



# Recognising, preventing and responding to abuse of older people living in the community: A resource for community care workers

There is a growing recognition of the incidence of abuse of older people by people in a relationship of trust with them such as family, friends or others on whom they depend. Community care workers are in a unique position to support older people who are vulnerable to abuse, and to assist them if abuse occurs.

Recognising the signs of abuse of older people and responding appropriately is a challenge confronting all care workers and service systems. Preventing abuse of older people is an even greater challenge.

The aim of this briefing is to distil evidence from research to guide care workers and managers in their day-to-day work with older people living in the community.

**This briefing has been prepared by the Department of Social Work at The University of Melbourne in partnership with The Benevolent Society.**

**Research to Practice Briefings** bring together lessons learned from the literature on a topical issue in community aged care as a resource for those working in this sector. As in most areas of social policy and practice, the research evidence on community aged care is continually evolving. The Briefings aim to distil key themes and messages from the research and to point to promising and innovative practices.

An advisory group of academics and expert practitioners working in the area of aged care provide advice and peer review.

Research to Practice Briefing 3  
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## What is abuse of older people?

Abuse of an older person is defined by the World Health Organisation as any behaviour that causes physical, psychological, financial or social harm to an older person occurring within any relationship where there is an expectation of trust between the older person and the abuser (WHO 2002). Abuse may involve a single act, repeated behaviour, or neglect. It may occur when a vulnerable older person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or lacks the capacity or capability to consent to. Many forms of abuse of older people are crimes.

Abuse can take many forms including:

**Financial or material** –using an older person’s money or property without their permission.

**Emotional or psychological** – verbal or physical threats, intimidation, threats of abandonment, threats to harm others or pets, withdrawal of love and support.

**Physical** – any deliberate act resulting in physical pain or injury, including physical coercion and restraint.

**Social** – restricting the person’s social freedom and isolating him or her from family and friends (which can also have the effect of hiding abuse from outside scrutiny).

**Neglect** – not providing life’s necessities such as adequate food, shelter, care and emotional support. Neglect can be intentional or unintentional.

**Sexual** – sexually abusive or exploitative behaviour.

Financial and psychological abuse are the most common types of abuse (Lowndes et al 2009).

## How many people are affected?

International estimates of the prevalence of abuse vary between two and a half percent to six percent of older people over 65 living in the community (O’Keeffe et al 2007). Australia lacks reliable national data (Boldy et al 2002). There is considerable evidence to suggest that abuse of older people is often unrecognised and under-reported by families and professionals in the home, hospital and residential care settings (O’Keeffe et al 2007).

## Who is vulnerable to abuse?

Some older people have characteristics which may make them more vulnerable to abuse (NSW Office for Ageing 2007):

- those in need of high levels of support and care from a family member (ABS 2006)
- women who have experienced domestic violence (Mears and Sargeant 2002, Whittaker 2007, OWN NSW 2008, Bagshaw et al 2009, McFerran 2009)
- those who are isolated from neighbours, family and/ or the community (Grenade & Boldy 2008)
- those people from culturally and linguistically diverse backgrounds who are socially isolated, without English language skills and wholly dependent on family members (Advocare 2009)
- people suffering from dementia who might be confused about their property, belongings and/or surroundings (Department of Human Services et al 2000)
- frail older people who have diminished ability to advocate for themselves and so are more vulnerable to exploitation (Mullins et al 2008)
- older people whose own aggressive and violent behaviour, or personality change associated with dementia or chronic illness might provoke abuse (Department of Human Services et al 2000)
- those Indigenous older people in communities where cultural obligations make it difficult for them to say no to pressure for money (Advocare 2009).

## Understanding abuse of older people holistically

No single factor causes abuse of older people and one of the issues in intervening is how to address the multiple factors that may impact on an individual case (Bonnie and Wallace 2003). This involves looking at the older person's family dynamics and relationships, social connections, physical and mental health, financial status and cultural context.

## Principles of practice in responding to abuse of older people

When responding to suspected abuse of older people, the rights of the older person must be respected. The following principles have been set out by the Victorian Department of Human Services (2009).

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

**Self-determination** Individuals should be encouraged to make their own decisions, with appropriate information and support.

**Appropriate protection** Where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator.

**Best interests** 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 by an older person.

**Collaborative responses** Effective prevention and response require 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.

## Recognising abuse of older people

Older people may not report abuse or ask for help for a variety of reasons including fear, not wanting to jeopardise their relationship with the abuser, and shame associated with the abuser being a family member.

Lack of culturally appropriate services and sources of assistance, language barriers and social isolation may also make it difficult for older people to report abuse (Elder Abuse Prevention Unit 2008).

Abuse may be indicated by the behaviour of the people involved as well as by more obvious physical signs and symptoms.

Statements about abuse made by an older person must be taken seriously, including by a person with dementia.

## Responding to abuse of older people living in the community

There are different levels of intervention when responding to the suspected abuse of older people, on a continuum from less to more interventionist. The appropriate intervention will depend on the specific abuse situation, the wishes and situation of the older person and their capacity to make decisions. Interventions could range from counselling and case management (Bonnie & Wallace 2003), provision of community services, safety and risk management through monitoring, legal interventions such as guardianship and financial management, to criminal prosecution (James and Graycar 2000).

When responding to suspected abuse, it is essential that the rights of all parties – including the older person, family members and care agency employees – are maintained.

Most state and territory governments have introduced best practice frameworks and

protocols to improve professional recognition and intervention. The following checklist is drawn from the Victorian Government's With Respect to Age 2009. It provides questions to be addressed at each stage. The full report gives a clear guide as to their implementation.

#### **Initial contact and needs identification**

involves identifying the presenting and underlying issues, determining risk, priority and balancing service capacity with client need.

- How do I know when someone has been abused?
- When abuse is suspected, what should I do?
- How should I deal with different values and cultural differences?
- How do I ask an older person about possible abuse?
- If abuse of an older person or their carers is suspected but not acknowledged, what should I do?

**Assessment** involves weighing and interpreting relevant information about the person's situation and needs, in terms of whether this is a case of suspected or actual abuse.

- What do I consider to assist the determination of an older person's mental capacity?
- What are the formal steps to determine testing for mental capacity?
- What are undue influence and consent?
- Is support required for others who are aware of the abuse?
- What does the carer think about the situation?
- Does the older person want the intervention or assistance?
- Are there cultural considerations to take into account?
- What elements should a safety plan cover for an older person?

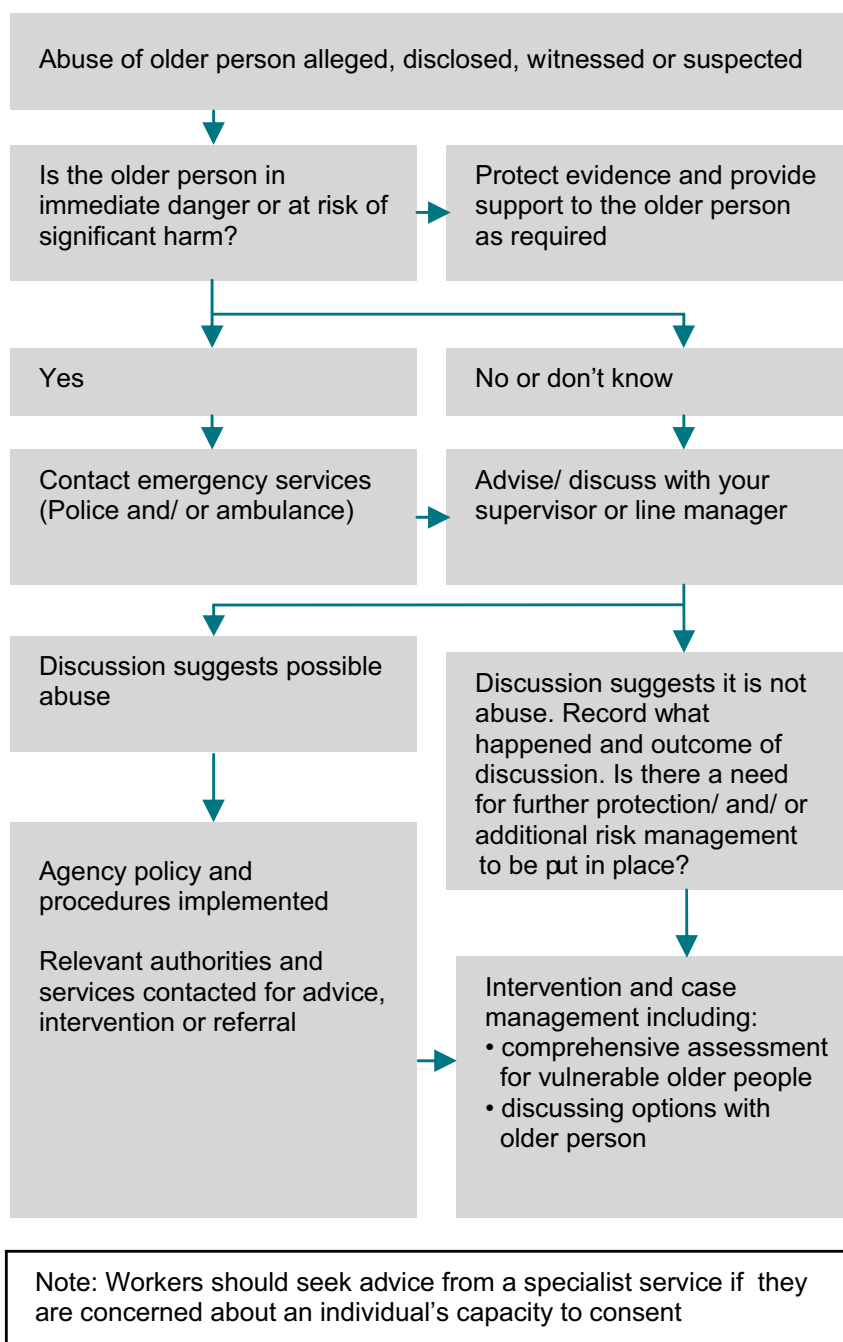
- What happens to an older person when there is an emergency response?
- How do I continue providing support services to an older person when suspected or confirmed abuse is occurring?
- How do I continue to provide services to an older person if the alleged perpetrator is integral to the older person's life?
- What does managing risk involve?
- What does assessing risk involve?

**Care planning** documents the agreed service needs, planned intervention strategies, appropriate referral, timelines and worker/organisation responsibility.

- What should be considered and included in a care plan when addressing suspicion of or confirmed abuse?
- What should the intervention plan achieve?
- How do I assess an older person's response to suspected abuse?
- What kind of structured supports might assist an older person?
- What other forms of support might be suitable?
- What types of legal intervention might support an older person?
- When is an agreed coordinated service plan between multiple agencies necessary?

## Agency policies and procedures

All care agencies are encouraged to develop their own approaches to prevention, management and intervention in response to suspicions and allegations of abuse, utilising clear principles and taking account of their duty of care to their clients and staff. The following is an example of a typical response flowchart.



Adapted from NSW Department of Ageing, Disability and Home Care (2007) Interagency protocol for responding to abuse of older people

Appropriate supervision and support for frontline workers (paid and volunteer) is essential so that they are aware of the signs of possible abuse. Managers should also be trained in how to support care workers who report abuse.

## Interagency protocols

The varied nature of abuse means that agencies may need to seek advice from and work with a range of other agencies and services. An interagency protocol is a guide to best practice across government and community sector agencies in a given geographical area, for responding to potential, suspected and actual abuse of older people. The NSW and Victorian Governments (2007, 2009) have recently issued interagency protocol guides. These spell out the service networks that may need to be mobilised including:

- the police, for emergency intervention and the investigation of criminal offences
- health agencies which provide assessment and referral
- hospitals which provide emergency and ongoing medical treatment
- Aged Care Assessment Teams which undertake comprehensive assessment and care coordination
- sexual assault services
- mental health services which may need to provide specialist consultation and case management
- guardianship bodies, for people who lack capacity to make their own decisions (NSW Government 2007).

## Strategies for prevention/early intervention

Key strategies for preventing abuse include:

- encouraging and supporting older people to stay active and socially connected
- ensuring that older people have access to independent information and advice prior to making decisions about financial and housing matters
- educating older people to assert their rights and gain support where necessary
- facilitating older people's use of powers of attorney and guardianship which can enable them to plan for and have choice over who will have control over their affairs if they lose capacity in the future
- educating professionals to identify and respond to abuse
- raising community awareness of abuse.

Community care agencies and workers have an important role to play in implementing these strategies.

Strategies to provide easier access to information and advice through 'helplines' and specialised abuse services can be effective. Queensland, Victoria and the ACT have implemented 'helplines' with positive feedback from a Queensland evaluation (Procopis 2007).

The Victorian, WA and ACT Governments have developed statewide policy frameworks addressing the abuse of older people. The Victorian Government's Elder Abuse Prevention Strategy, for example, includes a financial literacy program, an education and training package for professionals, specialist legal and advocacy services and community education (Office of Senior Victorians 2009).

## Discussion guide

1. What signs of the different forms of abuse would you be looking out for?
2. Are some forms of abuse easier to recognise than others? How does this affect the work we do with older people who are victims of abuse?
3. Have you ever been in a situation where you suspected abuse but in fact no abuse was occurring? What issues did/ would this highlight?
4. Have you ever been in a situation when you have felt an emotional response as result of an abusive situation? Have you felt angry, sad, helpless etc? How do you, as a professional working with someone in an abusive situation, respond to these feelings?
5. How would you support a client who is experiencing abuse? What kind of support would you need from your agency and other agencies?
6. What would you do if you suspected financial exploitation?
7. Can you identify any differences (e.g. complexities in identification and/ or management) between situations of acute abuse (e.g. acute physical abuse) and chronic long term abuse (e.g. ongoing financial or psychological abuse)? Explore differences and similarities.
8. Have you ever experienced a situation where the abuser and abused work together to disguise the abusive situation? What strategies might you use to respond in these situations?
9. Do you believe adults have the right to choose to continue to live in an abusive environment?
10. If an older person was concerned about abuse, what avenues could they explore to get independent advice and advocacy support?



This discussion guide has been prepared by The Benevolent Society in partnership with Community Care (Northern Beaches) as a resource for community care teams. The aim of the guide is to facilitate reflection and learning based on **Community Aged Care Research to Practice Briefing 3: Recognising, preventing and responding to abuse of older people: A resource for community workers in Australia**. We welcome feedback on the discussion guide as well as the Briefing.

## Practice implications

1. Care should be taken to respect the wishes and key relationships of the older person when abuse is suspected.
2. Older people require ready access to information, resources and advocacy to enable them to manage their own safety and security.
3. Agency staff and volunteers require ongoing training about the risk factors associated with abuse of older people, recognition of abuse and effective interventions. They should also receive adequate support and supervision.
4. Community care agencies should have internal protocols for responding to suspected abuse of older people, covering identification of abuse, needs identification, referral, assessment and care planning.
5. Agency protocols should be linked to wider interagency agreements between local services and agencies.
6. Research into abuse of older people and evaluation of interventions are central to preventing abuse and improving responses when it occurs.

## Helpful resources

**Victoria** *With Respect to Age*, 2009, Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse  
Seniors Rights Victoria: 1300 368 821 or [info@seniorsrights.org.au](mailto:info@seniorsrights.org.au)

**NSW** *Interagency Protocol for Responding to Abuse of Older People*, DADHC 2007.  
*Are you experiencing violence or abuse?*, Legal Aid Commission

**Qld** Elder Abuse Prevention Unit: 1300 651 192 or [epu@lccq.org.au](mailto:epu@lccq.org.au)

**SA** Aged Rights Advocacy Service (ARAS): 08 8232 5377 or [aras@agedrights.asn.au](mailto:aras@agedrights.asn.au)  
*Regaining your control*, ARAS 2008

**WA** *There is no excuse for abuse*, Department of Communities: [www.communities.wa.gov.au/seniors](http://www.communities.wa.gov.au/seniors)  
Advocare Elder Abuse Prevention Program: 08 9479 7566

**ACT** Elder Abuse Pathways for Response: [www.dhcs.act.gov.au/wac/ageing](http://www.dhcs.act.gov.au/wac/ageing)  
Elder Abuse Information and Referral Phone Line: (02) 6205 3535

**Tas** Advocacy Tasmania: (03) 6224 2240 or [www.advocacytasmania.org.au](http://www.advocacytasmania.org.au)

**NT** Darwin Community Legal Service Aged and Disability Rights team: (08) 8982 1111 or [www.dcls.org.au/aged\\_disability\\_rights.html](http://www.dcls.org.au/aged_disability_rights.html)

**We welcome feedback on this Briefing.**

**A full list of references can be accessed on The Benevolent Society's website.**

**The Benevolent Society** is Australia's first charity. Established in 1813, we have been caring for Australians and their communities for nearly 200 years, working to bring about positive social change in response to community needs.

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