਰਿਵਾਰ ਦਾ ਰਿਸ਼ਤਾ ਹੋਰ ਆਦਰ ਸਤਿਕਾਰ ਵਾਲਾ ਹੋ ਸਕਦਾ ਹੈ ਜਦੋਂ ਭੱਵਿਖ ਬਾਰੇ ਅਜਿਹੇ ਫੈਸਲੇ ਲਏ ਜਾਣ?
5. ਤੁਸੀਂ ਇਸ਼ੀਤਾ ਨੂੰ ਕੀ ਕਰਨ ਦੀ ਸ਼ਲਾਹ ਦੇਵੋਗੇ? ਉਹ ਕਿਸ ਤਰ੍ਹਾਂ ਦੀ ਕਾਰਵਾਈ ਕਰ ਸਕਦੀ ਹੈ ਜਾਂ ਉਸਨੂੰ ਕਿਸੇ ਬਾਰੇ ਸੋਚਣਾ ਚਾਹੀਦਾ ਹੈ?
6. ਇਸ਼ੀਤਾ ਅਤੇ ਉਸਦੇ ਪਰਿਵਾਰ ਨੂੰ ਹੋਰ ਜਾਣਕਾਰੀ ਵਾਸਤੇ ਕਿਥੇ ਮਦਦ ਮਿਲ ਸਕਦੀ ਹੈ ਤਾਂ ਜੋ ਇਨ੍ਹਾਂ ਹਲਾਤਾਂ ਨੂੰ ਠੀਕ ਕਰ ਸੱਕਣ?

Some types of abuse that could be indicated in this story

Dismissiveness	Not including an older person in major decisions about their future. Major decisions being made that are not in the interest of the older person.
Emotional abuse	Yelling at an older person and making threats of returning to India
Neglect	Failing to provide care where it could be reasonably expected.
Financial abuse	Restricting or denying an older person access to their funds. Preventing an older person becoming financially literate or independent

Underlying issues, attitudes or values that could influence the people in this story

Traditional trust of family members –Whilst this is in many ways a positive cultural trait, it can lead to making long-term arrangements without discussing expectations or potential changes in circumstance. Independent legal or financial advice is often not sought. The closest male relative traditionally manages affairs. An older person may tolerate an unhappy family arrangement rather than publically acknowledge that their adult child is acting disrespectfully.

Potential financial dependence of women -The dominant pattern that it is more common for men to have control of money, in particular in non-metropolitan households¹⁵. While women may sometimes manage the money, it can be the men who have information and make the major financial decisions. This can leave women whose spouses die particularly vulnerable to financial abuse as they may not be used to making financial decision or financial systems.

Tradition of collective decision-making – It is culturally acceptable that a decision may not benefit one member if it is seen to be in the best interests of the wider family. However, where decisions are made collectively without inclusion or consultation with the older person, there is the potential for abuse to occur. Older people need to be included within family decisions, especially matters affecting them.

Increased dependency due to migration – Many seniors from Indian speaking backgrounds are dependent on information and advice provided by family members (particularly those who migrated in later life). Older people may be accustomed to signing forms they don't understand and relying on their children to inform their decisions. This heightened trust and dependence can make older people from migrant backgrounds more vulnerable to abuse of their rights.

Strong concern around other people's views – Where family members are not acting respectfully or adequately caring for their parents, it provokes feelings of shame in the older person that could prevent them seeking help.

Intergenerational conflict – Traditional expectations of being cared for in old age by their children may clash with those of the younger generations who can have contemporary Australian constraints and practicalities. There can be an imbalance of power favouring the younger generation.

¹⁵ Singh, S & Bhandari, MT, 2012, "Money management and control in the Indian joint family across generations". *The Sociological Review*, vol 60, no.1. pp 46-67

4.6 Story 2: “Living up to expectations”

Rohan’s story



Rohan is retired and after the death of his wife a few years ago he moved in with his son, Naveen, his wife Tanya and their children. They had agreed that Rohan would look after the younger grandchildren during the week while Naveen and Tanya were at work. This is a new challenge for Rohan as he is not used to taking care of younger children and while he treasures his relationship with his grandchildren he is getting more tired and his health is deteriorating. When he raised this with his son, Naveen said there are no other options given how hard he and his wife are working to make ends meet. Rohan used to have had a very active social life, however Naveen says Rohan’s other commitments are not important. He is now cut off from the seniors club he was previously very involved with. His friend has suggested he raise the issue with his son, however Rohan worries they will ask him to leave the home, and he doesn’t want to live alone.

Key message

Sometimes our children have unrealistic expectations of us. Family doesn’t always understand how we are feeling and what we are able to do as we age. It’s good to help each other, but it’s also important to talk about the limitations of what we are able to do. If a conversation doesn’t go well, there is help.

AIM To increase understanding of intergenerational conflict around unrealistic expectations that can lead to unhappiness and the mistreatment of older people. To encourage older people to speak up and seek help if they are feeling emotionally or physically unwell.

Questions

1. What are the issues and concerns in this story? Do you think it ever happens in the community?
2. How might Rohan feel about this situation? How might Naveen and his wife feel? Why might they see the situation differently?
3. What is the role of the wider community, Rohan’s friends and social networks in this situation?
4. How could this family’s relationship be improved for the future?
5. What would you advise Rohan to do? What does he need to think about in this situation?
6. Where could Rohan and family get support to find out more information and improve their situation?

Background

This story highlights the potential issues in situations where an increased care for grandchildren falls on grandparents, along with change in family dynamics after the death of an older person’s spouse. Seniors may have different expectations of being cared for by adult children, and reduced capacity to care for others. Sometimes discussions of the implications for these factors are not had. Older people’s expectations of support from their adult children may clash with limitations on their children in contemporary Australia. Intergenerational conflict is normal to all cultures but may be exacerbated by migration.

4.7 ਕਹਾਣੀ 2: "ਉਮੀਦ ਤੇ ਖਰਾ ਉਤਰਨਾ"

ਰੋਹਨ



ਰੋਹਨ ਰਿਟਾਇਰਡ ਹੈ ਅਤੇ ਆਪਣੀ ਪਤਨੀ ਦੀ ਮੌਤ ਤੋਂ ਬਾਅਦ ਕੁਝ ਸਾਲ ਪਹਿਲਾਂ ਉਹ ਆਪਣੇ ਲੜਕੇ ਨਵੀਨ, ਉਸਦੀ ਪਤਨੀ ਤਾਨਿਆ ਅਤੇ ਉਸਦੇ ਬੱਚਿਆਂ ਨਾਲ ਰਹਿ ਰਿਹਾ ਹੈ। ਉਨ੍ਹਾਂ ਨੇ ਇਕਰਾਰ ਕੀਤਾ ਸੀ ਕਿ ਰੋਹਨ ਛੋਟੇ ਪੋਤਰੇ ਦੀ ਹਵਤਾ ਭਰ ਦੇਖਭਾਲ ਕਰੇਗਾ ਜਦੋਂ ਨਵੀਨ ਅਤੇ ਤਾਨਿਆ ਕੰਮ ਤੇ ਜਾਣਗੇ। ਇਹ ਰੋਹਨ ਵਾਸਤੇ ਨਵੀਂ ਚੁਣੌਤੀ ਸੀ ਕਿਉਂਕਿ ਉਸਦੀ ਛੋਟੇ ਬੱਚਿਆਂ ਦੀ ਦੇਖਭਾਲ ਕਰਨ ਦਾ ਕੋਈ ਤਜਰਬਾ ਨਹੀਂ ਸੀ ਅਤੇ ਜਦੋਂ ਉਹ ਆਪਣੇ ਪੋਤਰਿਆਂ ਦੀ ਦੇਖਭਾਲ ਕਰਦਾ ਤਾਂ ਉਹ ਕਾਫੀ ਥਕਾਵਟ ਮਹਿਸੂਸ ਕਰਦਾ ਅਤੇ ਉਸਦੀ ਸਿਹਤ ਖਰਾਬ ਹੋ ਰਹੀ ਸੀ। ਜਦੋਂ ਉਸਨੇ ਇਸ ਬਾਰੇ ਆਪਣੇ ਲੜਕੇ ਨਾਲ ਗੱਲ ਕੀਤੀ ਤਾਂ ਨਵੀਨ ਨੇ ਕਿਹਾ ਉਨ੍ਹਾਂ ਕੋਲ ਇਸਦਾ ਕੋਈ ਹੱਲ ਨਹੀਂ ਹੈ ਉਸਨੇ ਕਿਹਾ ਕਿ ਉਹ ਤੇ ਉਸਦੀ ਪਤਨੀ ਬਹੁਤ ਜ਼ਿਆਦਾ ਮਿਹਨਤ ਕਰਦੇ ਹਨ ਤਾਂ ਜੋ ਗੁਜ਼ਾਰਾ ਚੱਲ ਸਕੇ। ਰੋਹਨ ਨੂੰ ਸਮਾਜਿਕ ਗਤੀਵਿਧੀਆਂ ਵਿਚ ਕਾਫੀ ਦਿਲਚਸਪੀ ਸੀ, ਜਦ ਕਿ ਨਵੀਨ ਨੇ ਕਿਹਾ ਕਿ ਉਸਦੀ ਅਜਿਹੇ ਰੁਝੇਵੇਂ ਜ਼ਰੂਰੀ ਨਹੀਂ ਹਨ। ਹੁਣ ਉਹ ਬਜ਼ੁਰਗਾਂ ਦੀ ਸੰਗਤ ਤੋਂ ਟੁੱਟ ਗਿਆ ਸੀ ਜਿਨ੍ਹਾਂ ਨਾਲ ਉਹ ਭੂਤਕਾਲ ਵਿਚ ਜੁੜਿਆ ਹੋਇਆ ਸੀ। ਉਸਦੇ ਮਿਤਰਾਂ ਨੇ ਸਲਾਹ ਦਿੱਤੀ ਕਿ ਉਹ ਇਸ ਮੁੱਦੇ ਤੇ ਆਪਣੇ ਲੜਕੇ ਨਾਲ ਗੱਲ ਕਰੇ, ਜਦ ਕਿ ਰੋਹਨ ਨੂੰ ਇਸ ਗੱਲ ਦੀ ਚਿੰਤਾ ਸੀ ਕਿ ਉਹ ਉਸਨੂੰ ਘਰ ਛੱਡਣ ਵਾਸਤੇ ਕਹਿਣਗੇ ਅਤੇ ਉਹ ਇੱਕਲਾ ਨਹੀਂ ਸੀ ਰਹਿਣਾ ਚਾਹੁੰਦਾ।

ਜ਼ਰੂਰੀ ਸੰਦੇਸ਼

ਕਈ ਵਾਰ ਸਾਡੇ ਬੱਚੇ ਸਾਡੇ ਕੋਲੋਂ ਬੇਮਤਲਬੀ ਉਮੀਦ ਕਰਦੇ ਹਨ। ਪਰਿਵਾਰ ਹਰੇਕ ਵਾਰ ਇਹ ਨਹੀਂ ਸਮਝ ਪਾਉਂਦਾ ਕਿ ਅਸੀਂ ਕੀ ਸੋਚ ਰਹੇ ਹਾਂ ਅਤੇ ਅਸੀਂ ਇਸ ਉਮਰ ਵਿਚ ਕੀ ਕਰ ਸਕਦੇ ਹਾਂ। ਇਕ ਦੂਜੇ ਦੀ ਮਦਦ ਕਰਨਾ ਚੰਗੀ ਗੱਲ ਹੈ ਪਰ ਆਪਣੀਆਂ ਪਾਬੰਦੀਆਂ ਬਾਰੇ ਗੱਲ ਕਰਨਾ ਵੀ ਬਹੁਤ ਜ਼ਰੂਰੀ ਹੈ। ਜੇਕਰ ਗੱਲਬਾਤ ਨਾਲ ਕੋਈ ਹੱਲ ਨਹੀਂ ਨਿਕਲਦਾ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮਦਦ ਮੌਜੂਦ ਹੈ

ਮਕਸਦ: ਬੇਮਤਲਬੀ ਉਮੀਦਾਂ ਤੋਂ ਜੋ ਝਗੜੇ ਹੁੰਦੇ ਹਨ ਉਸ ਨਾਲ ਬਜ਼ੁਰਗ ਨਾਖੁਸ਼ ਹੁੰਦੇ ਹਨ ਅਤੇ ਉਨ੍ਹਾਂ ਨਾਲ ਬੁਰਾ ਬਰਤਾਵਾ ਹੁੰਦਾ ਹੈ। ਬਜ਼ੁਰਗਾਂ ਨੂੰ ਪ੍ਰੇਰਣਾ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਉਹ ਬੋਲਣ ਅਤੇ ਉਨ੍ਹਾਂ ਦੀ ਮਦਦ ਕਰੋ ਜੇਕਰ ਉਹ ਮਾਨਸਿਕ ਜਾਂ ਸਰੀਰਕ ਤੌਰ ਤੇ ਠੀਕ ਮਹਿਸੂਸ ਨਹੀਂ ਕਰਦੇ।

ਸਵਾਲ

1. ਕਹਾਣੀ ਵਿਚ ਕੀ ਮੁੱਦਾ ਹੈ ਅਤੇ ਚਿੰਤਾ ਦੀ ਗੱਲ ਕੀ ਹੈ? ਕੀ ਤੁਸੀਂ ਸੋਚਦੇ ਹੋ ਕਿ ਇਹ ਕਦੀ ਹੁੰਦਾ ਹੈ?
2. ਰੋਹਨ ਨੂੰ ਇਨ੍ਹਾਂ ਹਲਾਤਾਂ ਵਿਚ ਕਿਸ ਤਰ੍ਹਾਂ ਸੋਚਣਾ ਚਾਹੀਦਾ ਹੈ? ਨਵੀਨ ਅਤੇ ਉਸਦੀ ਪਤਨੀ ਕਿਸ ਤਰ੍ਹਾਂ ਮਹਿਸੂਸ ਕਰਦੇ ਹਨ? ਉਹ ਹਲਾਤਾਂ ਨੂੰ ਕਿਉਂ ਵੱਖਰੇ ਤਰੀਕੇ ਨਾਲ ਦੇਖਦੇ ਹਨ?
3. ਬਰਾਦਰੀ ਦਾ, ਰੋਹਨ ਦੇ ਦੋਸਤਾਂ ਅਤੇ ਹੋਰ ਸੋਸ਼ਲ ਨੈਟਵਰਕ ਦਾ ਇਸ ਸਮੇਂ ਕੀ ਕੰਮ ਹੈ?
4. ਕਿਸ ਤਰ੍ਹਾਂ ਇਸ ਪਰਿਵਾਰ ਦੇ ਰਿਸ਼ਤਿਆਂ ਨੂੰ ਭਵਿੱਖ ਵਿਚ ਸੁਧਾਰਿਆ ਜਾਵੇ?
5. ਤੁਸੀਂ ਰੋਹਨ ਨੂੰ ਕੀ ਕਰਨ ਦੀ ਸਲਾਹ ਦੇਵੋਗੇ? ਉਸਨੂੰ ਅਜਿਹੇ ਹਲਾਤਾਂ ਵਿਚ ਕਿਸ ਤਰ੍ਹਾਂ ਸੋਚਣਾ ਚਾਹੀਦਾ ਹੈ?
6. ਰੋਹਨ ਅਤੇ ਉਸਦੇ ਪਰਿਵਾਰ ਨੂੰ ਹੋਰ ਜਾਣਕਾਰੀ ਵਾਸਤੇ ਕਿਥੇ ਮਦਦ ਮਿਲ ਸਕਦੀ ਹੈ ਤਾਂ ਜੋ ਇਨ੍ਹਾਂ ਹਲਾਤਾਂ ਨੂੰ ਠੀਕ ਕਰ ਸਕਣ?

Types of abuse that could be indicated in this story

Emotional mistreatment	Family accommodation could come with emotionally abusive conditions Making the older person feel that if they are not useful they will have to pay their way or leave Dismissiveness of the older person or their exclusion from family decisions.
Social mistreatment	<i>Preventing an older person from participating in social networks by:</i> <ul style="list-style-type: none">• Not allowing them to use the phone, have friends to visit.• Not supporting them to visit friends outside the home.• Giving family responsibilities priority over the social interaction of an older person.• The older person may be overburdened with caring for the grandchildren.
Neglect	The aged care needs of the older person may not be adequately met by the family.

Underlying attitudes or values that could influence the people in this story

Tradition of living with extended family - Joint family is the most common model for family in India. Extended family living arrangements allow for the family to collectively support each other within defined roles. It is usual in India for the son and his wife to move into the parents' household. With this changing power dynamics can shift.

Extended family living arrangements may create dependency for the older person. Problems can occur where the older persons' expectations are not met or there are disrespectful conditions attached to their living arrangement.

Lack of understanding of the importance of social interaction – The importance of social contact for a persons' health and wellbeing may not be well understood by the extended family.

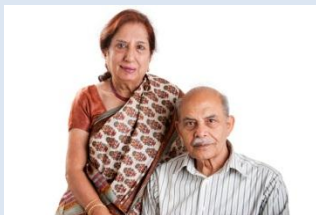
Lack of understanding of the impact of old age - The impact of old age is often not well understood or recognised in the community. This can lead to the older person being pressured to perform childcare or household chores beyond their level of comfort.

Traditional concern about other people's view – There is a very strong cultural expectation that adult children will look after and respect their parents in later life. Older people can feel deep shame if they feel they are not being respected by their children. This can prevent someone reaching for help or discussing the issue. It may also lead them to socially isolate themselves rather than risk having to answer questions about their family.

Fear of homelessness or isolation – Where an older person is living with the extended family, speaking up about a difficult, disrespectful or abusive family relationship may put them at risk of homelessness. The family is often a lifeline for an older person of migrant background and they may not want to jeopardise even an unhappy relationship.

4.8 Story 3: Amit and Vani: ‘When caring becomes too much’

Amit and Vani’s story



Amit cares for his wife Vani who has dementia. He doesn’t get much rest, often feeling very tired and overwhelmed. Vani has changed so much. He finds her behaviour very difficult and sometimes loses his temper. He has found ways of coping. When he has to leave the house he shuts her in the bedroom to keep her safe. He also sometimes gives her extra medicine so she sleeps.

Amit’s children have their own young children to look after. While they say they will help out more this hasn’t happened. Amit would like to get some home support to help with the growing pressures. When he talks to his daughter about this she isn’t happy saying ‘we have to look after our own family’.

Key message

The mistreatment of older people has many forms and can be unintentional. Sometimes we don’t recognise where our behaviour compromises the dignity and respect for our loved ones. There are services and supports that can help us understand how to care better for our family and help relieve the pressure of caring.

AIM To increase understanding and recognition of mistreatment of elders where there is stress in the care relationship. To increase knowledge of culturally relevant services that can provide support

Questions

1. What are the issues and concerns in this story? Do you think it ever happens in the community?
2. How might Vani feel about this situation? How might Amit feel? Why might they see the situation differently?
3. What is the role of the wider community, Amit and Vani’s friends and social networks in this situation?
4. How could this family’s relationship be improved for the future?
5. What would you advise Amit to do? What does he need to think about in this situation?
6. Where could Amit and family get support to find out more information and improve their situation?

Background

In Australia approximately 200,000 Australians provide unpaid care to a person with dementia¹⁶. There are many others that care for someone with other age-related illnesses that signify the loss of physical and emotional independence. Stress in the care relationship is common as carers become emotionally and physically tired and relationships change. Abuse may occur or increase in this pressured environment. It can be perpetrated by the carer, the person being cared for, or both. It may or may not be intentional abuse.

¹⁶ Brooks, Deborah, 2015 [Caring for someone with dementia: the economic, social and health impacts of caring and evidence based support for carers](#). Alzheimers Australia, Accessed 14/11/2017

4.9 ਕਹਾਣੀ 3: ਜਦੋਂ ਸਾਂਭ ਸੰਭਾਲ/ਧਿਆਨ ਬਹੁਤ ਜ਼ਿਆਦਾ ਹੋਵੇ

ਅਮਿਤ ਅਤੇ ਵਾਣੀ



ਅਮਿਤ ਆਪਣੀ ਪਤਨੀ ਦੀ ਦੇਖਭਾਲ ਕਰਦਾ ਸੀ ਜਿਸਨੂੰ ਕਿ ਦਿਮਾਗੀ ਪਰੇਸ਼ਾਨੀ ਹੈ। ਉਸਨੂੰ ਜ਼ਿਆਦਾ ਅਰਾਮ ਕਰਨ ਦਾ ਮੋਕਾ ਨਹੀਂ ਮਿਲਦਾ, ਆਮ ਤੌਰ ਤੇ ਬੌਕਿਆ ਹੋਇਆ ਅਤੇ ਦੌਬਿਆ ਹੋਇਆ ਮਹਿਸੂਸ ਕਰਦਾ। ਵਾਣੀ ਕਾਫੀ ਬਦਲ ਗਈ ਹੈ। ਉਸਨੂੰ ਉਸਦਾ ਰਵਈਆ ਮੁਸ਼ਕਲ ਨਾਲ ਬਰਦਾਸ਼ਤ ਹੁੰਦਾ ਅਤੇ ਕਦੇ ਕਦੇ ਉਹ ਗੁੱਸੇ ਤੋਂ ਬਾਹਰ ਹੋ ਜਾਂਦਾ। ਉਸਨੇ ਅਜਿਹੇ ਹਲਾਤਾਂ ਦਾ ਸਾਹਮਣਾ ਕਰਨ ਦੇ ਤਰੀਕੇ ਲੱਭ ਲਏ ਹਨ ਜਦੋਂ ਉਹ ਘਰੇ ਬਾਹਰ ਜਾਂਦਾ ਤਾਂ ਉਸਨੂੰ ਬੈਡ ਰੂਮ ਵਿਚ ਬੰਦ ਕਰ ਜਾਂਦਾ ਤਾਂ ਜੋ ਉਹ ਸੁਰਖਿਅਤ ਰਹੇ। ਉਹ ਉਸਨੂੰ ਕਈ ਵਾਰ ਜ਼ਿਆਦਾ ਦਵਾਈ ਦੇ ਦਿੰਦਾ ਤਾਂ ਜੋ ਉਹ ਸੌ ਸਕੇ।

ਅਮਿਤ ਦੇ ਬੌਕਿਆ ਦੇ ਵੀ ਛੋਟੇ ਬੱਚੇ ਹਨ। ਹਲਾਕਿ ਉਹ ਕਹਿੰਦੇ ਹਨ ਕਿ ਉਹ ਉਨ੍ਹਾਂ ਦੀ ਮਦਦ ਕਰਨਗੇ ਪਰ ਅਜਿਹਾ ਨਹੀਂ ਹੋਇਆ। ਅਮਿਤ ਨੂੰ ਅਜਿਹੇ ਦਬਾਵੇ ਵਿਚੋਂ ਨਿਕਲਣ ਵਾਸਤੇ ਘਰ ਵਿਚੋਂ ਕਿਸੇ ਦੀ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਸੀ। ਜਦੋਂ ਉਹ ਆਪਣੀ ਲੜਕੀ ਨਾਲ ਇਸ ਬਾਰੇ ਗੱਲ ਕਰਦਾ ਤਾਂ ਉਹ ਕਹਿੰਦੀ ਕਿ ਉਸਨੇ ਆਪਣੇ ਪਰਿਵਾਰ ਦਾ ਵੀ ਖਿਆਲ ਰੱਖਣਾ ਹੈ।

ਜ਼ਰੂਰੀ ਸੰਦੇਸ਼

ਬਜ਼ੁਰਗਾਂ ਨਾਲ ਬੁਰੇ ਬਰਤਾਵੇ ਕਰਨ ਦੇ ਕਈ ਤਰੀਕੇ ਹਨ ਅਤੇ ਜੋ ਕਿ ਬੇਲੋੜੇ ਵੀ ਹੋ ਸਕਦੇ ਹਨ। ਕਦੇ ਕਦੇ ਅਸੀਂ ਇਹ ਨਹੀਂ ਸਮਝ ਪਾਉਂਦੇ ਕਿ ਸ਼ਾਡਾ ਰਵਈਆ ਸ਼ਾਡੇ ਚਾਹੁਣ ਵਾਲਿਆਂ ਪ੍ਰਤੀ ਕਿਹੋ ਜਿਹਾ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ ਜਿਸ ਨਾਲ ਉਹਨਾਂ ਦੀ ਇੱਜ਼ਤ ਬਣੀ ਰਹੇ। ਇਥੇ ਸੇਵਾਵਾਂ ਅਤੇ ਮਦਦ ਮੌਜੂਦ ਹੈ ਜੋ ਕਿ ਸ਼ਾਨੂੰ ਇਸ਼ਦੇ ਵਿਚ ਮਦਦ ਕਰ ਸਕਦੇ ਹਨ ਕਿ ਕਿਵੇਂ ਆਪਣੇ ਪਰਿਵਾਰ ਦੀ ਦੇਖਭਾਲ ਕੀਤੀ ਜਾਵੇ ਅਤੇ ਸ਼ਾਨੂੰ ਤਨਾਵ ਵਿਚੋਂ ਕੱਢ ਸਕੇ।

ਮਕਸਦ: ਬਜ਼ੁਰਗਾ ਪ੍ਰਤੀ ਬੁਰੇ ਬਰਤਾਵੇ ਨੂੰ ਦੂਰ ਕਰਨ ਲਈ ਤਾਲਮੇਲ ਵਧਾਉਣਾ ਜਿਥੇ ਸਾਂਭ ਸੰਭਾਲ ਸ਼ਬੰਧੀ ਪਰੇਸ਼ਾਨੀ ਹੈ। ਸਭਿਆਚਾਰਕ ਸੇਵਾਵਾਂ ਦੀ ਜਾਣਕਾਰੀ ਵਿਚ ਵਾਧਾ ਕਰਨਾ ਜਿਸ ਨਾਲ ਮਦਦ ਮਿਲ ਸਕੇ।

ਸਵਾਲ

1. ਕਹਾਣੀ ਵਿਚ ਕੀ ਮੁੱਦਾ ਹੈ ਅਤੇ ਚਿੰਤਾ ਦੀ ਗੱਲ ਕੀ ਹੈ? ਕੀ ਤੁਸੀਂ ਸੋਚਦੇ ਹੋ ਕਿ ਅਜਿਹਾ ਪਹਿਲਾ ਬਰਾਦਰੀ ਵਿਚ ਹੋਇਆ ਹੈ?
2. ਵਾਣੀ ਇਨ੍ਹਾਂ ਹਲਾਤਾਂ ਵਿਚ ਕਿਸ ਤਰ੍ਹਾਂ ਮਹਿਸੂਸ ਕਰਦੀ ਹੈ? ਅਮਿਤ ਕਿਸ ਤਰ੍ਹਾਂ ਮਹਿਸੂਸ ਕਰਦਾ ਹੈ ਉਹ ਹਲਾਤਾਂ ਨੂੰ ਕਿਉਂ ਵੱਖਰੇ ਤਰੀਕੇ ਨਾਲ ਦੇਖਦਾ ਹੈ ?
3. ਬਰਾਦਰੀ ਦਾ, ਅਮਿਤ ਅਤੇ ਵਾਣੀ ਦੇ ਦੋਸਤਾ ਅਤੇ ਹੋਰ ਸੋਸ਼ਲ ਨੈਟਵਰਕ ਦਾ ਇਸ ਸਮੇਂ ਕੀ ਕੰਮ ਹੈ
4. ਕਿਸ ਤਰ੍ਹਾਂ ਇਸ ਪਰਿਵਾਰ ਦੇ ਰਿਸ਼ਤਿਆ ਨੂੰ ਭੌਵਿਖ ਵਿਚ ਸੁਧਾਰਿਆ ਜਾਵੇ?
5. ਤੁਸੀਂ ਅਮਿਤ ਨੂੰ ਕੀ ਕਰਨ ਦੀ ਸਲਾਹ ਦੇਵੋਗੇ? ਉਸਨੂੰ ਅਜਿਹੇ ਹਲਾਤਾਂ ਵਿਚ ਕਿਸ ਤਰ੍ਹਾਂ ਸੋਚਣਾ ਚਾਹੀਦਾ ਹੈ?
6. ਅਮਿਤ ਅਤੇ ਉਸਦੇ ਪਰਿਵਾਰ ਨੂੰ ਹੋਰ ਜਾਣਕਾਰੀ ਵਾਸਤੇ ਕਿਥੇ ਮਦਦ ਮਿਲ ਸਕਦੀ ਹੈ ਤਾਂ ਜੋ ਇਨ੍ਹਾਂ ਹਲਾਤਾਂ ਨੂੰ ਠੀਕ ਕਰ ਸਕਣ?

Types of abuse that could be indicated in this story

Neglect	Failing to provide adequate care for an older person with dementia/other illness (can include not keeping them clean, not giving enough food, locking someone in a room etc). The absence of support from the adult daughter could be considered neglect. Support could mean helping them access services. Adult children may actively block services from outside the family and allocate the caring role solely to the parent.
Physical abuse	Over medicating, or under medicating
Emotional mistreatment	Where the carer makes threats to the person with dementia. Keeping an older person in one room for their safety. Adult children putting pressure on the older carer to cope alone.

Underlying attitudes or values that could influence the people in this story

Stigma and lack of understanding around disability or dementia – Family members may find it difficult to discuss or see physical changes in an older person. If the illness is not well understood it is less likely adequate care can be provided and care needs may go unrecognised. Stigma can also result in avoiding the older person or neglecting their care.

Stigma around accepting help outside of the family – It is traditional for the family to care for their older or frail members. Accepting help from outside the family can be seen as shameful or a failure. This can be exacerbated by a lack of culturally relevant services, or previous negative experiences of seeking help outside the family. Such stigma could prevent a family discussing the situation openly and honestly.

Role of the extended family – The extended family and community may prefer and reinforce traditional expectations even when they clash with the needs of an individual. They may or may not realise the impact of expressing their views on a person in an abusive situation. Intergenerational differences around expectations of caring for the older person may exist.

Lack of awareness of options – A person may continue where there is stress in the care relationship or an abusive situation because they are not aware of other options or supports.

Key Messages

5.1 English

These messages can be used in community education sessions or in media.

We all have a right to respect and dignity as we get older. However, relationships with family and friends can go wrong.

Up to ten per cent of older people may experience some form of elder abuse.

Elder abuse is no more common in migrant communities than the general population, but it is more hidden, due to shame, stigma or not knowing where to turn for help.

Elder abuse is any act which causes harm to an older person and is carried out by someone they know and trust.

The mistreatment of older people has many forms. Sometimes people don't think about the consequences of their actions. And that the older person is experiencing their behaviour as abusive.

Your adult children may not always tell you the truth, especially if they have problems like gambling, drinking or taking drugs. You may not be signing what you think you are.

Getting independent advice is a good idea.

Sometimes our children have unrealistic expectations of us. Family does not always understand how we are feeling and what we are able to do as we age. It's important to help our families, but it is also important to talk about limitations.

Staying connected to social networks is an important part of having some independence, and your needs are just as important as those of other family members.

Throughout our life we can be faced with difficult situations. Although these can be daunting, there are choices. Don't suffer in silence – help is around the corner, even when it feels like it isn't.

We all have a right to respect and dignity as we get older. No-one needs to accept a disrespectful and unhappy situation. If you need help speak to someone you trust.

5.2 ਪੰਜਾਬੀ

ਅਜਿਹੇ ਸੰਦੇਸ਼ ਬਰਾਦਰੀ ਸੈਸ਼ਨ ਜਾਂ ਮੀਡੀਆ ਵਿਚ ਦਿੱਤੇ ਜਾ ਸਕਦੇ ਹਨ?

ਜਦੋਂ ਅਸੀਂ ਬਜ਼ੁਰਗ ਹੋ ਜਾਂਦੇ ਹਾਂ ਤਾਂ ਸਾਨੂੰ ਆਪਣੀ ਇੱਜ਼ਤ ਅਤੇ ਪਦਵੀ ਬਣਾਏ ਰੱਖਣ ਦਾ ਹੱਕ ਹੈ ਹਲਾਂਕਿ ਪਰਿਵਾਰ ਅਤੇ ਦੋਸਤਾਂ ਨਾਲ ਰਿਸ਼ਤੇ ਗਲਤ ਦਿਸ਼ਾ ਵਿਚ ਜਾ ਸਕਦੇ ਹਨ

5 ਪ੍ਰਤੀਸ਼ਤ ਬਜ਼ੁਰਗ ਕੋਲ ਆਪਣੇ ਨਾਲ ਕਿਸੇ ਤਰ੍ਹਾਂ ਦੇ ਬੁਰੇ ਬਰਤਾਵ ਦਾ ਕਰ ਸਕਦੇ ਹਨ।

ਅਪ੍ਰਵਾਸੀਆ ਵਿਚ ਬਜ਼ੁਰਗ ਬਦਸਲੂਕੀ ਆਮ ਜਨਤਾ ਵਾਂਗ ਆਮ ਨਹੀਂ ਹੁੰਦੀ ਪਰ ਇਹ ਸ਼ਰਮ ਕਰਕੇ, ਕਲੰਕ ਕਰਕੇ ਜਾਂ ਮਦਦ ਵਾਸਤੇ ਨਾ ਪਤਾ ਹੋਣ ਕਰਕੇ ਛੁਪੀ ਹੋਈ ਹੁੰਦੀ ਹੈ।

ਬਜ਼ੁਰਗਾਂ ਨਾਲ ਬਦਸਲੂਕੀ ਅਜਿਹਾ ਕੰਮ ਹੈ ਜਿਸ ਨਾਲ ਬਜ਼ੁਰਗਾਂ ਨੂੰ ਖ਼ਤਰਾ ਪੈਦਾ ਹੋ ਸਕਦਾ ਹੈ ਅਤੇ ਉਸ ਦੁਆਰਾ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਜਿਨ੍ਹਾਂ ਤੇ ਉਹ ਵਿਸ਼ਵਾਸ ਕਰਦੇ ਹਨ ਅਤੇ ਜਾਣਦੇ ਹਨ

ਬਜ਼ੁਰਗਾਂ ਨਾਲ ਬੁਰਾ ਬਰਤਾਵ ਕਈ ਤਰੀਕਿਆਂ ਨਾਲ ਹੋ ਸਕਦਾ ਹੈ। ਕਈ ਵਾਰ ਲੋਕ ਉਨ੍ਹਾਂ ਦੇ ਕੀਤੇ ਕੰਮਾਂ ਤੇ ਪੈਦਾ ਹੋਣ ਵਾਲੀਆਂ ਸਮਸਿਆਵਾਂ ਬਾਰੇ ਵੀ ਨਹੀਂ ਸੋਚਦੇ ਅਤੇ ਬਜ਼ੁਰਗ ਉਨ੍ਹਾਂ ਦੇ ਇਸ ਵਤੀਰੇ ਨੂੰ ਬਦਸਲੂਕੀ ਸਮਝਦੇ ਹਨ

ਤੁਹਾਡੇ ਬਾਲਗ ਬੱਚੇ ਹੋ ਸਕਦਾ ਹੈ ਕਿ ਹਮੇਸ਼ਾ ਤੁਹਾਨੂੰ ਸੱਚ ਨਾ ਦੱਸਣ, ਖਾਸ ਕਰਕੇ ਉਸ ਸਮੇਂ ਜਦੋਂ ਉਹ ਜੁਆ ਬੇਡਕੇ, ਸ਼ਰਾਬ ਜਾਂ ਨਸ਼ਾ ਲੈ ਕੇ ਮੁਸੀਬਤ ਵਿਚ ਫਸਦੇ ਹਨ। ਤੁਸੀਂ ਵੀ ਹੋ ਸਕਦਾ ਹੈ ਮਹਿਸੂਸ ਨਾ ਕਰੋ ਸੱਕੋ

ਸਵੰਤਰ ਸਲਾਹ ਲੈਣਾ ਚੰਗੀ ਸਲਾਹ ਹੋ ਸਕਦੀ ਹੈ

ਕਈ ਵਾਰ ਸਾਡੇ ਬੱਚੇ ਸਾਡੇ ਕੋਲੋਂ ਬੇਮਤਲਬੀ ਉਮੀਦਾਂ ਲਗਾ ਲੈਂਦੇ ਹਨ। ਪਰਿਵਾਰ ਹਰ ਵਾਰ ਇਹ ਨਹੀਂ ਸਮਝ ਪਾਉਂਦਾ ਕਿ ਅਸੀਂ ਕਿਸ ਤਰ੍ਹਾਂ ਮਹਿਸੂਸ ਕਰ ਰਹੇ ਹਨ ਅਤੇ ਅਸੀਂ ਇਸ ਉਮਰ ਵਿਚ ਕਿਸ ਤਰ੍ਹਾਂ ਦੇ ਕੰਮ ਕਰ ਸਕਦੇ ਹਾਂ। ਪਰਿਵਾਰ ਵਿਚ ਮਦਦ ਕਰਨਾ ਚੰਗੀ ਗੱਲ ਹੈ ਪਰ ਆਪਣੀਆਂ ਪਾਬੰਦੀਆਂ ਬਾਰੇ ਦੱਸਣਾ ਵੀ ਜ਼ਰੂਰੀ ਹੈ।

ਸੋਸ਼ਲ ਨੈਟਵਰਕ ਨਾਲ ਬਣੇ ਰਹਿਣਾ ਵੀ ਅਜਾਦੀ ਵਾਸਤੇ ਚੰਗਾ ਹੈ ਅਤੇ ਤੁਹਾਡੀਆਂ ਜ਼ਰੂਰਤਾਂ ਵੀ ਉਨ੍ਹੀਆਂ ਹੀ ਜ਼ਰੂਰੀ ਹਨ ਜਿਨ੍ਹਾਂ ਕਿ ਦੂਜੇ ਪਰਿਵਾਰਿਕ ਮੈਂਬਰਾਂ ਦੀਆਂ।

ਆਪਣੀ ਜ਼ਿੰਦਗੀ ਦੌਰਾਨ ਅਸੀਂ ਕਈ ਤਰ੍ਹਾਂ ਦੀ ਮੁਸ਼ਕਲਾਂ ਹਲਾਤਾਂ ਦਾ ਸਾਹਮਣਾ ਕੀਤਾ ਹੋਵੇਗਾ, ਪਰ ਇਹ ਦਿਮਾਗੀ ਵੀ ਹੋ ਸਕਦੀਆਂ ਹਨ ਪਰ ਇਥੇ ਵਿਕਲਪ ਹੈ। ਚੁੱਪ ਰਹਿ ਕੇ ਸਹਿਣ ਨਾ ਕਰੋ- ਲਾਗੇ ਹੀ ਤੁਹਾਡੇ ਲਈ ਮਦਦ ਮੋਜੂਦ ਹੈ ਉਸ ਵੇਲੇ ਵੀ ਜਦੋਂ ਲੱਗੇ ਕਿ ਅਜਿਹਾ ਨਹੀਂ ਹੈ।

ਜਦੋਂ ਅਸੀਂ ਬਜ਼ੁਰਗ ਹੋ ਜਾਂਦੇ ਹਾਂ ਤਾਂ ਸਾਨੂੰ ਆਪਣੀ ਇੱਜ਼ਤ ਅਤੇ ਪਦਵੀ ਬਣਾਏ ਰੱਖਣ ਦਾ ਹੱਕ ਹੈ। ਕਿਸੇ ਨੂੰ ਵੀ ਬੇਇਜ਼ਤੀ ਅਤੇ ਦੁੱਖੀ ਹਲਾਤਾਂ ਨਾਲ ਸਮਝੋਤਾ ਨਹੀਂ ਕਰਨਾ ਚਾਹੀਦਾ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ ਤੁਸੀਂ ਉਸ ਨਾਲ ਗੱਲ ਕਰੋ ਜਿਸ ਉਪਰ ਤੁਸੀਂ ਵਿਸ਼ਵਾਸ ਕਰਦੇ ਹੋ

Appendix 1: Sample Presentation (Hindi Version)

Introduction

Introduce yourself and thank the group for inviting you to deliver the talk. Say a little about your history with your organisation or with Seniors Rights Victoria.

If the group is less than 12 ask them to introduce themselves and say how long they have been a member of the group. Ask them to say a short sentence about what respect or dignity means to them.

If the group is larger, ask the group to think about what respect or dignity means to them and then ask for a few example answers from the group.

Today's session

It is important to be clear about what the presentation or discussion is about. Outline what the topic is and what will NOT be covered. These are the questions the session will answer:

- What is respectful or disrespectful behaviour towards older people in relationships with family and friends?
What does it mean to us as individuals, families and communities when an older person is harmed by someone they trust?
- What are some ways that older people experience disrespect and mistreatment?
- How have traditional ways of coping as we age been affected by migration to Australia?
- How can we prevent the mistreatment of older people in our families and communities?
- What kind of help is there for older people that are experiencing this problem and what help is there to support the family to build healthier relationships?

Key message

We all have a right to feel safe.

There are people who can listen to what you need and help you to manage.

Definition of elder abuse

Spend some time explaining the kind of elder abuse that will be covered in today's session, the extent of elder abuse and that it is difficult to estimate because it is under-reported or hidden.

- The Victorian Government defines elder abuse as 'any act occurring within a relationship of trust which results in harm to the older person'.
- The relationship of trust can be with a partner, family member, friend or carer.
- Usually the 'relationship of trust' is with another family member and often, the family member is the son or daughter.

Make sure people understand what is meant by the 'relationship of trust'. Maybe ask them to name one person with whom they have a 'relationship of trust' e.g. partner, husband, wife, sister, son, daughter, cousin etc.

- This kind of mistreatment of older people is more common than we realise.

- While elder abuse is vastly under-reported, the World Health Organisation estimates up to 10 per cent of older people worldwide experience it. Other international research estimates that up to 14 per cent of older people may experience some form of elder abuse.¹⁷
- Any older person may experience mistreatment. Men and women of any income level, any cultural group, people in good health or people with physical or mental disabilities may all be mistreated by someone close to them.
- There is a lack of research on this issue in culturally diverse communities. There is no research or evidence to show that it occurs more in any one cultural community than any other. However, when an older person has a migrant background, they may be less likely to seek help or know about what help is available for them and their family.

Forms of mistreatment and neglect

The mistreatment of older people by people they trust can take many forms. It can affect their financial, emotional, social, physical, or sexual wellbeing. Mistreatment can also mean the absence of care - this is called neglect.

Give one short example for each type of abuse. Some ideas are below

Financial	Not allowing an older person access to their own bank accounts
Physical	Shouting, pushing, hitting, locking a person in a room
Emotional	Making threats of residential care in response to the older person expressing their needs or concerns
Social	Not allowing an older person to visit their friends or use the phone
Sexual	Sexual contact or language that a person does not agree to
Neglect	Failure to provide food, health care, warmth and shelter

Frame the discussion

- We have some stories that show how disrespect and mistreatment can occur.
- These stories do not describe real life people but they do reflect commonly seen situations.
- I will ask some questions so that we can discuss the story and what is happening for that person and for that family.
- Please respect other people's time to speak in the discussion.
- At the end of the session there will be some time to talk to me individually if you are concerned about someone you know.
- We don't have to cover everything today. I can come back another time to talk about this some more.

Narratives and discussion

Tell the story and ask the question. Be clear what the key message is of the story. Conclude each story with the question: what could this person do? List the possible options and supports (emphasise the role of SRV and ethno specific agencies as well as sharing useful ideas from the audience). Repeat the above for another story if you have time.

¹⁷ K. Pillemer, PhD et al., "[Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies](#)," *The Gerontologist* 56, no. S2 (2016): S197.

Conclusion

Ask participants what is the main message that they have learnt from the discussion.

- Recap the key messages of each story or any strong themes that have emerged.

The mistreatment of older adults has many forms. It can be intentional or unintentional.

The needs and wellbeing of older people are as important as other members of the family.

No-one needs to accept a disrespectful and unhappy situation. If people need help they should speak to someone they trust.

Staying connected to social networks is an important part of having some independence.

- Seniors Rights Victoria specialises in helping older people who are being mistreated. Bilingual workers in multicultural community organisations may help explain options or connect people to other services.
- Senior Rights Victoria can offer a range of services through a (free) interpreter.
 - Free and confidential advice for people over 60 years old
 - Telephone service or home visits
 - Short term advocacy and support
 - Specialist free legal advice

Give the brochure at this point and complete the evaluation forms. Ask the group evaluation questions.

Always leave sufficient time for any questions and one-on-one discussion at the end of the session.

ਅਨੁਲੰਗ 1. ਨਮੂਨਾ ਪ੍ਰਸਤੁਤੀ (ਪੰਜਾਬੀ)

ਜਾਣ ਪਛਾਣ

ਆਪਣੇ ਬਾਰੇ ਦੱਸੋ ਅਤੇ ਸਮੂਹ ਦਾ ਪੰਨਵਾਦ ਕਰੋ ਜਿਸਨੇ ਤੁਹਾਨੂੰ ਗੱਲ ਕਰਨ ਲਈ ਕਿਹਾ ਹੈ। ਆਪਣੀ ਹਿਸਟਰੀ ਬੋਲੀ ਜਿਹੀ ਸੰਗਠਨ ਜਾਂ Seniors Rights Victoria (ਸੀਨੀਅਰ ਰਾਈਟ ਵਿਕਟੋਰੀਆ) ਨੂੰ ਦੱਸੋ।

ਜੇਕਰ ਸਮੂਹ ਦੀ ਗਿਣਤੀ 12 ਤੋਂ ਘੱਟ ਹੈ ਤਾਂ ਉਨ੍ਹਾਂ ਨੂੰ ਇਕ ਦੂਜੇ ਨੂੰ ਆਪਣੇ ਬਾਰੇ ਦੱਸਣ ਲਈ ਕਹੋ ਅਤੇ ਦੱਸੋ ਕਿ ਕਦੇ ਤੋਂ ਉਹ ਸਮੂਹ ਦੇ ਮੈਂਬਰ ਹਨ। ਉਨ੍ਹਾਂ ਕੋਲੋਂ ਬੋਲੋ ਲਫਜ਼ਾਂ ਵਿਚ ਪੁੱਛੋ ਕਿ ਉਹਨਾਂ ਵਾਸਤੇ ਇੱਜ਼ਤ ਅਤੇ ਪਦਵੀ ਦੇ ਕੀ ਮਾਇਨੇ ਹਨ

ਜੇਕਰ ਸਮੂਹ ਵੱਡਾ ਹੈ ਤਾਂ ਸਮੂਹ ਨੂੰ ਪੁੱਛੋ ਕਿ ਉਹ ਇੱਜ਼ਤ ਅਤੇ ਪਦਵੀ ਬਾਰੇ ਕੀ ਸੋਚਦੇ ਹਨ ਅਤੇ ਇਸਦੇ ਕੀ ਮਾਇਨੇ ਹਨ ਅਤੇ ਫਿਰ ਜਵਾਬ ਕੁਝ ਉਦਾਹਰਨਾ ਵਜੋਂ ਸਮੂਹ ਵਿਚੋਂ ਪੁੱਛੋ।

ਅੱਜ ਦਾ ਸੈਸ਼ਨ

ਜਿਸ ਬਾਰੇ ਗੱਲਬਾਤ ਕਰਨੀ ਹੈ ਉਸ ਬਾਰੇ ਸਾਫ ਸਾਫ ਦੱਸਣਾ ਬਹੁਤ ਜ਼ਰੂਰੀ ਹੈ। ਜੇ ਵਿਸ਼ਾ ਹੈ ਉਹ ਦੱਸਿਆ ਜਾਵੇ ਅਤੇ ਇਹ ਵੀ ਦੱਸਿਆ ਜਾਵੇ ਕਿ ਕਿਸ ਬਾਰੇ ਗੱਲਬਾਤ ਨਹੀਂ ਕੀਤੀ ਜਾਵੇਗੀ। ਅਜਿਹੇ ਕੁਝ ਸਵਾਲ ਹਨ ਜਿਨ੍ਹਾਂ ਦਾ ਸੈਸ਼ਨ ਵਿਚ ਜਵਾਬ ਦਿੱਤੋ ਜਾਣਗੇ।

- ਬਜ਼ੁਰਗ ਪ੍ਰਤੀ ਪਰਿਵਾਰ ਦਾ ਅਤੇ ਦੇਸ਼ਾਂ ਦਾ ਇੱਜ਼ਤ ਵਾਲਾ ਅਤੇ ਬੇਇੱਜ਼ਤੀਵਾਲਾ ਰਵਈਆ ਕਿਸਨੂੰ ਕਹਿੰਦੇ ਹਨ? ਸਾਡੇ ਇੱਕਲੇ, ਜਾਂ ਪਰਿਵਾਰ ਜਾਂ ਬਰਾਦਰੀ ਲਈ ਇਸਦੇ ਕੀ ਮਾਇਨੇ ਹਨ ਜਦੋਂ ਕਿਸੇ ਬਜ਼ੁਰਗ ਨੂੰ ਉਸਤੋਂ ਠੇਸ ਪਹੁੰਚਾਈ ਜਾਂਦੀ ਹੈ ਜਿਸ ਉਪਰ ਉਹ ਵਿਸ਼ਵਾਸ ਕਰਦੇ ਹਨ
- ਉਹ ਕਿਹੜੇ ਕੁਝ ਤਰੀਕੇ ਹਨ ਜਿਸ ਕਰਕੇ ਬਜ਼ੁਰਗ ਨੇ ਬੇਇੱਜ਼ਤੀ ਅਤੇ ਬੁਰਾ ਬਰਤਾਵ ਮਹਿਸੂਸ ਕੀਤਾ ਹੈ।
- ਹਾਲ ਦੇ ਰੂਪ ਵਿਚ ਸਾਡੇ ਬੁਢਾਪੇ ਨਾਲ ਨਿਭਾਣ ਦੇ ਰਵਾਇਤੀ ਤਰੀਕੇ ਨੂੰ ਆਸਟਰੇਲੀਆ ਤੱਕ ਮਾਈਗਰੇਸ਼ਨ ਨੇ ਕਿਦਾਂ ਪ੍ਰਭਾਵਿਤ ਕੀਤਾ ਹੈ ?
- ਅਸੀਂ ਕਿਸ ਤਰ੍ਹਾਂ ਪਰਿਵਾਰ ਵਿਚ ਅਤੇ ਬਰਾਦਰੀ ਵਿਚ ਬਜ਼ੁਰਗ ਪ੍ਰਤੀ ਬੁਰੇ ਬਰਤਾਵ ਨੂੰ ਦੂਰ ਕਰ ਸਕਦੇ ਹਾਂ?
- ਕਿਸ ਤਰ੍ਹਾਂ ਦੀ ਮਦਦ ਬਜ਼ੁਰਗ ਵਾਸਤੇ ਮੌਜੂਦ ਹੈ ਜੋ ਇਸ ਮੁਸ਼ਕਲ ਦਾ ਸਾਹਮਣਾ ਕਰ ਰਹੇ ਹਨ ਅਤੇ ਕਿਸ ਤਰ੍ਹਾਂ ਦੀ ਮਦਦ ਪਰਿਵਾਰ ਲਈ ਮੌਜੂਦ ਹੈ ਜਿਸ ਨਾਲ ਪਰਿਵਾਰਿਕ ਰਿਸ਼ਤੇ ਮਜ਼ਬੂਤ ਹੋ ਸਕਣ।

ਜ਼ਰੂਰੀ ਸੰਦੇਸ਼

ਸਾਨੂੰ ਸਾਰਿਆਂ ਨੂੰ ਹੱਕ ਹੈ ਕਿ ਅਸੀਂ ਸੁਰੱਖਿਅਤ ਮਹਿਸੂਸ ਕਰੀਏ ।
ਇਥੇ ਅਜਿਹੇ ਲੋਕ ਮੌਜੂਦ ਹਨ ਜੋ ਤੁਹਾਨੂੰ ਜ਼ਰੂਰਤ ਕਿ ਹੈ ਉਸਨੂੰ ਸੁਣ ਸਕਦੇ ਹਨ ਅਤੇ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦੇ ਹਨ।

ਬਜ਼ੁਰਗ ਬਦਸਲੂਕੀ ਦੀ ਪਰਿਭਾਸ਼ਾ

ਬਜ਼ੁਰਗ ਬਦਸਲੂਕੀ ਕਿਨ੍ਹਾਂ ਤਰੀਕਿਆਂ ਨਾਲ ਹੋ ਸਕਦੀ ਹੈ ਉਸਨੂੰ ਦੱਸਣ ਵਾਸਤੇ ਥੋੜ੍ਹਾ ਸਮਾਂ ਖਰਚ ਕਰੋ ਜੋ ਕਿ ਅੱਜ ਦੇ ਸੈਸ਼ਨ ਵਿਚ ਕੀਤਾ ਜਾਵੇਗਾ, ਬਜ਼ੁਰਗ ਬਦਸਲੂਕੀ ਕਿਸ ਹੱਦ ਤੱਕ ਹੋ ਸਕਦੀ ਹੈ ਅਤੇ ਇਸਦਾ ਅੰਦਾਜ਼ਾ ਲਗਾਣਾ ਬਹੁਤ ਮੁਸ਼ਕਲ ਹੈ ਕਿਉਂਕਿ ਇਹ ਲੁੱਕੀ ਹੋਈ ਹੁੰਦੀ ਹੈ।

- ਵਿਕਟੋਰੀਆ ਸਰਕਾਰ ਅਨੁਸਾਰ ਬਜ਼ੁਰਗ ਬਦਸਲੂਕੀ ਦਾ ਮਤਲਬ ਹੈ ਕੋਈ ਵੀ ਕੰਮ ਜਿਸਦੇ ਨਤੀਜੇ ਵਜੋਂ ਭਰੋਸੇ ਵਾਲੇ ਰਿਸ਼ਤੇ ਵਿਚੋਂ ਬਜ਼ੁਰਗ ਨੂੰ ਠੇਸ ਪਹੁੰਚੇ ਜਾਂ ਨੁਕਸਾਨ ਪਹੁੰਚੇ।
- ਭਰੋਸੇ ਦਾ ਰਿਸ਼ਤਾ ਆਪਣੇ ਸਾਥੀ, ਪਰਿਵਾਰਿਕ ਮੈਂਬਰਾਂ ਜਾਂ ਦੇਸ਼ਤਾ ਵਿਚ ਹੋ ਸਕਦਾ ਹੈ।
- ਆਮ ਤੌਰ ਤੇ ਭਰੋਸੇ ਦਾ ਰਿਸ਼ਤਾ ਦੂਜੇ ਪਰਿਵਾਰਿਕ ਮੈਂਬਰ ਨਾਲ ਹੁੰਦਾ ਹੈ ਅਤੇ ਜ਼ਿਆਦਾਤਰ ਪਰਿਵਾਰਿਕ ਮੈਂਬਰ ਪੁੱਤਰ ਜਾਂ ਪੁੱਤਰੀ ਹੁੰਦੀ ਹੈ।

ਇਹ ਗੱਲ ਯਕੀਨੀ ਬਣਾਉ ਕਿ ਲੋਕ ਇਹ ਸਮਝ ਸੱਕਣ ਕਿ ਭਰੋਸੇ ਦੇ ਰਿਸ਼ਤੇ ਦਾ ਮਤਲਬ ਕੀ ਹੈ, ਉਨ੍ਹਾਂ ਕੋਲੋਂ ਪੁੱਛੋ ਕਿ ਕਿਸਦੇ ਨਾਲ ਉਨ੍ਹਾਂ ਦਾ ਰਿਸ਼ਤਾ ਭਰੋਸੇ ਵਾਲਾ ਹੈ ਜਿਵੇਂ ਸਾਥੀ, ਪਤੀ, ਪਤਨੀ, ਭੈਣ, ਪੁੱਤਰ, ਪੁੱਤਰੀ ਕਜ਼ਾਨ ਆਦਿ

- ਬਜ਼ੁਰਗ ਦੀ ਬਦਸਲੂਕੀ ਕਿਸ ਤਰੀਕੇ ਨਾਲ ਹੁੰਦੀ ਹੈ ਜਿਨ੍ਹਾਂ ਅਸੀਂ ਸੋਚਦੇ ਹਾਂ ਉਸ ਤੋਂ ਜ਼ਿਆਦਾ ਹੈ।

- ਜਦ ਕਿ ਬਜ਼ੁਰਗ ਬਦਸਲੂਕੀ ਜਿਆਦਾਤਰ ਅੰਡਰ ਰਿਪੋਰਟਡ ਰਹਿੰਦੀ ਹੈ, ਦੀ ਵਰਲਡ ਹਿਊਮਨ ਆਰਗਨਾਈਜ਼ੇਸ਼ਨ ਦੇ ਅੰਦਾਜ਼ੇ ਮੁਤਾਬਿਕ ਪੂਰੇ ਵਰਲਡ ਵਿਚ 10 ਪ੍ਰਤੀਸ਼ਤ ਬਜ਼ੁਰਗ ਨੇ ਇਸਦਾ ਅਨੁਭਵ ਕੀਤਾ ਹੈ।
- ਕੋਈ ਵੀ ਬਜ਼ੁਰਗ ਆਦਮੀ ਬੁਰਾ ਬਰਤਾਵਾ, ਬਦਸਲੂਕੀ ਦਾ ਅਨੁਭਵ ਕਰ ਸਕਦਾ ਹੈ। ਆਦਮੀ ਅਤੇ ਔਰਤ ਕਿੰਨੀ ਵੀ ਕਮਾਈ ਕਰਨ ਵਾਲੇ, ਸਭਿਆਚਾਰਕ ਗਰੁੱਪ ਚੰਗੀ ਸਿਹਤ ਵਾਲੇ ਜਾਂ ਮਾਨਸਿਕ ਜਾਂ ਸਰੀਰਕ ਪਰੇਸ਼ਾਨੀ ਵਾਲਿਆਂ ਨੇ ਇਸ ਬਦਸਲੂਕੀ ਦਾ ਅਨੁਭਵ ਆਪਣੇ ਨੇੜਲਿਆਂ ਕੋਲੋਂ ਕੀਤਾ ਹੋਵੇਗਾ
- ਇਸ ਮੁੱਦੇ ਤੇ ਬਰਾਦਰੀਆਂ ਵਿਚ ਖੋਜ ਘੱਟ ਕੀਤੀ ਗਈ ਹੈ। ਇਥੇ ਅਜਿਹੀ ਕੋਈ ਖੋਜ ਜਾਂ ਸਬੂਤ ਨਹੀਂ ਹਨ ਜਿਸ ਨਾਲ ਇਹ ਸਾਬਤ ਹੋ ਸਕੇ ਕਿ ਇਸ ਬਾਬਤ ਇਕ ਬਰਾਦਰੀ ਵਿਚ ਇਹ ਜਿਆਦਾ ਹੈ ਅਤੇ ਇਕ ਵਿਚ ਘੱਟ। ਹਲਾਂਕਿ, ਜਦੋਂ ਇਕ ਬਜ਼ੁਰਗ ਦੀ ਪ੍ਰਵਾਸੀ ਬੈਕਗਰਾਊਂਡ ਹੈ, ਉਹ ਮਦਦ ਵਾਸਤੇ ਘੱਟ ਮੰਗ ਕਰਦੇ ਹਨ ਜਾਂ ਉਹਨਾਂ ਨੂੰ ਇਸ ਬਾਰੇ ਘੱਟ ਜਾਣਕਾਰੀ ਹੁੰਦੀ ਹੈ ਕਿ ਉਹਨਾਂ ਵਾਸਤੇ ਅਤੇ ਉਨ੍ਹਾਂ ਦੇ ਪਰਿਵਾਰਿਕ ਮੈਂਬਰਾਂ ਵਾਸਤੇ ਮਦਦ ਮੋਜੂਦ ਹੈ।

ਬਦਸਲੂਕੀ ਅਤੇ ਲਾਪਰਵਾਹੀ ਦੇ ਤਰੀਕੇ

ਬਜ਼ੁਰਗਾਂ ਦੀ ਬਦਸਲੂਕੀ ਉਨ੍ਹਾਂ ਵਿਅਕਤੀਆਂ ਦੁਆਰਾ ਜਿਨ੍ਹਾਂ ਉਪਰ ਭਰੋਸਾ ਕਰਦੇ ਹਨ ਕਈ ਤਰੀਕੀਆਂ ਨਾਲ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਇਸ ਨਾਲ ਉਨ੍ਹਾਂ ਦੀ ਆਰਥਿਕ ਭਾਵੁਕ, ਸਮਾਜਿਕ, ਸਰੀਰਕ ਜਾਂ ਸੈਕਸੁਅਲ ਸਥਿਤੀ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ। ਬਜ਼ੁਰਗਾਂ ਵੱਲ ਧਿਆਨ ਨਾ ਦੇਣਾ ਵੀ ਬਦਸਲੂਕੀ ਹੋ ਸਕਦੀ ਹੈ ਹਨ। ਕਹਿੰਦੇ ਲਾਪਰਵਾਹੀ ਇਸਨੂੰ-

ਹਰ ਇਕ ਤਰ੍ਹਾਂ ਦੀ ਬਦਸਲੂਕੀ ਦੀ ਛੋਟੀ ਉਦਾਹਰਣ ਦਿਉ ਕੁਝ ਅੰਦਾਜ਼ੇ ਹੇਠ ਅਨੁਸਾਰ ਹਨ

ਆਰਥਿਕ	ਕਿਸੇ ਬਜ਼ੁਰਗ ਨੂੰ ਉਨ੍ਹਾਂ ਦੇ ਆਪਣੇ ਬੈਂਕ ਖਾਤੇ ਨਾ ਵਰਤਣ ਦੇਣਾ
ਸਰੀਰਕ	ਚੀਖਣਾ, ਧੱਕਾ ਦੇਣਾ, ਮਾਰਨਾ, ਆਦਮੀ ਨੂੰ ਕਮਰੇ ਵਿਚ ਬੰਦ ਕਰਨਾ
ਭਾਵੁਕ	ਘਰ ਵਿਚ ਬਜ਼ੁਰਗਾਂ ਨੂੰ ਡਰਾਉਣਾ ਕਿ ਉਨ੍ਹਾਂ ਦੀ ਲੋੜਾਂ ਅਤੇ ਜ਼ਰੂਰਤਾਂ ਦੀ ਪੂਰਤੀ ਨਹੀਂ ਕੀਤੀ ਜਾਵੇਗੀ
ਸਮਾਜਿਕ	ਬਜ਼ੁਰਗ ਨੂੰ ਉਸਦੇ ਦੋਸਤਾਂ ਨੂੰ ਨਾ ਮਿਲਣ ਦੇਣਾ ਜਾਂ ਫੋਨ ਦੀ ਵਰਤੋਂ ਨਾ ਕਰਨ ਦੇਣਾ
ਸੈਕਸੁਅਲ	ਅਜਿਹੇ ਸੈਕਸ ਵਾਸਤੇ ਕਹਿਣਾ ਜਾਂ ਅਜਿਹੀ ਭਾਸ਼ਾ ਦੀ ਵਰਤੋਂ ਕਰਨਾ ਜਿਸ ਵਾਸਤੇ ਉਹ ਸਹਿਮਤ ਨਾ ਹੋਵੇ
ਲਾਪਰਵਾਹੀ	ਰੋਟੀ, ਇਲਾਜ, ਠੰਡ ਦੇ ਕਪੜੇ ਅਤੇ ਰਹਿਣ ਦੀ ਜ਼ਰੂਰਤ ਨਾ ਪੂਰੀ ਕਰਨਾ

ਹਾਲਤ ਬਾਰੇ ਗੱਲਬਾਤ

- ਸਾਡੇ ਕੋਲ ਕੁਝ ਕਹਾਣੀਆਂ ਹਨ ਜਿਨ੍ਹਾਂ ਤੋਂ ਪਤਾ ਲਗਦਾ ਹੈ ਕਿ ਬੇਇੱਜ਼ਤੀ ਅਤੇ ਬੁਰਾ ਬਰਤਾਵਾ ਕਿਵੇਂ ਹੁੰਦਾ ਹੈ।
- ਇਹ ਕਹਾਣੀ ਅਸਲ ਲੋਕਾਂ ਦੀ ਜ਼ਿੰਦਗੀ ਬਾਰੇ ਨਹੀਂ ਹਨ ਪਰ ਅਜਿਹੇ ਹਲਾਤਾਂ ਬਾਰੇ ਦਸੱਦੀਆਂ ਹਨ ਜੋ ਆਮ ਤੌਰ ਤੇ ਹੁੰਦੇ ਹਨ
- ਮੈਂ ਕੁਝ ਸਵਾਲ ਪੁੱਛਾਂਗਾ ਤਾਂ ਕਿ ਅਸੀਂ ਕਹਾਣੀ ਬਾਰੇ ਗੱਲਬਾਤ ਕਰ ਸਕੀਏ ਅਤੇ ਉਸ ਆਦਮੀ ਨਾਲ ਅਤੇ ਉਸ ਪਰਿਵਾਰ ਤੇ ਕੀ ਬੀਤ ਰਹੀ ਹੈ।
- ਕਿਰਪਾ ਕਰਕੇ ਦੂਜੇ ਲੋਕਾਂ ਦੀ ਵੀ ਗੱਲਬਾਤ ਵਿਚ ਮਦਦ ਕਰੋ
- ਸੈਸ਼ਨ ਦੇ ਅਖੀਰ ਵਿਚ ਮੇਰੇ ਨਾਲ ਇੱਕਲੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਵੀ ਸਮਾਂ ਦਿੱਤਾ ਜਾਵੇਗਾ ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਵਿਸ਼ੇ ਬਾਬਤ ਕਿਸੇ ਬਾਰੇ ਜਾਣਦੇ ਹੋ
- ਅਸੀਂ ਸਾਰੇ ਕੁਝ ਬਾਰੇ ਅੱਜ ਹੀ ਨਹੀਂ ਗੱਲ ਕਰਾਂਗੇ। ਮੈਂ ਕਿਸੇ ਹੋਰ ਦਿਨ ਵਿਚ ਇਸ ਬਾਰੇ ਹੋਰ ਗੱਲ ਕਰਨ ਲਈ ਆ ਸਕਦਾ ਹਾਂ।

ਸੰਦੇਸ਼ ਅਤੇ ਗੱਲਬਾਤ

ਕਹਾਣੀ ਦੱਸੋ ਅਤੇ ਸਵਾਲ ਪੁੱਛੋ। ਕਹਾਣੀ ਦਾ ਮੁੱਖ ਸੰਦੇਸ਼ ਕੀ ਹੈ ਇਸ

ਬਾਰੇ ਸਾਫ਼ ਤੌਰ ਤੇ ਦੱਸੋ। ਹਰੇਕ ਕਹਾਣੀ ਸਵਾਲ ਦੇ ਨਾਲ ਖਤਮ ਕਰੋ: ਇਹ ਆਦਮੀ ਕੀ ਕਰ ਸਕਦਾ ਹੈ? ਸੰਭਵ ਵਿਕਲਪ ਲਿਖੋ ਅਤੇ ਮਦਦ ਕਰੋ (SRV (ਐਸ.ਆਰ.ਵੀ), ਇਥਨੋ ਸਪੈਸੀਫਿਕ ਏਜੰਸੀ ਅਤੇ ਦਰਸ਼ਕਾਂ ਦੇ ਸੁਝਾਅ ਦੇ ਰੋਲ ਬਾਰੇ ਦੱਸੋ)। ਕਿਸੇ ਹੋਰ ਕਹਾਣੀ ਵਾਸਤੇ ਇਸਨੂੰ ਦੁਬਾਰਾ ਕਰੋ ਜੇਕਰ ਤੁਹਾਡੇ ਕੋਲ ਸਮਾਂ ਹੈ।

ਸਮਾਪਤੀ

ਆਪਣੇ ਸਾਥੀ ਕੋਲੋਂ ਪੁੱਛੋ ਕਿ ਇਸ ਗੱਲਬਾਤ ਤੋਂ ਤੁਸੀਂ ਕਿਹੜਾ ਮੁੱਖ ਸੰਦੇਸ਼ ਹਾਸਿਲ ਕੀਤਾ।

- ਹਰੇਕ ਕਹਾਣੀ ਦੇ ਮੁੱਖ ਸੰਦੇਸ਼ ਨੂੰ ਦੁਬਾਰਾ ਦੱਸੋ ਜਾਂ ਅਜਿਹਾ ਕੋਈ ਸੁਝਾਅ ਜੋ ਤੁਹਾਨੂੰ ਮਿਲਿਆ ਹੈ।

ਬਜ਼ੁਰਗਾਂ ਪ੍ਰਤੀ ਬੁਰੇ ਬਰਤਾਵ ਦੇ ਕਈ ਤਰੀਕੇ ਹਨ। ਇਹ ਜਾਨਬੁਝ ਕੇ ਜਾਂ ਗਲਤੀ ਨਾਲ ਹੋ ਸਕਦੇ ਹਨ।

ਬਜ਼ੁਰਗਾਂ ਦੀ ਜ਼ਰੂਰਤਾਂ ਅਤੇ ਚੰਗੀ ਹਾਲਤ ਵੀ ਉਨ੍ਹੀ ਹੀ ਜ਼ਰੂਰੀ ਹੈ ਜਿਨ੍ਹੀ ਕਿ ਹੋਰ ਪਰਿਵਾਰਿਕ ਮੈਂਬਰਾਂ ਦੀ।

ਕਿਸੇ ਨੂੰ ਵੀ ਬੇਇੱਜ਼ਤੀ ਅਤੇ ਨਾਖੁਸ਼ੀ ਵਾਲੇ ਹਲਾਤਾਂ ਦਾ ਸਾਹਮਣਾ ਕਰਨ ਦੀ ਜ਼ਰੂਰਤ ਨਹੀਂ ਹੈ। ਜੇਕਰ ਲੋਕਾਂ ਨੂੰ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਉਨ੍ਹਾਂ ਨੂੰ ਉਸ

ਨਾਲ ਗੱਲ ਕਰਨੀ ਚਾਹੀਦੀ ਹੈ ਜਿਸ ਉਪਰ ਉਹ ਭਰੋਸਾ ਕਰਦੇ ਹਨ




ਸੋਸ਼ਲ ਨੈਟਵਰਕ ਦੇ ਨਾਲ ਬਣੇ ਰਹਿਣਾ ਵੀ ਅਜਾਦੀ ਦੀ ਇੱਕ ਜ਼ਰੂਰੀ ਹਿੱਸਾ ਹੈ।









- Seniors Rights Victoria ਨੂੰ ਬਜ਼ੁਰਗਾਂ ਦੀ ਬਦਸਲੂਕੀ ਵਿਚ ਮਦਦ ਕਰਨ ਵਿਚ ਮਾਹਿਰਤਾ ਹਾਸਲ ਹੈ। ਵੱਖ ਵੱਖ ਭਾਸ਼ਾ ਬੋਲਣ ਵਾਲੇ ਵਰਕਰ ਜੋ ਕਿ ਬਹੁ ਸਭਿਆਚਾਰਕ ਬਰਾਦਰੀ ਵਿਚ ਕੰਮ ਕਰਦੇ ਹਨ ਉਹ ਵੀ ਇਸ ਬਾਬਤ ਵਿਕਲਪ ਦੱਸ ਕੇ ਮਦਦ ਕਰ ਸਕਦੇ ਹਨ।
- Seniors Rights Victoria ਮੁਫਤ ਸੇਵਾਵਾਂ ਤਰਜੁਮਾ ਕਰਨ ਵਾਲੇ ਰਾਹੀਂ ਦਿੰਦਾ ਹੈ।
 - 60 ਸਾਲ ਤੋਂ ਉਪਰ ਵਾਲਿਆਂ ਲਈ ਮੁਫਤ ਅਤੇ ਗੁਪਤ ਸਲਾਹ
 - ਟੈਲੀਫੋਨ ਸੇਵਾ ਜਾਂ ਘਰ ਜਾਣਾ
 - ਫੋਟੀ ਵਕੀਲੀ ਸਲਾਹ ਅਤੇ ਮਦਦ
 - ਮੁਫਤ ਕਾਨੂੰਨੀ ਸਲਾਹ ਮਾਹਿਰਾਂ ਦੁਆਰਾ









ਇਸ ਸਮੇਂ ਕਿਤਾਬ ਦਿਉ ਅਤੇ ਲੇਖਾ ਜੋਖਾ ਫਾਰਮ ਨੂੰ ਪੂਰਾ ਕਰੋ। ਗਰੁੱਪ ਕੋਲੋਂ ਲੇਖਾ ਜੋਖਾ ਸਵਾਲਾਂ ਬਾਰੇ ਪੁੱਛੋ

ਹਰੇਕ ਸਵਾਲ ਸਬੰਧੀ ਕਾਫੀ ਸਮਾਂ ਦਿਉ ਅਤੇ ਸੈਸ਼ਨ ਦੇ ਅਖੀਰ ਵਿਚ ਇਕਲੇ ਇਕਲੇ ਗੱਲਬਾਤ ਕਰੋ

Appendix 2: Supports and Services

Elder abuse	Seniors Rights Victoria Helpline 1300 368 821 info@seniorsrights.org.au		Information, support, advice and education to help prevent elder abuse and safeguard the rights, dignity and independence of older people. Services include a Helpline, specialist legal services, short-term support and advocacy for individuals and community education.
Indian support services	Sankat Mochan Samiti 0427 274 462 www.sankatmochan.org.au sankatmochansamiti@gmail.com		The Sankat Mochan Senior Group (SMSG) provides spiritual, social welfare and socialisation services to the seniors living in and around Melbourne. Spiritual services comprise of satsang, bhajans, meditation and yoga; Social Welfare deals with moral, physical and spiritual support to people with critical needs and creates a companionship platform for mutual support. Socialisation activities include get togethers, knowledge sharing and awareness of emerging technology.
	Indian Derrimut Welfare Association Barry Palta: 0469710319 barry.palta@bigpond.com		Open to anyone who is interested and passionate about the issues facing the community and would like to do something about these issues. We meet regularly and organise events, seminars etc. in order to remove the social isolation and address the most pressing issues facing the members of the community. We offer different services including regular get togethers, counselling and more.
	Northern Regional Indian Seniors Association Sushil Sharma 9486 8103 http://www.nrisa.org		Provides social and recreational activities - weekly and guest speakers (Friday and Saturday) in Northcote.
	IndianCare 8371 2339 https://www.indiancare.org.au help@indiancare.org.au		IndianCare is a not-for-profit organisation set up to address the welfare needs of Indian origin people in Victoria.
	Indian Senior Citizens Association (ISCA) 9876 2446 or 0456 665 170		Social support group which meets in Mount Waverley and Ashwood for social and educational activities at venues central to Melbourne. Some outdoor activities, excursions and coach trips are extra activities.
	Indian Seniors Association – West Inc. (ISAW) Bharti Singh: 0416 229 877		ISAW helps socially and economically disadvantaged seniors in the western region who are of Indian background and share the same age group and culture. We assist those who are unable to participate in the community due to isolation and lonely seniors who may have difficult family or health circumstances, lack of transport, frailty and lack of English language skills.
Interpreter services	Telephone Interpreter Service (TIS) National 131 45		Call TIS for a telephone interpreter. Available wherever you see the interpreter sign.
Family violence	In Touch Multicultural Centre Against Family Violence 1800 755 988 (free call) 03 9413 6500		A statewide family violence service provider with bicultural, bilingual services and programs. Services include crisis intervention and recovery, prevention and awareness raising, education and research and advocacy.

	Victoria Police 000 and ask for the police or call your local police station and make an appointment		Victoria Police is governed by the Code of Practice for the investigation of family violence. This outlines how Victoria Police will respond effectively to, and ensure the safety and wellbeing of victims, and to make appropriate referrals to other agencies. Police will provide interpreters at all stages of the investigation.
Debriefing	1800 RESPECT 1800 737732 (free call)		To provide a best practice, professional telephone and online, crisis and trauma counselling service 24 hours a day, 7 days a week. To assist people experiencing the effects of sexual assault, domestic or family violence. . Calls are answered by professional counsellors. The new model enables callers to be answered immediately and to receive the service, referral or information they need.
Housing	Home at Last 1300 765 178 (free call)		Home at Last offers free and confidential advice, support and advocacy to older people who are homeless, at risk of homelessness, or are wanting to plan their housing future. Available to any older person in Victoria on a low income with low assets.
Legal support	The Law Institute of Victoria 03 9607 9550 www.liv.asn.au/Referral referrals@liv.asn.au		Can make a referral to a lawyer or solicitor who can give 30 mins of free legal advice. The telephone (Mon-Fri 9am-5pm) and online referral service can help find the right area of law. Can search for Polish-speaking lawyer
	Victorian Legal Aid 03 9269 0120 English 1800 677 402 (country callers)		Free legal helpline for general information over the phone about the law. Open Monday to Friday, 8.45 am to 5.15 pm.
	Federation of Community Legal Centres www.communitylaw.org.au		The Federation of Community Legal Centres (Vic) Inc. is the peak body for 49 community legal centres across Victoria. The Federation leads and supports excellence in the community legal sector, promotes the purpose and value of community legal centres, and advances social justice and a fair legal system. The Federation assists its diverse membership to collaborate for justice.
	Seniors Rights Victoria Helpline 1300 368 821 info@seniorsrights.org.au		Free legal advice from specialist solicitors that is not means tested.
	Office of the Public Advocate 1300 309337 (free) www.publicadvocate.vic.gov.au Mon-Fri 9am-4.45pm		Free telephone advice service for information about guardianship and administration, enduring powers of attorney and medical decision making.

	Justice Connect (03) 8636 4400 (intake) http://www.justiceconnect.org.au/get-help/referral-service	 Justice Connect's Referral Service links individuals experiencing disadvantage with pro bono lawyers in Victoria. In determining which matters are appropriate for pro bono assistance the Referral Service applies guidelines, including means, legal merit, access to justice criteria, whether assistance is available elsewhere and pro bono capacity.
General services	General Practitioners  Can be the first to recognise or respond to elder abuse. Issues can arise where both the perpetrator and victim of abuse share the same GP.	
	Centrelink social workers 131 202 multilingual phone service Mon-Fri, 8am– 5pm	 Social workers can provide brochures and information about elder abuse and financial abuse. However, this service is not geared to elder abuse prevention.
	Community Health centres  Community health centres operate from a social model of health and acknowledge the social, environmental and economic factors that affect health, as well as the biological and medical factors.	
	Commonwealth Home Support Programme (CHSP) – Specialist Support Services (Formerly HACC Access and Support Services)  The CHSP is one consolidated programme that provides entry-level home support for older people who need assistance to keep living independently at home and in their community.	
	My Aged Care Gateway http://www.myagedcare.gov.au/ 1800 200 422 (free call)	 They can provide you with information on aged care for yourself, a family member, friend or someone you're caring for.
	Aged Care Assessment Service (ACAS) www.health.vic.gov.au/agedcare/services/assess	 ACAS are independent teams who assist frail older people and their carers identify what kind of care will best meet their needs. Assessment teams are multi-disciplinary and can include health professionals such as medical officers, social workers, nurses, occupational therapists and physiotherapists. ACAS Assessment Officers have received training in elder abuse awareness and prevention.
	CHSP Regional Assessment Services (RAS)  If you are an older person who can mostly – but not completely – live and cope on your own, and don't yet need higher levels of support at home, you may be eligible for this support. To get support at home, you need a home support assessment (conducted by the Regional Assessment Service (RAS) CHSP can help your carer. If your carer needs to attend to everyday activities, the CHSP can arrange for someone to help you while they are away.	

Gambler's Help

Northern: 1300 133 445
ghintake@bchs.org.au

Eastern: 1300 131 973

Western: (03) 9296 1234

Inner metro: (03) 9653 3250

Southern: (03) 9575 5353

Free and confidential service to reduce gambling related harm. Counselling, financial counselling, peer support, community education. Online counselling available here: <http://www.gamblinghelponline.org.au/> and immediate phone support here: 1800 858 858

Turning Point



DirectLine 1800 888 236

State-wide Alcohol and Other Drug counselling, information and referral for individuals, families and health professionals.

MIND

1300 286 463

info@mindaustralia.org.au

Information, advice and support for people with mental illness and their families.

Appendix 3: Evaluation form

(Available online here: <https://www.surveymonkey.com/r/PTFWNY3>)

Questions to be completed by the community education facilitator

Facilitator details:

Name _____ Organisation _____

Seniors group details:

Name _____

Location (LGA) _____

Cultural background _____

Contact _____ Email _____

Phone _____

Community education session details:

Date _____ Number of attendees Male

Female

Style of community education

☐

Presentation only

☐

Joint presentation & open discussion

☐

Film screened

Details: (entire film/single story/info clip)

Results Question (overpage)

Facilitator to complete form in spaces available on the basis of group feedback immediately at the end of the session.

Options for coordinating feedback:

1. For large groups (over 12 people)
 - a) Ask for two or three volunteers to give you feedback about the session immediately afterwards.
 - b) Ask the group leader to give feedback on behalf of the group.
 - c) When there are multiple bilingual workers, coordinate small groups for feedback, each coordinated by a bilingual worker who completes the form.
2. For small groups (less than 12 people) it is possible to ask the questions to the group as a whole.

In this session we have talked about respect and dignity for older people in family relationships.

1. Has anything changed about your understanding of this issue as a result of today's session?

2. What did you find most interesting about today's session?

3. What would you like to find out more information about?

4. In what ways could we improve these sessions?

5. Would you share the information you have received today with other members of your community?

Appendix 4: Information on Powers of Attorney

Everyone has the right to make their own decisions, but illness or an accident can affect a person's ability make decisions.

People can make enduring powers of attorney while they have legal capacity and choose the person or people they want to make decisions for them in the future if they are unable to make their own decisions.

To make powers of attorney, a person must understand what they are doing when they complete the forms and what sort of power they are giving to the person or people they choose to make decisions for them.

No-one can make a power of attorney for another person.

In Victoria, there are two forms for making enduring powers of attorney:

- the **enduring power of attorney** for financial and personal matters
- the **medical enduring power of attorney**.

Enduring power of attorney

The person who is appointed to make decisions is called the **attorney**.

People should choose someone they trust and who knows them well.

This can be a family member or friend but the person who is making the power of attorney can choose anyone they want.

The person who is chosen has to agree to be the attorney.

More than one person can be appointed as the attorney.

A back up person can also be appointed, called the alternative attorney.

Examples of decisions an attorney can make about **personal matters**:

- deciding where the person who appointed them lives
- deciding what services the person who appointed them can have.

Examples of decisions an attorney can make about **financial matters**:

- using the money of the person who appointed them to pay their bills
- using the money to buy things the person who appointed them needs
- selling the house or other property of the person who appointed them.

Medical enduring power of attorney

The person who is appointed to make decisions is called the **medical agent**.

This can be a family member or friend but the person who is making the power of attorney can choose anyone they want.

Only one person can be appointed as the medical agent.

One person can be appointed as a backup, called the alternate medical agent.

The medical agent only makes decisions if the person who appointed them can't make their own decisions about medical treatment.

It is important the medical agent understands what sort of medical treatment the person who appointed them would want. It is helpful if the person's wishes about medical treatment are written down.

The medical agent can refuse medical treatment for the person who appointed them.

Cancelling an enduring power of attorney

If the person who has made the power of attorney changes their mind and wants to choose someone else as their attorney, they can do this as long as they still have legal capacity.

They can fill out a different form to cancel the enduring power of attorney or make a new enduring power of attorney and write in that form that they cancel the previous enduring power of attorney.

For more information including participant handouts in simple English:

<http://www.publicadvocate.vic.gov.au/power-of-attorney/choosing-the-right-power-of-attorney>

Appendix 5: Contributory Parent visas

In recent years there has been a wave of migration of older people arriving on Contributory Parent visas to live with their adult children. Service providers have noted that where the relationship between the adult children and their parent breaks down, the older person is particularly vulnerable.

Older parents that arrive on this visa often sell their assets and transfer their money to their adult children to pay for the visa and the bond. For permanent visa applicants, the cost for this bond is significant (currently \$10 000) and is held by the government for ten years. The family has had no experience of living in this situation. The practicalities of living in a new country without speaking the local language are often not well understood. The family may not have discussed what will happen if family circumstances change.

Contributory Parent Visa holders may be ineligible for services in Australia, and as such, are very dependent on their adult children.

For more information: Department of Immigration <http://www.border.gov.au/Trav/Visa-1/143->

Appendix 6: Understanding elder abuse in the Indian community of Victoria

The following tables collate information gathered from consultations with Indian community and organisations as part of the ECCV project to raise awareness in ethnic communities about elder abuse. The Indian elder abuse consultations were held between August 2016 and March 2017. It also draws upon information from the *Culturally Responsive Palliative Care Peer Educators Resource* developed by Palliative Care Victoria and the Ethnic Communities Council of Victoria in 2014.

We recommend that caution be applied when making any generalisations based on ethnicity or cultural background. As with all communities, there is considerable diversity of views, beliefs and attitudes within the Indian born population of Victoria and their descendants. However, this information provides the broad Indian cultural context for elder abuse and its prevention and may help service providers understand Indian clients and communities better in relation to this issue.

Community and Service Consultants for this project included:

Sankat Mochan Samiti

IndianCare

Northern Regional Indian Seniors Association

Indian Seniors Association - West Inc

North West Migrant Resource Centre

Gujarati Association of Victoria

Kshatriya Society of Melbourne Australia

Seniors Rights Victoria

The ECCV also acknowledges the additional consultation and support provided through conversations with: Barry Palta (Derrimut Residents Welfare Association (DRWA) Inc.); InTouch Multicultural Centre Against Family Violence; Supriya Singh (RMIT University); Jasvinder Sidhu (Federation University)

Indian Cultural context	Common cultural beliefs for Indian-born people in Australia
	<p>Typically closely knit families: family is central in the lives of many people from Indian backgrounds. There can be a view that seniors should be happy to have their family around them, and naming abuse can be frowned upon.</p> <p>Idea of karma: people can hold a belief that if someone is suffering it must be destined to happen, or consequences from a previous life and one must endure it.</p> <p>Traditional concern about other people's views when making decisions: the views of the wider community can strongly influence family and individual decisions.</p> <p>Financially supporting children: contributing to adult children's financial or home security is common in the Indian community. This can be to the extent that the seniors are not considering their own financial needs.</p> <p>Grandparenting: relationships with grandchildren are highly valued; this can be exploited at times.</p> <p>Difference in home help: for some who come to Australia later in life they may be used to having home help. When moving in with adult children they may feel they have to do all the household work, and may not be used to managing this.</p> <p>Older parents arriving on Parent Contributory visas: many Indian migrants arrive later in life through this visa. Their needs and circumstances will be very different to those who migrated to Australia between the 1970-1990s, and potential lack of English and visa costs and conditions can lead to increased dependency on adult children. See appendix 5 for more information.</p> <p>Traditional trust of family members: there is a strong tradition of trusting family members. Whilst this is in many ways a positive cultural trait, it can lead to making arrangements such as Enduring Power of Attorney or living arrangements without discussing expectations, planning for things that may go wrong or getting any independent legal or financial advice.</p> <p>Mental health: as in the wider population there is also a strong stigma associated with mental health issues. Elder people experiencing mental health issues may be reluctant to disclose symptoms or seek help and this may place them as more vulnerable to mistreatment or conflict with family. Additionally adult children whose mental health may be impacting their actions as perpetrators may be reluctant to disclose and seek professional support.</p> <p>Values around women's role as carer: the main carers are usually women and most often spouses. Culturally, it is the duty of the spouse to care for their husband or wife and they often feel shame about accepting services. This often results in increased stress and ill health in carers. Women may feel social pressure to continue or feel resigned to their situation.</p> <p>Family structure: strong role of family and collective decision making: greater good of family outweighs individual needs.</p> <p>Idea that family matters are private: especially women of older generations would rarely speak with others about family issues.</p>
	Expectations
	<p>Living together: traditionally in India, the extended family live together. While this is changing and may vary in the cities, older generations may hold onto this expectation more strongly than younger generations or those who have spent longer time in Australia.</p> <p>Intergenerational differences in attitudes towards elders: traditional culture involves an emphasis on the veneration of older generations. This may have been lost with younger generations growing up in Australia.</p>

Triggers and risk factors	Relationship conflict
	Intergenerational conflict: due to migration, intergenerational differences and conflict can be greater than usual, as generations have grown up in different times, places and cultures. Traditional expectations may clash with those of the younger generations who may have economic and time constraints and different practicalities. Seniors who grew up or lived in small towns or rural settings in India will likely hold more traditional values than those who lived in larger cities.
	Change in care needs
	Stress in the care relationship: carers may not recognise their behaviour (or coping strategies) as potentially abusive. There can be a reluctance to accept support from outside the family.
	Coping with change: loss and grief may go unrecognised due to feelings of duty to a spouse. If the emotions around a significant illness are unacknowledged, the emotional needs of the carer may not be met. This may impact on their capacity to provide adequate care.
	Dementia and ageing: older migrants with dementia may revert to their original language. Adult children of older migrants may be “Australianised” and may not speak the language of their parents.
	Social isolation and ageing
	Smaller family networks: following migration, family networks may be smaller, leaving fewer options for support within the family.
	Lack of understanding of the impact of old age: the impact of old age may not be well understood, as due to migration, it may be their first experience of aging. This means they may not know what to expect and the older person may be expected to perform household chores and childcare beyond their level of comfort.
	Dependency
	Language and literacy: many more recently arrived older people who are from small towns or rural setting are likely not to speak English and may also have a low level of literacy in their own language and English. This increases dependence on family members (often adult children) for information and interactions that involve reading, writing or speaking in English
	Contributory (Aged) Parent visa: many older people of Indian backgrounds arrive in Australia on a Contributory Parent visa. They are highly dependent on their sponsors (adult children). The older person’s assets are often divested to family members prior to migrating. There is a two-way indebtedness. The children are indebted to the parents who have raised them. The parents are indebted to the children who have paid for the visa. This can exacerbate the imbalance of power and level of dependency. The ten year wait for access to an Australian aged or disability pension can put an enormous amount of pressure on the family.

Barriers to seeking help	Fear of consequences
	Fear of losing family relationships - Complex feelings of love, guilt and responsibility may prevent an older person from seeking help. They may need support to set boundaries around protecting their own rights and wellbeing while maintaining a relationship with the adult child.
	Fear of residential care – There can be a strong fear and stigma around going into a residential aged care facility, which is considered an absolute last resort.
	Fear of cost of services – Older people who have worked all their lives and saved for the future may be afraid of the affordability of services into the home.
	Stigma
	Reluctance to accept help outside of the family – It is assumed that the family will take care of their older or frail members. Accepting help from outside the family can be seen as shameful or a failure. This can be exacerbated by a lack of culturally relevant services, or previous negative experiences of seeking help outside the family. Even if they are made aware of services available, a family or carer may choose not to use them.
	Stigma around disability or dementia – There can be a lack of understanding and stigma around some illnesses. Family members may find it difficult to discuss or see physical changes in an older person. This can result in avoiding the older person or neglecting their care.
	Protecting the good name of the family – keeping up appearances can be very important in the community, and can prevent a person from seeking help or admitting to a problem.
	Role of the family and wider community – Unchallenged attitudes that exist at a family and community level can have a profound effect on whether or not a person seeks help. Keeping the family together can be viewed as preferable to protecting the rights of an older individual. Conversely the family and community have the potential to support a person experiencing elder abuse to seek help through providing a social lifeline.
	Lack of Infrastructure and knowledge
	Supports: Lack of Indian specific service supports. Additionally, older people may not know about other supports that exist, including home care and legal, or may not realise that many of them can be free.
	Understanding abuse: many older people do not realise that things such as emotional abuse or neglect actually constitute abuse.
	Lack of appropriate infrastructure: many nursing homes do not cater for some of the specific dietary and cultural needs of Indian seniors so there may be much reluctance to consider.