POLICY STATEMENT:
MSC – Active Ageing & Community Access will respond, report and/or manage situations of alleged or suspected abuse of an individual involved in the service.

Moorabool Shire Council endeavours to protect older clients ensuring that a process is in place to identify “at risk” clients and provide clear and safe strategies that protect and support those clients. The Victorian Government definition of elder abuse is any act occurring within a relationship where there is an implication of trust which results in harm to an older person.

PURPOSE:
To articulate MSC – Active Ageing & Community Access unit’s duty and responsibility is to ensure the health, safety and wellbeing of its clients. Older people have the right to live safely in their own homes, free from violence, abuse, neglect and exploitation. However sometimes older people can experience abuse. Elder abuse can affect any older person irrespective of gender, economic means or background. It can occur in the private realm of the family and go undetected and undiscovered by the older person. There are often links between abuse and disempowerment and discrimination. The Victorian Government response to elder abuse is firmly based on principles that empower older people and not an adult protective or mandated approach. This policy and procedure is intended to provide guidance to staff in identifying and responding appropriately to elder abuse.

APPLICATION:
MSC - Active Ageing & Community Access Staff

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<th>Relevant References</th>
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| **Related Policies &/or Procedures:** | MSC - Active Ageing & Community Access – Assessment  
MSC - Active Ageing & Community Access – Privacy  
MSC - Active Ageing & Community Access – Advocacy  
MSC - Active Ageing & Community Access – Rights & Responsibilities |
| **Legislation:** | Disability Act 2006 |
| **Community Care Common Standards:** | Standard 3: Service User Rights and Responsibilities |
| **Human Services Standards 2015:** | Standard 3: Wellbeing |
| **Victorian HACC PYP Manual 2013:** | 5. Rights & Responsibilities Statement |
| **Commonwealth Home Support Programme Manual 2018:** | |
PROCEDURE

USE OF PROCEDURE:
All MSC – Active Ageing & Community Access Staff

PROCEDURE:
Background:
‘Any act occurring within a relationship where there is an implication of trust which results in harm to an older person. Abuse may be physical, sexual, financial, psychological, social and/or neglect.’ (ANPEA 1999) ¹

Australian and international research indicates that between one and five per cent of older people may experience elder abuse. However, elder abuse may be more common in the community than it appears because older people may have difficulty in talking about the issue. Elder abuse can affect any older person irrespective of means and background. Both men and women can be affected. As the number of older people in the community increases, the likelihood of elder abuse may increase. ²

All staff will undertake E3 Learning training in the identification and response to elder abuse. Abuse may be reported by the victim or others. Suspicions that abuse has occurred may be identified by physical signs and symptoms or by behaviour of the client. It is important for staff to be aware of any sudden changes in the behaviour patterns of aged clients. It is important to consider the reasons for change in and aged client’s behaviour or unexplained physical symptom. If an aged client shows one or more of the possible signs of abuse, it does not automatically mean she or he is being abused, but must be reported to your supervisor/manager

If there is suspicion of Elder abuse the staff member should first consult their Coordinator before discussing the suspected abuse with the older person. The Manager / Coordinator will discuss the issue with the staff member and agree to a set of appropriate actions to be undertaken consistent with the terms of this policy. This will include; competency, duty of care, confidentiality, identification of criminal activity, identifying client wishes and goals and appropriate referral. Considering the principle of empowerment, the Coordinator will also discuss what information could be provided to the client and that they are aware of their rights.

Gathering and substantiating information about individual cases might need to be done over time, proceeding slowly and carefully. All discussions with clients are to be documented in the client file. If the abuse is sexual abuse, your Coordinator will advise the staff member to report this to the police. You can seek guidance from the local Sexual Assault Service (Victoria Police)

- MSC – Active Ageing & Community Access acknowledges its duty and responsibility to ensure the health, safety and wellbeing of its clients particularly those who maybe in situations of

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¹ Department of Human services

suspected abuse and/or neglect, potential or actual.

- All staff will be briefed on the issues of abuse and/or neglect and will be requested to report any concerns to their Coordinator.

If abuse and/or neglect of a client is suspected, the following procedure will be followed:

- Where concerns are expressed by a worker to their Coordinator, the Coordinator in liaison with the Manager Active Ageing and Community Access will clarify the situation and investigate if necessary.
- With client consent, if required, a referral will be made to a specialist agency (e.g. Seniors Rights Victoria, Office of the Public Advocate, Grampians Disability Advocacy Association, Aged Care Assessment Service, Ballarat Health Services, GP, for follow up, support or guidance.
- Consultation or referral to Police and the Department of Health & Human Services maybe required as part of the investigation.
- MSC – Active Ageing & Community Access will ensure all records and documents relating to the service and/or client are available for immediate access as required.
- MSC – Active Ageing & Community Access will assist, participate in and implement all actions as recommended by the client and/or specialist agencies.
- All sensitivity and respect will be offered to the client in the process of this action.
- Reference to the Elder Abuse Prevention Guidelines (With Respect to Age 2009) will inform the process undertaken.

Evidence for the different categories of elder abuse are summarised Appendix one/ Questions to ask a client to determine if abuse is occurring are included in Appendix Two.

**Referral Services**
- Senior Rights Victoria (SRV)
- The Victorian Civil and Administrative Tribunal (VCAT)
- The Office of Public Advocate (OPA)
- Victoria Police
- Aged Care Assessment Services (ACAS)
- City of Ballarat or Ballarat District Nursing and Homecare – Living at Home Assessment
- Family Violence Services
- Victoria Legal Aid
- The Victorian Equal Opportunity and Human Rights Commission
- The Victorian Health Services Commissioner (HSC)
- Dementia Services
- Victorian State Trustees Ltd
- Mensline Australia
- The Commonwealth Government Aged Care Complaints Investigation Scheme (CIS)
- Elder Rights Advocacy (ERA) Victoria
- Victorian Aboriginal services
  - Ethnic Communities Council of Victoria
- Ballarat Centre against Sexual Abuse

**Government programs**
- The Victorian Department of Health and Human Services (DHHS)
- The Commonwealth Department of Health and Aging
- The Commonwealth Department of Veteran Affairs

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**Date:** September 2018
APPENDIX ONE – DESCRIPTION OF TYPES OF ABUSE – ASSOCIATED BEHAVIOURS AND SIGNS

Sourced from: With respect to age 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse. Pages 12 – 16

Financial abuse

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

Behaviours that are financially abusive include:

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

Signs of financial abuse include:

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

**Physical abuse**
This covers non-accidental acts that result in physical pain or injury or physical coercion.
Behaviours that are physically abusive include:
• pushing and shoving
• kicking, punching, slapping, biting, burning
• rough handling
• restraining with rope, belts, ties
• locking the person in a room, building or yard
• using chemical restraints, including: alcohol, prescribed and un-prescribed drugs, household chemicals, poisons (a blood test would be required)
• holding a pillow over a person's head.
• Restraining with ropes, belts, ties or in electric tilt chairs when an elder cannot operate it themselves
• Neglecting to ensure continence pads are changed appropriately if soiled

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

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

Behaviours that are sexually abusive include:
• non-consensual sexual contact, language or exploitative behaviour
• touching an older person inappropriately or molestation
• sexual assault
• cleaning or treating the older person’s genital area roughly or inappropriately
• viewing obscene videos or making obscene phone calls in the presence of an older person without their consent.
Signs of sexual abuse include:
• unexplained sexually transmitted diseases
• recent incontinence (bladder or bowel)
• internal injuries
• human bite marks
• scratches, bruises, pain on touching, choke marks on throat, burn marks
• injury to face, neck, chest, abdomen, thighs or buttocks
• trauma, including bleeding around the genitals, chest, rectum or mouth
• torn or bloody underclothing or bedding
• anxiety when near, or contact suggested with, the alleged perpetrator
• changes in sleep patterns, sleep disturbance or nightmares.

Psychological or emotional abuse
This involves inflicting mental stress via actions and threats that cause fear of violence, isolation, deprivation and feelings of shame and powerlessness. For example, it could include treating an older person as if they were a child, engaging in emotional blackmail or preventing access to services. These behaviours—both verbal and non-verbal—are designed to intimidate, are characterised by repeated patterns of behaviour over time, and are intended to maintain a hold of fear over a person.
Behaviours that are psychologically or emotionally abusive include:
• pressuring, intimidating or bullying
• name-calling, degrading, humiliating or treating the person like a child, in private or public
• threatening to harm the person, other people or pets
• verbally or physically abusing an older person
• preventing an older person from speaking
• talking about not being able to cope as a carer
• repeatedly telling an older person that they have dementia
• threatening to withdraw affection or access to grandchildren or other loved ones
• threatening to put an older person into a nursing home
• emotional harm (blackmail) via threatening remarks, insults or harsh commands
• preventing access to services.

Signs of psychological or emotional abuse include:
• resignation, shame
• depression, tearfulness
• confusion and social isolation
• feelings of helplessness
• unexplained paranoia
• excessive fear
• insomnia
• marked passivity or anger.

Social abuse
This includes the forced isolation of older people, and sometimes has the additional effect of hiding abuse from outside scrutiny and restricting or stopping social contact with others, including attendance at social activities.
Behaviours that are socially abusive include:
• preventing contact with family and friends
• withholding mail
• not allowing the older person to use the phone 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
• 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 interaction with others
• withdrawal or listlessness due to people not visiting
• changes in levels of self-esteem
• worry or anxiety after a particular visit by specific persons
• appearing ashamed.

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

Behaviours that are actively or passively neglectful include:
• failure to provide the necessities of life, such as food, warmth and shelter, or blocking others from providing basic needs
• receiving the carer’s allowance and not providing care to an older person for whom one has a responsibility.

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

Appendix Two - Questions to Assist in Identifying Elder Abuse
• Do you have enough privacy at home?
• Do you trust most of the people in your family?
• Can you take your own medication on and get around by yourself?
• Are you sad or lonely often?
• Do you feel that nobody wants you around?
• Do you feel uncomfortable with anyone in your family?
• Has anyone close to you tried to hurt you or harm you recently?
• Are you afraid of anyone in your family?
• Has anyone close to you called you names or put you down or made you feel bad recently?
• Does someone in your family make you stay in bed or tell you that you are sick when you know you are not?
• Has anyone forced you to do things you did not want to do?
• Has anyone taken things that belong to you without your okay?
• Has anyone at home ever hurt you?
• Has anyone ever touched you without your consent?
• Has anyone ever made you do things that you didn’t want to do?
• Has anyone taken anything that was yours without asking?
• Has anyone ever scolded or threatened you?
• Have you ever signed any documents that you didn’t understand?
• Are you afraid of anyone at home?
• Are you alone a lot?
• Has anyone ever failed to help you take care of yourself when you needed help?