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Elder Abuse Protocol

Guidelines for Action

**Assisting organisations working with older
people to respond to elder abuse**

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Department of **Health**

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Elder Abuse Protocol: Guidelines for Action

This protocol has been developed by APEA: WA to assist organisations working with older people to respond to elder abuse. APEA: WA is a high-level policy group that works to raise awareness of elder abuse and influence current attitudes, policies and practices to deal with it more effectively. This protocol contains general information about elder abuse, including definitions, types of abuse, signs of abuse, and risk factors. In addition, the protocol provides information about appropriate responses to elder abuse, including a referral flowchart and a list of referral agencies and contacts in Western Australia.

Staff who work in organisations that deal with older people need to be aware of the issue of elder abuse and know how to identify and respond to it in order to ensure the safety of their clients. Agencies have a duty of care to their clients to provide assistance and referral when elder abuse is identified; they also have a duty of care to their staff to provide training and information in order to ensure that staff know how to respond to allegations of abuse and to safeguard their vulnerable clients. Agencies are encouraged to develop their own policies on elder abuse to enable staff to recognise, prevent and respond to elder abuse.

In addressing elder abuse, the rights of the older person must be supported. Older people have the right to make decisions, take risks, or refuse supports and interventions, as long as they have the cognitive capacity to make informed decisions and can understand the consequences of these decisions.

Definitions of Elder Abuse

APEA: WA defines elder abuse as any act which causes harm to an older person and occurs within an informal relationship of trust, such as family or friends. Other organisations may use broader definitions, and include abuse that is perpetrated by paid workers in a position of trust such as accountants, carers, health professionals, real estate agents, etc. Abuse by paid workers falls outside the scope of this protocol, however, agencies available to assist with these types of abuse are listed on the APEA: WA website at: <http://apeawa.advocare.org.au>.

Abuse can take many forms, including financial or material abuse, neglect, emotional or psychological abuse, social abuse, physical abuse, or sexual abuse. Much elder abuse goes unreported, but it is estimated that between two and five per cent of older people will experience abuse. This means approximately 6,000 to 15,000 older Western Australians could be affected.

A six-step approach to responding to Elder Abuse

Abuse may make it harder for an older person to stand up for their own rights. It is often more difficult for people to disclose and deal with abuse by relatives and friends than abuse by strangers because of the emotional and social ties that exist within these relationships. People who have been victims of elder abuse may be unwilling to report the abuse or prosecute the abusers as they may believe it's their own fault; be ashamed that their children/partner is harming them; be dependent on the abuser for income and social networks and fear losing them; worry about being estranged from their children and losing their family; and worry about having to rebuild their finances if they leave the situation. These issues must be taken into account when dealing with elder abuse. It is also important to be mindful that cultural factors may impact on perceptions of elder abuse as well as approaches to problem-solving among people from culturally and linguistically diverse communities. The following six-step approach may provide a helpful framework to guide elder abuse responses. Please note, however, that responding to an emergency should always be the first priority in order to safeguard the older person and others, with identification, assessment, and responses to elder abuse to follow.

- 1 Identify whether abuse is taking place** – consider including questions during assessments to help identify signs and symptoms of elder abuse. In other circumstances where abuse is suspected, ask questions to gain more information about the older person's situation and gather information from other sources as well, if possible, e.g. relatives, friends, neighbours, other carers, etc.
- 2 Provide emotional support** – listen to the person's story, acknowledge what they are saying and validate their feelings.
- 3 Assess risk** – Once elder abuse has been identified, steps must be taken to safeguard the older person and respond to the abuse. Responses will depend on the situation and the decision-making capacity of the older person, as well the person's living arrangements and whether there is any immediate danger. Determine the level of urgency – is it an emergency? Is urgent action required? Identify threats to the safety of the older person and others, including the risk of homicide, suicide or self-harm.

- 4 Plan safety** – In situations where there is an immediate threat to life or a serious risk of injury or property damage, urgent action is needed. The appropriate emergency service (i.e. Ambulance, Fire Service, or Police) should be called immediately. In other cases, an urgent response might be required and action should be taken as soon as possible to safeguard the older person and prevent further injury, damage, or financial loss. This may involve contacting the Police to report a crime, or if after business hours, contacting Crisis Care to report concerns for the wellbeing of a child, request support to escape domestic violence, information on available refuge and accommodation options, or emergency financial assistance and general counselling. If the older person is at risk, advise them of your concerns and contact the Police. For all other safety concerns, seek the older person's consent and discuss a safety plan and referral options (please see information on decision-making capacity and criminal offences below).

- 5 Refer** – make appropriate referrals that are sensitive to cultural and linguistic diversity (please see the list of referral and support agencies at the end of this document). Some family carers do not have the skills, knowledge, or physical ability to adequately care for the person for whom they are responsible. Family carers may also lack knowledge about the supports available to them and struggle to provide an appropriate level of care. Knowing why the abuse is happening may help in choosing the most appropriate response. If the older person refuses any intervention and is considered to have decision-making capacity, their decisions must be respected, but the older person should be advised that they may contact you or other support agencies for help in the future. Educate and support the older person, no matter what their choices are, and always provide contact information for services. Sometimes this must be done discretely to avoid alerting the abuser and causing negative repercussions for the older person. Ensure procedures are in place to coordinate and monitor the intervention, and follow up as required.

- 6 Document** – Incidents of elder abuse and any responses should be carefully documented according to agency protocol. Record any concerns and actions taken and document any current or past injuries and/or signs of abuse. If the older person has capacity and refuses intervention, document this also.

Decision-making capacity

If you are uncertain about an older person's decision-making capacity, then a GP, geriatrician, clinical psychologist, or psychiatrist of old age should be contacted to formally assess capacity. The case may need to be referred to the State Administrative Tribunal for a decision if the person's decision-making capacity is in dispute. In cases where the older person has impaired decision-making capacity and you are aware that they have a legally appointed decision-maker – this may be an attorney or enduring guardian or a guardian or administrator – you could discuss the situation with the relevant person, if appropriate.

Criminal offences

Some actions that constitute elder abuse are also criminal offences, and the abuser may be able to be charged with an offence by the Police. This option must be offered and the client asked whether they want to contact the Police. An agency protocol with clear guidelines needs to be put into place to address this issue.

Six-step approach to responding to Elder Abuse

1 Identify abuse

Ask questions to find out further information.

2 Provide emotional support

Listen and validate the person's feelings.

3 Assess risk

Take steps to safeguard the older person and respond to the abuse.

4 Plan safety

Contact the appropriate service with reference to the level of risk to the older person.

Seek consent if it is not an emergency.

5 Refer

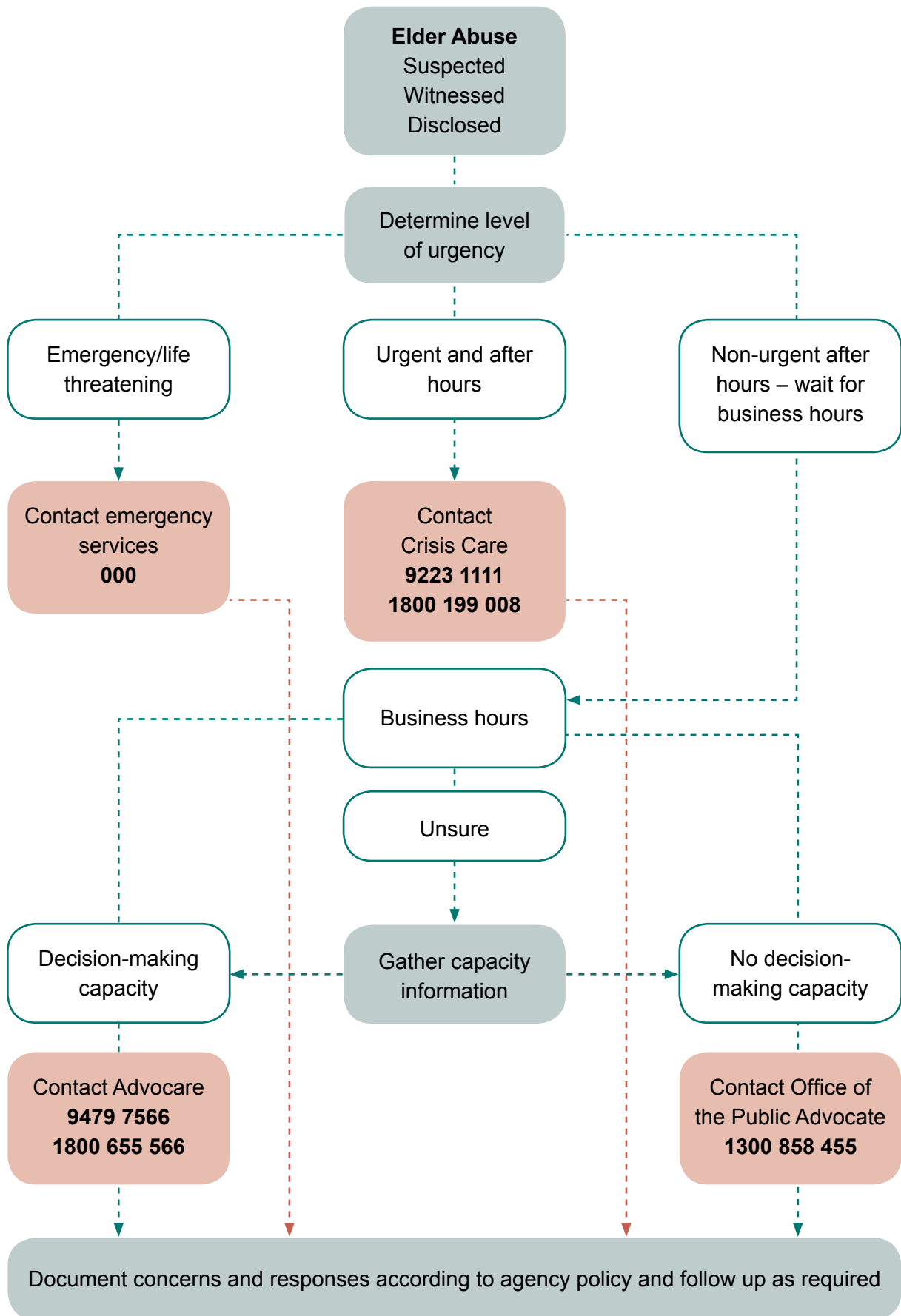
Make appropriate referrals, with the older person's consent.

Should they refuse assistance, provide them with contact information for services in case they wish to get in contact at a later date.

6 Document

Record concerns and actions taken.

If the older person has capacity and refuses assistance, document this also.



Examples and signs of Elder Abuse

The different types of elder abuse are described below. Examples and signs of abuse are also provided, but please note that other examples and signs may exist that are not listed.

Financial or material abuse

Improper use of an older person's finances or assets.

Examples:

- Misappropriation of assets, money or valuables
- Forced changes to legal documents
- The denial of access to personal funds
- Forging signatures
- Misuse of a bank card or Enduring Power of Attorney
- The Carer spending the older person's money on themselves and not the older person

Signs:

- The older person not being able to access adequate food, clothing, shelter or utilities
- Unusual activity in bank accounts
- No access to bank statements
- Interference with mail
- Not being able to pay normal accounts and having an accumulation of unpaid bills
- Having less money to spend
- Fear, stress, and anxiety

Neglect

The failure to provide the necessities of life, such as adequate food, shelter, care and emotional support.

Examples:

- Preventing an older person from accessing services
- Receiving Carer's Allowance but not providing care to the older person

Signs:

- Malnourishment and weight loss, hypothermia, overheating, or clothing inappropriate for the season
- Injuries that have not been properly cared for
- Poor personal hygiene
- Abandoned or left alone for long periods
- Lack of social, cultural, intellectual, or physical stimulation
- Lack of safety precautions, or inappropriate supervision

Emotional or psychological abuse

Inflicting mental anguish, fear, or feelings of shame and powerlessness. It may be verbal or non-verbal, and it is usually part of a pattern of behaviour repeated over time and intended to control the person by maintaining a hold of fear over them.

Examples:

- Verbal intimidation, humiliation, harassment, and shouting
- Threats of various forms
- Withholding affection
- Removal of decision-making power
- An Enduring Guardian acting inappropriately

Signs:

- Resignation
- Shame
- Depression
- Confusion
- Social isolation
- Insomnia
- Marked passivity or anger
- Anxiety

Social abuse

Preventing an older person from having social contact with family or friends or accessing social activities of their choice. This may also have the effect of hiding abuse from others.

Examples:

- Preventing the person from having contact with family or friends
- Unexpected cancellation of services
- Withholding mail
- Disconnecting the telephone without the older person's consent
- Living in and taking control over the older person's home without their consent
- Preventing the older person from engaging in religious or cultural practices

Signs:

- Sadness or grief at the loss of important relationships
- Withdrawal, listlessness, or lack of interaction with other people
- A lowering in self-esteem
- Appearing ashamed

Physical abuse

Deliberately causing physical pain or injury, including physical coercion and physical restraint.

Examples:

- Slapping, hitting, bruising, pushing and shoving, tripping
- Physically restraining
- Over or under medicating

Signs:

- Discrepancies between an injury and the explanation of how it happened
- Burns, bruising, and injuries at different stages of healing
- Being seen by different doctors and hospitals/treatment centres

Sexual abuse

A broad range of unwanted sexual behaviour, including rape, indecent assault, sexual harassment and sexual interference.

Examples:

- Rape and indecent assault
- Sexual harassment
- The use of sexually offensive language and/or materials/media
- Touching inappropriately

Signs:

- Bruising around genitals
- Unexplained venereal disease
- Torn/stained/bloody underclothes
- Bruising on the inner thighs
- Difficulty in walking or sitting
- Sitting huddled and in fear of being touched

Risk factors in Elder Abuse

Several factors increase the risk that an older person will be abused. These include:

- **Dependency** – the older person may be dependent on others for social, emotional, physical, financial, and spiritual support; this vulnerability is increased when the abuser is also dependent on the older person.
- **Family dynamics and living arrangements** – unresolved issues, family conflict, and spousal violence, as well as shared living arrangements, may heighten the risk of conflict and abuse.
- **Social isolation** – the older person may be isolated by location, mobility, physical impairments, intellectual impairment, or language and cultural barriers.
- **Health and cognitive impairment** – physical and mental impairments, including illness, dementia, and depression, may reduce the older person's ability to protect him/herself.
- **Addictions** – alcohol, prescription or illicit drug use, or gambling addictions on the part of the older person or carer, may increase the risk of abuse.
- **Carer stress** – this may lead to abuse, especially when combined with other risk factors, such as social isolation and/or addiction on the part of the family carer.
- **Language and cultural barriers** – all risk factors above may be heightened by language and cultural barriers, including historical influences or immigration experience.

Source material

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Queensland Government. Help Diagnose Elder Abuse. Brisbane, Queensland Government: 13.

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Elder Abuse Referral and Support Agencies

Agency	Contact	Assistance provided
Ambulance, Fire, Police	000 (24/7)	For emergency responses.
Police	131 444 (24/7) www.police.wa.gov.au	For non-emergency responses, e.g. to report a crime.
Crisis Care	(08) 9223 1111 (24/7) 1800 199 008 (24/7) Family Helpline: (08) 9223 1100 (24/7) 1800 643 000 (24/7) www.dcp.wa.gov.au/ crisisandemergency/pages/ crisiscare.aspx	Information and short-term counselling for people in crisis needing urgent help to ensure the wellbeing of a child, escape domestic violence, information on available refuge and accommodation options, emergency financial assistance and general counselling. The Family Helpline provides more targeted counselling and information for families with relationship difficulties.
Elder Abuse referral		
Advocare	(08) 9479 7566 1800 655 566 www.advocare.org.au	Support and advocacy for older people who are being abused, or at risk of being abused.
Office of the Public Advocate	1300 858 455 www.publicadvocate.wa.gov.au	Advice or assistance with cases of elder abuse where a person who may have a decision making disability is involved; investigations to determine whether a guardian or administrator is required, and guardianship services. Staff on call to help with afterhours inquiries.
Older People's Rights Service	(08) 9440 1663 www.nsclegal.org.au/ elder_law.php	Legal advice, information and legal advocacy; short-term counselling and referral for older people experiencing abuse or those at risk of abuse.
Public Trustee	Wills, Deceased Estates & Enduring Powers of Attorney: 1300 746 116 Administration & Represented Persons: 1300 746 212 www.publictrustee.wa.gov.au	Offers independent, professional trustee and asset management services. These include Will and Enduring Power of Attorney drafting, deceased estate administration, executor support, financial administration and trust management services.

Agency	Contact	Assistance provided
Support agencies		
Alzheimer's Australia WA	(08) 9388 2800 Dementia Helpline: 1800 100 500 www.fightdementia.org.au/Western-Australia.aspx	Specialist dementia education, information, training, and services including respite, counselling and social support.
Carers WA	1800 242 636 Carer's Counselling Line: 1800 007 332 www.carerswa.asn.au	Community organisation representing the needs and interests of carers in WA. Provides a confidential telephone counselling service to help carers discover effective ways of coping with the everyday challenges of caring.
Commonwealth Respite and Carelink Centres	1800 052 222 Emergency Respite: 1800 059 059 (ah) www.commcarelink.health.gov.au	An Australian Government initiative aimed at providing information, support and referral to community and respite services for older people, people with disabilities and their carers. The aim of the program is to support carers in their caring role including providing emergency respite and support independent living in the community for older people, people with a mental illness and people with a disability. There is also information on culturally appropriate services and contact can be made through TIS for non-English speakers.
Legal Aid WA	1300 650 579 www.legalaid.wa.gov.au	Information, advice and other legal help. The type and amount of help depends on the person's financial situation, the legal problem and available resources.
Translating and Interpreter Services (TIS)	131 450 (24/7) On-site Interpreter Enquiry Line 1300 655 082 www.tisnational.gov.au	Telephone and onsite interpreters for non-English speakers 24 hours a day. Also provides interpreting services to English speakers, to help them communicate with non-English speaking clients, using telephone interpreting.

Please note: all phone numbers are for business hours, unless otherwise stated.

A more comprehensive list of support and referral agencies may be found on the APEA: WA website at <http://apeawa.advocare.org.au>.