

Workshop 1 Manual:  
elder abuse prevention and  
response – an introduction  
to concepts and practices





# Workshop 1 Manual: elder abuse prevention and response – an introduction to concepts and practices

## Acknowledgements

This document has been produced by the Ageing and Aged Care Branch, Victorian Department of Health in consultation with the Sir Zelman Cowen Centre, Victoria University; Seniors Rights Victoria; the Victorian Committee for Aboriginal Aged Care and Disability (VCAACD); Rumbalara Aged Care and Disability Services; the Victorian Aboriginal Community Controlled Health Organisation Inc (VACCHO); the Aboriginal Family Violence Prevention & Legal Service Victoria (FVPLS Victoria) and the Ethnic Communities Council of Victoria.

The material is aligned to and draws upon the *With respect to age – 2009*, Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse.

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Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.

March 2014 (1402015)

Print managed by Finsbury Green. Printed on sustainable paper.

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# Workshop outline

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## Session 1 Orientation to elder abuse and how to recognise it

(90 MINS)

This session will provide an orientation to the definition and incidence of elder abuse. We will discuss common triggers and the complexity of elder abuse situations. We will focus on the empowerment of older Victorians, compare the empowerment model to the best interests model and discuss how this approach best protects human rights. This session will use case studies and group discussion to develop your skills and help you recognise when potential elder abuse issues arise in the course of your work.

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## Break

(15 MINS)

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## Session 2 How to respond to elder abuse

(90 MINS)

The aim of this session is to strengthen your capacity to respond appropriately to suspected cases of elder abuse. Participants will look closely at tools and strategies for ensuring compliance with policy and legislation. We will focus on the obligation to act compatibly with government and organisational policy and the possible impact on your work practices. You will have the opportunity to explore specific responses and strategies for situations where potential elder abuse is indicated. You will learn techniques for implementing a best practice approach.

### The way forward

This session will look at future challenges and provide you with strategies for accessing support and information with regard to elder abuse.

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# Workshop manual

This workshop manual has been prepared to guide participants during the workshop. It should provide a useful resource for the future. Your facilitator will refer to the material during the training session.

## Symbols



Check your learning



Discussion



Activity



Reflect



# Introduction

## Victorian Government Elder Abuse Prevention and Response Initiative

The Victorian Government is acting to overcome elder abuse, by working with families, service providers, professionals and the community. This workshop is one element of an education and training package for professionals to strengthen the capacity of the Victorian workforce to identify and respond to elder abuse. This training is aligned to the *With respect to age – 2009*, Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse.

### Objectives of the training

At the conclusion of this training, you should be able to recognise:

- the signs of elder abuse
- the factors that might constitute an increased risk of elder abuse
- that elder abuse situations are often complex.

This training should assist you in responding to suspected cases of elder abuse sensitively and consistent with:

- your own organisation's policies and procedures
- *With respect to age – 2009, the Victorian Government Practice Guide*
- the *Charter of Human Rights and Responsibilities* and the empowerment model in responding to elder abuse
- government legislation and policies, and organisational policies and interagency protocols
- your duty of care as a worker.

## We want you to be able to answer the following questions with confidence:

- Why is training necessary?
- What is elder abuse?
- What is the empowerment model approach?
- What are the risk factors of elder abuse?
- What are the signs of elder abuse?
- What is my duty of care?
- What are the relevant policies and legislation I need to understand?
- What are my responsibilities, if I suspect elder abuse?
- What are the best practice guidelines for responding to elder abuse?
- How can I support the prevention of elder abuse?

## Why is the government providing this training?

Elder abuse is much more common than our society has traditionally admitted. Much of the problem has been hidden, undefined and unreported. Whilst elder abuse is not a new problem, our society is increasingly recognising and describing 'elder abuse' as a range of situations involving the maltreatment or neglect of older people. The problem of elder abuse in Victoria is likely to grow in prominence, due to the increasing number of older people living in our community, increasing longevity and increasing numbers of people with dementia.

The Victorian Government's *Health Priorities Framework 2012-22: Elder abuse prevention and response guidelines for action 2012-14* contains initiatives aimed at dealing with elder abuse and protecting the rights of older people. Of particular significance to your training is the development of the Victorian Government Practice Guide *With respect to age – 2009* and providing professional education to those people whose work brings them into contact with older Victorians. The training you are currently undertaking draws heavily from the Victorian Government Practice Guide *With respect to age – 2009*.

Many workers involved with older people encounter potentially abusive situations. Circumstances surrounding abuse may raise difficult legal, ethical and work practices. Issues for workers do not necessarily arise from inadequate legislation or from a reluctance to act, but often from uncertainty about how and when to act and who else to include. Training workers to recognise the signs of abuse and to take appropriate actions constitutes a vital step in preventing elder abuse. The development of clear local agency policies and procedures, and interagency protocols (specifically designed to provide clarity to workers) is another significant step that may already be impacting on you as a worker.

In addition, when tackling elder abuse, all relevant service providers need to be aware of, and respond appropriately to the needs of Aboriginal as well as culturally and linguistically diverse (CALD) communities.

By 2051, 6.4 million people living in Australia will be over 65 years old.

Research indicates that elder abuse affects up to one in 20 older people, and that the most common type of abuse is financial.

## Session 1 – Orientation to elder abuse and how to recognise it

On completion of this session, you will be able to:

1. recognise and define types of elder abuse
2. identify risk factors for elder abuse
3. understand the complexity of the majority of elder abuse situations
4. explain the empowerment model.

## What is elder abuse?

For the purposes of this training **elder abuse is defined as any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.**

It is important to understand what is not covered by this definition of elder abuse. This definition excludes consumer based transactions, professional misconduct and abuse which may occur in a residential aged care setting. These latter types of abuse are dealt with under specific aged care legislation, consumer legislation and professional registration acts.

### Trust

Elder abuse is typically carried out by someone close to an older person, with whom they have a relationship implying trust, including family members and friends. Often an older person is dependent on the perpetrator, for example, where an older person is frail or incompetent and the perpetrator is the principal carer. Mental incompetence, physical frailty or economic circumstances may force an older person to depend on another for housing. However, dependence is not a defining characteristic of abuse—the older person might not be dependent, and may actually be supporting the perpetrator.

Sometimes abuse is the continuation of long-standing patterns of physical or emotional abuse within a family. It could also be the result of stressful situations, such as changes in living arrangements and personal relationships, which occur when the care needs of an older person change due to increasing frailty. Abuse can also be the result of the personal characteristics and life course of the perpetrator, such as substance abuse or financial dependency.

When choosing an age to define ‘older’ people, 65 years is commonly used, but most people do not experience vulnerabilities at that stage in their life.

The Commonwealth Government uses population estimates for the general population aged 70 years or over, and Aboriginal Australians aged 50 years and over, when planning services for older people.

Seniors Rights Victoria, the legal and advocacy service established by the Victorian Government to respond to elder abuse, works with Victorians aged 60 and over and Aboriginal Victorians aged 45 and over.

## Harm

The range of acts or omissions that constitute abuse occur along a continuum: at one end, harm results from a poor understanding of an older person's needs; at the other, harm results from aggression and serious physical assault. In different circumstances, different sorts of interventions are required.

Abuse may occur as a result of an inability to cope, frustration, ignorance or negligence. Abuse can be unintentional or deliberate.

Some forms of abuse are criminal acts, for example, physical and sexual abuse. Other types, such as financial misappropriation, may not reach the level of criminality, but may require redress through guardianship or civil proceedings. Other situations might be best regarded as forms of domestic violence, with interventions shaped accordingly.

The abuse of older people can take several different forms and generally it is not limited to one type of abuse.

- **Financial** – This covers the illegal use, improper use or mismanagement of a person's money, property or financial resources by a person with whom they have a relationship implying trust.
- **Physical** – This covers non-accidental acts that result in physical pain or injury, or physical coercion. *Coercion* is forcing someone to do something against their will, by using pressure, threats or intimidation.
- **Sexual** – This broad term covers a range of unwanted sexual acts (including sexual contact, rape, language or exploitative behaviour) where the older person's consent was not obtained or where consent was obtained through coercion.
- **Psychological or emotional** – This involves inflicting mental stress via actions and threats that cause fear of violence, isolation, deprivation and feelings of shame and powerlessness. For example, it could include treating an older person as if they were a child, engaging in emotional blackmail or preventing access to services. These behaviours—both verbal and non-verbal—are designed to intimidate, are characterised by repeated patterns of behaviour over time, and are intended to maintain a hold of fear over a person.
- **Social** – This includes the forced isolation of older people. It sometimes has the additional effect of hiding abuse from outside scrutiny and restricting or stopping social contact with others, including attendance at social activities.
- **Neglect** – This involves the failure of a carer or responsible person to provide life necessities, such as adequate food, shelter, clothing, medical or dental care, as well as the refusal to permit others to provide appropriate care. This definition excludes self-neglect by an older person of their own needs.

See Attachment 1: Examples of abusive behaviours and signs

## Use of the word elder in an elder abuse context

For the purposes of this training, when talking about elder abuse, it is important to understand that we are focused on elder as it relates to chronological age, and generally not its use in the Aboriginal context detailed below. Having said that, it is of course possible that an Aboriginal Elder or respected community representative may be subject to elder abuse.

## Use of the word 'Elder' in an Aboriginal context

An Elder is an identified and 'respected' male or female person within the community who is able to provide advice, offer support and share wisdom in a confidential way with other members of the community, particularly younger members.

In some instances, Aboriginal people above a certain age will refer to themselves as Elders; however, it is important to understand that in traditional Aboriginal culture, age alone does not necessarily mean that one is a recognised Elder. It is also important to note that some communities will have very few recognised Elders.



## Activity 1

**Instructions:** Whilst watching the DVD, take notes about the types of possible abuse you observed. What were the signs that led the workers in the case studies to be concerned? What issues are raised by the case studies with regard to work practices? These case studies illustrate the complexity of issues raised by the majority of elder abuse cases.

In groups, identify the issues which are raised by each of the case studies.

1. Jenny and Mr Duncan

2. Mr and Mrs Kline

3. Mrs Smith and her son

## What is the empowerment model?

The Victorian Government's response to the prevention of elder abuse is based on empowering older people. The empowerment model supports self-determination, informed choice and the ability of adults to make their own decisions. This philosophy of empowerment involves workers listening to older people and supporting them in seeking advice and services. Older people should be provided with the best available information to assist them in making decisions about their lives, including information about the services they can access. The Victorian Government is committed to promoting and supporting the independence of senior Victorians. All adults, no matter what age, have the right to self-determination and to make their own decisions based on informed choice. That is why empowerment is the key to preventing elder abuse, and the basis of the Government's response.

The Victorian Government is committed to the following key principles to help deal with elder abuse.

### Competence

- All adults are considered competent to make informed decisions, unless demonstrated otherwise. More information on the topic of competence is provided in Workshop Manual 2.

### Self-determination

- With appropriate information and support, individuals should be encouraged to make their own decisions.

### Appropriate protection

- Where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator. If a person is represented, their wishes should still be taken into account (as far as possible).

### Best interests

- The interests of an older person's safety and well-being are paramount. Even when they are unable to make all decisions themselves, their views should be taken into account.

### Importance of relationships

- All responses to allegations of abuse should be respectful of the existing relationships that are considered important to an older person.

### Collaborative responses

- Effective prevention and response requires a collaborative approach that recognises the complexity of the issue and the skills and experience of appropriate services.

### Community responsibility

- The most effective response is achieved when agencies work collaboratively and in partnership with the community.

The empowerment model is consistent with the universal human right to live life free from violence and abuse. It also reflects a commitment to support the safety, security and dignity of all older people in the community which is contained in the United Nations Declaration of Human Rights.

Preventing elder abuse requires a multi-sectoral and multi-disciplinary approach.

Older people have the right to live safely in their own homes, and to be treated with dignity and respect.

## Is there mandatory reporting?

There is currently no statutory requirement for the mandatory reporting of suspected cases of elder abuse in Victoria. The exception is the reporting provisions of the Commonwealth *Aged Care Act 1997*. The *Aged Care Act 1997* was amended in 2007 to provide new mechanisms for the protection of older people residing in residential aged care facilities from physical and sexual abuse. Under this Act, approved residential aged care providers are obliged to report alleged or suspected assaults in aged care facilities that are funded by the Commonwealth to the police and to the Commonwealth Department of Health and Ageing.

Mandatory reporting has been the subject of significant debate among advocacy groups, government and the legal profession. The debate involves consideration of the need to balance an older person's right to autonomy and the need to protect a person vulnerable to abuse. Critics of mandatory reporting question its effectiveness in reducing and preventing abuse, and its potential to undermine the right of older persons to self-determination and autonomy in decision-making. Furthermore, critics argue that a mandatory reporting system threatens to divert funds away from prevention and awareness initiatives and other resources, which are necessary to address elder abuse.

Organisations that provide services to older people should have appropriate policies and protocols in place to respond to actual and suspected cases of elder abuse. They should also ensure early intervention and preventative actions exist to support and empower older people. The Victorian Government has provided funding to establish Seniors Rights Victoria which provides free information, legal advice, advocacy and referral services.





## Reflect

Reflect on how the empowerment model assists and guides you in your work practices. Consider how these principles can influence your approach, if you think elder abuse may be an issue.

## What are the risk factors for elder abuse?

The complex dynamics in which abuse occurs makes it difficult to determine or identify all factors associated with an increased risk of abuse.

The following circumstances may identify older people at higher risk of abuse and may indicate the need for more detailed assessment.

Combinations of these factors may indicate a need for additional support and services to reduce the risk of abuse. It is equally important to understand that an older person who experiences none of these risk factors may actually experience elder abuse.

'Age' itself is a risk factor. Ageism and attitudes to aging/older people can place people at risk by causing actual abuse or other risk factors to be overlooked, dismissed or minimised.

It is important to understand that often the 'abuser' has a high need for their own support services and the relationship between the older person and the abuser can be a complicated one of mutual need and benefit.

Below are a range of circumstances that increase the chance of abuse. The greater number of these factors that influence the situation, the greater the risk of abuse:

- Dependence
- Family conflict or dysfunction
- Family violence
- Isolation
- Regional and remote communities
- Stress in care relationships
- Mature age children or dependents with a disability or health issues
- Mental illness and dementia
- Literacy and awareness of rights.

Workers who identify risks often balance carefully the autonomy of an older person and that person's perception of risk, with the anxiety of relatives and professionals about risks in the environment and to others.

## Dependence

Dependence of a frail older person on a family carer is not in itself a cause of abuse. An abusing relative is more likely to be materially dependent on an older person than non-abusing relatives. The abuser may be dependent on an older person for material support, and have a mental health condition – as well as dependencies, such as alcoholism or drug abuse. An abuser may also have carer responsibilities.

An older person may have an existing frailty or physical dependency, or the expectation or fear of approaching frailty and be reliant on others to maintain their independence.

## Family conflict or dysfunction

A history of family conflict or difficult relationships is not likely to cease as a person ages. The older person becomes more vulnerable over time and the conflict can become abuse.

## Family violence

Family violence can occur in a number of circumstances and in a range of family settings. However, in the overwhelming majority of cases, family violence is perpetrated by males against their female partners. Elder abuse may be a continuation of long standing family violence.

The Victorian Government has further strengthened its response to family violence by passing new legislation informed by the recommendations of the Victorian Law Reform Commission and community consultation.

The *Family Violence Protection Act 2008*, in effect from 8 December 2008, replaces the system of family violence intervention orders provided for in the *Crimes (Family Violence) Act 1987*. It includes a range of initiatives to better protect those subject to family violence, usually women and children, and make perpetrators accountable for their actions.

## Isolation

If an older person is isolated, lacking supportive contacts and social networks, there may be an increased risk of abuse and neglect. Many older people suffer from grief and loneliness with the loss of their partners and friends, which can increase their vulnerability. This will also be a risk factor for the carer, if they are isolated. Factors which create social isolation include language, socio-economic status, cultural exclusion, disability or poor health.

Carers provide care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are frail and aged.

### Regional and remote communities

Services – including assessment and case management services – are more limited in remote and isolated areas, resulting in it being difficult to deliver services to older Victorians and supporting victims of abuse. In small communities, the issue of confidentiality and the sense of ‘everyone knowing everyone’s business’ may result in victims being unwilling to seek help or accept intervention. A victim may fear their situation will become public knowledge and this will not only humiliate or embarrass them, but potentially damage relationships that are important to them within their community.

In rural areas, workers are encouraged to contact metropolitan ethno-specific services for advice on rural clients.

### Stress in care relationships

Caring for a frail and dependent older person can be extremely stressful. The carer may have adopted the role through a sense of duty or pressure from other relatives. Sometimes carers experience resentment, frustration or anger. These feelings – however expressed – may be reciprocated by the dependent person. Few people enjoy being dependent on others for basic daily living needs. In some situations, an older dependent person may abuse a carer. This may occur due to their difficulty in accepting reliance on another person.

### Cultural load/responsibility

Service providers need to be aware that Aboriginal elders take their family and cultural responsibilities very seriously and may be providing support for a number of relatives and community members. Just because someone may be caring for a large number of relatives does not necessarily constitute elder abuse.

### Mature age children, or dependents with a disability or health issues

Sometimes, situations of abuse occur where older parents are caring for a relative with chronic illness or a disability. Many parents of children with disabilities remain primary carers into late middle age and beyond. They are usually co-resident, primary carers of their children who predominantly have an intellectual disability or, less frequently, an acquired brain injury (ABI) or physical disability – for example, multiple sclerosis, cerebral palsy or multiple chronic illnesses.

Primary carers may still be performing this role into their eighties. These living/caring arrangements are usually based on a strong commitment by the carer to continuing care, and are most likely to be of mutual satisfaction to both parties. The living arrangement often involves the co-resident person with a disability taking an active role in running the household.

For the carer, these arrangements may also result in social isolation, depression and poor health. The factors that lead to abuse of the carer are complex, and can involve isolation, the challenging behaviour of the person with the disability,

In 2008, there were 227,300 people with dementia, with the number expected to be 731,000 by 2050 – unless there is a medical breakthrough.

increasing frailty of the carer, and belief by both parties that there are no alternatives to their present situation.

Should the son or daughter or relative being cared for by the older parent have other types of illness or disability, such as alcohol or drug addictive behaviours or mental health issues, then appropriate responses to the abuse of an older person will need to take these additional complexities into account.

### **Mental illness and dementia**

Psychiatric illness or dementia may result in a loss of insight and perspective for the person with these conditions, and increase the risk of an elder abuse situation.

Dementia is the term used to describe the symptoms of a large group of illnesses, which cause a progressive decline in a person's mental functioning. It is a broad term, which encompasses a range of symptoms that includes: loss of memory, intellect, rationality, social skills and normal emotional reactions. The Australian Bureau of Statistics estimates that approximately half of all people with dementia live at home, while the other half are in some form of residential care. Of those living in the community, nearly three quarters live with other people – usually spouses or adult children.

In addition to the decline in mental functioning associated with dementia, many people with dementia also experience significant behavioural and psychological symptoms. The International Psycho-geriatric Association estimates that approximately 83 per cent of people with dementia demonstrate some psychopathology: 60 per cent may experience delusions, 20 per cent hallucinations, 33 per cent verbal outbursts, 35 per cent anxiety and 40 per cent experience mood disturbances. Around 13 per cent of people with dementia may show at some time physical aggression, and as many as 64 per cent of nursing home patients have significant behavioural problems. The most common behavioural and psychological symptoms, which result in institutional care for a person with dementia, are paranoia and aggressive behaviour.

People with dementia from culturally and linguistically diverse backgrounds may revert to their native (or first) language.

The types of behavioural symptoms that require constant supervision or symptoms that involve aggressive acts are more strongly linked with carer burden and carer stress than the other aspects of caring for someone with dementia – such as the need for assistance in the activities of daily living. Physical aggression against caregivers also increases the risk of abuse of the person with dementia by the carer. People with dementia and declining cognitive skills are also vulnerable to other forms of elder abuse – such as financial exploitation or neglect.

Mental illness is a broad term encompassing a number of conditions that impact on a person's ability to function effectively. Despite common belief, only a small proportion of violence in society is attributable to mental illnesses.

For Aboriginal peoples, health does not just mean the physical well-being of the individual but refers to the social, emotional, spiritual and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life.

Many violent people have no history of mental disorder and most (90%) of people with mental illness have no history of violence — depression and anxiety have almost no link to violence or aggression. A small proportion of people with a psychotic illness (including those with psychotic symptoms as part of dementia) may show violent behaviour in some situations — usually in the context of ineffective treatment for their mental health condition, co-existing drug or alcohol use or in relation to distressing hallucinations or delusions. Substance use — abuse of drugs or alcohol — has a stronger association with violence than does mental illness, and is an increased risk for elder abuse.

People with mental illnesses are more likely to be the victims of abuse than the perpetrators, and are particularly vulnerable to being exploited. A person with mental illness may be fully competent, but at times may have particular difficulties in relating to others, asserting their rights or understanding complex legal or financial transactions — increasing their vulnerability. Depression, anxiety and schizophrenia often leave a person more isolated or dependant — which are additional risk factors for elder abuse.

In an Aboriginal context, mental health is referred to as spiritual and emotional well-being.

### **Literacy and awareness of rights**

Limited or lack of literacy increases an older person's vulnerability. It may lead to a lack of information about their rights as an older person, and a lack of awareness that those rights are being eroded or abused. They may be dependent on others to interpret or explain documents.

Cultural factors influence how forms of abuse may be viewed. Specific strategies and responses to elder abuse should address such differences. Being culturally informed and providing sensitive support is an integral component of providing high quality service.

## Is coming from an Aboriginal background a risk factor?

Empowering older people from Aboriginal backgrounds calls for understanding and sensitivity. It may require calling on Aboriginal specific services for advice and support with the permission of the affected person, or require an understanding of the cultural barriers that might impede an older person seeking support.

It is important that workers have some understanding of the factors that have exposed Aborigines to a significantly greater likelihood of experiencing violence in their lifetime.

Colonisation, dispossession and dislocation are historical realities, which are still impacting on Aborigines. Transgenerational grief and trauma, the dislocation of families through child removal policies and the impact of institutionalism are significant factors in the lives of many older Aborigines and their families. Many Aborigines have experienced a breakdown of community kinship systems, marginalisation as a minority, stereotyping, and direct and indirect racism as a direct result of past government policies and practices.

Economic exclusion, unemployment, entrenched poverty and associated negative coping behaviours are factors that potentially pose a risk to any community. The increased incidence of these factors in Aboriginal communities are well documented.

When discussing strategies for preventing elder abuse with Aboriginal communities, it is important to recognise and involve Elders and respected community members – as well as communicating with Aboriginal Community Controlled Health Organisations (ACCHOs). Aboriginal people may choose to receive service support from generic providers or ACCHOs. Much will depend on the choice of an older person and the circumstances they experience.

## Elder abuse in culturally and linguistically diverse (CALD) communities

### Word of warning about generalisations used in describing aspects of CALD communities

Before elder abuse in CALD communities is explored in greater depth, a word of caution is in order – it is unavoidable that generalisations will be used when talking about cultural context and perspectives. Diversity exists within any cultural group and the values and attitudes discussed are not applicable to all people from CALD backgrounds.

### Different meanings of what constitutes elder abuse

Elder abuse can mean different things in different cultures. A person's understanding of what constitutes elder abuse may be influenced by cultural and familial expectations. Research has found that there is diversity in the definition of elder abuse, levels of concern about the issue, and awareness of the topic within different communities.

### General comments about elder abuse in CALD communities

It is important to look at elder abuse within CALD communities because although there is not a higher rate of elder abuse incidences within CALD communities when compared to the wider Australian community, it is more hidden due to a range of factors, such as:

- lack of awareness and understanding of elder abuse, neglect and personal rights
- significant stigma around dysfunctional family relationships
- limited access to supports and services due to, amongst other things, cultural and linguistic barriers.

According to consultation by the Ethnic Communities Council of Victoria, elder abuse is increasing in CALD communities. This is due to the fact that:

- many CALD communities are ageing en masse
- there are increasing risk factors for ageing migrant communities (dementia, frailty, depression, carer burnout)
- first generation migrants are facing issues associated with ageing for the first time due to migration.

Many older people from CALD backgrounds experience isolation from the broader Australian community, due to language and cultural differences. In addition, some migrants have fled their countries of origin to escape war, political conflict and persecution. Accordingly, in some CALD communities there is a fear of authority, which translates to difficulty in opening up about abuse that may be occurring.

Cultural factors may inform an older person's acceptance of situations that in the broader Australian community might appear less bearable.



## The implications of collectivist versus individualist worldviews in the experience of, and response to elder abuse

Most ethnic communities of Victoria have collectivist worldviews. Individualistic and collectivist worldviews each have their own distinct benefits and drawbacks. Generally speaking, individualist cultures value individual achievement, self-reliance and the rights of the individual. In contrast, collectivist cultures seek to emphasise the importance of the family and the goals of the group rather than individual needs and desires. In collectivist societies, there is an expectation that individuals will be protected by the group in exchange for group loyalty. In reality, it is best to view the concept of individualism/collectivism as a continuum whereby most individuals would possess elements of both. However, when responding to elder abuse, it is important to understand that stigma can have more significant repercussions in collective cultures than in individualistic ones.

The stigma of admitting that a family relationship has broken down or that an adult child or spouse is not supportive can prevent an older person seeking help. An older person may choose the isolation of coping with abuse rather than disrupt existing family relationships. Older people from collectivist cultural backgrounds are less likely to consider breaking family relationships as an option (Triandis et al. 1988)

## Increased risk of elder abuse in CALD communities

Older people from CALD communities are at increased risk of elder abuse for a variety of reasons including:

- poor English skills, particularly in relation to understanding official documents
- reduced access to information, particularly through advanced forms of technology such as the internet
- social isolation
- dependency on family members
- lower education and economic status
- unwillingness to disclose mistreatment or neglect because of social stigma
- feeling ashamed for making a report against a family member
- cross-generational factors resulting in differing expectations of care and support
- lack of knowledge of Australian laws and services
- lack of awareness of what constituted 'elder abuse' in CALD communities
- a strong preference for remaining in the community rather than moving into institutional care
- more likely to live at home with family for longer than Australian born older people (Blundell and Clare 2012).

## The impact of migration and its relationship to elder abuse

For people from collective cultures that have migrated to individualistic cultures, a whole range of impacts occur. For example, intergenerational differences may increase as their children grow up, and escalate further as their grand-children mature with the blended influence of the two cultures (and diminishing influence of the collective culture). This can be a positive influence (the best of both worlds) or it can become a source of conflict.

Older and first generation migrants tend to retain cultural practices from their country of origin whilst second generation migrants tend to adapt more easily to their 'adopted' country– this can increase intercultural difference and conflict and is unique to migration. In many families there are differing intergenerational attitudes about how the older generation should be cared for.

In addition to intergenerational conflict there are many other factors that arise due to migration that are relevant in the context of elder abuse and its prevention, such as:

- cultural and linguistic differences – people who migrate to Australia may find it difficult to engage with generic services due to difficulties gaining information about available services, associated language barriers and discomfort or unfamiliarity using generic services.
- smaller family networks associated with migration. In migrating to a new country, people lose many of their informal support networks that existed in their country of origin.
- dependence on children (for example, depending on children to carry out translation and interpreting tasks, which can lead to the signing of paperwork. without understanding it.) This situation is not culturally 'normal' and is a direct result of migration which can lead the older parents to feel a debt to their children and a heightened aspiration to pass on assets in order to balance the relationship.
- many people that migrated in early life didn't have the opportunity to care for their own parents as they aged, and so it is their first experience of ageing and age related issues. They may also carry grief and guilt about not supporting their parents or other family through the ageing process, and that can impact on their own expectations of being cared for, or their acceptance of neglect ('I deserve it').
- traditional ways of dealing with abuse or intergenerational conflict may no longer work (it is likely that CALD communities have some inbuilt or traditional methods of dealing with abusive situations. Social networks for example are a crucial avenue for help for someone being abused and a deterrent for an abuser, but this may not be possible in Australia due to smaller networks.).
- migration can have a significant impact on the second generation or children who migrate with their parents, and may develop issues in later life, such as drug or alcohol abuse. This is relevant to elder abuse where the behaviour of grandchildren or adult children with such issues spirals into abuse. As parents

get older they are less able to cope with such behaviour and are more vulnerable to it as they become more dependent.

- the younger generation may 'disown' their cultural heritage, an effect of being part of a minority culture that may not be celebrated or valued by the dominant culture. This can lead to dismissiveness of an older person or social isolation or the denial/restriction of their cultural practices.
- the motivating reasons for migration are relevant to elder abuse. Many people migrated in search of a better life for their children, which is a positive thing, however it may lead to a strong sense of entitlement in the second generation – in the context of financial abuse of the elderly, this sense of entitlement can lead to inheritance impatience and the dismissiveness of the older person's needs. The desire to provide for their children and a tradition of self-sacrifice may increase older migrants' risk of elder abuse and reluctance to take action.

### **The importance of using interpreters in responding to elder abuse in CALD communities**

Involving interpreters in elder abuse responses is critical in building understandings and relationships between the worker and the client.

People with little English are very reliant on the intermediary of an interpreter to contact generic services, and interpreters are also important for workers to have a clear understanding of what the client is trying to communicate. Thus, it is important that interpreters be easily accessible to both clients and workers. Issues with objectivity may always occur in small language communities, and procedures should be put in place to minimise this.

The Victorian and Commonwealth governments have issued overarching guidelines on the use of interpreting and translation services. Fundamentally, these guidelines require government service providers to provide English language assistance to people who need it. For example, all Department of Health programs and funded agencies must have policies and procedures in place to meet three minimum language services requirements, as detailed below:

#### **Requirement 1**

Clients who are not able to communicate through written or spoken English have access to information in their preferred language at critical points.

That is, when they:

- need to be informed of their rights
- need to give informed consent
- need to be advised of critical information relating to their health and wellbeing and/or participate in decision making related to medical and other human service matters.

#### **Requirement 2**

Language services are provided by appropriately qualified professionals.

### Requirement 3

Persons, including family members, under 18 years of age are not used as interpreters.

To assist services to meet these minimum requirements, further guidance relating to these three requirements is provided below.

In Australia, interpreters and translators are accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). There are three accreditation levels that are relevant to communicating in the human services.

1. Professional: the interpreter/translator is competent across a wide range of subjects, including communicating specialist information;
2. Paraprofessional: the interpreter is competent to communicate in general conversation situations, but not when the subject matter is specialist; and
3. Recognised: the interpreter/translator works in an emerging or rare language that cannot be tested by NAATI.

It is Government policy that wherever possible, organisations use interpreters and translators accredited at the professional level.

### Why carers, friends and family members should NOT be used as interpreters

Carers, family members, friends or other people should not be used as interpreters because of:

- potential breaches of confidentiality
- possible misinterpretation
- conflict of interest
- potential for loss of objectivity
- conflict of roles.

A reluctance to agree to the use of professional interpreters, and instead rely on family members to interpret, can be a warning sign of elder abuse.

## Responding to elder abuse with cultural sensitivity

Cultural sensitivity has been defined as the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences, self-awareness, knowledge of a client's culture and adaptation of skills (McManus MC, ed. 1988).

It is critical to emphasise that demonstrating cultural sensitivity is not the equivalent of tolerating elder abuse in CALD communities.

Rather, responding to an actual or suspected elder abuse situation in a culturally sensitive manner is essential to make sure that older people from ethnic backgrounds have access to tailored information and support services.

Some practical suggestions for engaging in culturally sensitive service provision include:

- using bilingual workers who have developed trust and rapport with older clients
- using ethno-specific agencies for secondary consults on cultural perspectives
- being aware of where people are coming from (e.g. a client's migration history, language spoken, family history)
- being aware of where you as a worker are coming from – you may need to examine your assumptions
- being mindful that a 'one size fits all' approach is not appropriate.

## More detailed information on elder abuse in specified CALD communities

More detailed information on how elder abuse manifests itself in specified CALD communities can be found on the Ethnic Communities' Council of Victoria (ECCV) website at <http://eccv.org.au/projects/elder-abuse-prevention-in-ethnic-communities/>.

The government has funded ECCV to co-ordinate a statewide project to deliver a community education campaign that will raise awareness of elder abuse, its prevention and relevant supports amongst culturally and linguistically diverse seniors in Victoria. The project is being delivered in partnership with Seniors Rights Victoria (SRV).

## Is gender a risk factor?

Gender can influence:

- access to resources
- the organisation of family life and care responsibilities
- division of paid and unpaid labour
- economic status
- educational background
- experiences of abuse or violence.

These factors may influence the extent to which an older person might be protected from or exposed to elder abuse.

Women are at far greater risk of having experienced family violence in their lifetime. Elder abuse may be a continuation of long standing patterns of physical or emotional abuse within a family.

Women from culturally and linguistically diverse (CALD) communities are at particular risk of elder abuse. For example, some women from CALD communities are highly dependent on their husbands.

The *Family Violence Protection Act 2008* defines family violence as **behaviour towards a family member that is physically, sexually, emotionally, psychologically or economically abusive; or is threatening or coercive; or in any other way controls or dominates the family member and causes them to feel fear for their safety or wellbeing or for that of another person.** Elder abuse fits within this definition of family violence.

Service planners and providers have been slow to acknowledge the relationships between elder abuse and family violence. One reason for this may be that family violence responses have focused primarily on women and children as the victims of family violence, while the victims of elder abuse include men, and the perpetrators are frequently adult children.

In the Older Women's Network NSW Draft Strategy to Prevent Violence Against Older Women it is noted that 'The nature of violence against older women has many features similar to that experienced by younger women, but there are important differences in the nature of the violence'. What is important is to recognise that different choices and services need to be considered and made available for older women.

The Family Violence Common Risk Assessment Framework (CRAF) may be useful in guiding your organisation's response to elder abuse.

Older women are two or three times more likely to experience abuse than older men.

The Family Violence Common Risk Assessment Framework (CRAF) is a simple tool designed to help practitioners identify risk factors associated with family violence and respond appropriately.



## Reflect

Reflect on the difficulties that older men may have in acknowledging they are being abused, especially in the circumstances where the abuser is a woman.



## Reflect

Elder abuse occurs across cultural and socioeconomic groupings, and both men and women may be victims or perpetrators of elder abuse. It is important not to allow the listed risk factors to limit our ability to recognise elder abuse occurring in situations that fall outside those listed. We need to be careful not to stereotype situations based on the existence of an apparent risk factor.



## Activity 2

**Instructions: Read the following case study and discuss it in groups.**

Esme is 63 years old and suffers from severe diabetes. Her doctor has recommended that she dramatically change her lifestyle or risk chronic disability, or worse, premature death. Recently, her doctor has suggested a new 'living with diabetes' program that is on offer and would require her to 'live in' for one week. Esme can't remember the last time she took a break from looking after the children in her large extended family. She feels considerable pressure to continue to care for her family and she worries how her family will cope in her absence. She decides to ignore the doctor's suggestion about the 'live in' program and feels she hasn't really got the time to institute her doctor's other health plans. Over the coming months, Esme's health continues to decline. Her doctor advises that her leg will require amputation, due to diabetes related nerve damage and infection.

### Is this elder abuse?

What other information might guide you in coming to an answer?

Would Esme's cultural background be relevant to your answer?

*The Victorian Government's Health Priorities Framework 2012-22: Elder abuse prevention and response guidelines for action 2012-14* also includes a priority action to raise awareness of the needs of older women experiencing elder abuse as a form of family violence and to ensure appropriate service responses are available.

## What signs should I be alert for?

Sudden and/or unexplained inconsistencies in a person's lifestyle, health, financial affairs and/or emotional state might constitute a warning sign.

The Victorian Government Practice Guide *With respect to age – 2009* lists the following possible signs.

### Signs of financial abuse include:

- missing belongings of an older person, for example, jewellery or art
- the inability of an older person to access adequate food, clothing, shelter or utilities
- promises of 'good care' in exchange for transferring property or money from bank accounts to the carer
- unfamiliar or new signatures on cheques and documents
- the inability of an older person to access bank accounts or statements
- the inability to pay normal accounts, and the presence of unpaid bills
- significant withdrawals
- a decline in an older person's spending habits
- fear, stress and anxiety expressed by an older person
- transfer of assets in circumstances where the person may no longer be sufficiently competent to manage their own financial affairs
- accounts suddenly switched to another financial institution or branch
- drastic changes in the types of banking activities, or to a will
- an increase in the number of unpaid bills handled by a family member
- an absence or lack of amenities when the older person seemingly can afford them, for example, television, clothes and clean linen
- an out-of-character increase in the interest shown by the carer to the older person, or the carer showing unusual concern with the money spent on the beneficiary.

### Signs of physical abuse include:

- internal injuries, unexplained bruises, pain on touching
- evidence of hitting, punching, shaking, slapping or use of a weapon, for example, bruises, lacerations, choke marks, abrasions or welts
- burns, for example, by ropes, cigarettes, matches, iron, hot water
- broken and healing bones
- observed unexplained injuries or conditions, such as paralysis, scalp injuries, scratches, sprains, punctures, unattended injuries, hypothermia, dehydration, pressure sores due to physical restraint
- over-sedation or under-sedation (drug induced)
- unexplained pain or restricted movements
- cringing or acting fearfully
- unexplained hair loss (perhaps from pulling), eye injuries, missing teeth
- unexplained accidents
- stories about injuries that conflict between the older person and others.



**Signs of sexual abuse include:**

- unexplained sexually transmitted diseases
- recent incontinence (bladder or bowel)
- internal injuries
- human bite marks
- scratches, bruises, pain on touching, choke marks on throat, burn marks
- injury to face, neck, chest, abdomen, thighs or buttocks
- trauma, including bleeding around the genitals, chest, rectum or mouth
- torn or bloody underclothing or bedding
- anxiety when near, or contact suggested with, the alleged perpetrator
- changes in sleep patterns, sleep disturbance or nightmares.

**Signs of psychological or emotional abuse include:**

- resignation, shame
- depression, tearfulness
- confusion and social isolation
- feelings of helplessness
- unexplained paranoia
- excessive fear
- insomnia
- marked passivity or anger.

**Signs of social abuse include:**

- sadness or grief at the loss of interaction with others
- withdrawal or listlessness, due to people not visiting
- changes in levels of self-esteem
- worry or anxiety after a particular visit by a specific person or people
- appearing ashamed.

**Signs of neglect include:**

- inadequate nutrition, accommodation, clothing, medical or dental care
- poor personal hygiene
- poor skin integrity
- exposure to unsafe, unhealthy, unsanitary conditions
- malnourishment and unexplained weight loss
- hypothermia or overheating
- inappropriate clothing for the season
- the person left alone, abandoned or unattended for long periods
- lack of social, cultural, intellectual or physical stimulation
- lack of safety precautions or inappropriate supervision
- injuries that have not been properly cared for
- carer displaying overly attentive behaviour in the company of others
- under-medication or over-medication.



## Check your learning

Read each of the scenarios below and decide whether they constitute elder abuse under the definitions we have discussed. What form of abuse, if any, is indicated?

Bob is 75 years old. He has lived next to Peter, who is 71 years old, for the last 30 years. Bob and Peter have traditionally been close and have supported each other in times of need. More recently they have had a falling out over the condition of the fence, which separates their properties. This morning, Peter became quite angry when he saw Bob in the street and he struck Bob with a stick.

☐ Yes    ☐ No

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Alison's grandsons are both unemployed. They wish to move from country Victoria into the city, as they believe their prospects of finding work will improve. Alison agrees that they can come and stay with her until they are settled and can afford their own place. After many months, her grandsons remain unemployed and make no effort to find work. They have taken over her living room, where they frequently watch pornographic videos. Alison finds this highly embarrassing and has asked them to stop, but they just ignore her. She really doesn't want them living with her anymore.

☐ Yes    ☐ No

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Anna has suffered from anxiety and depression for many years and struggles to assert herself. She has endured physical violence from her husband Frank for decades. Anna has sought to leave the relationship on numerous occasions, but a variety of factors have led her to return to the family home. At 65, Anna determines that she is ready to make the move toward a life free from Frank. Frank discovers her plans and physically attacks her when she leaves their home.

☐ Yes ☐ No

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Agnes is 82 years old, and lives alone. Her daughter, Sharon, lives in the neighbouring street. Three years ago, Agnes refused to loan Sharon a significant amount of money and since then Sharon has refused to talk to Agnes. Over the last year, Agnes' health has rapidly declined. She can't make the long journey to the shops, she rarely eats, she hasn't managed to pay her bills, her electricity and gas have been disconnected. By the time a neighbour contacts the council to express concern for Agnes she has become severely malnourished.

☐ Yes ☐ No

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Tony takes his 87 year old Italian father, Bruno, to see a doctor for an assessment to determine Bruno's decision making capacity. Tony holds an Enduring Power of Attorney (EPA), from his father. He believes it is time to activate the EPA and begin making decisions for his father, as he does not believe that his father has the capacity to make decisions about his financial assets. This is not Bruno's usual doctor and Bruno feels very uncomfortable talking with the doctor, especially as the doctor cannot speak any Italian.

☐ Yes ☐ No

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## Session 2 – How to respond to elder abuse

On completion of this session, you will be able to:

1. explain your duty of care and responsibility to respond
2. apply the Victorian Government Practice Guide *With Respect to Age – 2009*
3. understand the relevant legislative and policy framework that is applicable to elder abuse
4. support the implementation of elder abuse prevention and response policies and procedures in your workplace.

## What is a duty of care?

A duty of care encompasses a duty not to be careless or negligent, and arises from a relationship between people from which it is inferred that an obligation to take care exists in some form.

A duty of care involves a legal obligation to avoid causing harm to another person. This only arises when it is reasonably foreseeable in a particular situation that the other person would be harmed by an action or omission, without the exercise of reasonable care.

Duty of care refers not only to the actions of a worker but also to the advice the worker gives or fails to give.

The scope or extent of your duty of care will depend on a number of factors.

A duty of care is restricted to the role or duties for which the worker is employed. For example a community bus driver is not expected to take the same actions as a nurse.

Workers have a duty of care to older people they are assisting. A worker is not negligent in failing to take precautions against a risk of harm unless:

- the risk was foreseeable (that is a risk of which the person knew or ought to have known)
- the risk was not insignificant (not far-fetched or fanciful)
- in the circumstances, a reasonable person in the worker's position would have taken precautions.

If a worker breaches their duty of care, they have failed to meet the expected standards of care. If harm occurs to the older person as result of this breach of duty of care, the worker may be legally liable for damages arising from this harm.

Whether a duty of care exists in a particular situation and whether it has been breached between the worker and the older person depends on the role of the worker. In particular a number of matters will be taken into account, these include:

- the worker assuming or having responsibility for the older person
- the degree of reliance of the older person on the worker
- the nature of the harm caused to the older person
- the foreseeability or likelihood of the harm occurring to the older person
- the degree and nature of control that can be exercised by the worker to avoid harm to the older person
- the vulnerability of the person harmed
- the proximity or nearness of the worker and the older person in relation to the cause and occurrence of the harm. Proximity or nearness can be physical, temporal (time-based) or relational (interpersonal).



## Activity 3

**Instructions:** Read the scenario below and answer the questions.

Brett is a personal care attendant who comes to John's house daily to bathe and dress him. John has a significant intellectual disability and a physical disability, which confines him to a wheelchair. John lives with his 70 year old mother, Kayleen, and his 75 year old father, Bill, and they can no longer attend to all his physical needs. John has become increasingly difficult to deal with and frequently lashes out at Brett when he is attempting to assist him. Brett is aware that Kayleen and Bill have both been subjected to John's rage and have been injured on a number of occasions.

To whom does Brett owe a duty of care?

What risks are foreseeable in this scenario?

What should Brett do?

## What are my responsibilities, as a worker, if I suspect elder abuse?

In many instances a direct care worker will be the first person to recognise or suspect the abuse of an older person.

Direct care workers may suspect that something is wrong by witnessing the abuse first hand, or noticing several risk factors affecting an older person.

In the first instance, workers should report suspicion of abuse to their supervisor.

Gather, substantiate and document clear and relevant evidence using existing service coordination tools.

Vital considerations when addressing abuse include: how suspicion is managed, and who is spoken to and when. Ensure that actions do not cause more harm, and do not undermine the rights of an older person or their carer.

A worker is expected to:

- follow their agency's policies and procedures
- contact Victoria Police or an ambulance, if the matter is urgent
- refer suspected, disclosed, witnessed or alleged abuse to their supervisor
- make a detailed, confidential record of what happened.

In some circumstances, clients from culturally and linguistically diverse communities may need to be followed up to ensure they have fully understood, and acted upon as appropriate, any information that has been provided to them to deal with a potential elder abuse situation.

Where direct care workers take on ongoing monitoring or case management roles for culturally and linguistically diverse clients, the agencies they work for should put in place support structures for their workers (e.g. debriefing, counselling) in circumstances where ongoing monitoring or case management is not part of the worker's standard role description.

A worker is **not** expected to:

- solve the problem
- medically assess an older person and their living situation in any way
- decide whether the incident meets the threshold for laying criminal charges.

A worker's safety is the subject of their organisation's occupational health and safety policies and procedures, which should be complied with at all times. In the context of suspicion or confirmed abuse, a worker's safety is of utmost importance.

Workers should be supported by their employers to develop appropriate self-care strategies.

As with all people, an older person will have distinctive family values. When the person is from an Aboriginal or CALD background, the influence of cultural factors should be considered in terms of responses to suspected abuse.

A worker should not alert or confront an alleged abuser or put their safety at risk.

## Is it mandatory for me to report my concerns to the police or a government department?

There is currently no statutory requirement for the mandatory reporting of suspected cases of elder abuse in Victoria. The exception to this is the reporting provisions of the Commonwealth Government's *Aged Care Act 1997*. Under this Act, approved residential aged care providers are obliged to report alleged or suspected assaults in aged care facilities — funded by the Commonwealth — to the police and to the Commonwealth Department of Health and Ageing.

## Does the *Charter of Human Rights and Responsibilities* apply?

The *Victorian Charter of Human Rights and Responsibilities Act 2006 (Vic)* outlines our freedoms, rights and responsibilities. It gives formal recognition to human rights and seeks to preserve individual safety, security and dignity. Older people should be at the centre of decisions made about their lives.

Under this Charter, public authorities are required to act compatibly with the key principles of freedom, respect, equality and dignity when making decisions.

### Freedom

- Freedom from forced work
- Freedom of movement
- Freedom of thought, conscience, religion and belief
- Freedom of expression
- Right to peaceful assembly and freedom of association
- Property rights
- Right to liberty and security of person
- Fair hearing
- Rights in criminal proceedings
- Right not to be tried and punished more than once
- Protection from retrospective criminal laws.

### Respect

- Right to life
- Protection of families and children
- Cultural rights, including recognition that human rights have a special importance for the Aboriginal Australians of Victoria.

### Equality

- Recognition of equality before the law
- Entitlement to participate in public life (including voting).



## Dignity

- Prohibition on torture and cruel, inhumane or degrading treatment
- Protection of privacy and reputation
- Humane treatment when deprived of liberty
- Appropriate treatment of children in the criminal process.

The Charter seeks to ensure the safety and security of all persons, whilst preserving their freedom and dignity. It protects cultural rights and privacy, and gives protection to the family unit. The Charter requires a considered balancing of sometimes competing principles. It is entirely compatible with an empowerment approach, which would place an older person at the centre of decisions about their lives. If decisions are made without respecting human rights, an individual may claim their rights are being breached.

Public authorities are required to act compatibly with the charter and give proper consideration to human rights when making decisions. The term 'public authorities' encapsulates all Victorian government departments and all organisations, which receive funding from the Victorian Government.

A client may become emotional when responding to the service delivery options they are being offered or actions being taken, if they believe their human rights are being breached. Emotions may range from distress to aggression. Alternatively, clients may react by becoming withdrawn or depressed (if they feel they have lost control over their life).

## Key principles of the Victorian government's approach:

- competence
- self-determination
- appropriate protection
- importance of relationships
- best interests
- collaborative responses
- community responsibility



## Activity 4

**Instructions:** Read the following scenarios and discuss the questions listed below.

Hannah is a family support worker from a local NGO service. Hannah supports Karen, who cares for her elderly father-in-law (Mahmoud). Mahmoud is frail and is very reliant on Karen for his day-to-day care. Hannah is aware that the relationship between Mahmoud and Karen is tense, and senses that Karen finds Mahmoud a burden. One day whilst Hannah is visiting, Mahmoud tells her that he is very unhappy. Karen will no longer allow him to pray in the house, that she has confiscated his tapes of imam chants and has told him that it's time he starts acting like an Aussie. Mahmoud asks Hannah to talk with Karen and Hannah agrees, but says that she will talk with her supervisor first to work out the best way to approach Karen.

Later that day, Hannah speaks with her supervisor (Carol) about the issues raised. Hannah asks Carol to come with her on a home visit to discuss the issue with Karen. Carol advises that the service contract between the NGO service and Karen is soon to expire and tells Hannah that it would just complicate matters to do anything at this point. After a discussion about this, Carol directs Hannah to say nothing to Karen.

Has the NGO service acted compatibly with the Charter? If not, why not?

Has Hannah satisfied her obligation to Mahmoud by raising her suspicions with her supervisor?

## What about client privacy and issues of confidentiality?

In general, the obligations imposed by privacy law and laws relating to confidentiality mean that information gathered or collected about an older person (who has capacity) should only be shared with anyone else, including another agency, with the consent of the older person.

Many organisations have developed consumer 'consent to share information' forms, which ideally should be completed prior to providing its services by an organisation.

Privacy laws indicate that all information collected on any person, including an older person or their carer, should be handled in the strictest confidence. This includes the recording of information on client's files.

Different privacy laws apply to different types of organisations and programs. All workers need to ensure that they handle all information about clients in accordance with the requirements imposed by applicable privacy legislation.

Workers are encouraged to become familiar with their organisation's privacy and confidentiality policy and procedures.

Depending on the nature of the agency and the services it provides, these requirements may be imposed by the *Information Privacy Act 2000*, the *Health Records Act 2001* or the *Privacy Act 1988* (Cwth).

## Are there exceptions to the right to privacy and confidentiality?

Older people and their carers should be informed of their right to privacy and confidentiality, as well as the limitations on these rights.

It is permissible to breach confidentiality in some very limited circumstances.

Exceptions to the obligation to maintain confidentiality include: where the older person has consented to the disclosure of information; where the law allows or requires the disclosure of confidential information; and, in extreme circumstances, where there is a clear and imminent threat to an identifiable person of serious bodily injury or death.

Information may also be used or disclosed for a secondary purpose, without consent, for these additional reasons: serious threat to public health, safety or welfare; law enforcement and security; research or statistical analysis; investigation of unlawful activity; or information required or authorised by another law. For example:

- privacy law permits organisations to disclose information about a person without that person's consent in specified circumstances
- the *Information Privacy Act* and the *Health Records Act*, permit an organisation to disclose personal information about an individual if it reasonably believes that the disclosure is necessary to lessen or prevent a serious and imminent threat to an individual's life, health, safety or welfare.

## Should I collect evidence and investigate the situation?

The answer to this question will depend on your work role. If you have noticed something or heard something that suggests potential elder abuse, your duty of care obligates you to report your suspicions to your supervisor.

In your work role and/or because of the situation, it may be appropriate for you to ask the potential victim questions for the purpose of being able to respond effectively. Your organisation will have policy and procedures that cover emergency or life threatening situations.

You may be alarmed by the situation and you need to be careful not to distress or concern the older person. Remember that communication is 55 per cent body language and 38 per cent the tone and pitch of our voice. So even if you are using language that is appropriate, you may be communicating your own emotional response in such a way that aggravates the situation for the older person.

Only ask questions that are necessary, remembering that an appropriate assessment procedure will ensure the older person has support at the time of the questioning and assessment.

Reassure the older person that you are concerned about them and you can help them. A communication technique that can assist is to direct the attention to yourself.

'I need to reassure myself that you are okay'.

'I need to know if you are alright or if you need help'.

'I would like to get someone to help me with your situation'.

'I need some help and I am having difficulty understanding you'.

Your questions should not be intrusive at this point in time. Assessment needs to be undertaken by the appropriate practitioners in a supportive environment. Communication with older people with dementia requires particular skills. Victims of elder abuse are often likely to be reluctant to admit that there is anything wrong. They may be fearful that complaining will cause changes that might mean they lose their independence or cause family conflict.

The most appropriate action — if there is no immediate harm — is to report your suspicions immediately to your supervisor or follow your organisation's procedures so that a planned and appropriate response can occur.

Communication is:

- 55 per cent body language, which are the messages given out by our facial expression, posture and gestures
- 38 per cent the tone and pitch of our voice
- 7 per cent the words we use.

## How do I report my suspicions?

If you witness an incident or activity that you think raises suspicions of elder abuse, there is the potential for any record of what you witnessed or statement you make to be used as evidence. Here are some simple guidelines to assist you to effectively report your suspicions to your supervisor. You need to be clear and to the point. Your statement should:

- accurately represent the incident or situation you witnessed
- be written simply and accurately
- be relevant and factual
- be complete, able to stand on its own
- a record of the events in chronological order
- be clear and simple — don't use an ambiguous word or phrase
- only include relevant information, what you saw or heard
- stick to the facts rather than your opinion — let the facts speak for themselves
- not use emotive language to describe what you saw, even if it is upsetting and you feel passionate about persuading someone to act.

## What are the possible outcomes of reporting concerns to my supervisor?

### Outcomes will be dependent on many factors:

- The level of risk is a factor. If the older person is in immediate danger or at risk of significant harm, emergency services (police and/or ambulance) will be contacted.
- If further investigation or assessment suggests abuse is occurring, outcomes will be dependent on the older person consenting to any proposed support or intervention
- If the older person is competent to make decisions and refuses support, information can still be provided and referral information given to the older person. Follow up actions may be considered to ensure duty of care is met, but a **competent person has the right to make decisions which may appear against their interests from an outside perspective.**
- If an older person consents to support, then referrals to appropriate services can be undertaken and the required support services can be put in place.
- If there are questions about the older person's competence to make important decisions, an assessment of their capacity may be undertaken. A person's capacity to make decisions will only be in doubt when there is a factual basis to doubt it. A lack of competence or mental incapacity in some areas does not mean that a person is treated as totally lacking in capacity. A person may have the competence or capacity to make some decisions in certain circumstances and lack it in other areas.
- If an older person is found to lack competence, a guardian may be appointed by the Victorian Civil and Administrative Tribunal.

The Victorian Government Practice Guide *With Respect to Age* – 2009, is based on empowering older people and giving them the support they need to make their own decisions.

## What is competence?

Competence and capacity are terms that are often used interchangeably. Both words have the same meaning in legal terms. If a person is legally competent then a person has legal capacity.

Competence is presumed unless a court has determined that an individual does not demonstrate competence. A testing of competence generally occurs within a legal environment, where evidence is presented by medical officers, family members and individuals. On the basis of this information, a decision is made about whether or not the person is 'competent' to make decisions regarding certain matters.

Mental capacity is the ability to understand an act, a decision or transaction and its consequence. A person has capacity to make an informed decision if they understand the general nature and effect of a particular decision or action and can weigh up the consequences of different options and communicate their decision. This means they are legally competent.

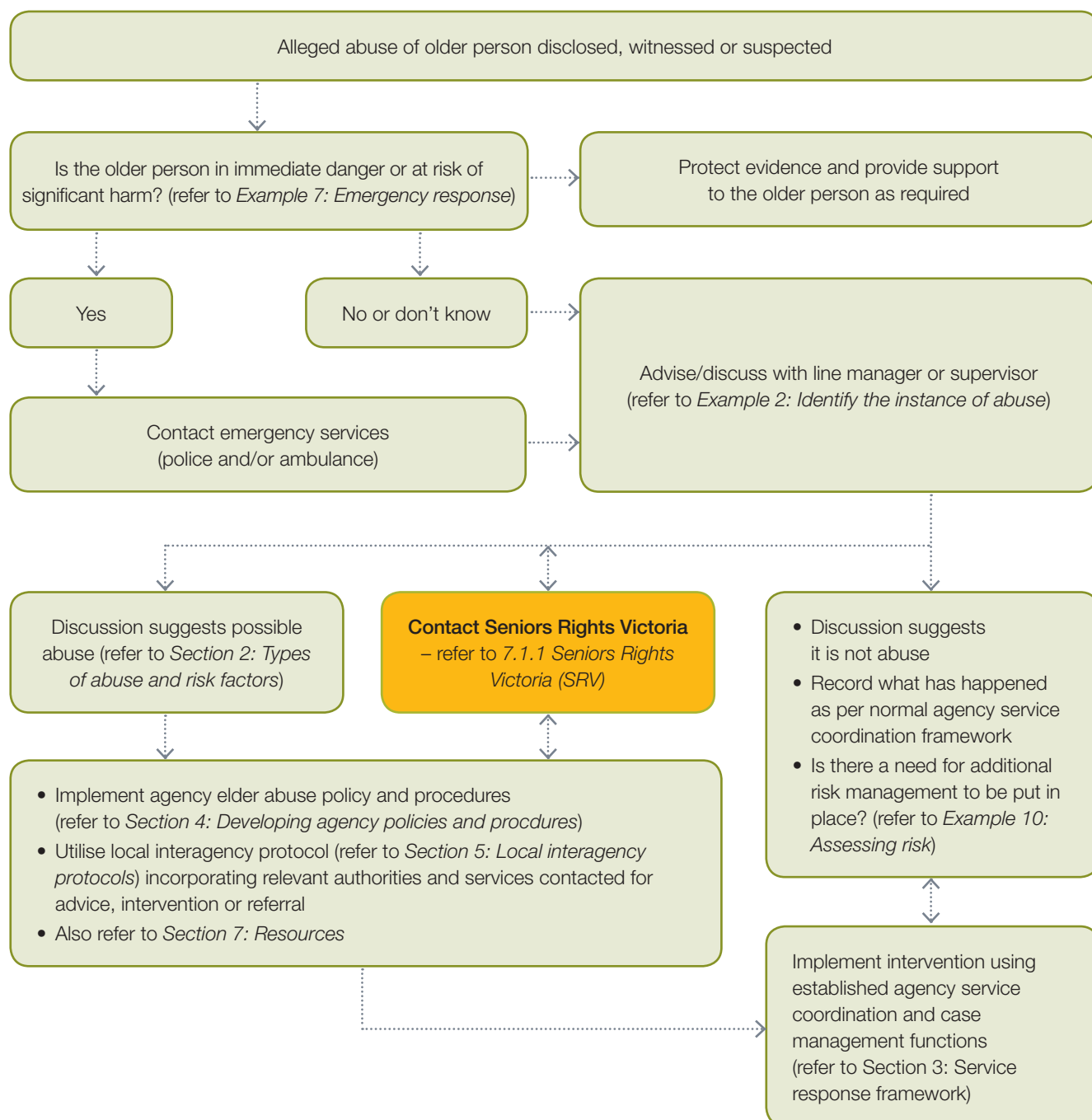
## What is the process for responding to elder abuse?

The Victorian Government Practice Guide *With respect to age – 2009*, sets out a standard process for responding to potential elder abuse.

Organisations that are funded by the Victorian Government and which provide services to older people are encouraged to review or develop elder abuse policies and procedures, and align them to the Elder Abuse Prevention Strategy. As you will recollect, this strategy embodies principles of empowerment and promotes human rights for all adults.

If your agency/organisation has clear and current policies and procedures you need to follow them. If such policies and procedures do not exist, the Victorian Government Practice Guide *With respect to age–2009*, sets out standard approaches and processes for developing policies and procedures for responding to potential elder abuse.

## Victorian interagency response framework



Adapted from the NSW Department of Ageing, Disability and Home Care, 2007, interagency protocol for responding to the abuse of older people.

In addition, the Primary Care Partnership community awareness grants program has produced, after a consultation process an Elder Abuse Prevention Guide.



## Elder abuse prevention guide

### Definition of elder abuse

Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.

### Abuse types

- Financial
- Physical
- Sexual
- Psychological/emotional
- Social
- Neglect

### Risk factors

- Family conflict
- Isolation
- Dependency
- Medical or psychological conditions
- Addictive Behaviour
- Language and cultural Barriers
- Carer situation

### Key principles

#### Competence

All adults are considered competent to make informed decisions unless demonstrated otherwise.

#### Self-determination

With appropriate information and support, individuals should be encouraged to make their own decisions.

#### Appropriate protection

Where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator. If a person is represented, their wishes should be taken into account as far as possible.

#### Best interests

The interests of an older person's safety and wellbeing are paramount. Even when they are unable to make all decisions themselves, their views should be taken into account.

**Importance of relationships** All responses to allegations of abuse should be respectful of the existing relationships that are considered important to an older person.

#### Collaborative responses

Effective prevention and response requires a collaborative approach which recognises the complexity of the issue and the skills and experience of appropriate services.

#### Community Responsibility

The most effective response is achieved when agencies work collaboratively and in partnership with the community.

### Relevant policies

This tool should be used in conjunction with the following documents:

- With respect to age – 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse <http://www.health.vic.gov.au/agedcare/publications/respect/index.htm#download>
- Elder Abuse Prevention Policy
- Occupational Health & Safety Policies
- Home Visiting Policy
- Client Confidentiality and Privacy Policy
- Storage of Client Records Policy
- Client Referral Policy
- Assessment of Client Capacity Policy
- Client Intake Policy
- Independent (Third) Person Policy
- Emergency procedure
- Language Services Policy

### Key questions

1. How are things going at home?
2. How do you spend your days?
3. How do you feel about the amount of help you get at home?
4. How do you feel your (husband/wife/daughter/son/other carer) is managing?
5. How are you managing financially?
6. Is there anything worrying you?
7. What are the things worrying you?
8. What can I do to help?
9. Is there anything that you need?

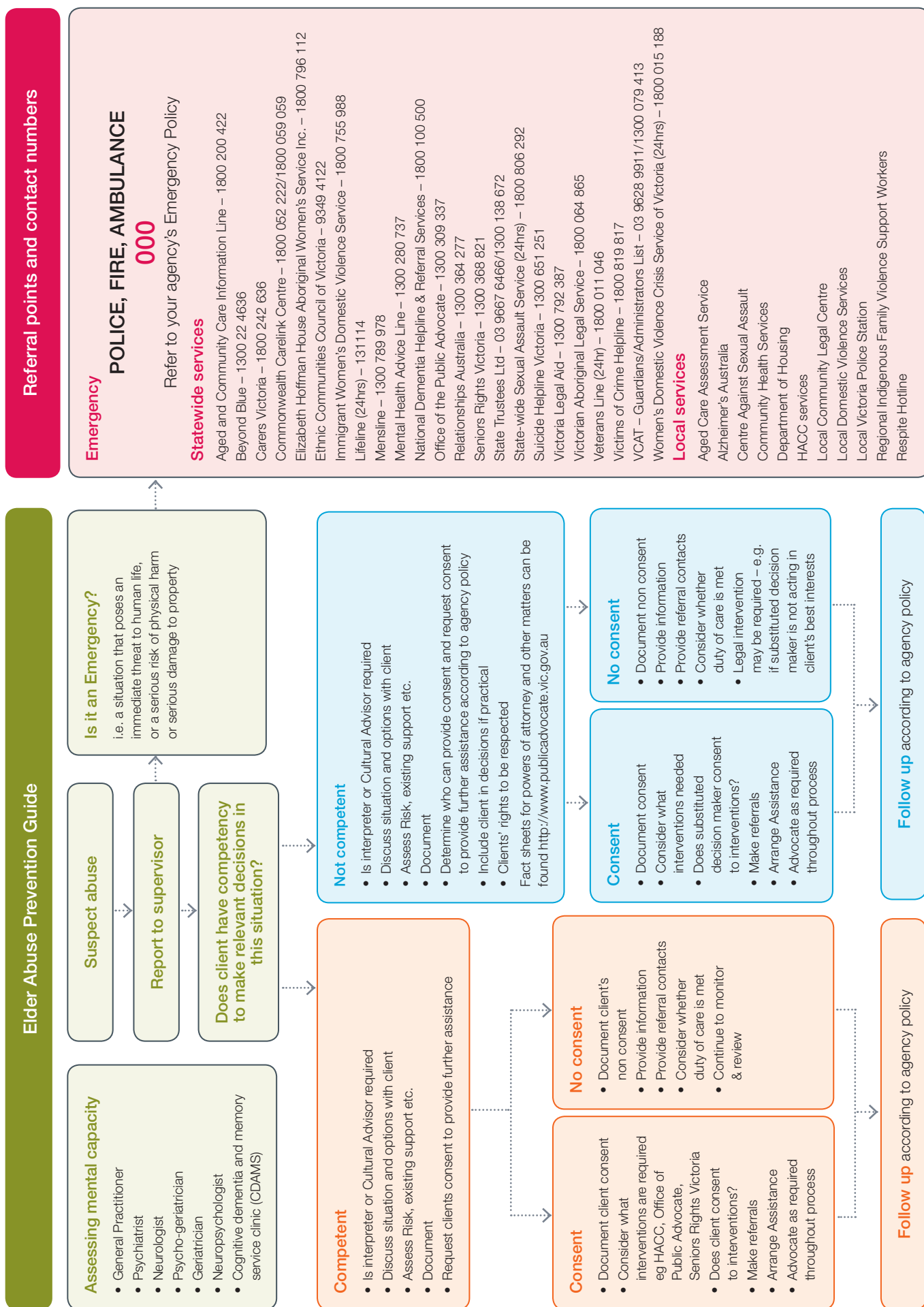
### Duty of care

A duty of care encompasses a duty not to be careless or negligent, and arises from a relationship between people from which it is inferred that an obligation to take care exists in some form.

A duty of care involves a legal obligation to avoid causing harm to another person. This only arises when it is reasonably foreseeable in a particular situation that the other person would be harmed by an action or omission, without the exercise of reasonable care.

If a worker breaches their duty of care, they have failed to meet the expected standards of care. If harm occurs to the older person as result of this breach of duty of care, the worker may be legally liable for damages arising from this harm.

Duty of care refers not only to the actions of a worker but also to the advice the worker gives or fails to give.





## Discussion

Elder abuse situations often involve close family relationships. Older people are reluctant to report or discuss being abused. What are some of the reasons why a person may be reluctant to discuss their situation?

In Aboriginal communities it is often the case that community members are directly related to the Aboriginal organisation staff and board members. Therefore an Aboriginal victim of elder abuse may be reluctant to seek help from their local Aboriginal organisation because they may fear retribution from the staff or board members, and in some instances a respected staff member may be a perpetrator. Additionally, due to previous government policies such as relating to the stolen generations, many Aboriginal people have a mistrust of mainstream service providers. Service provider management and staff who work with Aboriginal communities should seek to understand the elder abuse victim's concerns and wishes around these issues.



## Check your learning

Read the following scenario.

Spiros is 83 years old and migrated to Australia post World War II. Spiros has long standing alcohol abuse issues, which were kept in check whilst his wife was alive. Since his wife's death his alcohol consumption has become increasingly problematic — resulting in his two children, Anna and Nicholas, deciding that it is best to enforce complete abstinence upon their father. They do this by taking control of his bank account and ensuring that he does not have the funds required to purchase alcohol. They provide him with all the food he requires, and pay his bills but deny him any additional funds. Spiros has few social contacts other than his neighbour, Tomas, and a group of men who he has been playing cards with for the last 15 years. Conflict arose between Spiros's children and Tomas, who continued to give Spiros the occasional glass of wine. This conflict results in the breakdown of the relationship between Spiros and Tomas. As Spiros no longer has access to money, he finds that he no longer fits in at his weekly card playing sessions where heavy drinking and heavy betting are a major feature.

Being a resourceful man, Spiros takes to shoplifting alcohol from his local supermarket. He is caught once by supermarket staff, but as he has been a long standing customer they warn him that they will call police if this occurs again. Spiros is caught a second time, and police become involved. Spiros tells attending police that he only shoplifted because his children have stolen all his money.

- Does it constitute elder abuse?
- What form/s of abuse, if any, is indicated?
- What do you think are important considerations when addressing the issues raised in this scenario?

## The way forward

On completion of this session, you will be able to:

1. identify sources of support for your role
2. understand the key challenges  
in acting to prevent elder abuse
3. support the implementation of elder abuse  
prevention and response policies and  
procedures in your workplace.



## Activity 5

**Instructions:** As individuals, we need to reflect on how important it is to act in preventing potential elder abuse. Read the ‘what if’ statements below and answer with brief points describing what you would want in that situation.

What if a community worker noticed that the heating system in your father’s home was not working, bills were unpaid and that there was no food in the fridge?

*What would you want for your father?*

- .....
- .....
- .....

What if a community nurse noticed bruises on your father’s wrists?

*What would you want for your father?*

- .....
- .....
- .....

What if a community day centre manager noticed that your mother was not attending a regular activity and heard your brother verbally abusing her?

*What would you want for your mother?*

- .....
- .....
- .....

## Why I may need to debrief?

Dealing with potential elder abuse can be distressing and confronting. This may cause anxiety.

If the situation is not clear, it can be difficult to make the decision to make a report to your supervisor.

It is challenging to report potential abuse in many situations. You may have a close relationship with both the victim and the abuser. You may feel sympathetic to the situation of the abuser. You may be aware that the victim's life may be disrupted as a result of your report.

Do not hesitate to ask for support or assistance. Talking (debriefing) about the situation will generally reduce your levels of anxiety and distress.

## How can I support the prevention of elder abuse?

The first thing for you to consider is the Government's approach to the rights of older Victorians when you think about your own work practices. Discuss the issues with people in your workplace, just as you have done today in the activities.

**To implement and encourage the following actions, you can:**

- raise and discuss elder abuse, ask questions and seek advice
- contribute your experience of responding to elder abuse in meetings
- listen and discuss when asked for advice by colleagues
- contribute to the planning or review of response policies and procedures in your workplace
- support colleagues who have reported potential elder abuse that was not substantiated
- recognise and celebrate the empowerment of older Victorians.



## Discussion

What are some of the challenges/barriers for workers to report their suspicions of elder abuse?



## Who can my organisation call on for assistance when elder abuse is suspected?

Seniors Rights Victoria (SRV) is a Victorian government-funded specialist elder abuse legal and advocacy service. It has been established to assist with elder abuse concerns and to safeguard the rights, dignity and independence of older Victorians. It is a key initiative of the Victorian Government's Elder Abuse Prevention and Response Initiative.

See attachment 2 for more detailed information.

# Attachment 1

## Extract from the Victorian Government Practice Guide *With respect to age – 2009*

### 2.1 Types of abuse

#### 2.1.1 Financial abuse

This covers the illegal use, improper use or mismanagement of a person's money, property or financial resources by a person with whom they have a relationship implying trust.

#### **Behaviours that are financially abusive include:**

- threatening, coercing or forcing an older person into handing over an asset, for example, signing paperwork concerning property, wills or powers of attorney
- abusing or neglecting powers of attorney to manage an older person's finances
- stealing goods from an older person, whether expensive jewellery, credit cards, cash, electronic equipment or basic necessities such as blankets and food
- using an older person's banking and financial documents without authorisation, for example, credit cards
- managing the finances of a competent older person without their permission
- misuse of an older person's possessions or money
- taking an older person to a general practitioner other than their own, for an assessment of decision making capacity, in order to access an enduring power of attorney [refer to 10.6 Enduring powers of attorney (financial) and 10.7 Enduring powers of attorney (medical treatment) in *With respect to age – 2009: Definitions*], particularly if the doctor speaks a language different from the older person
- appropriating the proceeds of the sale of an older person's home with the promise of providing future accommodation or care, and then not providing it
- pressuring an older person to relinquish an anticipated inheritance, or for a gift or a loan
- incurring bills for which an older person is responsible
- threats or undue pressure on an older person, for example, to sell the house or hand over assets.

**Signs of financial abuse include:**

- missing belongings of an older person, for example, jewellery or art
- the inability of an older person to access adequate food, clothing, shelter or utilities
- promises of 'good care' in exchange for transferring property or money from bank accounts to the carer
- unfamiliar or new signatures on cheques and documents
- the inability of an older person to access bank accounts or statements
- the inability to pay normal accounts, and the presence of unpaid bills
- significant withdrawals
- a decline in an older person's spending habits
- fear, stress and anxiety expressed by an older person
- transfer of assets in circumstances where the person may no longer be sufficiently competent to manage their own financial affairs
- accounts suddenly switched to another financial institution or branch
- drastic changes in the types of banking activities, or to a will
- an increase in the number of unpaid bills handled by a family member
- an absence or lack of amenities when the older person seemingly can afford them, for example, television, clothes and clean linen
- an out-of-character increase in the interest shown by the carer to the older person, or the carer showing unusual concern with the money spent on the beneficiary.

### 2.1.2 Physical abuse

This covers non-accidental acts that result in physical pain or injury or physical coercion.

**Behaviours that are physically abusive include:**

- pushing and shoving
- kicking, punching, slapping, biting, burning
- rough handling
- restraining with rope, belts, ties
- locking the person in a room, building or yard
- using chemical restraints, including: alcohol, prescribed and unprescribed drugs, household chemicals, poisons (a blood test would be required)
- holding a pillow over a person's head.

**Signs of physical abuse include:**

- internal injuries, unexplained bruises, pain on touching
- evidence of hitting, punching, shaking, slapping or use of a weapon, for example, bruises, lacerations, choke marks, abrasions or welts
- burns, for example, by ropes, cigarettes, matches, iron, hot water
- broken and healing bones
- observed unexplained injuries or conditions, such as paralysis, scalp injuries, scratches, sprains, punctures, unattended injuries, hypothermia, dehydration, pressure sores due to physical restraint
- over-sedation or under-sedation (drug induced)
- unexplained pain or restricted movements
- cringing or acting fearfully
- unexplained hair loss (perhaps from pulling), eye injuries, missing teeth
- unexplained accidents
- stories about injuries that conflict between the older person and others.

### 2.1.3 Sexual abuse

This broad term covers a range of unwanted sexual acts, including sexual contact, rape, language or exploitative behaviour, where the older person's consent was not obtained or where consent was obtained through coercion.

**Behaviours that are sexually abusive include:**

- non-consensual sexual contact, language or exploitative behaviour
- touching an older person inappropriately or molestation
- sexual assault
- cleaning or treating the older person's genital area roughly or inappropriately
- viewing obscene videos or making obscene phone calls in the presence of an older person without their consent.

**Signs of sexual abuse include:**

- unexplained sexually transmitted diseases
- recent incontinence (bladder or bowel)
- internal injuries
- human bite marks
- scratches, bruises, pain on touching, choke marks on throat, burn marks
- injury to face, neck, chest, abdomen, thighs or buttocks
- trauma, including bleeding around the genitals, chest, rectum or mouth
- torn or bloody underclothing or bedding
- anxiety when near, or contact suggested with, the alleged perpetrator
- changes in sleep patterns, sleep disturbance or nightmares.

### 2.1.4 Psychological or emotional abuse

This involves inflicting mental stress via actions and threats that cause fear of violence, isolation, deprivation and feelings of shame and powerlessness. For example, it could include treating an older person as if they were a child, engaging in emotional blackmail or preventing access to services. (Australian Society of Geriatric Medicine, 2003)

These behaviours—both verbal and non-verbal—are designed to intimidate, are characterised by repeated patterns of behaviour over time, and are intended to maintain a hold of fear over a person.

#### **Behaviours that are psychologically or emotionally abusive include:**

- pressuring, intimidating or bullying
- name-calling, degrading, humiliating or treating the person like a child, in private or public
- threatening to harm the person, other people or pets
- verbally or physically abusing an older person
- preventing an older person from speaking
- talking about not being able to cope as a carer
- repeatedly telling an older person that they have dementia
- threatening to withdraw affection or access to grandchildren or other loved ones
- threatening to put an older person into a nursing home
- emotional harm (blackmail) via threatening remarks, insults or harsh commands
- preventing access to services.

#### **Signs of psychological or emotional abuse include:**

- resignation, shame
- depression, tearfulness
- confusion and social isolation
- feelings of helplessness
- unexplained paranoia
- excessive fear
- insomnia
- marked passivity or anger.

### 2.1.5 Social abuse

This includes the forced isolation of older people, and sometimes has the additional effect of hiding abuse from outside scrutiny and restricting or stopping social contact with others, including attendance at social activities.

**Behaviours that are socially abusive include:**

- preventing contact with family and friends
- withholding mail
- not allowing the older person to use the phone, monitoring their phone calls or disconnecting the phone without consent
- living in, and taking control over an older person's home without their consent
- preventing an older person from engaging in religious or cultural practices, including preventing those from CALD backgrounds from meeting their cultural needs
- moving an older person far away from the immediate family
- preventing an older person from engaging in cultural practices if they identify as Aboriginal.

**Signs of social abuse include:**

- sadness or grief at the loss of interaction with others
- withdrawal or listlessness, due to people not visiting
- changes in levels of self-esteem
- worry or anxiety after a particular visit by specific persons
- appearing ashamed.

### 2.1.6 Neglect

This involves the failure of a carer or responsible person to provide life necessities, such as adequate food, shelter, clothing, medical or dental care, as well as refusing to permit others to provide appropriate care (also known as abandonment). This definition excludes self-neglect by an older person of their own needs.

**Behaviours that are actively or passively neglectful include:**

- failure to provide the necessities of life, such as food, warmth and shelter, or blocking others from providing basic needs
- receiving the carer's allowance and not providing care to an older person for whom one has a responsibility.

**Signs of neglect include:**

- inadequate nutrition, accommodation, clothing, medical or dental care
- poor personal hygiene
- poor skin integrity
- exposure to unsafe, unhealthy, unsanitary conditions
- malnourishment and unexplained weight loss
- hypothermia or overheating
- inappropriate clothing for the season
- the person left alone, abandoned or unattended for long periods
- lack of social, cultural, intellectual or physical stimulation
- lack of safety precautions or inappropriate supervision
- injuries that have not been properly cared for
- carer displaying overly attentive behaviour in the company of others
- under-medication or over-medication.



## Attachment 2

### Seniors Rights Victoria

**Tel: 1300 368 821**

**[www.seniorsrights.org.au](http://www.seniorsrights.org.au)**



Seniors Rights Victoria is a free state-wide service that has been established to help prevent elder abuse and safeguard the rights, dignity and independence of older Victorians.

Seniors Rights Victoria provides a range of services in relation to elder abuse, including a telephone helpline, referrals, legal advice and casework, advocacy, community education and workforce development information sessions.

The service operates from offices in Melbourne, Bendigo at the Loddon Campaspe Community Legal Centre, and four legal clinics through Seniors Law of Justice Connect.

The only service of its kind in Victoria, Seniors Rights Victoria aims to be the primary point of contact for people and services responding to elder abuse. The service also aims to lead research, advocacy, and policy and law reform on elder abuse, mistreatment and neglect.

Older people may self-refer to Seniors Rights Victoria, or be identified through existing services. Callers or clients may not necessarily identify their situation as abuse; it is often only through exploring the person's concerns and issues that an underlying situation of abuse is uncovered. Consequently, the pathway into Seniors Rights Victoria is not always direct or through anticipated channels.

The service is funded by the Victorian Government through the Department of Health and Victoria Legal Aid (VLA) and the Commonwealth Attorney General.

#### **Seniors Rights Victoria MISSION**

Seniors Rights Victoria seeks to empower older Victorians so they can live in safety, with dignity and independence.

### Telephone information, support and referral

Seniors Rights Victoria has a helpline (telephone: 1300 368 821). Callers are provided with information about elder abuse, and about relevant available services. They may be referred to Seniors Rights Victoria's own legal and advocacy practice or to other appropriate agencies.

## Legal Service

Seniors Rights Victoria operates a specialist legal practice across its central and regional sites. It provides information and legal advice for older people on issues related to ageing, with elder abuse being a priority area. Casework is generally limited to elder abuse. Legal advice and casework on a wider range of elder law issues are also provided through pro bono Seniors Law clinics at Niddrie, Bundoora, Footscray and Caulfield.

Seniors Rights Victoria is committed to assisting older people in their local communities, and will encourage and actively support community legal centres in acting for their clients.

Empowering older people and recognising their rights is a key principle for Seniors Rights Victoria. This means the lawyers and advocates act for and take instructions from the person experiencing or at risk of abuse. The lawyers limit the extent to which they will give advice to family, friends or service providers who contact the service on the older person's behalf. This also ensures Seniors Rights Victoria avoids any later conflict of interest which would prevent it from acting for the older person themselves.

Service providers and other people who call the service with a concern about an older person's welfare are asked to have the older person make contact with Seniors Rights Victoria themselves. Seniors Rights Victoria provides information to assist service providers. Advice is provided once the older person gives authority directly through contact with Seniors Rights Victoria.

## Short-term individual advocacy and support

Seniors Rights Victoria provides short-term, non-legal advocacy support to older people who are particularly vulnerable, primarily where there are no relevant local services or none available, so that older people who are experiencing or at risk of elder abuse receive the support they need to enhance their safety, security and wellbeing. This may include information, referral, liaison and short-term counselling. This is a face-to-face and telephone service.

## Systemic advocacy

Seniors Rights Victoria has specialist knowledge in elder abuse and uses this to advocate for older people and their needs. This systemic advocacy includes:

- collecting data and identifying trends relating to the nature and extent of abuse
- forming strategic relationships with agencies in other sectors and with tertiary institutions
- developing links with interstate and overseas abuse prevention organisations and research institutions
- distributing relevant information to stakeholders

## Community education

Seniors Rights Victoria conducts community education with a wide range of community groups across the state to raise awareness about elder abuse and the assistance available to older people through the service.

Community education is delivered largely by peer volunteers—older people trained and supported to talk to groups of older people, their families and carers about elder abuse.

Community education sessions include information about:

- forms of elder abuse, and how to recognize it
- rights of older people
- options for action
- legal issues.

Community education sessions are also available to meet the needs of CALD and Aboriginal communities.

## Service promotion and workforce development

Seniors Rights Victoria communicates with the community, health, legal and government sectors state wide to connect with networks and individual agencies that are working to achieve better outcomes for older people experiencing abuse. Seniors Rights Victoria disseminates information about its services and elder abuse through publications and a dedicated website. Presentations are also tailored to a wide range of agencies and service providers.

## Educating ethnic communities on elder abuse and its prevention

The Ethnic Communities' Council of Victoria (ECCV) is coordinating a state wide project to deliver a community education campaign that will raise awareness of elder abuse, its prevention and relevant supports amongst culturally and linguistically diverse seniors in Victoria.

The project is being delivered in partnership with Seniors Rights Victoria.

## Attachment 3

### With respect to age – 2009

the Victorian Government practice guide for health services and community agencies for the prevention of elder abuse

June 2009

#### How can I obtain a copy of *With respect to age - 2009*?

- Hard copies of *With respect to age - 2009* may be obtained from the distribution centre, Warehousing Fulfilment Distribution Solutions (WFDS), via email to [orders@wfds.com.au](mailto:orders@wfds.com.au)
- The guide is also available to download in PDF format, at [www.health.vic.gov.au/agedcare/policy/index.htm](http://www.health.vic.gov.au/agedcare/policy/index.htm)

#### Who should use the guide? Multiple sectors and multiple professions

- Senior managers and service coordinators in: health services (particularly social work departments and emergency services); HACC programs; community legal aid services; rehabilitation centres; family violence services; Victoria Police; ACAS; CALD services; Aboriginal services; mental health services and others who work with older people (including private providers).
- Direct care workers: personal care; doctors; allied health; nurses; police; family violence, case managers; assessment officers; workers in Aboriginal communities; workers in CALD organisations.
- Other stakeholders: peak bodies; health promotion; local government; providers of Commonwealth Government funded services (including Carers programs); training providers; researchers and academics are welcome.

#### What information does the guide contain?

The guide outlines the Victorian government's response to the abuse of older people. It will assist you to understand:

- How your agency or service is expected to use the Victorian Government practice guide
- Definition, types of abuse and considerations when planning responses, based on empowering the older person
- How to review or develop elder abuse policies and procedures for your organisation
- How to initiate the development of local interagency protocols
- How to access local and statewide resources to support your service response.

#### Additional information

Should you require additional information please contact:  
Ageing and Aged Care Branch, Department of Health, via

- Telephone - (03) 9096 7389
- Email - [aged.care@health.vic.gov.au](mailto:aged.care@health.vic.gov.au)

**Rights. Respect. Trust.**

Victorian Government Elder Abuse Prevention Strategy



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## Acronyms

SRV	Seniors Rights Victoria
VCAACD	Victorian Committee for Aboriginal Aged Care and Disability
VACCHO	Victorian Aboriginal Community Controlled Health Organisation Inc
FVPLS	Aboriginal Family Violence Prevention & Legal Service
CALD	culturally and linguistically diverse
ABI	acquired brain injury
NAATI	National Accreditation Authority for Translators and Interpreters
CRAF	Family Violence Common Risk Assessment Framework
NGO	non-government organisation

