

Department of Health

health

Health priorities framework 2012–22

Elder abuse prevention and response guidelines for action 2012–14



Supporting senior Victorians

Elder abuse prevention
and response guidelines
for action 2012–14





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Ministerial foreword

The *Elder abuse prevention and response guidelines for action 2012–14* (the guidelines) outline the Victorian Government's priorities and actions to help older Victorians live safely, free from harm and abuse. The guidelines link to the government's *Victorian health priorities framework 2012-2022*, which includes priorities that enable the health system to better support an ageing population.

The Victorian Government is committed to empowering older people to maintain their health and make informed choices about the most appropriate health care for their needs. Ensuring that Victorians have optimal health and wellbeing outcomes is essential to Victoria's economic and social future.

Australian research estimates that between one and five per cent of older people may experience some form of elder abuse. While this is small in percentage terms, it equates to an unacceptable number of older people suffering abuse and exploitation.

As the population ages, and the number of older people rises, we would expect elder abuse to increase, with a greater number of older people in need of support and advice. Growing older can result in shrinking social and friendship networks, reduced access to information, reduced capacity to keep up to date with change, and loss of economic power. These factors can make people – particularly in the 70-plus age group – more vulnerable.

Elder abuse takes many forms, ranging from criminal acts (such as physical assault, mistreatment and neglect) through to coercive behaviour and exploitation. Sometimes it occurs on the continuum of long-standing patterns of physical or emotional abuse within a family. It can also be the result of stressful situations, such as changes in living arrangements and personal relationships, which can occur due to increasing frailty. Typically, someone known or trusted by, and in a close relationship with, the older person carries out the elder abuse.

Because it is seen as private, it is understandable that a number of older people have difficulty raising the issue. The abuse and neglect of older people may therefore be under-recognised or remain an unspoken problem.

Elder abuse is a complex and sensitive issue, and in order to deal with it, we require the knowledge, expertise and contribution of a range of different organisations and individuals. The main areas of focus in the *Elder abuse prevention and response guidelines for action 2012–14* are professional education, community education, the provision of legal, referral and advocacy services, and the coordination of service responses. Through these guidelines, our aim is to ensure a statewide, integrated response to elder abuse, with measures in place to help prevent incidents of abuse and improve the safety and wellbeing of older Victorians. The guidelines also address areas of specific need, such as targeted community and professional education for older people from culturally and linguistically diverse (CALD) communities and from Aboriginal communities, as well as older people with a disability.

The Victorian Government is extremely appreciative of the contribution made by the Elder Abuse Prevention and Response Advisory Group, chaired by Mr Nick Wakeling, Parliamentary Secretary for Health. The input from the advisory group, which comprises representatives of the health, legal, finance and community sectors, is essential. By working together, we will be better equipped to support our older people, and to ensure that the most vulnerable are protected by providing the expert advice and resources they need to make confident, informed decisions.



The Hon. David Davis MP
Minister for Ageing

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List of abbreviations

AAV	Aboriginal Affairs Victoria
CALD	Culturally and Linguistically Diverse
COTA	Council on the Ageing (Victoria)
CPA	Certified Practising Accountants
DHS	Department of Human Services
DH	Department of Health
DoJ	Department of Justice
DV Vic	Domestic Violence Victoria
ECCV	Ethnic Communities Council of Victoria
FOS	Financial Ombudsman Service
GPV	General Practice Victoria
HACC	Home and Community Care
LGAs	Local government areas
LIV	Law institute of Victoria
MAV	Municipal Association of Victoria
OPA	Office of the Public Advocate
SRV	Seniors Rights Victoria
VCAACD	Victorian Committee for Aboriginal Aged Care and Disability
VLA	Victoria Legal Aid
VU	Victoria University
WEAAD	World Elder Abuse Awareness Day

Overview

Definitions

The term 'elder abuse' was adopted in the 1980s to describe family violence situations involving older people, and is still used in many countries. The definition used in Victoria was adopted from the Australian Network for the Prevention of Elder Abuse (ANPEA):

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).

The World Health Organization (WHO) describes Elder Abuse as follows:

Elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair. (WHO 2002 Active Ageing, A Policy Framework, page 29).

Elder abuse is a complex issue, which can challenge views about the nature of families and the status of older people in our community. In many cases, both the victim and perpetrator may not be aware that what is occurring is abuse. Elder abuse can take a number of forms:

Forms of elder abuse

Physical abuse	Non-accidental acts that result in physical pain, injury or physical coercion.
Sexual abuse	Unwanted sexual acts, including sexual contact, rape, language or exploitative behaviours, where the older person's consent is not obtained, or where consent was obtained through coercion.
Financial abuse	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.
Psychological abuse	Inflicting mental stress via actions and threats that cause fear or violence, isolation, deprivation or feelings of shame and powerlessness. These behaviours – both verbal and nonverbal – 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. Examples include treating an older person as if they were a child, preventing access to services and emotional blackmail.
Social abuse	The forced isolation of older people, with the sometimes additional effect of hiding abuse from outside scrutiny and restricting or stopping social contact with others, including attendance at social activities.
Neglect	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.

A position of trust

Typically, someone close to an older person, with whom they have a relationship implying trust, carries out elder abuse. Such a relationship could involve a family member, such as a spouse, adult child, grandchild or a sibling – or a close friend or primary carer. The abuse may be perpetrated as a result of ignorance, negligence or deliberate intent. Elder abuse can also be the result of predatory actions.

Factors that may contribute to the occurrence of elder abuse are:

- long-standing patterns of physical or emotional abuse within a family
- stressful situations, such as changes in living arrangements and personal relationships, which occur when the care needs of the older person increase because of growing frailty
- personal characteristics of the abuser, such as substance abuse, mental health or financial dependency
- attitudes towards older people that might normalise taking control over their lifestyle, income and assets
- inadequate service responses and supports due to a range of factors, including resource limitations, restricted mandates for undertaking other roles and low levels of professional awareness of elder abuse
- social isolation of an older person.

Criminal and non-criminal forms of abuse

Elder abuse is composed of criminal abuse and non-criminal abuse. Some types of elder abuse are criminal acts (for example, physical and sexual abuse). Others, such as some forms of financial misappropriation, may not reach the level of criminality, but may require redress through measures such as counselling, legal advice and mediation. The acts or omissions that constitute abuse can range from harm resulting from a poor understanding of an older person's needs to harm resulting from aggression and serious physical assault.

The abuse of older people occurs through a broad spectrum of settings including within family and friendship networks, institutional care such as aged care or hospitals and acts by strangers. Protection for the elderly is found across a range of legislative and regulatory remedies. These include the Commonwealth Government, Victoria Police, the Department of Human Services and local councils. These guidelines are focused on elder abuse that is perpetrated by those in a social or familial relationship with the older person.

Scope

Due to the hidden nature of elder abuse, it is difficult to determine its full extent accurately. According to studies conducted in Australia and overseas, elder abuse may affect up to five per cent of older people. Reports indicate that financial abuse forms approximately 50 per cent of all abuse perpetrated against older people. Financial abuse can occur concurrently with other forms of abuse.

Research indicates that the years from 75 to 85 are the times when abuse is most likely to occur. With the ageing of the population and increasing numbers of people living to very old ages, it is estimated that by 2030 one-quarter of Victoria's population will be over the age of 65. The proportion of older people living alone with increased risk of social isolation is also likely to grow. Anticipated growth in the numbers of older Victorians who may be subject to elder abuse is driven by three factors:

- increasing numbers of older people
- increasing longevity
- increasing numbers of older people with dementia.

Identifying the precursors of elder abuse is an important aspect of prevention. In particular, ageism and the social isolation of older people can be key risk factors in elder abuse. In some cases, isolation is used by abusers as a strategy to control and dominate an older person's life, and can lead to all of the defined types of elder abuse: physical, sexual, financial, psychological, social and neglect. Well-connected communities with older people who are aware of their rights can provide a protective factor, and these can help reduce the abuse and neglect of older people.

Older people are not a homogeneous group, and cultural factors influence how some forms of abuse are viewed. Because the proportion of people with CALD backgrounds will increase in the older community, when responding to elder abuse, these factors are increasingly important to take into account.

Service needs

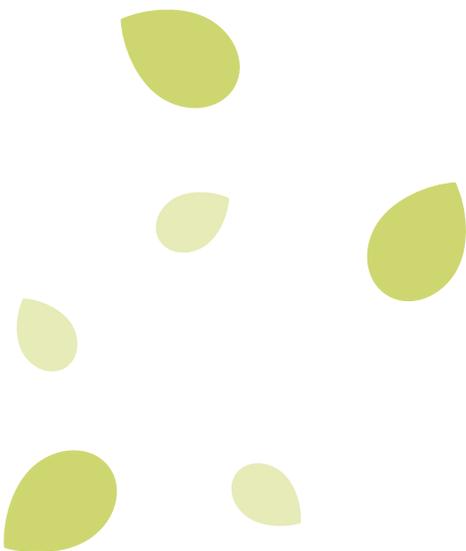
Services for older people need to promote awareness of elder abuse. This includes the options available to older people experiencing abuse and their families, and support to people who are at risk of or experience elder abuse. This includes tailoring information and programs for specific population groups and raising awareness of mechanisms that can assist in preventing abuse, such as the appropriate use of powers of attorney and family agreements.

As the population continues to grow and age, programs and services need to incorporate the ability to recognise and respond to instances of elder abuse within their existing activities. Avenues of focus include strengthening ties with the family violence sector, because under the *Family Violence Protection Act 2008*, elder abuse may constitute a form of family violence. Other relevant sectors capable of assisting with responses to elder abuse include (but are not limited to) primary health care services, hospitals, health centres and emergency departments, as well as the mental health and drug and alcohol sectors.

Effective responses

For elder abuse prevention and response to be effective on a statewide basis, the local capacity to respond requires strengthening. By establishing a better understanding of appropriate responses to the different dimensions of elder abuse, workforce capability can be assessed and appropriate training provided. Using the tools available under these guidelines, existing and new referral protocols can be also be identified, linked and strengthened.

From the perspective of the older person, service responses at a local level might also be improved. The use of advocates who support an older person may identify that person's individual needs and coordinate appropriate agency responses.



Intended outcomes

Elder abuse prevention and response is complex, requiring a multifaceted approach that involves a combination of information and community education, service responses and legal interventions. Service responses include coordinated support from health and community service agencies, criminal and civil justice remedies, and complaint and compliance mechanisms. Consequently, these guidelines focus on developing and delivering a range of concurrent activities within existing resources that lead to the following outcomes:

- increased community awareness of elder abuse
- empowerment of older people – through an increased awareness of their legal, financial and societal rights, and the provision of avenues for advice and support
- active engagement by professionals – through an increased ability to identify and respond to elder abuse
- coordinated multi-agency support – provided by relevant services to older people experiencing elder abuse.

Actions to achieve these outcomes for 2012–14 are outlined in the four strategic outcomes below. Assessment of achievement of the outcomes will be undertaken to inform elder abuse prevention and responses beyond 2014.

Victorian health plan (the plan)

Victorian health priorities framework 2012–22

The plan reflects the government's commitment to delivering the best healthcare outcomes possible and ensuring people are as healthy as they can be. The plan's foundation is a priorities framework that includes developing a system that is:

- responsive to people's needs
- improves Victorians' health experiences
- expands the service, workforce and system capacity
- increases financial sustainability and productivity
- implements continuous improvements and innovation.

The Victorian health plan, *Victorian health priorities framework 2012–22* provides an opportunity to consider the health system as a whole, including the private and non-profit sectors, and to determine how we can work most effectively to achieve shared goals.

Important principles underpinning the framework include:

- universal access
- a focus on those most in need
- delivery of person- and family-centred care
- equitable outcomes across the health service continuum
- using evidence-based decision making.

The principles also uphold the need for a capable and engaged workforce, sustainable use of resources and continuous improvement and innovation.

These guidelines detail priorities and actions for preventing and responding to elder abuse in Victoria. They are based on these important principles to help deliver the government's priorities for the health system.

Funding

The *Elder abuse prevention and response guidelines for action 2012–14* deliver a suite of tools that organisations and services working with older people can utilise to strengthen their capacity to promote community awareness and address elder abuse. The actions described under each strategic outcome will be delivered from within existing resources of funded organisations, the Ageing and Aged Care Branch of the Department of Health and Victoria Legal Aid.

The guidelines are issued at a point in time. Within the guidelines timeframe, work will continue through the Elder Abuse Prevention and Response Advisory Group to improve resource utilisation and performance measures.

Primary relationship between elder abuse prevention and response outcomes and The Victorian Health Plan, *Victorian Health Priorities Framework 2012–22* reform priorities

	Developing a system that is responsive to people's needs	Improving every Victorian's health status and health experiences	Expanding service, workforce and system capacity	Increasing the system's financial sustainability and productivity	Implementing continuous improvements and innovation	Increasing accountability and transparency	Utilising e-health and communications technology
1	Increased community awareness of elder abuse						
2	Empowerment of older people through increased awareness of their legal, financial and societal rights, and the provision of avenues for advice and support						
3	Active engagement by professionals through increased ability to identify and respond to elder abuse						
4	The provision of coordinated, multi-agency support by relevant services to older people who experience elder abuse						

Legend

- The Victorian Health Plan, *Victorian Health Framework Priorities 2012 -22*
- 2012–22: Metropolitan health plan priorities
- Elder abuse prevention and response guidelines for action 2012–14*: Strategic outcomes

Strategic outcomes and priorities 2012–14

Strategic outcomes	Priorities
<p>1. Increased community awareness of elder abuse</p>	<p>1.1 Accessible, relevant and timely information about elder abuse and the support available to older people, their families and communities is provided.</p> <p>1.2 Strategies to deliver community education to groups that are less likely to have access to information about elder abuse, and the support available, are developed and delivered.</p> <p>1.3 Older persons' social support and participation organisations have information about elder abuse prevention and support available to members.</p>
<p>2. Empowerment of older people through increased awareness of their legal, financial and societal rights, the and provision of advice on protective measures</p>	<p>2.1 Agencies that provide services to older people within the health, finance and legal sectors are aware of and make available information about the availability of elder abuse specialist support services to older people who are at risk of, or experience elder abuse.</p> <p>2.2 Preventive measures that can assist in protecting against elder abuse are identified, developed and utilised.</p> <p>2.3 Older people who are at risk of, or experience elder abuse receive advice appropriate to the type of the abuse and their circumstances, which enables them to make empowered decisions.</p>
<p>3. Active engagement by professionals through increased ability to identify and respond to elder abuse</p>	<p>3.1 Agencies in the health, aged care, community services and justice sectors receive professional education training about recognising and responding to elder abuse.</p>
<p>4. Coordinated multi-agency support is provided by relevant services to older people experiencing elder abuse</p>	<p>4.1 Consideration of elder abuse features in policies and services delivered by agencies participating in the elder abuse professional education program.</p> <p>4.2 Research is undertaken on the service responses required to address the various forms of elder abuse.</p> <p>4.3 Referral networks between specialist elder abuse and local support services are developed.</p> <p>4.4 Structural impediments and barriers to the uptake of elder abuse prevention referral policies, protocols and procedures across relevant services are addressed.</p>



Measures of success

Impact	Measured by
Increased community awareness of elder abuse – that it is not to be tolerated and that assistance is available	Percentage increase in the awareness of elder abuse from benchmark established in 2008 to 2012; and from 2012 to 2015
Increased use by older people and their families of measures providing protection against elder abuse	Identification of protective measures and program responses developed, implemented and assessed for success

Sustainable responses to older people's needs across service systems:

Increased awareness of elder abuse amongst professionals about how to identify and respond to elder abuse in all its forms	Annual numbers of elder abuse cases addressed by specialist elder abuse services
Improved responsiveness of services to elder abuse in their catchment areas	Annual numbers of elder abuse cases referred from and to the specialist elder abuse service, by and to other support services
Improved coordination of services responding to cases of elder abuse	Outcomes of elder abuse cases by type of support provided
Systematic responses to elder abuse are embedded within and across services dealing with older people	Numbers of services responding to cases of elder abuse

Priority actions

Strategic outcome 1:

Increased community awareness of elder abuse

Priority	Action	Key organisations ¹	Activity measures
1.1 Accessible, relevant and timely provision of information about elder abuse and the supports available to older people, their families and communities	1.1.1 Assess community awareness activities to date; revise awareness-raising activities as required, including a focus on web-based communications and involvement of older people	DH, SRV, COTA, MAV, LGAs	Geographic locations, number of participants and satisfaction ratings of community education sessions
	1.1.2 Identify programs that recognise the social isolation of older people; make linkages where appropriate for community information and education purposes	DH, SRV, MAV	Number of programs identified that use elder abuse community information resources
	1.1.3 Develop community education tools with an emphasis on financial elder abuse to raise community awareness of financial abuse and protective measures (replaces previous program of financial literacy workshops)	DH, SRV	Use of tools in community education sessions that focus on financial elder abuse
	1.1.4 Work in partnership with the local government sector to promote community education	DH, SRV, MAV, LGAs	The number of events run in local government areas increases from 2012 to 2014
	1.1.5 Encourage local community involvement in World Elder Abuse Awareness Day (WEAAD) (June 15)	SRV, MAV, ECCV	The number of local community-based WEAAD events increases from 2012 to 2014 The number of councils supporting elder abuse prevention promotional activities.

Priority	Action	Key organisations ¹	Activity measures
1.2 Strategies to deliver community education to groups less likely to have access to information about elder abuse and the support available are developed and delivered	1.2.1 Develop a community education program for the Aboriginal community	DH, AAV, VCAACD, DHS	Number and satisfaction of participants in community education program
	1.2.2 Develop a community education program for CALD communities	DH, ECCV, SRV	Number and satisfaction of participants in community education program
	1.2.3 Develop a community education program that considers the special information and education needs of people with a disability, including cognitive impairment	DH, DHS, disability agencies, Alzheimer's Australia	Number and satisfaction of participants in community education program
1.3 Older persons' social support and participation organisations have information about elder abuse prevention and support available to members	1.3.1 Communicate with identified agencies to engage their support in providing information about elder abuse prevention and support	DH, other departments as relevant, identified agencies	Number of organisations engaged in providing information to older people

¹ While this list includes statewide and major organisations, the guidelines may be applied by all organisations with services for older people.

**Strategic outcome 2:
Empowerment of older people through increased awareness
of their legal, financial and societal rights, and provision
of avenues for advice and support**

Priority	Action	Key organisations	Activity measures
2.1 Agencies that provide services to older people within the health, finance and legal sectors are aware of and make available information about the availability of elder abuse specialist support services to older people who are at risk of or experience elder abuse	2.1.1 Strategies are developed to engage agencies and professionals that provide direct personal care to older people who are at risk of or experience elder abuse, with information on their rights and options, including (but not limited to) Medicare locals, HACC services, pharmacists, podiatrists, optometrists, audiologists, social workers, mental health professionals, solicitors, accountants and religious organisations	DH, SRV, VU local government HACC services (in consultation with advisory group)	Number of professionals participating in training across identified groups Use of information by professionals Number of referrals to specialist support agencies from 'trusted' professions
	2.1.2 Build awareness of elder abuse in counselling support agencies, such as Men's Helpline, Lifeline, beyondblue, Relationships Australia, Relationships Victoria and family counselling services	DH, MIND Australia, SRV	Uptake of information materials by counselling support agencies

Priority	Action	Key organisations	Activity measures
2.2 Preventive measures that can assist in protecting against elder abuse are identified, developed and utilised	2.2.1 Research the appropriate use of family agreements, powers of attorney and other potential measures to help prevent elder abuse; identify methods of assessing the impact of these measures	DH, SRV, OPA,VLA, Federation of Community Legal Centres, State Trustees, FOS, LIV, CPA	Research is completed for action
	2.2.2 Identify the appropriate agencies to implement use of these measures		Agencies are identified and empowered to proceed with use
	2.2.3 Develop professional education strategy for services utilising family agreements, powers of attorney and other measures in preventing abuse		Relevant agency staff participation in professional education
	2.2.4 Promote awareness of these measures to the community; involve older people in the development of awareness-raising methods		Awareness strategies are developed and implemented
	2.2.5 Monitor law reforms and policy proposals that may impact on elder abuse prevention and response		Impacts are incorporated into elder abuse prevention and response activities
	2.2.6 Undertake research into the causal factors of elder abuse with a view to informing further work on preventive measures	DH, SRV, Victim Support Agency (DoJ)	Research results are considered in elder abuse prevention and response planning for preventive measures

Priority	Action	Key organisations	Activity measures
2.3 Older people who are at risk of or experience elder abuse receive advice appropriate to the type of the abuse and their circumstances, which enables them to make empowered decisions	2.3.1 Following the research on appropriate service responses to the various types of elder abuse (see priority actions for Strategic outcome 4, below), develop a suite of information materials for older people and agencies that provide direct personal care to older people	DH, SRV	Information materials are developed and distributed



**Strategic outcome 3:
Active engagement by professionals through
increased ability to identify and respond to elder abuse**

Priority	Action	Key organisations	Activity measures
3.1 Agencies in the health, aged care, community services and justice sectors receive professional education training about recognising and responding to elder abuse	3.1.1 Complete the rollout of the elder abuse professional education strategy targeting the health, aged care, community services and justice sectors	DH, VU, ² VLA, LIV	Training coverage by sector
	3.1.2 Development of professional education strategies for GPs and hospital staff, including emergency department staff	DH, GPV	Number of participants (GPs, hospital staff) in professional education strategies Number of hospitals that have implemented referral policies and protocols
	3.1.3 Development of online training and the embedding elder abuse professional education resources into a range of training curricula	DH, VU	Number of online subjects and enrolments; participant feedback

² VU is contracted to deliver professional education until December 2012.

Strategic outcome 4:
Coordinated multi-agency support is provided by relevant services to older people experiencing elder abuse

Priority	Action	Key organisations	Activity measures
4.1 Consideration of elder abuse features in policies and services delivered by agencies participating in the elder abuse professional education program	4.1.1 Review work to date in embedding elder abuse policies, protocols and procedures (already established protocols based on <i>With Respect to Age – 2009</i>) within community-based agencies to identify and address gaps and structural impediments	DH, SRV (in consultation with advisory group)	Number of agencies using existing policies, protocols and procedures
	4.1.2 Identify opportunities to develop additional referral policies, protocols and procedures between elder abuse support agencies and agencies in the justice sector, including the courts and Victoria Police	DH, SRV, Victoria Police Victim Support Agency (DoJ), Office of Women’s Policy, OPA, VLA, Federation of Community Legal Centres	Additional referral policies and protocols are developed
4.2 Research is undertaken on service responses required to address the various forms of elder abuse	4.2.1 Research and map appropriate service responses and pathways to services for each dimension of elder abuse and its associated risk factors	DH, SRV (in consultation with advisory group)	Evidence-based practice models are developed across the spectrum of elder abuse
4.3 Referral networks between specialist elder abuse and local support services are developed	4.3.1 Develop and implement evidence-based referral, practice and service models that are appropriate to the different types of elder abuse	DH, SRV (in consultation with advisory group)	Number of referrals made by type of abuse

4.4 Structural impediments and barriers to the uptake of elder abuse prevention referral policies, protocols and procedures across relevant services are addressed	4.4.1 Expand the use of referral policies and protocols within Aboriginal services	DH, AAV, VCAACD,	Number of organisations working with Aboriginal communities who participate in training
	4.4.2 Develop training materials for professionals working with people from CALD backgrounds	DH, ECCV	Number of organisations working with CALD communities who participate in training
	4.4.3 Raise awareness of the needs of older women experiencing elder abuse as a form of family violence and to ensure appropriate service responses are available	DH, SRV, DHS (Office of Women's Policy), DV Vic, Victoria Police	Needs of older women are identified; responses developed