

Elder Abuse Strategy

October 2024



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A message from Aveo

The abuse of older people takes many forms, and its impacts on victims, their families and the broader community are significant and profound.

Aveo promotes the rights of all older Australians to live in a safe environment free from abuse and recognises that elder abuse is one of the worst manifestations of ageism.

This strategy is a blueprint for the priorities, actions and outcomes required to effectively confront the abuse of older people who have chosen an Aveo community as a place to call home. Aveo will drive the delivery of this strategy by guiding residents, staff and the communities we operate towards greater awareness and understanding of the causes, signs and consequences of elder abuse. By implementing this strategy, we commit to providing a safe, respectful, and supportive environment for all residents, ensuring their rights and dignity are upheld at all times.

The strategy has identified three priority areas:



Raising awareness and early identification



Prevention and early intervention



Integrated and coordinated response

Aveo recognises that preventing and responding to the abuse of older people is a whole-of-community responsibility. Aveo encourages all residents and staff to do their part in helping to change attitudes and behaviours towards older people. All of us have the right to age safely, happily and with dignity and respect. It is incumbent on us all to create communities that value and support older Australians.

Introduction

What is elder abuse?

Elder abuse is a complex social, health and human rights issue experienced and carried out by Australians of all backgrounds.

The World Health Organisation in 2022 defined elder abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.”

An older person is defined as First Nations people aged over 50 years, and all non-First Nations peoples as aged over 65 years.

Older people experiencing abuse will generally know the person causing them harm and perpetrators can include residents’ family members, friends, care givers, neighbours and visitors, as well as staff and volunteers.

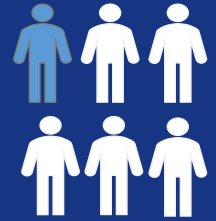
The abuse of older persons is a confronting and complex issue that remains largely hidden. It is caused by an interplay of multifaceted individual, interpersonal, community and social factors. Signs of abuse can be subtle and hidden, often because they are mistaken for illness or ageing.

Two thirds of older people do not seek help when they are abused because of feelings of embarrassment and shame, or fear of the repercussions for themselves or the person causing them harm, particularly when this person is a child or family member.

Abuse can be deliberate or unintentional. It can occur once or many times. Abuse does not have to be physical – misusing an older person’s money or threatening to restrict access to friends and family can cause immeasurable and lasting damage to an individual and their family.

Sometimes actions may not be perceived as abuse, leading to a lack of understanding of what abuse is and how to seek assistance. This may be compounded where English is a second language and for people with disability.

In preventing and responding to the abuse of older people it is important to address its underpinning drivers. Ageism – i.e. the stereotypes, prejudice and discrimination towards others based on age – including community stereotypes, attitudes and unconscious bias towards older people is linked with the complex social, environmental, and economic risk factors associated with the abuse of older people in our communities.



1 in 6 (15% or 598,000)
Australians experienced elder
abuse in 2021*



1 in 2 people who perpetrate
elder abuse are a family
member*

**National Elder Abuse Prevalence
Study 2021*



Introduction

Characteristics of elder abuse

Elder abuse is a human rights issue, which violates an older person's rights to security, safety, care, wellbeing, independence, dignity and respect.

In general terms, elder abuse:

- is experienced and carried out by people of all backgrounds;
- occurs when a person abuses their power over an older person. Generally, the abuse is committed by people the older person trusts. Adult children and family members are the main perpetrators of elder abuse;
- occurs mainly in the home (and other private settings) of the older person or perpetrator, but can take place in other settings;
- takes many forms, the most common being financial and psychological abuse;
- may be (but is not always) criminal and may be carried out intentionally or unintentionally;
- often goes unreported by the older person due to feelings of shame or embarrassment, or fear of the consequences for themselves or the perpetrator if the abuse is reported;
- can be a form of family and domestic violence, as both forms of abuse are essentially an abuse of power. This behaviour may be an isolated incident, or ongoing and purposeful, and used to intimidate and instil fear;
- is associated with decreased quality of life, social isolation, morbidity, poor mental health and self-worth, alcohol and other drug misuse and addictions.



Financial and psychological abuse are the most common forms of elder abuse*



1 in 3 people who experienced elder abuse sought help from a third party*

**National Elder Abuse Prevalence Study 2021*



Introduction

Forms of elder abuse

Any form of abuse of older persons is unacceptable. Older people can experience one form of abuse, or a combination. Some forms of abuse are often wrongly seen as not being as serious as others, however, this minimises the impact and extent of abuse in its many forms and supports its underlying drivers. The common forms of elder abuse are as follows:

| | |
|----------------------------|--|
| Financial Abuse | The illegal or improper use of an older person's money, property and other financial resources. |
| Neglect | The failure of a responsible person to provide the older person with the necessities of life – such as adequate food, shelter, clothing, medical or dental care – or to prevent others from providing them or failing to take reasonable actions to assist the older person to access necessary care or other supports. Neglect can be intentional or passive. |
| Physical Abuse | Intentionally inflicting physical pain or injury or physical coercion, including all forms of physical assault, and physical and/or chemical restraint. |
| Psychological Abuse | The infliction of mental stress, involving actions and threats that cause isolation, fear of violence, restricting or preventing social contact with others, deprivation and feelings of shame and powerlessness. |
| Sexual Abuse | Unwanted sexual acts including sexual contact, rape, language or exploitative behaviours where the older person's consent has not been obtained, where consent has been obtained through coercion, or where the older person is unable to consent due to cognitive incapacity. |

Appendix A includes more detailed descriptions of the forms of elder abuse, including identifying signs of elder abuse and examples that may be specific to residents.

Elder abuse can take the form of financial, psychological, physical and sexual abuse as well as neglect.

An older person may experience multiple forms of elder abuse at the same time.



Introduction

Risk factors of elder abuse

While elder abuse can happen to anyone, certain factors can exacerbate a person's risk of experiencing or perpetrating elder abuse.

Relating to the older person

- Cognitive impairment
- Behavioural problems
- Psychiatric illness or psychological problems
- Functional dependence
- Poor physical health or frailty
- Low income or wealth
- Trauma or past abuse
- Ethnicity (increased risk among First Nations Peoples and people from culturally and linguistically diverse backgrounds)

Relating to the perpetrator

- Poor physical and mental health
- Substance misuse
- Dependency on the victim
- Holding negative attitudes such as ageism or resentment of the older person
- A history of conflictual or violent relationships
- Social isolation
- Experience of stressful events
- A history of family violence

Relating to the relationship

- Caregiver burden or stress
- Psychiatric illness or psychological problems

Relating to the environment

- Low social support
- Living with others (except in financial abuse)



Women have a 17% greater chance of being victims of elder abuse*



Perpetrators of elder abuse are more likely to be aged 65-74*

**National Elder Abuse Prevalence Study 2021*



Introduction

Elder abuse in vulnerable and diverse populations

First Nations people

Due to past experiences of discrimination, poverty, and the emotional heritage of the 'stolen generation' many First Nations people encounter the ageing process earlier than non-First Nations people – they are generally seen as 'older' from age 50. Inadequate access to resources, such as employment, healthcare, education, and housing may increase the risk of abuse for older First Nations people.

Barriers to First Nations older people reporting abuse may include such factors as it is the 'First Nations way' to share resources/money amongst family members, as well as feeling shame that others have taken advantage of them. Past negative experiences with government agencies and other service providers may also affect people's willingness to report abuse. Broader definitions of family in First Nations communities may increase the scope for abuse, as 'family' might include parents, children, aunts, uncles, cousins, a range of grandparents, as well as grandchildren.

There are difficulties with the use of the term 'elder abuse' to refer to the abuse of older First Nations people, as 'Elder' is a term of respect used for community leaders. The abuse and mistreatment of older First Nations people needs to be approached with heightened sensitivity due to the complexity of these issues.

LGBTIQA+ people

Many older LGBTIQA+ people have experienced higher levels of violence, harassment and bullying as a result of their identity, than the general population across their lifetimes, and this may make them more vulnerable to abuse.

It is important to note that not all LGBTIQA+ people will be open about their orientation or identity, due to past experiences of discrimination or stigma. Sexual orientation or gender identity may not always be obvious, and assumptions must be avoided.

Culturally and linguistically diverse (CALD) people

Older people from CALD communities may be more vulnerable to elder abuse due to poor English skills, social isolation, limited support networks, differing generational expectations of care and support, and different cultural interpretations of potentially abusive behaviour. Older CALD migrants may be at risk of social isolation, as they have left home, country, family and community support networks, and they may also be more dependent on family members and others, all are risk factors for abuse.

CALD older people may not want to disclose abuse because of social stigma and feelings of shame that a family member would treat them this way. They may also fear being deported if their residency is linked to a family member's visa. They may also have a different understanding of the term 'elder abuse'.

Some First Nations, CALD and LGBTIQA+ older people may be more vulnerable to abuse and mistreatment and may face additional barriers in seeking assistance.

Aveo will do everything possible to provide additional and culturally appropriate support and referral where required.



Strategic framework

Three priority areas

Fostering confident and inclusive communities where all treated with dignity, fairly, with respect and without discrimination is crucial to achieving the goals of this strategy. This is why it is critical the strategy takes an intersectional approach to recognising, responding to, and preventing the abuse of older people.

An intersectional approach explores how different aspects of someone's identity can overlap, exposing them to greater discrimination and marginalisation and therefore a greater risk of violence, systemic barriers, and social isolation.

Aveo's elder abuse prevention strategy includes three priority areas:



Priority 1

Raising awareness and early identification

- Educating staff and residents about elder abuse, the signs of abuse, where and how to report it, and how to safeguard against it.



Priority 2

Prevention and early intervention

- Supporting residents to remain socially connected.
- Providing avenues to seek support and help.



Priority 3

Integrated and coordinated response

- Safeguarding and supporting residents with accessible support and appropriate responses.

The goal of Aveo's elder abuse prevention strategy is to ensure that all residents are safe, respected, valued and live free from elder abuse.



Strategic framework

Priority 1: Raise awareness and early identification

A key component of preventing and addressing elder abuse is raising awareness and understanding of it. Awareness and understanding supports residents, perpetrators of abuse, staff and the broader community to identify the signs of elder abuse and enables them to respond to it.

Early identification is critical to ensuring that people who are, or are at risk of, experiencing or perpetrating elder abuse can access information, advice and support. It gives older people the opportunity to understand that what they are experiencing is unacceptable, and may empower them to make informed decisions about how to address the abuse. It gives potential perpetrators an opportunity to reflect on their behaviour and change it.

Aveo staff are well placed to detect the signs of elder abuse. It is therefore important that they have the knowledge and capability to identify the signs, symptoms and behaviours associated with elder abuse, and are aware of available information and avenues for reporting abuse.

Outcomes

Aveo will raise awareness of elder abuse and, by doing so, we aim to ensure that:

- residents and staff are aware that elder abuse is a serious problem and requires collective action;
- older people from all backgrounds are empowered to protect themselves from abuse; and
- our communities will be able to recognise the signs of elder abuse and respond in ways that protect the rights of the older person.

Strategies

To achieve this, we will:

- build and enhance resident and staff awareness and understanding of elder abuse and its causes;
- implement initiatives to improve early detection and self-identification of, and self-protection against, elder abuse;
- provide and promote avenues for inquiring about or reporting elder abuse; and
- advertise a clear and simple pathway for anyone wanting information or help.

Strategic framework

Priority 2: Prevention and early intervention

Elder abuse can be the product of complex individual and environmental factors that can increase a person's vulnerability to experiencing and perpetrating abuse. To be effective, prevention and early intervention measures need to address the risk factors associated with elder abuse and enhance protective factors that may mitigate it.

The factors include, but are not limited to:

- **ageism** and pervasive stereotypes about ageing;
- **social isolation**, making older people more vulnerable to abuse through their dependency on others and reducing the likelihood that abusive behaviour will be discovered by other people;
- **carer stress**, and their feelings of being trapped by their caring responsibilities, which can lead to feeling of stress and frustration that manifest in abuse, or an older person's dependency on their carer, which makes them less likely to expose or report the abuse; and
- **relationship** with family and domestic violence.

Outcomes

Aveo's prevention and early intervention strategies will ensure that:

- residents are respected, valued and socially included;
- residents are informed and supported; and
- staff, resident's family members and carers are informed and supported.

Strategies

To achieve this, we will:

- ensure residents from all backgrounds can easily access information and support services;
- ensure staff, resident's family members and personal representatives have access to information about elder abuse;
- promote positive views of ageing and recognise and celebrate older peoples' contributions to the community.

Strategic framework

Priority 3: Integrated and coordinated approach

Integrated, coordinated and easily accessible response mechanisms make it easier for people who are experiencing or perpetrating elder abuse to seek and access help, and in doing so, recover from the experience or change their behaviours.

To be effective, Aveo's elder abuse response system will comprise interventions that:

- are tailored to individual experiences, circumstances and needs;
- use safeguards that balance principles of autonomy and dignity with protection and risk;
- consider and respect the resident's desires and choices;
- understand and address the complexities and context of the relationship between the resident and the alleged perpetrator;
- are culturally and linguistically appropriate; and
- can respond to the different types of elder abuse.

Outcomes

Aveo's prevention and early intervention strategies will ensure that:

- residents are respected, valued and socially included;
- residents are informed and supported; and
- staff, resident's family members and carers are informed and supported.

Strategies

To achieve this, we will:

- ensure residents can easily access information and support services;
- ensure staff, resident's family members and personal representatives have access to information about elder abuse;
- promote positive views of ageing and recognise and celebrate older peoples' contributions to the community.

Appendix A

Forms, examples and signs of elder abuse

| Form | Description | Behavioural examples | Signs of elder abuse of a resident | Effects |
|----------------------|---|--|---|---|
| Financial | The misuse or theft of an older person's money or assets. | <ul style="list-style-type: none">• Using finances without permission.• Using a legal document such as an enduring power of attorney for purposes outside what it was originally signed for.• Withholding care for financial gain.• Selling or transferring property against an older person's wishes. | <ul style="list-style-type: none">• A resident's direct debit authority being cancelled without explanation or the resident unable to explain why.• A resident accumulating unpaid levies or other debt.• A resident no longer being able to participate in activities that incur a fee because they "have no money".• A resident exhibiting fear, stress and anxiety.• A resident being forced to change their will or appoint a PoA or EPoA. | <ul style="list-style-type: none">• Financial loss.• Poverty.• Homelessness. |
| Psychological | Any behaviour that causes an older person mental anguish, and/or to feel shame, fear, powerlessness or worthlessness. | <ul style="list-style-type: none">• Use of threats, humiliation, insults and intimidation.• Withholding affection and social contact.• Verbal abuse and intimidation, including name calling and other insults.• Isolating the older person from family, friends and other social supports.• Treating the older person as a child.• Threats of harm and abandonment, including to put them in an institution against their will.• Disregarding the older person's rights, choices, autonomy and privacy. | <ul style="list-style-type: none">• A resident's family member socially isolating the resident by cutting off their contact from their family and friends and stating that it's in the resident's best interests.• A noticeable decrease in the resident's level of self-esteem, or exhibiting unusual passivity.• A resident's family member threatening to harm the resident or their pet, or place the resident in an aged care community if they do not do something that the family member wants them to do. | <ul style="list-style-type: none">• Psychological damage.• Poor mental health.• Poor physical health. |

Appendix A

Forms, examples and signs of elder abuse

| Form | Description | • Behavioural examples | • Signs of elder abuse of a resident | • Effects |
|----------|--|---|--|---|
| Physical | The infliction of pain, injury and/or physical force on an older person. | <ul style="list-style-type: none">• Kicking, hitting and punching - i.e. assault.• Rough handling.• Forceful and/or improper use of restraints.• Under or over medication. | <ul style="list-style-type: none">• A resident suddenly showing bruises, burns or other injuries that cannot be easily explained.• A resident with frequent hospital or doctor presentations.• Discrepancies between a resident's injuries and explanation of its cause. | <ul style="list-style-type: none">• Poor physical and mental health.• Hospitalisation.• Death.. |
| Neglect | The intentional or unintentional deprivation of basic and professional care. | <ul style="list-style-type: none">• Delayed and inadequate provision of food, shelter, clothing and hygiene.• Not providing or enabling access to health and medical services and medication.• Unable to prevent or resolve self-neglect. | <ul style="list-style-type: none">• A staff member identifying a lack or absence of food in the resident's kitchen.• A resident exhibiting unexplained weight loss, dehydration or malnutrition, or a sudden dishevelled/unkept appearance and poor personal hygiene.• A resident suddenly cancelling or refusing community services.• A staff member deliberately withholding from a resident provision of personal care services such as assistance with showering. | <ul style="list-style-type: none">• Poor physical and mental health.• Hospitalisation.• Death. |

Appendix A

Forms, examples and signs of elder abuse

| Type | Description | • Behavioural examples | • Signs of elder abuse of a resident | • Effects |
|---------------|---|--|---|---|
| Sexual | A broad range of unwanted sexual behaviour. | <ul style="list-style-type: none">• Sexually abusive behaviour and/or indecent or sexual assault, rape.• Sexual harassment.• Use of sexually offensive language and/ or materials/media.• Inappropriate touching.• Withholding needed care in exchange for sexual favours. | <ul style="list-style-type: none">• The resident suffering an unexplained sexually transmitted disease or infection, or incontinence.• The resident having torn or bloody underclothing or bedding.• The resident exhibiting an out of character fear of being touched.• The resident sitting huddled and in fear of being touched or fear of certain visitors or staff. | <ul style="list-style-type: none">• Poor physical and mental health.• Hospitalisation. |

Appendix B

Support services

Victims of elder abuse are not alone and help and support is available. In addition to reaching out to the Community Manager, residents and their families can also contact any of the following services for free and confidential information and support.

Elder Abuse Hotline is a free, confidential service offering support and information that can help clarify your concerns and refer you to other agencies.

Call 1300 651 192

The **National Elder Abuse Unit** will direct you to the Elder Abuse Prevention Unit in your state.

Call 1800 353 374

Elder Abuse Action Australia is a specialist organisation acting to eliminate elder abuse.

Call 1800 960 026

Always call 000 in the event of an emergency

The Public Trustee offers independent 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.

Call 1300 746 212

The Australian Human Rights Commission protects and promotes human rights in Australia and internationally. The AHRC is an independent statutory organisation, established by an act of Federal Parliament.

Call 1300 369 711

The **Ageing and Disability Commission** promotes the rights of older people and adults with disability to live free from abuse in their family, home and community.

Call 1800 628 221

Appendix C

Aveo's elder abuse procedure: Raising awareness and early identification

- Residents and staff are aware that elder abuse is a serious problem, is never OK, and requires collective action.
- Older people from all backgrounds are empowered to protect themselves from abuse.
- Our communities will be able to recognise the signs of elder abuse and respond in ways that protect the rights of the older person.



Awareness & Education

Deliver education and awareness initiatives to residents and staff on elder abuse, the guardianship and administration system, and who to contact about elder abuse concerns.



Access to Information

Provide accessible information on elder abuse to promote community awareness and safety.



Promotion

Promote World Elder Abuse Awareness Day to raise awareness about elder abuse and address ageism.



Staff Training

Provide regular training to staff on how to identify, respond to, and report elder abuse.



Policy & Procedure

Establish, implement, monitor and regularly review an elder abuse policy and procedure for all Aveo staff.

Appendix C

Aveo's elder abuse procedure: Integrated and coordinated response

Aveo adopts a five-step approach to guide elder abuse responses. Responding to an emergency, such as serious physical or sexual assault or neglect, or an ongoing criminal act, 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.



Step 1: Identify whether abuse is taking place

Ask questions to find out more information - (e.g. Has anyone hurt you? Are you frightened of anyone?) In an emergency, go to Step 3 and call 000.



Step 2: Provide emotional support

Listen to the person, acknowledge what they are saying and validate their feelings.



Step 3: Assess risk and plan safety

Determine the level of urgency. Take steps to safeguard the older person and others in any response to the abuse.



Step 4: Inform & Refer

Inform applicable staff with reference to the level of risk to the older person and others. Seek consent if it is not an emergency. Make appropriate referrals, where applicable and consent provided.



Step 5: Document

Record concerns and actions taken. If the older person has capacity and refuses assistance, document this by detailing concerns.



In situations where there is an immediate threat to life or a serious risk of injury or property damage, immediate action is needed, and consent is not required.

Appendix C

Aveo's elder abuse procedure: Roles and responsibilities

Aveo's team is here to help and promote a safe, supportive environment for all residents.



Community Teams

Providing environments that empower residents to feel safe and supported in discussing elder abuse and raise concerns they may have.

Identifying and reporting signs of elder abuse to senior management.*

Working with senior management to investigate claims or reports of elder abuse.

Participating in ongoing education and training about elder abuse.

Providing accessible information on elder abuse to promote community awareness and safety.



Executive Leadership Team

Ultimate responsibility for ensuring Aveo adheres to laws and regulations pertaining to elder abuse and that this strategy is effectively implemented.



Senior Management Team

Ensuring community teams and residents have access to training and education on elder abuse.

Investigating reports of elder abuse or suspected elder abuse.*



Learning & Development Team

Providing regular training to staff on how to identify, respond to, and report elder abuse.

*Reports of elder abuse where the staff member's direct manager is the alleged abuser must be reported to the next line manager, to the Group Manager Quality & Resident Services, through Aveo's Whistleblowing policy, or to Aveo's Legal team for investigation.