Abuse

Elder Abuse

Elder Abuse in Queensland is defined as any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can include physical, sexual, financial, psychological, social and/or neglect” (ANPEA, 1999).

Residential Aged Care has very specific requirements in relation to reporting Physical, and Sexual assault. The timeframe requires strict accountability for all staff as it must be reported to the Department of Health and Ageing and the Qld Police within 24 hours of the allegation being made by the Aged Care Facility. (The Aged Care Act.1997 amended in 2007).

Abuse

Abuse of a disabled person can be recognized as an abuse of “power” as these clients are a captive market. Disability Services Qld are committed to upholding the legal and human rights of each person with a disability and taking action to prevent and/or respond to allegations of abuse and neglect.

Allegations

An Allegation is defined as - to claim that something has happened or suspected of happening on a Resident / Client in a Residential Care Facility.

Types of Abuse

Physical Abuse - Mandatory reporting under the Aged Care Act.2007 / 2011

Physical abuse is a non-accidental act resulting in physical pain or injury, may include physical coercion and physical restraint.

Physical Abuse Signs

- Bruises
- Lacerations / abrasions
- Broken or healing bones
- Burns
- Weight Loss
- Painful or restricted movements
- Agitation
- Cringing or fearful responses.
- Welts / rashes
**Sexual Abuse** Mandatory reporting requirement under Aged Care Act 1997 /2011

Any sexual activity with an adult who is unable to understand, has not given consent, is threatened, coerced or forced to engage in sexual behaviour. Can also include painful administration of enemas, or genital cleansing.

**Sexual Abuse Signs**

- Unexplained presence of infection/disease
- Bruising to breast/thigh region
- Unexplained bleeding
- Fingertip bruising
- Torn, stained, or bloody under clothing
- Changes in sleep patterns
- Anxiety around named individuals

**Psychological / Emotional Abuse** includes name calling language, shouting, treating a person as a child, withholding affection, or actions designed to intimidate, humiliate, or harass another person. Ignoring residents/clients, disallowing a person access to family and close friends and sleep deprivation.

**Psychological/Emotional Abuse Signs**

- Loss of interest of self or environment
- Helplessness
- Withdrawal
- Apathy
- Insomnia
- Fearfulness
- Indecisiveness about making decisions
- Avoidance of particular staff or persons.

**Social Abuse** involves preventing a person from having contact with family and friends and access to social activities. If a person is actively alienated from the group due to their specific spiritual beliefs, practices, or cultural and linguistic diversity, this can be seen as social abuse.

**Signs of Social Abuse**

- Sadness, grief as nobody is visiting them
- Anxiety after visits by certain people
- Withdrawn, lack of interaction with others
- Low self esteem
- Appearing ashamed
- Passivity (not wanting to participate)
- Listlessness
Financial Abuse involves the illegal, improper use, or mismanagement of a person’s money, property, resources, Power of Attorney and inappropriate removal of a person’s decision making powers. Forcing a person to change their personal Will.

Signs of Financial Abuse

- Unpaid accounts
- Bill for things that the resident does not use or did not order
- Loss of jewellery or personal items
- Money missing from resident’s bank accounts
- Resident / client fearful and anxious when discussing finances or certain people are present

Neglect Abuse is the failure of a carer to provide the necessities of life to a person for whom they are caring. It can be intentional or unintentional.

Signs of Neglect Abuse

- Poor Hygiene
- Lack of personal items
- Absence of health aids
- Weight loss
- Pressure sores
- Secretiveness or agitation

Elder Abuse in the Community

- Elder abuse is not limited to occurring in residential facilities
- 88% of people aged 85 and over still reside in their homes or a home setting
- Elder abuse is more common in the community/home setting

How to report Abuse

- Report 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
- All suspected or actual assaults must be reported to the Line Manager or DNM after hours.
- The Director of Nursing makes the final decision on whether an official report is required.

*Very strict timelines exist for reporting abuse or suspected abuse so it is important to report your concerns ASAP.*

Accountability and Responsibility

- There is an expectation that each staff member within CISS will report suspected/actual abuse to their line manager.
- Failure to report may result in disciplinary action.
Available Resources

The resources and information relevant to Aged Care are available on QHEPS, RACAS.

The resources and information relevant to the Halwyn Centre, Red Hill, and the Acquired Brain Injury Centre at Bracken Ridge and Brighton are available on QHEPS

- Compulsory Reporting of Resident Assault Guidelines 01.02.10
- Compulsory Reporting form for Suspected or Actual Assault of a Resident 01.02.10A
- Compulsory reporting form for missing resident – 01:02:10B
- Response and Investigations into Allegations of Abuse, Neglect and Exploitation of Residents. 01:02:11

Links to Support Services


My Aged Care http://www.myagedcare.gov.au/
