Abuse

Elder Abuse

Overview of Elder Abuse
Research into elder abuse estimates that anywhere from 2.6% to 8% of older people experience some form of elder abuse in any one year; however, this could be just the tip of the iceberg (Elder Abuse Prevention Unit).

Definition of Elder Abuse
Elder abuse can be defined 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” (World Health Organisation 2000).

Abuse can take various forms such as psychological, physical, financial, social, sexual or neglectful, or a combination of the abuse types.

Elder abuse can be difficult to address as there are often complex issues involved such as dependency, dementia, family dynamics, legal and financial matters (Elder Abuse Prevention Unit).

Key Statistics of Elder Abuse
Elder Abuse Prevention Unit data suggests elder abuse occurs predominantly within families.

Of the 1,946 notifications of elder abuse in Queensland in 2017-18:

- 72.3% of perpetrators were sons or daughters
- 45.1% cent of perpetrators lived with the victim
- In 20.8% of cases, the victim was dependent on the perpetrator
- 67.5% of victims were female
- Perpetrators are almost equally men and women
- The most common age group for perpetrators was 50 – 54 years

Of notifications specifically relating to Residential Aged Care Facilities:

- Neglect – 31%
- Financial Abuse – 26%
- Physical – 17%
- Psychological – 17%
- Sexual – 9%

(Department of Communities, Disability Services and Seniors)

Indicators and signs
Abuse, neglect and exploitation can take many forms. Being aware of common indicators may improve your ability to recognise and respond to them. Although no single behaviour is an absolute indicator of abuse, neglect and exploitation, some examples are included below:

Changes in general behaviour
- being afraid of one or many persons
- irritable or easily upset
- worried or anxious for no obvious reason
- depressed, apathetic or withdrawn
- change in sleep patterns or eating habits
- rigid posture and avoiding contact
- avoiding eye contact or eyes darting continuously
- contradictory statements unrelated to mental confusion
- reluctance to talk openly

(Department of Communities, Disability Services and Seniors)
Accountability and Responsibility
There is a requirement that each staff member within Community and Oral Health will report suspected/actual abuse to their line manager.

Failure to report may result in disciplinary action

Types of Elder Abuse
There are five types of elder abuse:
- Physical Abuse
- Sexual Abuse
- Psychological / Emotional Abuse
- Financial Abuse
- Neglect

1. Physical Abuse

This requires Mandatory Reporting if in a Residential Aged Care Facility (Aged Care Act)

Physical abuse is an act that causes physical pain or injury to an older person. It can include, but is not limited to, actions such as hitting, pushing or kicking. Inappropriate use of drugs or physical restraints is also an example of physical abuse.

Physical indicators:
- unexplained cuts, abrasions, bruising or swelling
- unexplained burns or scalds, cigarette burns
- rope burns or marks on arms, legs, neck, torso
- unexplained fractures, strains or sprains; dislocation of limbs
- bite marks
- dental injuries
- ear or eye injuries

Behavioural signs:
- avoidance of particular staff, fear of a particular person
- sleep disturbances
- changes in behaviour (e.g. unusual mood swings, uncharacteristic aggression)
- changes in daily routine, changes in appetite
- unusual passivity, withdrawal
- self-harm, suicide attempts
- inappropriate explanations of how injuries occurred
- excessive compliance to staff.

2. Sexual Abuse

This requires Mandatory Reporting if in a Residential Aged Care Facility (Aged Care Act)

Sexual abuse is any sexual behaviour without a person's consent. It includes sexual interactions and non-contact acts of a sexual nature.

Physical indicators:
- direct or indirect disclosure of abuse or assault
- trauma to the breasts, buttocks, lower abdomen or thighs
- difficulty walking or sitting
- pain or itching in genital and/or anal area; bruising, bleeding or discharge
- self-harm, abuse, suicide attempts
- torn, stained or blood-stained underwear or bedclothes
- sexually transmitted diseases, urinary tract infections
- unexplained money or gifts
3. Psychological /Emotional Abuse

Psychological or emotional abuse is an act that causes emotional pain or injury to an older person. It can include insulting or threatening a person, acts of humiliation or disrespect and controlling behaviours including confining or isolating a person.

**Physical indicators:**
- a history of psychological abuse
- reluctance to talk, fear, anxiety, nervousness, apathy, resignation, withdrawal, avoidance of eye contact
- rocking or huddling up
- loss of interest in self or environment
- insomnia/sleep deprivation
- unusual behaviour or confusion not associated with illness

**Behavioural signs:**
- self-harm or self-abusive behaviours
- challenging/extreme behaviours
- excessive compliance to staff
- very low self-esteem, feelings of worthlessness
- clinical depression
- marked decrease in interpersonal skills
- extreme attention-seeking behaviour

4. Financial Abuse

Financial abuse is the misuse or theft or an older person's money or assets. It can include but is not limited to, behaviours such as 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, or selling or transferring property against a person's wishes.

**Physical indicators:**
- no access to, or unwarranted restrictions on, personal funds or bank accounts
- no records, or incomplete records kept of expenditure and purchases
- no inventory kept of significant purchases
- person controlling the finances does not have legal authority
- misappropriation of money, valuables or property
- forced changes to a person’s will
- persistent failure to produce receipts
- receipts indicating unusual or inappropriate purchases

**Behavioural signs:**
- person has insufficient money to meet normal expenses
- person is persistently denied outings and activities due to a lack of funds
5. Neglect

Neglect is the failure of a carer to meet a person's basic needs such as food, housing and essential medical care. Examples include inadequate food and drink, isolation, lack of cultural contact, inadequate supervision, inadequate or appropriate use of medication, unmet physical needs such as decaying teeth and poor hygiene or inadequate skin care.

Physical indicators:
- physical wasting, unhealthy weight levels (dark urine, dry tongue, lax skin)
- poor dental health
- food from meals left on face and/or clothes throughout the day
- dirty, unwashed body and/or face, body odour
- bed sores (sacrum, hips, heels, elbows)
- person always wearing the same clothes
- ill-fitting and/or unwashed clothes
- person is always over- or underdressed for the weather conditions
- food is consistently poor quality, insufficient, inedible and/or unappetising

Behavioural signs:
- constant tiredness
- persistent hunger
- unexpectedly poor social/interpersonal skills
- signs of loss of communication and other skills
- staff member, service provider, carer or support person consistently fails to bring the person to appointments, events, activities
- person is persistently denied opportunities to socialise with others in the community

Compulsory Reporting of Elder Abuse in Queensland

The Aged Care Act 1997 (Commonwealth) requires the compulsory reporting of Elder Abuse in Residential Aged Care Facilities if there is suspicion of:

- unlawful sexual contact (sexual abuse), or
- unreasonable use of force (physical abuse).

Any allegation or suspicion of unlawful sexual abuse or unreasonable force must be reported within 24 hours of the allegation being made to:
- Your line manager (The Line Manager of the Unit or Duty Nurse Manager (after hours)).

Treat any report seriously, and act accordingly. Never dismiss an allegation made. Always refer it for further investigation.

The Director of Nursing makes the final decision on whether an official report is required and will report to;
- the Police
- the Department of Health and Ageing

All other types of abuse must be reported internally, dealt with and documented appropriately:
- Psychological / Emotional Abuse
- Financial Abuse
- Neglect

For more details visit the Office of Aged Care Quality and Compliance:

Very strict timelines exist for reporting abuse or suspected abuse, so it is important to report your concerns ASAP.
Abuse of a Disabled Person

According to the QLD Department of Communities, Disability Services and Seniors, abuse of a disabled person could consist of one or more of the types of abuse (described above), and could also include:

6. Chemical abuse
   Physical indicators:
   • withholding of prescribed medication
   • abuse of prescribing rights by staff/over-administration of medication

   Behavioural signs:
   • persistent over-activity
   • unusual levels of confusion/disorientation
   (Department of Communities, Disability Services and Seniors)

7. Denial of access to legal system/remedies
   Physical indicator:
   • consistent denial of telephone or Internet access

   Behavioural signs:
   • person does not seek privacy to undertake activities normally undertaken in private
   • person indicates they have no-one to speak to about things they are unhappy about
   (Department of Communities, Disability Services and Seniors)

8. Systemic abuse
   Physical indicators:
   • no program or inadequate/inappropriate program developed for client
   • not endeavoring to use staff of the same gender to perform personal duties for clients
   • providing staff with insufficient training on duty of care and policies and practices related to preventing abuse

   Behavioural signs:
   • person is persistently provided support that does not meet the requirements of their service package
   • person refuses part of their service support due to feeling uncomfortable with particular staff members
   (Department of Communities, Disability Services and Seniors)

References and Resources

Aged Care Act 1997 Part 4.3 – Division 63 Accountability - 63-1AA Responsibilities relating to alleged and suspected assaults - Act No. 112 of 1997 as amended, taking into account amendments up to Treatment Benefits (Special Access) (Consequential Amendments and Transitional Provisions) Act 2019


Department of Communities, Disability Services and Seniors (Abuse of the Disabled)


Elder Abuse Prevention Unit Hotline 1300 651 192

Links to additional Resources and Support Services

“Imagine being neglected by the one who’s supposed to care.”

“Elder Abuse happens. Know the signs, make it stop.

“It’s the hidden abuse that hurts the most.”

“Elder Abuse happens. Know the signs, make it stop.

“When my son stole my money, he stole my dignity.”

Elder Abuse happens. Know the signs, make it stop.