



Gippsland
Family Violence
Alliance

2023

Elder Abuse

A Community in Focus Resource

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What is Elder Abuse?

Elder abuse has no single definition in Australia, however it is widely accepted as:

Any act which causes harm to an older person and is carried out by someone they know and trust, usually a family member. The abuse may be physical, social, financial, psychological and/or sexual and can include mistreatment and neglect (Department of Family Fairness & Housing).

The Royal Commission into Family Violence (2015) recognised elder abuse as a form of family violence featuring the unique dynamics between older person and family member such as an adult child. It can also present as short or long term intimate partner violence, carer abuse or stress and long standing family conflict.

The user of violence may be a:

- child of the victim
- grandchild
- partner
- other family members/ family of choice members
- friend
- trusted neighbor
- unpaid/ informal carer where there is a level of trust

the above definition of elder abuse does not include harm/abuse perpetrated by paid services by aged care facilities. For support in this situation contact the Serious Incident Response Team

At What Age is Someone an 'Elder'

Different programs may have different definitions that they may classify as an 'elder'.

Age criteria for older people to access My Aged Care and most Aged Care Services are:

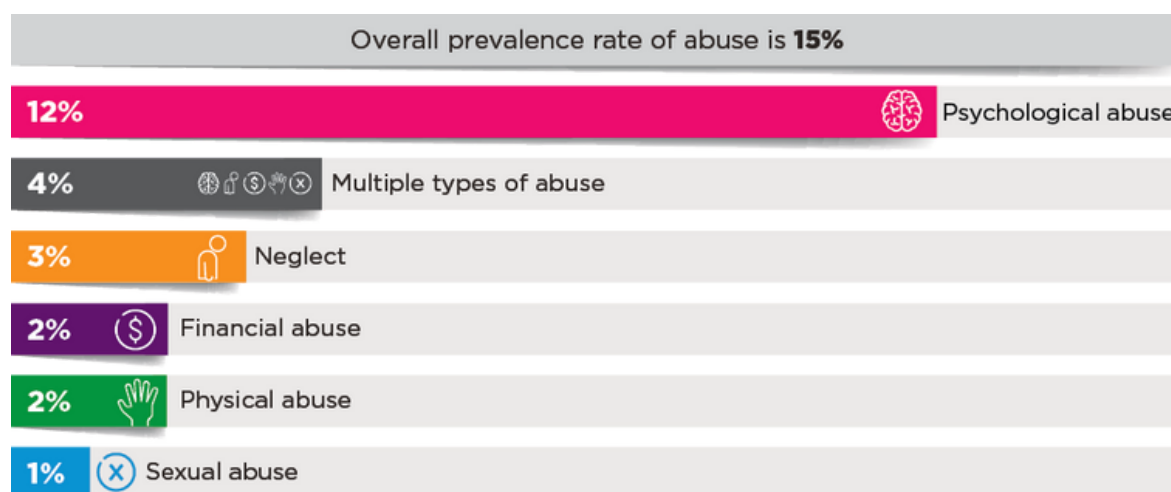
- First Nation People 50 years and over
- Non First Nation people 65 years and over

Age criteria to access Seniors Rights Victoria (Elders Abuse Support Services

- First Nation People 45 years and over
- Non First Nation people 60 and over

Prevalence of Elder Abuse and Contributing Factors

Almost one in six (14.8%) older Australians report that they have experienced abuse in the past 12 months, and only about one-third of those victims have sought help, according to the Australian Institute of Family Studies (2021)



The drivers of elder abuse are a combination of gender inequality and ageism. The National Plan to Respond to the Abuse of Elder Australian's State that:

Ageism, and associated negative attitudes towards the experience of ageing, includes perceptions that older people lack worth and make less of a contribution to our society. While this may not cause abuse of older people, it can contribute to an environment in which individuals who abuse older people fail to recognise that their behaviour constitutes abuse; other members of society fail to notice these negative behaviours or take action to stop them; and older people experiencing elder abuse blame themselves and are too ashamed to seek assistance. Raising community awareness of the effects of ageism and its consequences is an important part of the response to abuse of older people

Identifiers of Elder Abuse

Elder Abuse is often hidden, poorly recognised and underreported. Warning signs of abuse can be obvious or more subtle, and are based upon a power and control imbalance.

The subtle signs of elder abuse can be dismissed as 'ageing' or health issues instead of a trauma and/ or neglect presentation. Further investigation is recommended to ensure the older person is not being abused.

Subtle signs:

- Family/ carer not leaving the older person alone during appointments, controlling the conversation or 'screening' all phone calls to the older person
- Older person presenting with complex trauma symptoms of challenges with mood regulation, impulse control, self-perception, attention, memory and somatic disorders (often dismissed as ageing memory)
- Older person stops engaging with a service
- Family/ carer cancels services (and no follow up is made)

The more obvious signs of elder abuse can include the below (COMPASS - Guiding Action on Elder Abuse):

Financial Abuse

Behaviours:

- Threats or coercion over assets or wills
- Denying someone access to their own money and/or taking control of someone's finances against their wishes
- Abusing Powers of Attorney
- The theft of personal items like jewellery, credit cards, cash, food, and other possessions
- The unauthorised use of banking and financial documents
- Adding a signatory to a bank account

Warning Signs:

- An unexplained disappearance of belongings
- An unexplained inability to pay bills
- Significant bank withdrawals
- Changes to wills
- Access to bank accounts or statements is blocked
- An accumulation of unpaid bills
- An empty fridge
- A disparity between living conditions and money
- No money to pay for home essentials like food, clothing, and utilities

Emotional/ Physiological Abuse

- Behaviors: Name calling, and verbal abuse
- Treating the adult like a child
- Threatening harm to the adult, other people or pets
- Engaging in emotional blackmail such as threatening to withdraw access to grandchildren, family, friends, services or telephone
- Threats to place an older person in an aged care facility
- Preventing contact with family and friends
- Denying access to the phone or computer or withholding mail
- Preventing a person from engaging in religious or cultural practices
- Moving the person far away family or friends

Warning signs:

- Any one of the following: resignation, shame, depression, tearfulness, confusion, agitation
- Feelings of helplessness
- Unexplained paranoia or excessive fear
- A change in appetite or sleep patterns, such as insomnia
- Unusual passivity or anger
- Sadness or grief at the loss of interactions with others
- Withdrawal or listlessness due to a lack of visitors
- A change to levels of self-esteem
- Worry or anxiety after a visit by a specific person/people
- Social isolation



Physical Abuse

Behaviours:

- Pushing, shoving, or rough handling
- Kicking, hitting, punching, slapping, biting, and/or burning
- Physical restraint
- Denying medical treatment
- Locking the person in a room or home
- Tying the person to a chair or bed
- Intentional injury with a weapon or object
- Overuse or misuse of medications

Warning signs:

- Internal or external injuries, including sprains, dislocations and fractures, pressure sores, unexplained bruises or marks on different areas of the body, pain on touching
- Broken or healing bones
- Lacerations to the mouth, lips, gums, eyes or ears
- Missing teeth and/or eye injuries
- Evidence of hitting, punching, shaking, pulling, such as bruises, lacerations, choke marks, hair loss or welts
- Burns, i.e. rope, cigarettes, matches, iron, and/or hot water



Sexual Abuse

Behaviours:

- Non-consensual sexual contact, language or exploitative behaviour
- Rape and sexual assault
- Cleaning or treating the person's genital area roughly or inappropriately
- Enforced nudity of the person against their consent

Warning signs:

- Unexplained STD or incontinence (bladder or bowel)
- Injury and trauma, e.g. scratches, bruises etc. to face, neck, chest, abdomen, thighs or buttocks
- Trauma including bleeding around the genitals, chest, rectum or mouth
- Torn or bloody underclothing or bedding
- Human bite marks
- Anxiety around the perpetrator and other psychological symptoms

Neglect

Behaviours:

- Failure to provide basic needs, such as food, adequate or clean clothing, heating and medicines
- Under- or over-medicating
- Exposure to danger or lack of supervision, such as leaving the person in an unsafe place or in isolation
- An overly attentive carer in the company of others
- A carer denies others the opportunity to provide appropriate care

Warning signs:

- Inadequate clothing
- Complaints of being too cold or too hot
- Poor personal hygiene and/or an unkempt appearance
- Lack of medical or dental care
- Injuries that have not been properly cared for
- Absence of required aids
- Exposure to unsafe, unhealthy, and/or unsanitary conditions
- Unexplained weight loss, dehydration, poor skin integrity, malnutrition



Practice Considerations

Safe and Equal has released the following Practice Considerations:

- Be aware of ageism from services and your own potential for unconscious bias and ageism. This can include not recognising their experience as family violence or undermining the person's agency, such as by not engaging with them directly but instead engaging and potentially colluding with adult children who might be perpetrators.
- Ensure the service environment is welcoming and approachable for victim survivors from a range of diverse communities and older people.
- Be aware that cognitive issues or impairments may affect some older people's capacity to engage with services including self-assessed levels of risk. However, a person should be presumed to have capacity unless there is evidence to suggest otherwise.
- Be careful not to assume someone has reduced cognitive capacity based on how they present, when they may be experiencing a trauma response.
- Ensure appropriate supports and adjustments are provided for older people with disabilities or whose cognition is affected. This may include communication supports, advocacy and different communication strategies (written, Easy English, and verbal reiteration).
- Be aware that violence against older First Nations people must be informed by an understanding of the context of Aboriginal family violence, and in particular, the unique experiences, roles and relationships of Aboriginal families and communities.
- Be aware that many older LGBTI people have lived through a substantial period of their lives when reporting any abuse and violence they experienced often led to further victimisation, abuse and discrimination from authorities, service providers, or family members.
- Be aware that family and community relationships can be deeply bound to culture and faith, and violence against older people must be informed by recognition and an understanding of their family structure, cultural or faith background.
- Work collaboratively and make appropriate referrals to specialist services working with older people experiencing family violence.

Practice Considerations

- If you can't make contact with the older person, extend your workplace 'unable to contact' policy
- Don't assume a Power of Attorney exists if the carer/ family member cannot produce a certified copy to your service. And read the conditions of when the Power of Attorney is in place – enduring (ongoing if the older person loses capacity; or non enduring – stops when the older person loses capacity)



Resources

- **Safe and Equal:** Identifying and Responding to Elder Abuse in Inter-generational Households
- **Seniors Rights Victoria:** Resources and Education To build relationships with those working directly with older people, Seniors Rights Victoria provides limited Professional Education sessions to service providers, agencies and other organisations. This enables professionals and staff to identify incidences of elder abuse and respond appropriately.
- **Compass Guiding Action on Elder Abuse:** Guiding Action on Elder Abuse
- **Australian Human Right's Commission:** Elder Abuse
- **Elder abuse prevention and response:**
<https://www.health.vic.gov.au/wellbeing-and-participation/elder-abuse-prevention-and-response>
- **Victorian Seniors Online:** <https://www.seniorsonline.vic.gov.au/services-information/elder-abuse>
- **Better Health – Elder abuse:** <https://www.seniorsonline.vic.gov.au/services-information/elder-abuse>
- **LGBTI information – Terminology and language – Victorian LGBTIQ inclusive language guide:** <https://www.vic.gov.au/inclusive-language-guide>





We would like to thank Jacqui Francis Kelly, Elder Abuse Liaison Officer, Latrobe Community Health who wrote this resource

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