Elder Abuse Prevention Tool Kit

Bendigo Elder Abuse Prevention Network


Victorian Government Elder Abuse Prevention Strategy

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The Bendigo Elder Abuse Prevention Tool Kit draws on the Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse as outlined in ‘With respect to age – 2009’. These practice guidelines were published by the Aged Care Branch, Victorian Government Department of Human Services, now the Victorian Government Department of Health.

‘With respect to age – 2009’ can be viewed or downloaded online at:


This Elder Abuse Prevention Tool Kit was prepared by Teneille Summers, Women’s Health Project Worker, Women’s Health Loddon Mallee, in conjunction with the Bendigo Elder Abuse Prevention Network as part of the Victorian Government’s Elder Abuse Prevention Strategy
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Background

The Elder Abuse Prevention Strategy (EAPS) has been developed to protect and safeguard the rights of older Victorians. The fundamental principle underpinning the strategy is that every Victorian has the right to live safely and to be treated with dignity and respect.

The Bendigo Elder Abuse Prevention Network exists as a forum for addressing issues in relation to elder abuse in the City of Greater Bendigo. These include, awareness-raising and education within the wider community, individual agency responses, interagency response, prevention, and education and training for service providers. The network has representation from a range of services including:

- Amicus Group Inc.
- Annie North
- Baptcare
- Bendigo & District Aboriginal Co-operative
- Bendigo Health
- Central Victoria General Practice Network
- City of Greater Bendigo, Aged and Disability
- Haven
- Heathcote Health
- Loddon Campaspe Centre Against Sexual Assault
- Loddon Mallee Commonwealth Respite and Carelink Centre
- Seniors’ Rights Victoria
- Women’s Health Loddon Mallee
- Veterans Affairs Network Bendigo
- Victoria Police
- Villa Maria
- Vision Australia

The network officially came together in August 2010. Since then the network has collaborated to develop the Bendigo Elder Abuse Prevention Tool Kit and The Elder Abuse Prevention Guide (refer to appendix 1) in accordance with the ‘With respect to age 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse’. The Elder Abuse Prevention Tool Kit and The Elder Abuse Prevention Guide have been approved by the Victorian State Government. The network is committed to sustaining the Tool Kit and elder abuse prevention in the City of Greater Bendigo and will ensure it is reviewed annually.

The Elder Abuse Prevention Tool Kit assists agencies to respond appropriately to suspected incidents of elder abuse. The Elder Abuse Prevention Guide (refer to appendix 1) is designed to act as an interagency referral flow chart and support decision making and local interagency referral protocol pathways.
Purpose

The purpose of this tool kit is to:

- Ensure that procedures are in place to identify cases of elder abuse and that appropriate action is taken in cases of elder abuse or suspected elder abuse
- Maintain the dignity and protect the safety and security of older people utilising the organisation’s services
- Achieve an integrated and standardised approach to the management of elder abuse

This policy should be read in conjunction with the following document:


The following organisational policies may also need to be taken into consideration:

- Occupational Health & Safety
- Home Visiting
- Client Confidentiality and Privacy
- Storage of Client Records
- Client Referral
- Assessment of Client Capacity
- Client Intake
- Independent (Third) Person
- Emergency Procedure
- Public Health Risk
- Working with People from CALD Backgrounds
- Using Interpreters
Definitions

Elder Abuse – (See page 4 – ‘With respect to age – 2009’).

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

This policy is not concerned with situations of abuse in consumer-based circumstances, professional misconduct, harassment and criminal acts by strangers, self-neglect or mistreatment, or Residential Aged Care Services (RACS) (See pages 5 & 6 – ‘With respect to age 2009’).

Abuse of older people is a complex problem and each situation will be unique.

Personal beliefs and professional values, social, cultural and family experiences all influence perception of what constitutes abuse and neglect of older people.

Key principles

The following principles underpin the implementation of the Victorian Government Elder Abuse Prevention Strategy (See page 3 – ‘With respect to age 2009’):

- **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 still 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 as far as possible.
- **Importance of relationships** – All responses to allegations of abuse should be respectful of the existing relationships that are considered important to the 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.
Types and Signs of Abuse

(See pages 12 to 16 – ‘With respect to age – 2009’).

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 and burning
- Rough handling
- Restraining with rope, belts and ties
- Locking the person in a room, building or yard
- Using substance restraints including alcohol, prescribed and un-prescribed drugs, household chemicals, poisons
- Holding a pillow over a person’s head
- Intentional injury with a weapon or object

Signs of physical abuse include:
- Internal injuries, unexplained bruises, pain on touching
- Bruises, lacerations, choke marks, abrasions or welts (ie evidence of hitting, punching, shaking, slapping or use of a weapon)
- Burns (e.g. ropes, cigarettes, matches, iron, hot water)
- Broken or 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 / under sedation
- 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
Financial Abuse:

This covers 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, putting undue pressure or forcing an older person into selling or handing over an asset, or property, signing a document, wills or Powers of Attorney (POA)
- Abusing or neglecting POA to manage an older persons finances
- Stealing goods from an older person, i.e. jewellery, credit cards, cash, electronic equipment, blankets or food
- Using an older person’s banking and financial documents without authorisation
- Managing the finances of a competent older person without permission
- Misuse of an older person’s possessions or money (e.g. vehicle, phone, internet connection)
- 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 (EPOA), 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 (hand over) an anticipated inheritance or gift or loan
- Incurring bills for which an older person is responsible

Signs of financial abuse include:

- Missing belongings
- The inability of an older person to access adequate food, shelter or utilities
- 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 the 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
- Pressuring an older person to provide a deposit, or large investment into a property in return for accommodation and care, without sufficient protection and legal advice for the older person
- Threatening loss of an asset, e.g. family home if the older person does not contribute to mortgage, repairs or debts
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.

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
- Emotionally harming (blackmail) via threatening remarks, insults or harsh commands
- Preventing access to services

Signs of psychological / emotional abuse include:
- Resignation, shame
- Depression, tearfulness
- Confusion and social isolation
- Feelings of helplessness
- Unexplained paranoia
- Excessive fear
- Insomnia
- Marked passivity or anger
Neglect:

This involves the failure of the 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.

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
- Active neglect is the intentional withholding of clothing, food, personal or health care and leaving the older adult in an unsafe place or in isolation. This includes misuse of medications and prescriptions including withholding and over medicating
- Passive neglect occurs when the caregiver unintentionally does not provide necessities because of lack of information, skill or interest

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
- Injuries that have not been properly cared for
- Carer displaying overly attentive behaviour in the company of others
- Under medication or over medication
Social Abuse:

This includes forced isolation of older people and sometimes has the additional affect of hiding abuse from outside security 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 or 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 or friends
- Preventing an older person from engaging in Aboriginal cultural practices if they identify as Indigenous

Signs of social abuse include:

- Sadness or grief at the loss of interactions 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 person
- Appearing ashamed
Types and Signs of Abuse

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 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 disease (STD)
- 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
Risk Factors

Risk identification in elder abuse is complex. The following risk factors may help to identify older people who are at a higher risk of abuse and may indicate a need for extra support and services to reduce their risk of abuse.

(See pages 16 to 18 – ‘With respect to age - 2009’)

- **Family violence** – Family violence can occur in a number of circumstances and in a range of family settings. It can take the form of abuse of the elderly, sibling abuse, violence between same-sex couples, adolescent children being violent towards parents, carers being violent towards a person with a disability, or female-to-male partner violence.

- **Isolation** – If an older person and the carer are socially isolated, lacking supportive contacts and social networks, there may be an increased risk of abuse and neglect.

- **Dependency** – Dependence of a frail older person on a family carer is not necessarily a cause of abuse. An abusing relative is more likely to be materially dependent on an older person than non-abusing relatives (refer to Pillemer and Finkelhor, 1989).

- **Psychopathology in an abuser** – 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.

- **Stress in the care relationship** – 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 they are expressed — may be reciprocated by the dependent person. Few people enjoy being dependent on others for basic daily living needs.

- **Difficulties accepting care due to health status** – In some situations, an older, dependent person may abuse a carer. This may occur due to difficulty in accepting reliance on another person. Psychiatric illness or dementia may result in aggression or a loss of insight and perspective.
• **Older parents caring for a mature-aged child with a disability** – Sometimes, situations of abuse occur where older parents are caring for a relative with 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, e.g. multiple sclerosis, cerebral palsy or multiple chronic illnesses.

Primary carers may be up to, or even beyond, eighty years of age. 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 person who is co-resident 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, increasing frailty of the carer, and belief by both parties that there no alternatives to their present situation.

Other risk factors include:

- Lack of information about their rights
- Insufficient planning for a purposeful and secure old-age
- Existing frailty or physical dependency or the expectation or fear of approaching frailty
- Psychological dependency
- Inadequate social networks and poor housing conditions
- Cultural factors
Duty of Care

A duty of care encompasses a duty not to be careless or negligent and arises from a relationship between parties that are regarded as sufficiently close as to infer that an obligation exists in some form. This relationship involves the notion of ‘proximity’ or a degree of closeness. Proximity is usually described in terms of time and (physical) ‘circumstantial casual’ relationship, such as the relationship between employer and employee, health worker and client.

(See page 99 – ‘With respect to age – 2009’).

Duty of care involves a legal obligation to avoid causing harm or to prevent harm occurring to another person. This only arises where 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. Health and aged care workers have a duty of care to older people they are assisting. Under the Wrongs Act 1958 (VIC) a worker is not negligent in failing to take precautions against a risk of harm unless:

a) The risk was foreseeable (that is, it is a risk of which the person knew or ought to have known); and

b) The risk was not insignificant; and

c) In the circumstances, a reasonable person in the workers position would have taken those precautions.

The duty of care obligation of an employee to foresee and prevent or avoid harm is limited by the employee’s professional expertise and competence.

If a worker breaches their duty of care, they have failed to meet the expected standards of care. Duty of care not only refers to the actions of a worker but also to the advice the worker gives or fails to give.
Additional Considerations

People with dementia and their carers

People with dementia (Alzheimers or related disorders) may be at risk of financial neglect and self-neglect/abuse that includes actions of self-injury by the individual upon themselves which are passive or active.

Carers of persons with dementia may require special attention where abuse or neglect is occurring, as they can be the recipients of verbal and physical abuse.

People from Culturally and Linguistically Diverse (CALD) backgrounds

Cultural factors influence how all forms of abuse are viewed, and specific strategies and responses to elder abuse should address such differences. Being culturally informed and providing sensitive support is an integral component of service provision. It is important that support is provided with an understanding of the cultural background.

People from different cultural backgrounds may require interpreter services. Family and friends should not be used as an interpreter (See pages 9 & 10 – ‘With respect to age – 2009’).

People from Aboriginal and Torres Strait Islander descent

Advice should be sought from people experienced with the particular cultural background of the family concerned, acknowledging that cultural difference may require special sensitivity in relation to neglect and abuse (See pages 7 to 9 – ‘With respect to age – 2009’ for more detail about Aboriginal and Torres Strait Islander People).
Procedure

Action taken will depend on the individual situation and will often involve a primary assessment team such as a geriatrician, doctor and social worker in conjunction with the person already involved with the situation of suspected abuse.

The following steps should be taken in identifying and responding to cases of elder abuse:

1. Staff should report any **suspicion of abuse** to their supervisor.

2. If there is a concern that the older person does not have the competence to make decisions, an appropriate referral to assess their capacity must be made. Assessment of an older person’s capacity to make decisions and informed choices is important. Their right to refuse support should be respected. An older person with mental capacity may be capable of managing their own affairs with minimal support from a health/community care worker. 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. A person’s capacity to make a particular decision should only be doubted if there is a factual basis to doubt it (See pages 23 & 24 – ‘With respect to age – 2009’).

3. Most situations of elder abuse are not emergencies. If it is an emergency situation, staff should **activate the organisation’s emergency procedure**. An emergency is defined as a situation that poses an immediate threat to human life or a serious risk of physical harm or serious damage to property. Depending on the type and context of abuse, it may be useful to talk through the idea of planning an emergency response with the older person, should it ever need to be activated. In an emergency response, an older person should be involved in making decisions about their life as much as possible. However, if a worker assesses that an older person is in imminent danger of harm or death, it may be necessary to arrange the following:
   - Support (for example, ambulance services)
   - Medical treatment for an older person or carer (e.g. referral to local doctor or hospital emergency department)
   - Emergency accommodation for an older person or carer (e.g. referral to supported housing services in the region, a women’s refuge or other temporary housing)
Police involvement, which may be required for the safety of the worker as well as an older person

An emergency application to the Victorian Civil Administrative Tribunal (VCAT) (if the appointment of a temporary guardian is necessary, the Public Advocate) or a temporary administrator (State Trustees Limited) to protect an incompetent older person or their property and assets

Other matters sensitive to cultural considerations, including religious beliefs, which ideally should be known prior to any emergency (See page 27 ‘With respect to age – 2009’)

4. Gather and document clear and relevant evidence of abuse (See page 36 ‘With respect to age – 2009’ for more detail about documentation).

5. Arrange for an assessment of needs of the older person, either in-house or refer to an appropriate funded assessment service (See page 23 – ‘With respect to age – 2009’).

6. Develop a care plan to support an older person to prevent further abuse. The care plan should include interventions to stop reoccurrence and may include a safety plan, developed in consultation with the older person. Set a review date, follow up on referrals and reviews as the person’s situation evolves. Provide information to the older person about their rights and services available to assist, such as emergency services, local services, and state-wide services e.g. Seniors Rights Victoria (See page 31 – ‘With respect to age - 2009’), local agency networks (LANs), and referral and interagency strategies.

Reluctance to accept intervention

If an incompetent older person is at risk and refusing help (despite efforts made to persuade) it may be necessary to contact the older person’s substituted decision maker. For example, Medical Attorney under power or Guardian under power or apply to the VCAT to appoint a temporary guardian to consent to support services or some other intervention.

If an older person is competent but refuses help, a direct care worker can support and advise about options such as how to deal with emergencies. Strategies can then be developed to help the older person understand their rights, and feel confident and comfortable to take action.

In a case of self-neglect in which a competent older person chooses to live in squalor, the situation could be considered as a public health risk under the Health Act.
Confidentiality and Privacy

Where possible, discuss with the person the concerns and gain permission to refer to other agencies. It is permissible to breach confidentiality in some very limited circumstances including 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. (See pages 36 to 38 ‘With respect to age – 2009’ for more information about privacy and confidentiality).

References

‘With respect to age 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse.’
Questions to Assist with Identifying Elder Abuse

Key questions and prompts can be used to assist with identifying elder abuse. It is important to consider the nature of the relationship with the client, the environment and context for conversations with sensitive issues.

To help support and build rapport when interviewing an older person use questions that will elicit more than “yes” or “no” answers. During the conversation look for visual and non-verbal cues to respond to. These can prompt you to ask questions about their current living arrangements, safety and social supports, etc.

Questions that could assist you with gaining more information include:

- What services is the person currently receiving?
- What other supports/help would they like?
- What might be worrying them?

It can be challenging to frame personal questions in sensitive situations, and so we encourage you to participate in professional training. Victoria University in partnership with the Office of Senior Victorians will be offering a series of free workshops aimed at strengthening the capacity of professionals working with older people to respond appropriately to incidents of suspected elder abuse.
Interagency Response Framework

Funded health services and community organisations already use established service response frameworks to manage the day-to-day and emergency care requirements of clients. Integrating a response to abuse within existing service coordination frameworks, ensures that suspicion or allegations of abuse are treated as core business when providing services to older people and their carers (See page 19 - ‘With respect to age - 2009’).

The following framework has been developed for health and community service providers for use by agencies to incorporate into their own elder abuse policy and procedures. (See page 48 – ‘With respect to age - 2009’)

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

The examples and information below are taken from the ‘With respect to age - 2009’ resource and is an abbreviated version. Please refer to Chapter 3 – Service Response Framework on pages 19 – 38.

EXAMPLE 2: IDENTIFY THE INSTANCE OF ABUSE
A worker should determine the different possible types of abuse through sensitive questioning of an older person and the older person’s family and friends. This should be done with the permission of the older person, to ascertain what signs or symptoms of abuse have been observed or suspected, their severity and frequency.

When abuse is suspected what should I do?
- Discuss your concerns with your supervisor.
- Vital considerations when addressing abuse include how suspicion is managed, 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.
- Considering some basic questions and issues relating to abuse can assist with needs identification.
- Any safety concerns for staff should be addressed and managed (See page 20 – ‘With respect to age – 2009’)

What about different values and cultural difference?
As with all ages, an older person will have distinctive family values and differences which should be respected, including cultural nuances in communication.

It is important to understand the meaning or intention of a verbal or non-verbal behaviour in the context of a person’s culture, experience and intention. Friends or family members should not be used as interpreters.

How do I ask an older person about possible abuse?
Be direct and non-judgmental. Asking an older person to describe, in a general way, how things are at home and how they spend their day, for example:
- ‘How are things going at home?’
- ‘How do you spend your days?’
- ‘How do you feel about the amount of help you get at home?’
- ‘How do you feel your (husband/wife/daughter/son/other carer) is managing?’
- ‘How are you managing financially?’

Listen to the older person’s story, acknowledging what they have said. Be empathetic, non-judgmental and non-blaming. (See page 20 – ‘With respect to age – 2009’).
EXAMPLE 7: EMERGENCY RESPONSE

Urgent action is required in an emergency. This is defined as a situation that poses an immediate threat to human life or a serious risk of physical harm or serious damage to property. The appropriate emergency service (ambulance, police or fire) must be called without delay. Depending on the type and context of abuse, it may be useful to talk through the idea of planning an emergency response with the older person, should it ever need to be activated.

What happens to an older person when there is an emergency response?

In an emergency response, an older person should be involved in making decisions about their life as much as possible. However, if a worker assesses that an older person is in imminent danger of harm or death, it may be necessary to arrange:

- Support (for example, ambulance services).
- Medical treatment for an older person or carer (for example, referral to local doctor or hospital emergency department).
- Emergency accommodation for an older person or carer (for example, referral to supported housing services in the region, a women’s refuge or other temporary housing).
- Police involvement, which may be required for the safety of the worker as well as an older person.
- An emergency application to VCAT (if the appointment of a temporary guardian is necessary, for instance, the Public Advocate) or a temporary administrator (for instance, State Trustees Limited) to protect an incompetent older person or their property and assets.
- Other matters sensitive to cultural considerations, including religious beliefs, which ideally should be known prior to any emergency. (See page 27 – ‘With respect to age – 2009’).

EXAMPLE 10: ASSESSING RISK

Managing risk involves the systematic application of management policies, procedures and practices to the tasks of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk.

For more information on:

- Managing risk
- What does assessing risk involve?
- Additional support, information and tools on risk assessment and management

(See page 30 – ‘With respect to age – 2009’).
Summary

The Elder Abuse Prevention Tool Kit has been developed to be used with the Greater Bendigo Elder Abuse Prevention Guide (refer to appendix 1), intended to support workers to identify and respond to elder abuse.

Local training and professional education opportunities will be promoted by the Bendigo Elder Abuse Prevention Network.

Pre–knowledge surveys have been disseminated to local organisations prior to the provision of this tool kit, with a post- knowledge survey to follow in the months after receiving this tool kit. The purpose of this evaluation is to inform future directions for the review of the Elder Abuse Prevention Tool Kit, and to support further developing responses to elder abuse.

For further information about the Bendigo Elder Abuse Prevention Network contact the Bendigo Loddon Primary Care Partnership on 03 5448 1624 or www.blpcp.com.au.
Resources

The following resources and organisations can be utilised for further information on elder abuse:

**Bendigo Elder Abuse Prevention Network - via Bendigo Loddon Primary Care Partnership**
www.blpcp.com.au

**Bendigo Elder Abuse Prevention Guide** – refer to Appendix 1

**Connectingcare – Loddon Mallee Elder Abuse Prevention Strategy**
http://www.connectingcare.com/Home/Provider?siteId=742&region=vicpcp&regionid=3

**Council of the Ageing (COTA)**
COTA Australia, the voice of older Australians, is a national organisation that coordinates the policy work of nine seniors’ organisations across Australia. COTA Australia promotes, improves and protects the circumstances and interests of older people in Australia, not just its own members. It has particular regard for those people who are vulnerable or experiencing disadvantage. www.cota.org.au

**Elder Rights Advocacy**
ERA provides advocacy assistance to support older people to uphold their rights. This website provides more information about the range of work that ERA undertakes, and about advocacy. www.era.asn.au/

**Office of the Public Advocate**
Office of the Public Advocate works to protect and promote the interests, rights and dignity of people with a disability. www.publicadvocate.vic.gov.au/

**Seniors Rights Victoria**
Seniors Rights Victoria (SRV) is a free service that has been established to help prevent elder abuse and safeguard the rights, dignity and independence of older Victorians. It provides:
- telephone information and referral;
- advocacy and support;
- legal services; and
- community education

People who are concerned about abuse or neglect that is affecting them or someone they know can call Seniors Rights Victoria on 1300 36 8821. For further information go to www.seniorsrights.org.au

**Senior Victorians – Department of Health**
www.health.vic.gov.au
Victoria University - Professional Education Program
Victoria University in partnership with the Office of Senior Victorians will be offering a series of free workshops aimed at strengthening the capacity of professionals working with older people to respond appropriately to incidents of suspected elder abuse. If you have an interest in attending one of these workshops, would like to host a workshop in your workplace or community, please contact Betty Presilska - betty.presilska@vu.edu.au

‘With respect to age – 2009’ Guidelines

### ELDER ABUSE PREVENTION GUIDE
Loddon Mallee Region
Greater Bendigo

**RELEVANT POLICIES**

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

- Your organisations internal policies

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<th>ABUSE TYPES</th>
<th>RISK FACTORS</th>
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<td>Financial</td>
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<tr>
<th>DEFINITION OF ELDER ABUSE</th>
<th>KEY PRINCIPALS</th>
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<td>Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.</td>
<td>Competence: All adults are considered competent to make informed decisions unless demonstrated otherwise.</td>
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<td>Self-determination: With appropriate information and support, individuals should be encouraged to make their own decisions.</td>
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<td>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.</td>
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<td>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.</td>
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<td>Importance of relationships: All responses to allegations of abuse should be respectful of the existing relationships that are considered important to an older person.</td>
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<td>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.</td>
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<td>Community Responsibility: The most effective response is achieved when agencies work collaboratively and in partnership with the community.</td>
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**DUTY OF CARE**

A duty of care encompasses a duty not to be careless or negligent, and arises from a relationship between parties that are regarded as sufficiently close as to infer that an obligation to exist in some form.

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


Further legal information can be accessed:

**KEY QUESTIONS & PROMPTS**

To help support and build rapport when interviewing an older person use questions that will elicit more than “yes” or “no” answers. During the conversation look for visual and non-verbal cues to respond to. These can prompt you to ask questions about their current living arrangements, safety and social supports, etc.

Questions that could assist you with gaining more information, include:
- What services is the person currently receiving?
- What other supports/help would they like?
- What might be worrying them?

It can be challenging to frame personal questions in sensitive situations, and so we encourage you to participate in professional training. Victoria University in partnership with the Office of Senior Victorians will be offering a series of free workshops aimed at strengthening the capacity of professionals working with older people to respond appropriately to incidents of suspected elder abuse.

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Please turn over page