Elder Abuse Prevention Information Kit
This document has been compiled by the Gippsland Primary Care Partnership (PCP) Elder Abuse Prevention Strategy Project Workers.

The information contained within is based on the ‘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" can be accessed via:


This Information Kit is for the use of agencies within the Gippsland region wishing to enhance their responsiveness to cases of suspected and identified elder abuse.

It contains worksheets and resources in addition to a sample elder abuse policy, and sample interagency protocol. The sample policy and interagency protocol can be modified to your agency requirements, or adopted in full by your agency.

The additional information / worksheets can be used as Appendices and Attachments to the policy and protocol as required.
Contents

1. Elder Abuse Prevention Strategy Agency Checklist
2. Sample Elder Abuse Policy
3. Sample Elder Abuse Interagency Protocol
4. Appendix: Definitions
5. Appendix: Descriptions of Types of Abuse – Associated Behaviours and Signs
6. Appendix: Elder Abuse Risk Factors
7. Appendix: Questions to identify elder abuse
8. Appendix: Information and resources.
EAPS Agency Checklist.

Would you know what to do if you suspected one of your clients may be experiencing elder abuse?

<table>
<thead>
<tr>
<th>Does your organisation (staff):</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know about the Elder Abuse Prevention Strategy?</td>
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<td>Have a current Elder Abuse Policy?</td>
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<td>Have an effective procedure for responding to suspected cases of Elder Abuse?</td>
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<td>Have an effective strategy for communicating the elder abuse policy and procedure to all staff?</td>
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<tr>
<td>Have an accessible copy of the ‘With Respect to Age’ resource? (one you can lay your hands on at a moments’ notice?)</td>
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<td>Include elder abuse in your agency / team induction?</td>
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<td>Attend training specifically around Elder Abuse?</td>
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<td>Currently have protocol/s in place with other agencies in relation to working together (elder abuse)?</td>
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<td>Have an awareness of services offered by Seniors Rights Victoria?</td>
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<td>Have defined referral pathways in relation to elder abuse?</td>
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<tr>
<td>Develop a personalised safety plan with your clients who have identified risk factors or may be vulnerable to elder abuse?</td>
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</tbody>
</table>

Considering your responses to the above, can you identify 1 – 3 actions you can take to increase your / your agencies responsiveness to elder abuse?

______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________
______________________________________________________________________________
Elder Abuse Policy


Purpose

The purpose of this policy/procedure is to:

- Ensure that tools are in place to identify cases of elder abuse and that appropriate action is taken in cases of elder abuse or suspected elder abuse
- Maintain the dignity and protect the safety and security of older people utilising the organisation’s service
- Achieve an integrated and standardised approach to the management of elder abuse

This policy should be read in conjunction with the following document:


The following Organisational Policies should also be taken into consideration:

- Occupational Health & Safety Policy
- Home Visiting Policy
- Client Confidentiality and Privacy Policy
- Storage of Client Records Policy
- Client Referral Policy
- Assessment of Client Capacity Policy
- Client Intake Policy
- Independent (Third) Person Policy
- Emergency procedure
- Public health risk policy
- Working with people from CALD backgrounds policy
- Using interpreters policy

Policy Statement

This organisation will address suspected cases of elder abuse in accordance with ‘With respect to age – 2009: Victorian Government guidelines for Health Services’ and ‘Community agencies for the prevention of elder abuse’.

Elder Abuse Definition (See page 4 – *With respect to age 2009*).

> Elder abuse is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.

This policy is not concerned with situations of abuse in consumer-based circumstances, professional misconduct, harassment and criminal acts by strangers, self-neglect or mistreatment, or Residential Aged Care Services (RACS) (See pages 5 & 6 – *With respect to age 2009*).

Abuse of older people is a complex problem and each situation will be unique.

Personal beliefs and professional values, social, cultural and family experiences all influence perception of what constitutes abuse and neglect of older people.
Key principles underpinning the implementation of the Victorian Government

Elder Abuse Prevention Strategy (See page 3 – With respect to age 2009)

- **Competence** - All adults are considered competent to make informed decisions unless demonstrated otherwise.

- **Self Determination** – With appropriate information and support, individuals should be encouraged to make their own decisions.

- **Appropriate protection** – where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator. If a person is represented, their wishes should still be taken into account as far as possible.

- **Best Interests** – The interests of an older person’s safety and wellbeing are paramount. Even when they are unable to make all decisions themselves; their views should be taken into account as far as possible.

- **Importance of relationships** – All responses to allegations of abuse should be respectful of the existing relationships that are considered important to the older person.

- **Collaborative responses** – Effective prevention and response requires a collaborative approach which recognises the complexity of the issue, and the skills and experience of appropriate services.

- **Community responsibility** - The most effective response is achieved when agencies work collaboratively and in partnership with the community.

**Duty of care** (See page 99 – With respect to age 2009).

A duty of care encompasses a duty not to be careless or negligent and arises from a relationship between parties that are regarded as sufficiently close as to infer that an obligation exists in some form. This relationship involves the notion of ‘proximity’ or a degree of closeness. Proximity is usually described in terms of time and (physical) ‘circumstantial casual’ relationship, such as the relationship between employer and employee, health worker and client.

Duty of care involves a legal obligation to avoid causing harm or to prevent harm occurring to another person. This only arises where it is reasonably foreseeable in a particular situation that the other person would be harmed by an action or omission without the exercise of reasonable care. Health and aged care workers have a duty of care to older people they are assisting. Under the Wrongs Act 1958 (VIC) a worker is not negligent in failing to take precautions against a risk of harm unless:

a) The risk was foreseeable (that is it is a risk of which the person knew or ought to have known);

b) The risk was not insignificant (not far fetched or fanciful); and

c) In the circumstances, a reasonable person in the worker’s position would have taken those precautions.

The duty of care obligation of an employee to foresee and prevent or avoid harm is limited by the employee’s professional expertise and competence.

If a worker breaches their duty of care, they have failed to meet the expected standards of care. Duty of care not only refers to the actions of a worker but also to the advice the worker gives or fails to give.
Procedure if you suspect potential abuse

Action taken will depend on the individual situation and will often involve a primary assessment team such as a Geriatrician, Doctor and Social Worker in conjunction with the person already involved with the situation of suspected abuse.

1. Staff should report any **suspicion of abuse** to their supervisor. (See attachments 1 & 2 for information of types and signs of abuse and risk factors and attachment 3 for questions to assist with identifying abuse).

2. If there is a concern that the older person does not have competence to make decisions, an appropriate referral to **assess their capacity** must be made. Assessment of an older person’s capacity to make decisions and informed choices is important. Their right to refuse support should be respected. An older person with mental capacity may be capable of managing their own affairs with minimal support from a health / community care worker. Mental capacity is the ability to understand an act, a decision or transaction and its consequence. A person has capacity to make an informed decision if they understand the general nature and effect of a particular decision or action and can weigh up the consequences of different options and communicate their decision. A person’s capacity to make a particular decision should only be doubted if there is a factual basis to doubt it (See pages 23 & 24 – *With respect to age 2009*).

3. Most situations of elder abuse are not emergencies. If it is an emergency situation, staff should **activate the organisation's emergency procedure**. An emergency is defined as a situation that poses an immediate threat to human life or a serious risk of physical harm or serious damage to property. Depending on the type and context of abuse, it may be useful to talk through the idea of planning an emergency response with the older person, should it ever need to be activated. In an emergency response, an older person should be involved in making decisions about their life as much as possible. However, if a worker assesses that an older person is in imminent danger of harm or death, it may be necessary to arrange the following:
   - Support (for example, ambulance services)
   - Medical treatment for an older person or carer (for example, referral to local doctor or hospital emergency department)
   - Emergency accommodation for an older person or carer (for example, referral to supported housing services in the region, a women’s refuge or other temporary housing)
   - Police involvement, which may be required for the safety of the worker as well as an older person
   - An emergency application to VCAT (if the appointment of a temporary guardian is necessary, for instance, the Public Advocate) or a temporary administrator (for instance, State Trustees Limited) to protect an incompetent older person or their property and assets
   - Other matters sensitive to cultural considerations, including religious beliefs, which ideally should be known prior to any emergency (See page 27 of *With respect to age 2009*).

4. Gather and document clear and relevant **evidence of abuse** (See page 36 – *With respect to age 2009* for more detail about documentation).

5. Arrange for an **assessment of needs** of the older person, either in-house or refer to an appropriate funded assessment service (See page 23 – *With respect to age 2009*).

6. **Develop a care plan** to support an older person to prevent further abuse. The care plan should include interventions to stop reoccurrence and may include a safety plan, developed in consultation with the older person. Provide information about the older person’s rights and services available to assist, such as emergency services, local services, and state-wide services i.e. Seniors Rights Victoria (See page 31 – *With respect to age 2009*), local agency networks (LANs), and referral and interagency strategies.
Reluctance to accept intervention

If an incompetent older person is at risk and refusing help (despite efforts made to persuade) it may be necessary to contact the older person’s substituted decision maker. For example, Medical Attorney under power or Guardian under power or apply to the Victorian Civil and Administrative Tribunal to appoint a temporary guardian to consent to support services or some other intervention.

If an older person is competent but refuses help, a direct care worker can support and advise about options such as how to deal with emergencies. Strategies can then be developed to help the older person understand their rights, and feel confident and comfortable to take action.

In a case of self-neglect in which a competent older person chooses to live in squalor, the situation could be considered as a public health risk under the Health Act.

People with dementia and their carers

People with dementia (Alzheimer’s or related disorders) may be at risk of financial neglect and self-neglect/abuse that includes actions of self-injury by the individual upon themselves which are passive or active.

Carers of persons with dementia may require special attention where abuse or neglect is occurring, as they can be the recipients of verbal and physical abuse.

People from Culturally and Linguistically Diverse (CALD) backgrounds

Cultural factors influence how all forms of abuse are viewed, and specific strategies and responses to elder abuse should address such differences. Being culturally informed and providing sensitive support is an integral component of service provision. It is important that support is provided with an understanding of the cultural background.

People from different cultural backgrounds may require interpreter services. Family and friends should not be used as an interpreter (See pages 9 & 10 – With respect to age 2009).

Aboriginal and Torres Strait Islander People

Advice should be sought from people experienced with the particular cultural background of the family concerned, acknowledging that cultural difference may require special sensitivity in relation to neglect and abuse (See pages 7 to 9 – With respect to age 2009 for more detail about Aboriginal and Torres Strait Islander People).

Confidentiality and Privacy

Where possible, discuss with the person the concerns and gain permission to refer to other agencies. It is permissible to breach confidentiality in some very limited circumstances including where the older person has consented to the disclosure of information; where the law allows or requires the disclosure of confidential information; and, in extreme circumstances, where there is a clear and imminent threat to an identifiable person of serious bodily injury or death. (See pages 36 to 38 – With respect to age 2009 for more information about privacy and confidentiality).
{name of local agency network}

Elder Abuse Prevention

Interagency Protocol

January 2012

Note: This protocol template has been developed for agencies by the Gippsland Primary Care Partnership - Elder Abuse Prevention Strategy Project Workers. Agencies are able to adapt the template to meet their own requirements.
INDEX

1. Introduction................................................................................................................3
2. Principles of Interagency practice........................................................................3
3. Persons included in this protocol........................................................................4
4. Situations not included in this protocol...............................................................4
5. Procedure................................................................................................................4
6. Grievance Procedure..............................................................................................6
7. Review and Evaluation..........................................................................................6
8. Signatories..............................................................................................................6

Appendix 1 – Definitions.........................................................................................8
Appendix 2 – Description of Types of Abuse – Associated Behaviours and signs .......9
Attachment 1 – Assessment, Reporting and Special Considerations .....................12
Attachment 2 – Information and Resources ..........................................................14
1. INTRODUCTION.

The Elder Abuse Prevention Strategy (EAPS) has been developed to protect and safeguard the rights of older Victorians. The fundamental principle underpinning the strategy is that every Victorian has the right to live safely and to be treated with dignity and respect.

This document provides the interagency referral pathways and protocol for effectively responding to potential, suspected and actual cases of elder abuse, where multiple agencies are involved in consumer care.

1.1 Purpose

This protocol is intended to:

- support, enhance and guide the positive working relationship between the agencies.
- outline respective roles and responsibilities in situations where elder abuse is suspected or identified, to achieve timely and optimal outcomes for all senior Victorians.

1.2 Objectives

The objectives of this Protocol are to:

- Maintain the dignity and protect the safety and security of older people utilising the organisation’s services.
- Achieve an integrated and standardised approach to the management of elder abuse.
- Ensure that issues of suspected elder abuse are dealt with effectively and sensitively.


2. PRINCIPLES OF INTERAGENCY PRACTICE

The identification, assessment, protection and care of older people who have been abused is an interagency and multidisciplinary responsibility.

Interagency practice aims to bring about a coordinated, person-centred approach when responding to elder abuse, and requires:

- All agencies signatory to this protocol to have an internal reporting process along with relevant policies and procedures.
- A shared understanding of the aims of a response or intervention.
- A prompt response to the abuse of older people, as a priority for all agencies.
- Appreciation of and respect for the different roles and contributions of agencies.
- Commitment to partnership between agencies.
- Understanding of the context in which agencies work, and acknowledgement of their respective constraints.
3. **PERSONS INCLUDED IN THIS PROTOCOL.**

Elder abuse is “any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.” This protocol is specifically intended to apply to people who are over the age of 65 years:

- Who are at risk of elder abuse,
- For whom elder abuse is suspected or identified, and
- For whom the agencies listed have a duty of care.

4. **SITUATIONS NOT INCLUDED IN THIS PROTOCOL.**

This protocol does not include situations of abuse where there is professional misconduct, harassment and criminal acts by strangers, self-neglect or mistreatment, or Residential Aged Care Services (RACS). In these situations the individual agency’s internal processes of reporting and managing will be implemented and where appropriate reporting to external agencies i.e. police will occur.

5. **PROCEDURE**

a. Each individual situation should be assessed and appropriate action taken.

   **Actions:**
   - Will vary depending on a number of factors.
   - Should be guided by agency policy and procedures.
   - May involve a primary assessment team (such as a Geriatrician, Doctor and Social Worker) who work with the person involved, or all the identified workers involved in the care of the person.

b. In the case of suspicion of/or alleged abuse:
   - Staff should report any suspicion of abuse to their supervisor.
   - Where multiple agencies are involved in supporting an older person, and possibly that person’s carer; the approach outlined in the flow chart below may be considered.
Alleged abuse of older person disclosed, witnessed or suspected.

- Protect evidence and provide support to the older person as required.

Is the older person in immediate danger or at risk of significant harm?

- Yes (care workers should consult with supervisor immediately).
  - Advise/discuss with line manager or supervisor.
    - Yes
      - Contact emergency services (police and/or ambulance) if deemed necessary.
    - No
      - Determine if avenues for case discussion are required i.e. in accordance with agency protocol. Allocate a key worker to undertake service coordination and monitoring role.
      - Consult relevant agencies as per referral pathways. Consult Seniors Rights Victoria
      - Implement agency elder abuse policy and procedures. Utilise local interagency protocol incorporating relevant authorities and services contacted for advice, intervention or referral.

- No or don’t know
  - Discussion suggests there is no immediate danger or risk of significant harm. Record what has happened as per normal agency process. Determine if there is a need for additional risk management to be put in place.
c. Arrange for an assessment of needs of the older person, either in-house or refer to an appropriate funded assessment service (See page 23 – With respect to age 2009).

d. Develop a care plan to support an older person to prevent further abuse. The care plan should include interventions to stop reoccurrence and may include a safety plan, developed in consultation with the older person. Set a review date, as the person’s situation involves follow up on referrals and reviews should occur. Provide information about the older person’s rights and services available to assist, such as emergency services, local services, and state-wide services i.e. Seniors Rights Victoria (See page 31 – With respect to age 2009). Refer to Attachment 2 for links to services.

e. Debriefing may occur between staff involved in the elder abuse case for the purposes of mutual support and reflective learning. Staff should be guided by agency policy and procedures in relation to interagency debriefing.

6. GRIEVANCE PROCEDURE

Any dispute or complaint in relation to the interagency protocol should be dealt with by the staff members directly involved in the first instance with the aim of clarifying the problem and attempting to resolve it.

If the dispute remains unresolved, contact will be made either verbally or in writing between the staff members’ direct supervisor/line manager.

If the dispute is unable to be resolved at this level the matter will be referred to the senior Managers/Directors of the respective agencies.

7. REVIEW AND EVALUATION

This interagency protocol will be subject to regular review and evaluation, to be conducted on a minimum 12 monthly basis. All agencies party to the agreement will be involved in proposing and officiating necessary changes.

8. SIGNATORIES

Authorised by ____________________________
Name:
Position:

{Name of agency}

Date:

Authorised by ____________________________
Name:
Position:

{Name of agency}

Date:

Authorised by ____________________________
Name: Date:
Position: Date Commenced:

{Name of agency}

Date:

Authorised by ____________________________
Name: Date of Review:
Position:

{Name of agency}
Attachment 1. – ASSESSMENT, REPORTING AND SPECIAL CONSIDERATIONS


1. **Assessing Capacity**
   - Assessment of an older person’s capacity to make decisions and informed choices is important.
   - An older person with mental capacity may be capable of managing their own affairs with minimal support from a health / community care worker. Their right to refuse support should be respected.
   - A person’s capacity to make a particular decision should only be doubted if there is a factual basis to doubt it (See pages 23 & 24 – *With respect to age 2009*).
   - Where there is a concern that the older person is not competent and is not able to make decisions, an appropriate referral to **assess their capacity** must be made.

2. **Emergency Situations**
   - Most situations of elder abuse are not emergencies. **If it is an emergency** situation, staff should follow the organisation’s emergency procedure.
   - In an emergency response, an older person should be involved in making decisions about their life as much as possible. However, if a worker assesses that an older person is in imminent danger of harm or death, it may be necessary to arrange the following:
     - Support (for example, ambulance services)
     - Medical treatment for an older person or carer (for example, referral to local doctor or hospital emergency department)
     - Emergency accommodation for an older person or carer (for example, referral to supported housing services in the region, a women’s refuge or other temporary housing)
     - Police involvement, which may be required for the safety of the worker as well as an older person
     - An emergency application to VCAT (if the appointment of a temporary guardian is necessary, for instance, the Public Advocate) or a temporary administrator (for instance, State Trustees Limited) to protect an incompetent older person or their property and assets
     - Other matters sensitive to cultural considerations, including religious beliefs, which ideally should be known prior to any emergency (See page 27 of With respect to age 2009).

3. **Principles for reporting abuse to Victoria Police**
   - Many forms of elder abuse—but not all—are crimes and require police intervention. In situations requiring Victoria Police intervention, it is preferable that the older person be consulted and give consent for the report. However, when a significant risk to the safety of the older person or others is involved, confidentiality cannot be offered unconditionally. (Extract from the Interagency Protocol for Responding to Abuse of Older People, 2007, NSW Government).
   - Where a report to Victoria Police is required, an individual’s personal safety is at risk and Victoria Police intervention is requested, the consent of the person involved is not necessary (refer to With Respect to Age 7.1.4 Victoria Police).
   - Gather and document clear and relevant **evidence of abuse** (See page 36 – *With respect to age 2009* for more detail about documentation).
   - Existing service coordination tools should be used to document clear and relevant details of suspected and substantiated cases of abuse. Agency policies and procedures will provide formal processes for documenting cases of abuse, as well as utilising agreed protocols, including privacy and information sharing between providers. The person’s consent must be obtained prior to referral.
4. **Special considerations.**

**Reluctance to accept intervention**

a. If an incompetent older person is at risk and refusing help (despite efforts made to encourage the person to accept help) it may be necessary to contact the older person’s substituted decision maker. For example, Medical Attorney under power of Guardian or apply to the Victorian Civil and Administrative Tribunal to appoint a temporary guardian to consent to support services or some other intervention.

b. If an older person is competent but refuses help, a direct care worker can support and advise about options such as how to deal with emergencies. Strategies can then be developed to help the older person understand their rights, and feel confident and comfortable to take action.

c. In a case of self-neglect in which a competent older person chooses to live in squalor, the situation could be considered as a public health risk under the Health Act.

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a. People with dementia (Alzheimer’s or related disorders) may be at risk of financial neglect and self-neglect/abuse that includes actions of self-injury by the individual upon themselves which are passive or active.

b. Carers of persons with dementia may require special attention where abuse or neglect is occurring, as they can be the recipients of verbal and physical abuse.

**People from Culturally and Linguistically Diverse (CALD) backgrounds**

a. Cultural factors influence how all forms of abuse are viewed, and specific strategies and responses to elder abuse should address such differences. Being culturally informed and providing sensitive support is an integral component of service provision. It is important that support is provided with an understanding of the cultural background.

b. People from different cultural backgrounds may require interpreter services. Family and friends should not be used as an interpreter (See pages 9 & 10 – *With respect to age 2009*).

**Aboriginal and Torres Strait Islander People**

Advice should be sought from people experienced with the particular cultural background of the family concerned, acknowledging that cultural difference may require special sensitivity in relation to neglect and abuse (See pages 7 to 9 – *With respect to age 2009* for more detail about Aboriginal and Torres Strait Islander People).
### APPENDIX 1: DEFINITIONS

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

<table>
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<tr>
<th>Duty of Care</th>
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<tr>
<td>EAPS</td>
<td>Elder Abuse Prevention Strategy</td>
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<tr>
<td>Elder Abuse</td>
<td>“any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.”</td>
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<td>Includes:</td>
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<td>- Physical Abuse</td>
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<td>- Financial Abuse</td>
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<td></td>
<td>- Psychological or emotional abuse</td>
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<td>- Neglect</td>
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<td></td>
<td>- Social abuse</td>
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<td></td>
<td>- Sexual abuse</td>
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<td>Emergency</td>
<td>An emergency is defined as a situation that poses an immediate threat to human life or a serious risk of physical harm or serious damage to property</td>
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<td>Mental Capacity</td>
<td>The ability to understand an act, a decision or transaction and its consequence. A person has capacity to make an informed decision if they understand the general nature and effect of a particular decision or action and can weigh up the consequences of different options and communicate their decision.</td>
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<tr>
<td>Risk Factors</td>
<td>Risk identification in Elder Abuse is complex. The following risk factors may help to identify older people who are at a higher risk of abuse and may indicate a need for extra support and services to reduce their risk of abuse.</td>
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<td>- Family violence</td>
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<td>- Isolation</td>
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<td>- Dependency</td>
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<td>- Psychopathology in an abuser</td>
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<td>- Stress in the care relationship</td>
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<td>- Difficulties accepting care due to health status</td>
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<td>- Older parents caring for a mature-aged child with a disability –</td>
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<td>- Lack of information about their rights</td>
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<td>- Insufficient planning for a purposeful and secure old-age</td>
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<td>- Existing frailty or physical dependency or the expectation or fear of approaching frailty</td>
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<td>- Psychological dependency</td>
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<td>- Inadequate social networks and poor housing conditions</td>
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APPENDIX 2 – DESCRIPTION OF TYPES OF ABUSE – ASSOCIATED BEHAVIOURS AND SIGNS


**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 unprescribed drugs, household chemicals, poisons (a blood test would be required)
- holding a pillow over a person’s head.
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.
APPENDIX – ELDER ABUSE RISK FACTORS

Risk identification in Elder Abuse is complex. The following risk factors may help to identify older people who are at a higher risk of abuse and may indicate a need for extra support and services to reduce their risk of abuse.

- **Family violence** – Family violence can occur in a number of circumstances and in a range of family settings. It can take the form of abuse of the elderly, sibling abuse, violence between same-sex couples, adolescent children being violent towards parents, carers being violent towards a person with a disability, or female-to-male partner violence.

- **Isolation** – If an older person and the carer are socially isolated, lacking supportive contacts and social networks, there may be an increased risk of abuse and neglect.

- **Dependency** – Dependence of a frail older person on a family carer is not necessarily a cause of abuse. An abusing relative is more likely to be materially dependent on an older person than non-abusing relatives (refer to Pillemer and Finkelhor, 1989).

- **Psychopathology in an abuser** – The abuser may be dependent on an older person for material support, and have a mental health condition as well as dependencies, such as alcoholism or drug abuse. An abuser may also have carer responsibilities.

- **Stress in the care relationship** – Caring for a frail and dependent older person can be extremely stressful. The carer may have adopted the role through a sense of duty or pressure from other relatives. Sometimes carers experience resentment, frustration or anger. These feelings — however they are expressed — may be reciprocated by the dependent person. Few people enjoy being dependent on others for basic daily living needs.

- **Difficulties accepting care due to health status** – In some situations, an older, dependent person may abuse a carer. This may occur due to difficulty in accepting reliance on another person. Psychiatric illness or dementia may result in aggression or a loss of insight and perspective.

- **Older parents caring for a mature-aged child with a disability** – Sometimes, situations of abuse occur where older parents are caring for a relative with a disability. Many parents of children with disabilities remain primary carers into late middle age and beyond. They are usually co-resident, primary carers of their children who predominantly have an intellectual disability or, less frequently, an acquired brain injury (ABI) or physical disability, for example, multiple sclerosis, cerebral palsy or multiple chronic illnesses. Primary carers may be up to, or even beyond, eighty years of age. These living/caring arrangements are usually based on a strong commitment by the carer to continuing care, and are most likely to be of mutual satisfaction to both parties. The living arrangement often involves the co-resident person with a disability taking an active role in running the household.

For the carer, these arrangements may also result in social isolation, depression and poor health. The factors that lead to abuse of the carer are complex, and can involve isolation, the challenging behaviour of the person with the disability, increasing frailty of the carer, and belief by both parties that there are no alternatives to their present situation.

Other risk factors may include:

- Lack of information about their rights
- Insufficient planning for a purposeful and secure old-age
- Existing frailty or physical dependency or the expectation or fear of approaching frailty
- Psychological dependency
- Inadequate social networks and poor housing conditions
- Cultural factors
Interagency Response Framework


Figure 1: Victorian interagency response framework
Adapted from the NSW Department of Ageing, Disability and Home Care, 2007, Interagency protocol for responding to abuse of older people.

Alleged abuse of older person disclosed, witnessed or suspected

Is the older person in immediate danger or at risk of significant harm? (refer to Example 7: Emergency response)

Yes

No or don’t know

Protect evidence and provide support to the older person as required

Advise/discuss with line manager or supervisor (refer to Example 2: Identify the instance of abuse)

Contact emergency services (police and/or ambulance)

Discussion suggests possible abuse (refer to Section 2: Types of abuse and risk factors)

Consult Seniors Rights Victoria – refer to 7.1.1 Seniors Rights Victoria (SRV)

• Discussion suggests it is not abuse
• Record what has happened as per normal agency service coordination framework
• Is there a need for additional risk management to be put in place? (refer to Example 10: Assessing risk)

• Implement agency elder abuse policy and procedures (refer to Section 4: Developing agency policies and procedures)
• Utilise local interagency protocol (refer to Section 5: Local interagency protocols) incorporating relevant authorities and services contacted for advice, intervention or referral
• Also refer to Section 7: Resources

Implement intervention using established agency service coordination and case management functions (refer to Section 3: Service response frameworks)

(Examples 2, 7 &10 from the above framework over page)
Interagency Response Frameworks - Examples

* The examples and information below is taken from the ‘With Respect to Age 2009’ resource and is an abbreviated version. Please refer to Chapter 3 – Service Response Framework on pages 19 - 38

EXAMPLE 7: EMERGENCY RESPONSE

Urgent action is required in an emergency. This is defined as a situation that poses an immediate threat to human life or a serious risk of physical harm or serious damage to property. The appropriate emergency service (ambulance, police or fire) must be called without delay. Depending on the type and context of abuse, it may be useful to talk through the idea of planning an emergency response with the older person, should it ever need to be activated.

What happens to an older person when there is an emergency response?

In an emergency response, an older person should be involved in making decisions about their life as much as possible. However, if a worker assesses that an older person is in imminent danger of harm or death, it may be necessary to arrange:

- Support (for example, ambulance services)
- Medical treatment for an older person or carer (for example, referral to local doctor or hospital emergency department)
- Emergency accommodation for an older person or carer (for example, referral to supported housing services in the region, a women’s refuge or other temporary housing)
- Police involvement, which may be required for the safety of the worker as well as an older person
- An emergency application to VCAT (if the appointment of a temporary guardian is necessary, for instance, the Public Advocate) or a temporary administrator (for instance, State Trustees Limited) to protect an incompetent older person or their property and assets
- Other matters sensitive to cultural considerations, including religious beliefs, which ideally should be known prior to any emergency. (See page 27 – With Respect to Age 2009)

EXAMPLE 2: IDENTIFY THE INSTANCE OF ABUSE

A worker should determine the different possible types of abuse through sensitive questioning of an older person and the older person’s family and friends. This should be done with the permission of the older person, to ascertain what signs or symptoms of abuse have been observed or suspected, their severity and frequency.

When abuse is suspected what should I do?

- Discuss your concerns with your supervisor.
- Vital considerations when addressing abuse include how suspicion is managed, who is spoken to and when.
- Ensure that actions do not cause more harm, and do not undermine the rights of an older person or their carer.
- Considering some basic questions and issues relating to abuse can assist with needs identification
- Any safety concerns for staff should be addressed and managed (See page 20 – With Respect to Age 2009)

What about different values and cultural difference? As with all ages, an older person will have distinctive family values and differences which should be respected, including cultural nuances in communication. It is important to understand the meaning or intention of a verbal or non-verbal behaviour in the context of a person’s culture, experience and intention. Friends or family members should not be used as interpreters.

How do I ask an older person about possible abuse? Be direct and non-judgmental. Asking an older person to describe, in a general way, how things are at home and how they spend their day, for example:

‘How are things going at home?’
‘How do you spend your days?’
‘How do you feel about the amount of help you get at home?’
‘How do you feel your (husband/wife/daughter/son/other carer) is managing?’
‘How are you managing financially?’

Listen to the older person’s story, acknowledging what they have said. Be empathetic, non-judgmental and non-blaming... (See page 20 – With Respect to Age 2009)

EXAMPLE 10: ASSESSING RISK

Managing risk involves the systematic application of management policies, procedures and practices to the tasks of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk. More information on:

- Managing risk
- What does assessing risk involve?
- Additional support, information and tools on risk assessment and management

(See page 30 – With Respect to Age 2009)
APPENDIX - 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?

(Vulnerability to Abuse Screening Scale (VASS) items - page 34 Victorian Community Council Against Violence – Preventing Elder Abuse through the Health Sector Nov 2005)

- 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?

(Routine Screening Questions for Elder Abuse – American Medical Association, ‘Diagnostic & Treatment Guidelines on Elder Abuse and Neglect page 35 Victorian Community Council Against Violence – Preventing Elder Abuse through the Health Sector Nov 2005)
# ELDER ABUSE PREVENTION GUIDE

## DEFINITION OF ELDER ABUSE

Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.

## ABUSE TYPES
- Financial
- Physical
- Sexual
- Psychological/emotional
- Social
- Neglect

## RISK FACTORS
- Family conflict
- Isolation
- Dependency
- Medical or psychological conditions
- Addictive behaviour
- Language and cultural barriers
- Carer situation

## KEY PRINCIPLES
- **Competence**
  - All adults are considered competent to make informed decisions unless demonstrated otherwise.
- **Self-determination**
  - With appropriate information and support, individuals should be encouraged to make their own decisions.
- **Appropriate protection**
  - Where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator. If a person is represented, their wishes should be taken into account as far as possible.
- **Best interests**
  - The interests of an older person’s safety and wellbeing are paramount. Even when they are unable to make all decisions themselves, their views should be taken into account.
- **Importance of relationships**
  - All responses to allegations of abuse should be respectful of the existing relationships that are considered important to an older person.
- **Collaborative responses**
  - Effective prevention and response requires a collaborative approach which recognises the complexity of the issue and the skills and experience of appropriate services.
- **Community responsibility**
  - The most effective response is achieved when agencies work collaboratively and in partnership with the community.

## RELEVANT POLICIES
- With respect to age—2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse
- Elder Abuse Prevention Policy
- Occupational Health & Safety Policies
- Home Visiting Policy
- Client Confidentiality and Privacy Policy
- Storage of Client Records Policy
- Client Referral Policy
- Assessment of Client Capacity Policy
- Client Intake Policy
- Independent (Third) Person Policy
- Emergency procedure

## KEY QUESTIONS
1. How are things going at home?
2. How do you spend your days?
3. How do you feel about the amount of help you get at home?
4. How do you feel your (husband/wife/daughter/son/other carer) is managing?
5. How are you managing financially?
6. Is there anything worrying you?
7. What are the things worrying you?
8. What can I do to help?
9. Is there anything that you need?

## DUTY OF CARE

A duty of care encompasses a duty not to be careless or negligent, and arises from a relationship between parties that are regarded as sufficiently close as to infer that an obligation to care exists in some form.

Duty of care involves a legal obligation and a duty to prevent harm occurring to another person. This only arises where it is reasonably foreseeable in a particular situation that the other person would be harmed by an action or an omission, without the exercise of reasonable care.

If a worker breaches their duty of care, they have failed to meet the expected standards of care. Duty of care not only refers to the actions of a worker but also to the advice the worker gives or fails to give.

(p99 With respect to age—2009)
ELDER ABUSE PREVENTION GUIDE

ASSESSING MENTAL CAPACITY
- General Practitioner
- Psychiatrist
- Neurologist
- Psycho-geriatrician
- Geriatrician
- Neuropsychologist
- Cognitive dementia and memory service clinic (CDAMS)

SUSPECT ABUSE
REPORT TO SUPERVISOR
Is it an Emergency?
- i.e. a situation that poses an immediate threat to human life, or a serious risk of physical harm or serious damage to property

Does client have competency to make relevant decisions in this?

COMPETENT
- Is Interpreter or Cultural Advisor required?
- Discuss situation and options with client
- Assess risk, existing support etc.
- Document
- Request client’s consent to provide further assistance

CONSENT
- Document client consent
- Consider what interventions eg HACC, Office of Public Advocate, Seniors Rights Victoria
- Does client consent to interventions?
- Make referrals
- Arrange assistance
- Advocate as required throughout process

FOLLOW UP according to agency policy

NOT COMPETENT
- Is Interpreter or Cultural Advisor required?
- Discuss situation and options with client
- Assess risk, existing support etc.
- Document
- Determine who can provide consent and request consent to provide further assistance according to agency policy
- Include client in decisions if practical
- Clients’ rights to be respected

Fact sheets for powers of attorney and other matters can be found at http://www.publicadvocate.vic.gov.au/

CONSENT
- Document consent
- Consider what interventions needed
- Does substituted decision maker consent to interventions?
- Make referrals
- Arrange assistance
- Advocate as required throughout process

FOLLOW UP according to agency policy

NO CONSENT
- Document non consent
- Provide information
- Provide referral contacts
- Consider whether duty of care is met
- Legal intervention may be required, e.g. if substituted decision maker is not acting in client’s best interests

FOLLOW UP according to agency policy

REFERRAL POINTS AND CONTACT NUMBERS

EMERGENCY
- POLICE, FIRE, AMBULANCE
  000
  Refer to your agency’s Emergency Policy

STATEWIDE SERVICES
- 24 hour services
  - Lifeline 13 1114
  - State-wide Homelessness Assistance 1800 825 955
  - State-wide Sexual Assault Service 1800 010 120
  - Veterans Line 1800 011 048
  - Women’s Domestic Violence Crisis Service 1800 015 188

- Office Hours
  - Immigrant Women’s Domestic Violence Service 1800 755 968
  - Office of the Public Advocate 1300 309 337
  - Relationships Australia 1300 364 277
  - Seniors Rights Victoria 1300 368 821
  - State Trustees Ltd 9667 6444
  - Suicide Helpline Victoria 1300 052 251
  - Victoria Legal Aid 1800 677 402
  - Victorian Aboriginal Legal Service 9419 3888
  - Victims of Crime Helpline 1800 918 817
  - VCAT 1800 133 055
  - VCAT Guardianship List 1800 133 055
  - Women’s Legal Service (telephone service) 1 1800 133 302

BASS COAST LGA SERVICES
- Aged Care Assessment Service 1800 242 696
- Centre Against Sexual Assault 5194 3922
- Community Health Services 5671 9200
- Department of Housing 13 11 72
- Gippsland Community Legal Service 1800 014 402
- HACC Services 1300 226 278
- Family Violence Services 1800 221 200

- Local Victorian Police Stations
  - Wonthaggi 5672 1222
  - Inverloch (non-24hrs) 5674 1202
  - Cowes (non-24hrs) 5905 2037
  - San Remo (non-24hrs) 5676 5500

Gippsland Primary Care Partnership - Elder Abuse Agency Information Kit 28
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Gippsland Primary Care Partnership - Elder Abuse Agency Information Kit
Elder Abuse Prevention Strategy

Information & Resources

For agencies:


Wellington Primary Care Partnership Website:
- Sample Elder Abuse Prevention Policy
- Interagency Response Framework

Elder Abuse Prevention Guide

Senior Rights Victoria:
Seniors Rights Victoria is the primary, government-funded agency for information and support relating to elder abuse. Provides a range of resources and information sheets.

- Information sheet - What is elder abuse?
- Information sheet - Elder abuse. Together we can prevent it.
- Financial abuse fact sheet
  * fact sheets are available in a range of community languages:

Elder Abuse Personalised Safety Plan

Take Control - Powers of Attorney & Guardianship Kit

Guidelines for field staff to assist people living in severe domestic squalor

Australian Government Directory of Services for Older People 2011

Research Reports:

For Love or Money: intergenerational management of older Victorians' assets
This report explores financial elder abuse through the eyes of professionals in the health, legal, financial, community and aged care sectors and identifies how employees can recognise and respond to financial elder abuse.

Western Australian research into elder abuse
Examination of the Extent of Elder Abuse in Western Australia,
Report outlines the study drawing on data provided by 10 organisations that deal
with elder abuse in WA and strategies for employees.

For individuals:

Seniors Rights Victoria  Helpline: 1300 368 821
Seniors Rights Victoria is the primary, government-funded agency for older Victorians, their friends and family members seeking information and support relating to elder abuse. http://www.seniorsrights.org.au/index.php?option=com_content&view=article&id=1&Itemid=1

Elder Abuse Fact Sheet for Seniors:

Elder Abuse Personalised Safety Plan

Seniors Information Victoria  P: 1300 135 090
Seniors Information Victoria offers free information as an independent service, on a wide range of issues of interest to older Victorians including:
- Housing options from independent living to residential care
- Home-based and community services
- General information on financial and legal issues
- Health and wellbeing
- Retirement

Seniors Online Victoria  P: 1300 135 090
Seniors Online is a new website to provide a first port-of-call for Victorian seniors looking for information online. Information on Seniors Cards, Government programs, community contacts, links to organisations, and your rights.

Victorian Human Rights and Equal Opportunity Commission  P: 1300 292 153
Older Victorians have the same rights as people of all ages that is, the right to be treated fairly and have the same opportunities. One important human rights issue is age discrimination. The Commission provides information on discrimination and your rights. Victorian Human Rights and Equal Opportunity Commission

Office of the Public Advocate  P: 1300 309 337
Take Control is a kit for making powers of attorney and guardianship. It provides clear information about powers of attorney and guardianship, step by step instructions, and a complete set of all the forms you may need.
Elder Abuse Resources Map

Resources:
- Fact Sheets
- Professional Development workshops

Want to know about elder abuse?

Resources:
- Elder Abuse Best Practice Guide
- Sample policy
- Elder Abuse Prevention Guide

Want to develop or revise policies and procedures?

Resources:
- Your agency policy / procedure
- Elder Abuse Prevention Guide
- Seniors Rights Victoria

Responding to suspected Elder Abuse?

Resources
- Your agency policy
- Local Agency Protocol
- Elder Abuse Prevention Guide

Referring on...

Resources & Research:
- For Love or Money Financial Abuse report
- Western Australia Research into Elder Abuse
  [Examination of the Extent of Elder Abuse in Western Australia](http://www.seniorsrights.org.au/index.php?option=com_content&view=article)
- Elder Abuse Personalised Safety Plan

Focussed on prevention or keen to know more expert strategies?