With respect to age – 2009
Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse
With respect to age – 2009
Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse

June 2009
Minister’s foreword

Most senior Victorians lead healthy, active and passionate lives, are independent and supported by caring family, friendships and service support networks of varying types.

Older people have the right—as do people of all ages—to live safely in their own homes, free from violence, abuse, neglect and exploitation. However, sometimes older people experience abuse, and these situations should be addressed.

Abuse involving older people is a complex social problem which requires careful and considered responses.

The Victorian Government responded to the Report of the Elder Abuse Prevention Project, December 2005, and provided funding of $5.9 million to implement 11 recommendations.

The Victorian Government Elder Abuse Prevention Strategy, Rights. Respect. Trust. is made up of the following key initiatives:

- Seniors Rights Victoria, which includes a telephone helpline, advocacy and support, an older person’s legal service and community education.
- the Victorian Government Practice Guide With respect to age – 2009, for health services and community agencies dealing with elder abuse.
- professional education material and a financial literacy awareness raising package for older people.
- a broad communications strategy targeting the general population and older Victorians.

Links between the abuse of older people, disempowerment and discrimination have been consistently demonstrated in research throughout the world.

The Victorian Government response to elder abuse is firmly based on principles that empower older people. Our aim must be to enable and empower older people to act for themselves and on their own behalf, to exercise their rights and be confident of the services and resources available to assist them. This approach underpins all the initiatives of the Victorian Government Elder Abuse Prevention Strategy.

The purpose of With respect to age – 2009 the Victorian Government practice guide, is to support providers of health and community services who work with older people to develop their own agency policies and procedures, as well as local interagency protocols to address incidents or suspicion of abuse.

I congratulate and thank all who have contributed to the development of this guide.

HON LISA NEVILLE MP
Minister for Senior Victorians
Contents

Minister's foreword ........................................................ iii

Preface ............................................................................ ix

1 Background and context .................................................. 1
   1.1 The policy approach—empowering older people .................... 2
       1.1.1 Key principles underpinning the implementation of the Victorian Government Elder Abuse Prevention Strategy .......................................................... 3
   1.2 The nature and definition of abuse ...................................... 3
       1.2.1 Victorian Government definition of elder abuse .................. 4
   1.3 Abusive relationships other than those based on trust ............ 5
       1.3.1 Consumer-based circumstances ....................................... 5
       1.3.2 Professional misconduct ................................................ 5
       1.3.3 Harassment and criminal acts ......................................... 6
       1.3.4 Self-neglect or self-mistreatment ..................................... 6
       1.3.5 Residential aged care services (RACS) ............................. 6
   1.4 Additional considerations ................................................ 7
       1.4.1 Abuse of older Aboriginal people ..................................... 7
       1.4.2 Abuse of older people with culturally and linguistically diverse backgrounds ........................................... 9
       1.4.3 Gender and diversity considerations ................................. 10

2 Types of abuse and risk factors ......................................... 12
   2.1 Types of abuse ................................................................ 12
       2.1.1 Financial abuse .......................................................... 12
       2.1.2 Physical abuse ............................................................ 13
       2.1.3 Sexual abuse .............................................................. 14
       2.1.4 Psychological or emotional abuse ................................. 15
       2.1.5 Social abuse .............................................................. 15
       2.1.6 Neglect ...................................................................... 16
   2.2 Possible risk factors ....................................................... 16
       2.2.1 Stress in the care relationship ....................................... 17
       2.2.2 Difficulties accepting care due to health status .................. 17
       2.2.3 Family violence .......................................................... 17
       2.2.4 Isolation ................................................................. 18
       2.2.5 Dependency .............................................................. 18
       2.2.6 Psychopathology in an abuser ...................................... 18
       2.2.7 Older parents caring for a mature-aged child with a disability ........................................................... 18
       2.2.8 Other circumstances .................................................. 18
3 Service response frameworks .................................................. 19
  3.1 Primary health provider service coordination stages .......................... 19
    3.1.1 Initial contact and initial needs identification (INI). ....................... 19
    Example 1 Acting on suspicion ................................................. 20
    Example 2 Identify the instance of abuse .................................... 20
    3.1.2 Assessment ......................................................................... 23
    Example 3 Service-specific assessments ...................................... 23
    Example 4 Mental capacity to make decisions and give consent .......... 23
    Example 5 Recognise barriers to assessment .............................. 25
    Example 6 Plan for safety intervention ..................................... 26
    Example 7 Emergency response .............................................. 27
    Example 8 Safety of staff .................................................... 28
    Example 9 Working with the perpetrator ................................... 29
    Example 10 Assessing risk .................................................... 30
    3.1.3 Care planning .......................................................... 31
    Example 11 Development of a care plan ..................................... 31
    Example 12 Planning appropriate intervention ............................ 32
    Example 13 When an older person is prepared to accept intervention .. 33
    Example 14 Perpetrator response .......................................... 35
  3.2 Common service coordination tasks ........................................... 35
    3.2.1 Care coordinator ..................................................... 35
    3.2.2 Referral ........................................................................... 35
    3.2.3 Documentation, confidentiality and information exchange ........ 36

4 Developing agency policies and procedures ...................................... 39
  4.1 Agency elder abuse policy framework ........................................ 39
    4.1.1 Aim ............................................................................. 39
    4.1.2 Principles ............................................................... 39
    4.1.3 Relevant definitions and references .................................. 39
    4.1.4 Expectations of workers and service coordinators .................. 40

5 Local interagency protocols ......................................................... 42
  5.1 Getting started ....................................................................... 42
    5.1.1 Definition of a local interagency protocol ............................... 42
    5.1.2 Plan your interagency protocol membership ......................... 43
    5.1.3 Identify the services in your local area ............................... 43
  5.2 Developing your local interagency protocol .................................. 44
    5.2.1 Organise an initial planning meeting .................................. 44
    5.2.2 Expand the initial planning group .................................... 45
    5.2.3 What to include in the interagency protocol ....................... 45
    5.2.4 Service coordination role between agencies ....................... 47
    5.2.5 Victorian interagency response framework clarifies service response 47
9 Recommendations from the Victorian Government response to the Report of the Elder Abuse Prevention Project ................................................. 96

10 Definitions ................................................................. 98
10.1 Types of carers .......................................................... 98
10.2 Mental capacity testing .................................................. 98
10.3 Competency testing ...................................................... 99
10.4 Protocol, policy and procedure ......................................... 99
10.5 Duty of care ............................................................ 99
10.6 Enduring powers of attorney (financial) ............................... 100
10.7 Enduring powers of attorney (medical treatment) .................... 101
10.8 Aboriginal .......................................................... 101

Acronyms and abbreviations ................................................. 102

Legislation (Acts) mentioned in this guide ................................. 103

References ................................................................. 104

Figures
Figure 1 Victorian interagency response framework ....................... 48
Figure 2 A sample agency intervention and management flowchart ........ 50
Figure 3 A sample agency intervention flowchart—Elder abuse referral pathway example ......................... 51
Figure 4 Strategies for preventing abuse or intervening where abuse is a concern and dementia is a consideration ................................................................. 52
Figure 5 Useful interventions and considerations when developing strategies to prevent or intervene when abuse is suspected and dementia is a concern ................................................................. 53
Figure 6 Flowchart—Responding to abuse of older people: Bendigo Health Services ......................... 54
Figure 7 A sample interagency response framework—NSW Department of Ageing, Disability and Home Care, 2007 ......................... 56
Preface

Preventing abuse of older people in our society is increasingly acknowledged as a social concern.

In 1995 an earlier version of this guide, With Respect to Age, was written and distributed by the then Department of Health and Community Services to Victorian health services and community agencies.

Since then, many Victorian health and community service providers have developed specialist expertise and practical wisdom for navigating complex scenarios where older people are subject to abuse – especially where family members are involved. In addition, many providers have developed formal and effective protocols and resources, which have been shared within local networks.

No evidence exists to indicate an increase in abuse of older people, but detection is increasing. The existence and reporting of abuse towards older people is likely to grow in prominence due to three main factors:

- increasing numbers of older people, particularly the significant increase in the number of people aged 75 years and above expected over the next 15 years
- increasing longevity
- increasing numbers of people with dementia.

Many health and community care workers involved with older people encounter abusive situations. Circumstances surrounding abuse may raise difficult legal, ethical and practice challenges.

At a broader level, other jurisdictions have developed abuse prevention models and responses, including supporting service provider peer networks, advocacy and community awareness raising campaigns.

Significant international research on elder abuse prevention continues, including the development of principles and community-based service model approaches by the World Health Organization (WHO).

This guide is principally for workers in health agencies and community services that support older people. Its preparation drew on:

- advice from older people who live in Victoria
- consultation with workers in health and community sectors
- the views and experience of a range of stakeholders.

Many organisations are well advanced and eager to develop their skill and capacity further to respond to elder abuse, as well as share approaches and knowledge with other service providers.

These guidelines reflect clear advice from service providers that, while abuse is disturbing, dealing with these situations is part of the day-to-day business of providing health and community services to older people and their primary carers. Issues for service providers arise not necessarily from inadequate legislation or from reluctance to act, but often from uncertainty about how and when to act and who else to include.

The Victorian Government’s strategic response to elder abuse affirms that Victoria’s existing services, and the networks that bind them at a local level, are appropriately placed to manage suspected and actual incidents of abuse.
Acknowledgements

The contributions to the development of this guide by many staff in the Department of Human Services, the Department of Planning and Community Development (Office of Senior Victorians), the Department of Justice, Victoria Police, statutory bodies such as the Office of Public Advocate and Victoria funded agency staff are gratefully acknowledged. In addition international contributions as well as those from other Australian states and territories are also acknowledged, with thanks.

---

_Elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair._

Confronting and reducing elder abuse requires a multisectoral and multidisciplinary approach.

Active Ageing, A Policy Framework, World Health Organization, 2002

---

Feedback

We welcome your comments with regard to this publication. Please send your ideas or information to email: aged.care@dhs.vic.gov.au.