



APEA: WA
Alliance for the
Prevention of Elder Abuse:
Western Australia

Elder Abuse Protocol:

Advocare Inc.
Department of Communities
Department of Health WA
Department of Local Government,
Sport and Cultural Industries –
Office of Multicultural Interests
Department of Planning,
Heritage and Lands
Legal Aid (WA)
Office of the Chief Psychiatrist
Office of the Public Advocate
Older People's Rights Service
Public Trustee
WA Police
Western Australian Local
Government Association

GUIDELINES FOR ACTION

Assisting staff and professionals working with older
people to identify and respond to Elder Abuse





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Government of **Western Australia**
Department of **Communities**

Advocare
incorporated
Empowering People



Curtin University

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INTRODUCTION

Elder abuse protocol: Guidelines for action

This protocol has been developed to assist staff and professionals working with older people to identify and respond to elder abuse in Western Australia. The protocol contains general information about elder abuse, including definitions, types of abuse, examples, signs, and risk factors for abuse. In addition, the protocol provides information about appropriate responses to elder abuse, including a referral flowchart and a list of referral agencies and contacts in Western Australia.

Staff and professionals who work with older people need to be aware of the issue of elder abuse and know how to identify and respond to it in order to ensure the safety and wellbeing of their clients. Organisations have a duty of care to their clients to provide assistance and referral when elder abuse is identified; they also have a duty of care to provide staff with training and information to ensure they can respond appropriately and safeguard their clients from further harm. Agencies are encouraged to develop their own policies and procedures to enable staff and volunteers to recognise, prevent, and respond to elder abuse.

In addressing elder abuse, the rights of the older person must be supported. Older people have the right to make decisions, take risks, or refuse supports and interventions, as long as they have the cognitive capacity to make informed decisions and can understand the consequences of these decisions.

Definitions of elder abuse

Elder abuse is 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.*¹

Abuse can take many forms, including financial or material abuse, intentional or unintentional neglect, emotional or psychological abuse, social isolation, physical abuse, or sexual abuse. Often different types of abuse may be happening at the same time, for example, an older person might be deliberately socially isolated from others so that other types of abuse are not discovered.

Elder abuse may sometimes be seen as a form of family and domestic violence, where someone in a relationship with the older person harms them or makes them feel unsafe. Family and domestic violence involves a pattern of abusive behaviour that aims to frighten or control the person, and this may take different forms in different relationships.

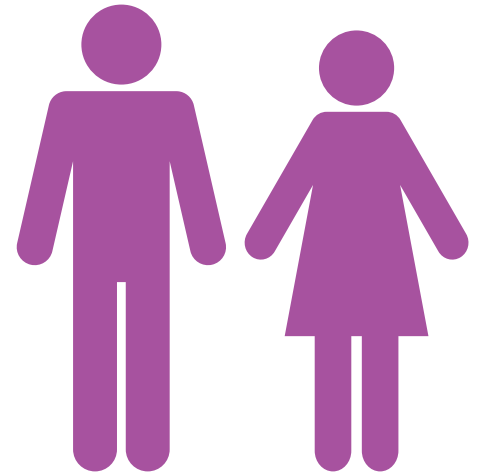
¹ World Health Organization (2002, p. 3)

ELDER ABUSE: facts and figures

15.7% of people 60+

HIGHER for 'at-risk' categories

75,000
Western
Australians



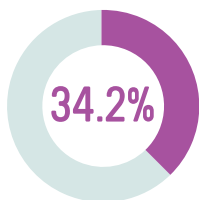
83.4% of
perpetrators are
family members



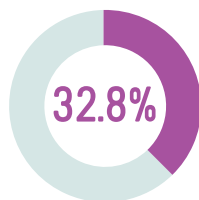
1,219 clients
experiencing elder
abuse were assisted by
Advocare in 2016-17



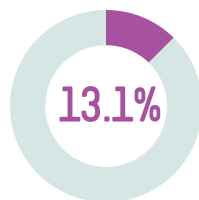
499 calls directly
to the Elder Abuse
Helpline in 2016-17



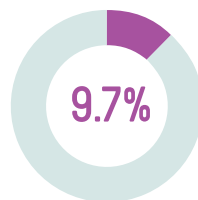
**Financial
Abuse**



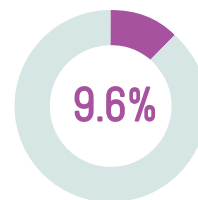
**Psychological
Abuse**



**Social
Abuse**



**Physical
Abuse**



Neglect



**Sexual
Abuse**

Prevalence

The World Health Organization estimates that 15.7% of people 60 years and older in the community may have experienced abuse. This means that potentially over 75,000 older Western Australians are affected. This number may be a lot higher for people in 'at-risk' categories, including older people with physical or mental incapacity and people living in institutional settings. Figures of reported elder abuse are likely to underestimate prevalence due to the fact that only a small fraction of cases are reported.

Barriers to taking action

People who have experienced elder abuse may be unwilling to report the abuse or prosecute the abusers, as they may believe it is their own fault; be ashamed that their child, partner, or family member is harming them; be dependent on the abuser for income and social networks and fear losing them; worry about being estranged from their

children and losing their family; and worry about having to rebuild their finances if they leave the situation. These issues must be taken into account when dealing with elder abuse. Cultural factors may also impact on perceptions of elder abuse as well as approaches to problem-solving among people from culturally and linguistically diverse communities, including Aboriginal or Torres Strait Islander people.

Effects

Abuse and mistreatment may make it harder for an older person to stand up for their own rights. It is often more difficult for people to disclose and deal with abuse by relatives, friends and carers than abuse by strangers because of emotional and social ties. Elder abuse has serious consequences for individuals and society, including physical injury and hospitalisation, loss of income and assets, increased risk of residential aged care placement, and even death. There are also long-term psychological consequences for people who have been abused and mistreated.

Elder Abuse Protocol:

GUIDELINES FOR ACTION

5 A FIVE-STEP APPROACH

to responding to elder abuse

1

Identify whether abuse is taking place

Ask questions to find out further information, e.g. has anyone hurt you? Are you frightened of anyone? In an emergency, go to **Step 3** and call 000.



3

Assess risk and plan safety

Determine the level of urgency – is it an emergency, urgent call 000 or non-urgent? Follow agency procedures, including informing line managers. Take steps to safeguard the older person and others in any response to the abuse.



5

Document

Record concerns and actions taken.

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



2

Provide emotional support

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



4

Refer

Contact the appropriate service with reference to the level of risk to the older person and others. Seek consent if it is not an emergency. With the older person's consent,



make appropriate referrals, e.g. Elder Abuse Helpline 1300 724 769, Office of the Public Advocate 1300 858 455, please see the list of referral sources towards the end of this document

Should they refuse assistance, safely provide them with contact information for services in case they wish to get in contact at a later date.

The following five-step approach is a helpful framework to guide elder abuse responses. Please note that 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.



While these steps are written as a linear progression to help guide responses, some may actually occur at the same time, for example, you can be asking questions to gain further information and be providing emotional support at the same time. Documentation may also be ongoing and occur at any stage.

A FIVE-STEP APPROACH

to responding to elder abuse



The following five-step approach is a helpful framework to guide elder abuse responses. Please note that 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.

While these steps are written as a linear progression to help guide responses, some may actually occur at the same time, for example, you can be asking questions to gain further information and be providing emotional support at the same time. Documentation may also be ongoing and occur at any stage.



Identify whether abuse is taking place

In circumstances where abuse is suspected, ask questions to gain more information about the older person's situation. Gather information from other sources as well, if possible, e.g. relatives, friends, neighbours, other carers, etc. Consider including specific screening questions during assessments to help identify signs and symptoms of elder abuse. If you have concerns but feel the evidence is unclear, contact the Elder Abuse Helpline to discuss with them on 1300 724 679.

Resources

Several elder abuse assessment tools have been developed. These may be useful to incorporate into your organisation's assessment procedures (see links provided in the additional resources section).



Provide emotional support

Listen to the person's story, acknowledge what they are saying, and validate their feelings. Below are some things you can do to be supportive during a disclosure of abuse, but just by listening calmly with empathy and offering support, you are already helping:

- Give them your full attention
- Maintain a calm appearance
- Reassure them that it is okay to talk about the situation
- Accept that they will disclose only what is comfortable and recognise that talking about abuse is difficult
- Let them take their time
- Don't make promises you can't keep
- Maintain confidentiality – unless at risk of harm
- Tell them what you plan to do next
- Do not confront the perpetrator

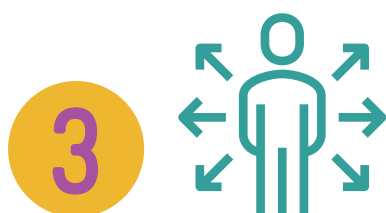
Resources

Counselling support may be offered by organisational staff, if suitably qualified and experienced, or by contacting 1800RESPECT on 1800 737 732 for telephone or online counselling, information and referral.

A FIVE-STEP APPROACH

to responding to elder abuse

“ In situations where there is an immediate threat to life or a serious risk of injury or property damage, immediate action is needed. ”



Assess risk and plan safety

Determine the level of urgency of safety concerns for the older person, others, property or finances using the information you have gathered. Once elder abuse has been identified, steps must be taken to safeguard the older person and respond to the abuse.

Emergency response:

In situations where there is an immediate threat to life or a serious risk of injury or property damage, immediate action is needed. The appropriate emergency service (i.e. Ambulance, Fire Service, or Police) should be called immediately by dialling 000 when there is a threat to life, health or property.

Urgent response:

Is urgent action required due to threats to the safety of the older person, others, or damage or loss of property or finances? These may include the risk of serious injury, homicide, suicide, self-harm, or imminent property damage or financial loss. In these cases, an urgent response might be required and action should be taken as soon as possible to safeguard the older person and prevent further injury, damage, or financial loss. This may involve contacting the Police on 131 444 to report a crime, or contacting Crisis Care on 9223 1111 or 1800 199 008, to request support to escape domestic violence, for information on available refuge and accommodation options, to report any concerns for the wellbeing of a child in the care of the older person, for emergency financial assistance or if you are alone or afraid and urgently need to talk to someone.

If the older person is at immediate risk, advise them of your concerns and contact the Police on 131 444 to report the alleged offence. For all other safety concerns, seek the older person's consent and discuss a safety plan and referral options (please refer to the information on decision-making capacity and criminal offences in the key concepts section).

Non-urgent response:

If there is no immediate threat to safety, wait for business hours and contact the appropriate organisations.

Responses will depend on the situation and the decision-making capacity of the older person, as well as the person's living arrangements and whether there is any immediate danger. Ensure that any action you take will not increase risk for the older person, for example, providing referral information in written format may escalate the abuse if the perpetrator finds it. Follow agency procedures, including informing line managers.

Resources

Risk assessment tools provide a structured way of finding out further information about the risks the older person may be facing. Some links to examples of these are provided in the additional resources section. Your organisation may also have a risk assessment procedure to guide safety planning. A link to an example safety planning checklist has been provided in the additional resources section.

A FIVE-STEP APPROACH to responding to elder abuse

4



Refer

Refer the older person to the Elder Abuse Helpline on 1 300 724 679 or with their consent contact the Helpline on their behalf. Helpline staff are available to discuss concerns and explore options to address the issues. Gather decision-making capacity information (see key concepts section for further details). If the older person refuses any intervention (does not consent) and is considered to have decision-making capacity, their choice for non-intervention must be respected, unless there is further foreseeable risk of harm to themselves or others. The older person should be advised that they may contact you or other support agencies for help in the future. If the older person has (or is suspected to have) impaired decision-making capacity and does not consent, contact the Telephone Advisory Service at the Office of the Public Advocate on 1 300 858 455.

Educate and support the older person, no matter what their choices are, and always provide contact information for services. Sometimes this must be done discreetly to avoid alerting the abuser and causing negative repercussions for the older person. Ensure procedures are in place to coordinate and monitor the intervention, and follow up as required.

Resources

Referrals should be sensitive to diversity and potential vulnerability, please refer to further information in the list of referral sources towards the end of this document.

5



Document

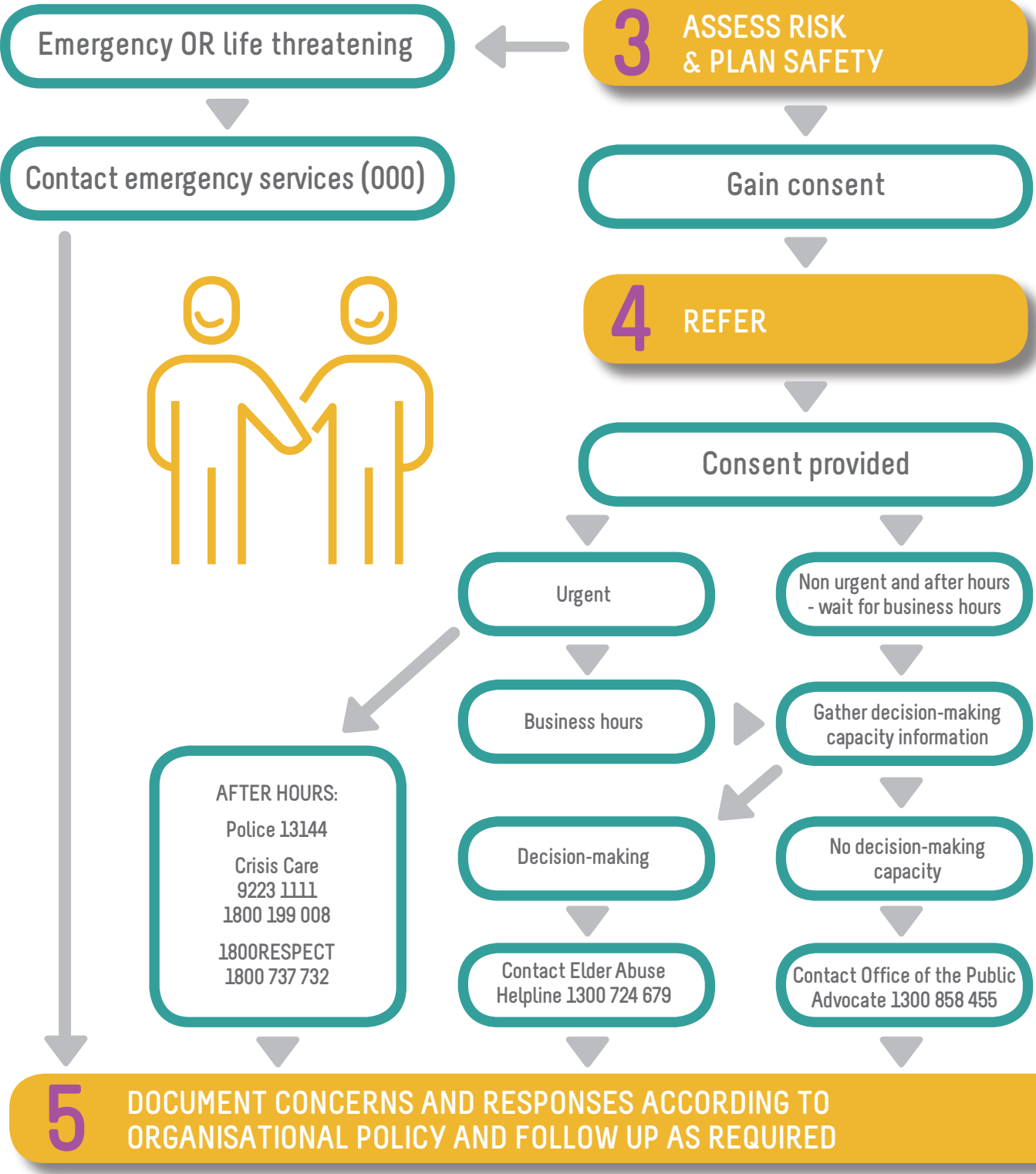
Incidents of elder abuse and any responses should be carefully documented in a factual, objective manner according to agency protocol, policies and procedures:

- Record any concerns and observations—what was witnessed, disclosed, or observed?
- Record what the older person or other witness has said, using quotation marks if appropriate.
- Describe any current or past injuries, or signs of abuse or other damage, e.g. type, extent, age, location. If you believe the explanation for the injury/incident does not match the injury/incident, detail the reasons for your belief.
- Document any actions taken. If the older person has decision-making capacity and refuses intervention, document this also. If you suspect the older person may lack decision-making capacity, document your concerns and any discussion you have had with the Office of the Public Advocate.

Appropriate record-keeping relating to disclosures of abuse and mistreatment is important for service risk management. Detailed records also support information sharing processes and potential legal actions relating to criminal charges. Please refer to the information about privacy and confidentiality in the key concepts section.

A FIVE-STEP APPROACH

to responding to elder abuse



“ Uphold the older person’s rights in all actions and interactions and respect their right to autonomy and self-determination. ”



Intervention principles

- Do no harm
- Accept what the older person is saying
- Do not escalate action unnecessarily
- Assess safety and risks and implement safety management plans
- Uphold the older person’s rights in all actions and interactions and respect their right to autonomy and self-determination
- If you have doubts about the older person’s decision-making ability, make appropriate referrals
- Recognise the importance of preserving family relationships where possible
- Responses should take into account the needs of the older person in relation to disability, culture, language, religion, gender, sexuality, and historical abuse and reporting experiences
- Know your organisation’s policies and procedures, including duty of care responsibilities
- Be aware of the potential for conflict of interest, especially in small communities or within service settings
- Be clear about your role in supporting the older person and do not be co-opted into other people’s agendas
- Be informed about elder abuse and engage in training where available

No consent – Client does not want further intervention

Gather decision-making capacity information

Has decision-making capacity

No decision-making capacity

Provide referral information safely.
If concerned about coercion, refer to
Elder Abuse Helpline
1300 724 679
or Older People’s Rights Service
Mirrabooka
9440 1663
Joondalup
9301 4413

Contact office of the Public Advocate 1300 858 455



KEY CONCEPTS

Decision-making capacity

Under the common law, and with reference to Article 12 of the United Nations' Convention on the Rights of Persons with Disabilities, a person is always presumed to have capacity to make decisions. Capacity is:

- the ability to make and communicate a decision
- not a unitary or global concept
- domain specific: particular to the type of decision being made (e.g. personal, health, financial)
- decision or task specific: different for every decision made, even within one domain.

If you are uncertain about an older person's decision-making capacity, then a GP, geriatrician, clinical psychologist, or psychiatrist should be contacted to formally assess capacity. An application may need to be made to the State Administrative Tribunal for a decision if the person's decision-making capacity is in dispute.

In cases where the older person has impaired decision-making capacity and you are aware that they have a legally appointed decision-maker, e.g. an Attorney, Administrator, Enduring Guardian, or Guardian, you could discuss the situation with the substitute decision-maker, unless there are indications that this person might be involved in the abuse. Where a person has substitute decision-making authority for an older person with diminished decision-making capacity, by law the authorised person must make decisions in the best interests of the older person.

For further advice, contact the Telephone Advisory Service at Office of the Public Advocate on 1300 858 455.

Privacy and confidentiality

The older person's privacy and confidentiality is important and must be respected, though in cases where there is a foreseeable risk of harm to the person, others, or property, you may need to contact authorities to report the situation against the older person's wishes. There are limits to confidentiality for reporting serious incidents where a criminal offence may have been committed. Other confidentiality issues which need to be considered in the handling elder abuse cases, include the potential use of service or professional records as evidence in criminal law proceedings. Personal information should be managed in accordance with the *Privacy Act 1988* (Commonwealth).

Duty of care

This is the legal obligation to avoid causing harm in cases where harm is 'reasonably foreseeable' if care is not taken. It is expected that organisations will have policies to guide responses to abuse, in line with duty of care obligations.

Criminal offences

Some forms of elder abuse, such as theft, fraud, physical and sexual assault, and neglect, are also criminal offences. The abuser may be able to be charged with an offence by the Police. In these situations, this option must be offered and the client asked whether they want to contact the Police. An agency protocol with clear guidelines should be put into place to address this issue.

Compulsory reporting in residential aged care

Under the *Aged Care Act 1997*, there are compulsory reporting requirements for physical and sexual abuse in residential aged care, where approved providers must report suspected or alleged abuse to the Police and the Department of Health within 24 hours. To report a suspicion or allegation of a reportable assault, you can call the compulsory reporting line on 1800 081 549, or download and complete a reportable assault form, <https://agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/compulsory-reporting-for-approved-providers/reportable-assaults-report> and email it to compulsoryreports@health.gov.au.

ELDER ABUSE IN DIVERSE AND VULNERABLE POPULATIONS

Some older people may be more vulnerable to abuse and mistreatment and may face additional barriers in seeking assistance. Under the *Aged Care Act 1997* people with special needs include older people from Aboriginal or Torres Strait Islander communities, care leavers, older people from culturally and linguistically diverse communities (including those for whom English is not their first language and new migrants), people with disabilities or mental health issues, and people from the lesbian, gay, bi-sexual, transgender, intersex and queer community (LGBTIQ+). Where possible, it is suggested that appropriate services with a focus on the older person's specific needs are accessed for support and referral. Several of these are listed in the referral and support agency section of this document.

Aboriginal and Torres Strait Islander people

Due to past experiences of discrimination, poverty, and the emotional heritage of the 'stolen generation' many Aboriginal and Torres Strait Islander people encounter the ageing process earlier than non-Aboriginal people; they are generally seen as 'older' from age 45 or 50. Inadequate access to resources, such as employment, healthcare, education, and housing may increase the risk of abuse for vulnerable older people, including people from the Aboriginal community.

Barriers to Aboriginal older people reporting abuse may include such factors as it is the 'Aboriginal 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 Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander people, as 'Elder' is a term of respect used for community leaders. The abuse and mistreatment of older Aboriginal and Torres Strait Islander people needs to be approached with heightened sensitivity due to the complexity of these issues.

Care Leavers

People who spent time in foster care and residential care as children are potentially more vulnerable to abuse. People in this group may have experienced abuse and/or neglect within the care setting. These older people may fear authority figures and be reluctant to seek health and support services and to report abuse due to past trauma and abuse in care.

ELDER ABUSE IN DIVERSE AND VULNERABLE POPULATIONS

Culturally and linguistically diverse (CALD) communities

CALD older people, including migrants, are not a homogeneous group. They come from a range of social, educational and economic backgrounds, and have different levels of integration into society. 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 be uncomfortable using mainstream services due to language or cultural barriers. For CALD older people experiencing abuse, seeking outside help may not be seen as an option. Many CALD older people lack confidence in government institutions and police, due to previous negative experiences in their home country. They may also have a different understanding of the term 'elder abuse'.

People with disability, mental health issues, or cognitive impairment (including dementia)

Many older people have a disability, as levels of disability tend to increase with age. Studies have found that people with disabilities (including decision-making disabilities) and mental health issues are at increased risk of abuse. This is due to risk factors such as dependency on others for support and assistance, increased social isolation, and having reduced social and financial resources. Limited physical mobility may give abusers greater access and opportunity, and prevent individuals from leaving abusive situations. Loss of decision-making capacity and communication difficulties also impact on help-seeking, and people with high support needs dependent on others for care may have restricted escape options. Dementia can make it more difficult to detect abuse, as common reactions to abuse, such as withdrawal, may also be a symptom of dementia.

Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) individuals

There are increasing numbers of older people who identify as LGBTIQ+, and it is reported that around 11% of the population may be of diverse sexual orientation or gender. Many older LGBTIQ+ 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 LGBTIQ+ 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, so avoid making assumptions. Do not assume that all clients are heterosexual or that they identify as one of two genders.

Older people in rural or remote areas

People living outside major cities and towns may be at increased risk of elder abuse due to social isolation and a lack of accessible services and supports. Shame and concern about protecting the family name may also stop older people from reporting or disclosing elder abuse in small rural communities.

EXAMPLES AND SIGNS OF ELDER ABUSE

Different types of elder abuse are described below in alphabetical order. Examples and signs of abuse are also provided, but please note that there may be additional examples and signs other than those listed.

Emotional or psychological abuse

Inflicting mental anguish, fear, or feelings of shame and powerlessness. It may be verbal or nonverbal, and part of a pattern of behaviour repeated over time and intended to control the person by maintaining a hold of fear over them.

Examples:

- Verbal intimidation, humiliation, harassment, and shouting
- Threats of various forms
- Withholding affection
- Removal of decision-making power
- An Enduring Guardian acting inappropriately

Signs:

- Shame
- Depression
- Anxiety
- Resignation
- Confusion
- Social isolation
- Insomnia
- Marked passivity or anger

Financial or material abuse

Illegal or improper use of an older person's finances or assets.

Examples:

- Misappropriation of assets, money or valuables
- Forced changes to legal documents
- The denial of access to personal funds
- Forging signatures
- Misuse of a bank card or Enduring Power of Attorney
- Spending the older person's money on themselves
- Exerting undue influence to give away assets or gifts
- Putting undue pressure on the older person to accept lower-cost or lower-quality services in order to preserve financial resources for inheritance
- Not contributing to household expenses

Signs:

- The older person not being able to access adequate food, clothing, shelter or utilities
- Unusual activity in bank accounts
- No access to bank statements
- Interference with mail
- Not being able to pay normal accounts and having an accumulation of unpaid bills
- Having less money to spend
- Fear, stress, and anxiety

Neglect

The failure of a caregiver to provide the necessities of life to the person for whom they are caring, such as adequate food, shelter, care and emotional support. Neglect can be intentional or unintentional.

Examples:

- Not providing appropriate care when in a caretaking relationship with an older person
- Preventing an older person from accessing services
- Receiving Carer Allowance but not providing care to the older person

Signs:

- Malnourishment and weight loss, hypothermia, overheating, or clothing inappropriate for the season
- Injuries that have not been properly treated
- Poor personal hygiene
- Abandoned or left alone for long periods
- Lack of social, cultural, intellectual, or physical stimulation
- Lack of safety precautions, or inappropriate supervision

Physical abuse

Deliberately causing physical pain or injury, including physical coercion, and physical and chemical restraint.

Examples:

- Slapping, hitting, bruising, pushing and shoving, tripping
- Physical restraint
- Over or under-medicating

Signs:

- Discrepancies between an injury and the explanation of how it happened
- Burns, bruising, and injuries at different stages of healing
- Being seen by different doctors and hospitals/treatment centres

EXAMPLES AND SIGNS OF ELDER ABUSE

Sexual abuse

A broad range of unwanted sexual behaviour, including rape, indecent assault, sexual harassment and sexual interference.

Examples:

- Rape and indecent assault
- Sexual harassment
- The use of sexually offensive language and/or materials/media
- Inappropriate touching

Signs:

- Bruising around genitals
- Unexplained venereal disease
- Torn/stained/bloody underclothes
- Bruising on the inner thighs
- Difficulty in walking or sitting
- Sitting huddled and in fear of being touched, or fear of certain visitors

Social abuse

Intentional prevention from having social contact with family or friends, or accessing social activities of their choice. This may also have the effect of hiding abuse from others.

Examples:

- Preventing the person from having contact with family or friends
- Denying phone and/or internet use, and/or monitoring calls
- Cutting off activities without explanation, and other controlling behaviours
- Unexpected cancellation of services
- Withholding mail
- Disconnecting the telephone without the older person's consent
- Living in and taking control over the older person's home without their consent
- Preventing the older person from engaging in religious or cultural practices

Signs:

- Sadness or grief at the loss of important relationships
- Reduction or lack of self-esteem
- Appearing ashamed
- Constant or close presence of the abuser and a high-level of gate-keeping

RISK FACTORS FOR ELDER ABUSE

“Ageist stereotypes and discrimination may lead to negative attitudes and discriminatory policies and practices by individuals and institutions.”

Several factors increase the risk that an older person will be abused. These include:

Dependency

The older person may be dependent on others for social, emotional, physical, financial, and spiritual support; this vulnerability is increased when the abuser is also dependent on the older person.

Family dynamics and living arrangements

Unresolved issues, family conflict, and spousal violence, as well as shared living arrangements, may heighten the risk of conflict and abuse.

Social isolation

The older person may be isolated by location, mobility, physical impairments, intellectual impairment, or language and cultural barriers.

Health and cognitive impairment

Physical and mental impairments, including illness, dementia, and depression, may reduce the older person's ability to protect themselves.

Addictions

Alcohol, prescription or illicit drug use, or gambling addictions on the part of the older person or abuser, may increase the risk of abuse.

Carer stress

This may lead to abuse, especially when combined with other risk factors, such as social isolation and/or addiction.

Language and cultural barriers

All risk factors above may be heightened by language and cultural barriers, including historical influences or immigration experience.

Ageism

Ageist stereotypes and discrimination may lead to negative attitudes and discriminatory policies and practices by individuals and institutions. Ageist attitudes may also excuse or discredit abuse, with the effect that older people are not taken seriously or the abuse allegation is responded to inadequately, if at all.

ELDER ABUSE REFERRAL AND SUPPORT AGENCIES

	CONTACT	ASSISTANCE PROVIDED
Ambulance, Fire, Police	000	For emergency responses
Police	131 444 www.police.wa.gov.au	For non-emergency responses when Police attendance is required
Crisis Care	(08) 9223 1111 1800 199 008 www.dcp.wa.gov.au/CrisisAndEmergency/Pages/CrisisCare.aspx	Telephone information and counselling service for people in crisis needing urgent help. Information and short-term counselling for people in crisis needing urgent help to ensure the wellbeing of a child, escape domestic violence, information on available refuge and accommodation options, emergency financial assistance and general counselling.
Family Helpline	(08) 9223 1100 1800 643 000	Confidential telephone counselling and information for families with relationship difficulties.
1800 RESPECT	1800 737 732 www.1800respect.org.au	Counselling, information and referral service to support people impacted by sexual assault, domestic or family violence and abuse.
ELDER ABUSE REFERRAL		
Advocare Elder Abuse Helpline	1300 724 679, (08) 9479 7566, Advocare: 1800 655 566 www.advocare.org.au	Support, information, and advocacy for older people who are being abused, or at risk of being abused. 8.30 am - 4.30 pm weekdays
Office of the Public Advocate	1300 858 455 (08) 9278 7300 www.publicadvocate.wa.gov.au	Advice or assistance with cases of elder abuse where a person who may have a decision-making disability is involved; investigations to determine whether a guardian or administrator is required, and guardianship services. 9.00 am-4.30 pm weekdays. Staff on call to help with urgent after-hours inquiries.
Older People's Rights Service	Mirrabooka: (08) 9440 1663, Joondalup: (08) 9301 4413, nsclegal.org.au/legal-services/elder-law-services	Legal assistance and social work for people aged 60 years and above (50 years of age for Aboriginal people) in the Perth metro area experiencing Elder Abuse or at risk of such abuse perpetrated by family members, friends or carers. 9.00am-4.00pm weekdays
Public Trustee	Wills, Deceased Estates & Enduring Powers of Attorney: 1300 746 116 Administration & Represented Persons: 1300 746 212 www.publictrustee.wa.gov.au	Offers independent, professional 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., 8.30am-4.30pm weekdays

ELDER ABUSE REFERRAL AND SUPPORT AGENCIES

AGED CARE SERVICES		
Aged Care Complaints Commissioner	1 800 550 552 www.agedcarecomplaints.gov.au	Receives complaints about the quality of care or services delivered to people receiving aged care services subsidised by the Australian Government.
Department of Health - Reportable Assaults	Compulsory reporting line: 1 800 081 549 Email reportable assault form to: compulsoryreports@health.gov.au	To report a suspicion or allegation made of a reportable assault, an approved provider must contact within 24 hours. Reportable assault form can be found at: https://agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/compulsory-reporting-for-approved-providers/reportable-assaults-report
SUPPORT AGENCIES		
Carers WA	Carer's Counselling Line: 1 300 227 377 (Open 8.30am – 7.30 pm) www.carerswa.asn.au	Community organisation representing the needs and interests of carers in WA. Provides a confidential telephone counselling service to help carers discover effective ways of coping with the everyday challenges of caring.
Commonwealth Respite and Carelink Centres	1 800 052 222, Emergency Respite: 1 800 059 059 (ah) www.dss.gov.au/disability-and-carers/programmes-services-for-carers/commonwealth-respite-and-carelink-centres	Information, support and referral to community and respite services for older people, people with disabilities, and their carers. Can assist in providing emergency respite and support for independent living in the community.
Consumer Protection	Advice line: 1 300 304 054 www.commerce.wa.gov.au/consumer-protection	Can provide information on a variety of topics including tenancy, consumer rights, fair trading, buying and selling property, scams, licences and registrations and running not-for-profit organisations. 8.30am–5.00pm Mon, Tues, Wed & Fri 9.00am–5.00pm Thurs
Legal Aid WA	1 300 650 579 www.legalaid.wa.gov.au	Information, advice and other legal help. The type and amount of help depends on the person's financial situation, the legal problem and available resources. 9.00am–4.00pm weekdays
SERVICES AND RESOURCES FOR OLDER PEOPLE WITH DIVERSE NEEDS		
ABORIGINAL AND TORRES STRAIT ISLANDER		
Advocare – Aboriginal Advocacy Program	(08) 9479 7566 1 800 655 566 www.advocare.org.au/assistance-for-older-aboriginal-people	An advocate is available to assist older Aboriginal people or their carers to find out about and access aged care services. They can also assist older people who are experiencing mistreatment by family or friends or who are unhappy with the aged care services they are receiving.

ELDER ABUSE REFERRAL AND SUPPORT AGENCIES

ABORIGINAL AND TORRES STRAIT ISLANDER (CONT.)		
Derbarl Yerrigan Health Service Inc.	(08) 9421 3888 www.dyhs.org.au	An Aboriginal community controlled health organisation providing a range of services across multiple sites in Perth, staffed by a range of health professionals, including Aboriginal and Torres Strait Islander Health Workers and health practitioners.
DEMENTIA		
Alzheimer's WA	Customer Support: 1 300 66 77 88 Dementia Helpline: 1 800 100 500 www.alzheimerswa.org.au	Specialist dementia education, information, training, and services including respite, counselling and social support
DISABILITIES		
Disability Services (Department of Communities)	Consumer Liaison Team: (08) 9426 9244, www.disability.wa.gov.au/about-us/about-us/complaints-and-compliments/	For complaints or compliments about a service provided by the Department of Communities, Disability Services.
People with Disabilities (WA) Inc.	(08) 9485 8900 1 800 193 331 www.pwdwa.org	Provides non-legal individual and systemic advocacy for people with disabilities who have serious or urgent problems. Available to any person with a disability.
<i>Detailed information about other services and supports is available at: http://www.disability.wa.gov.au/individuals-families-and-carers/for-individuals-families-and-carers/services-supports-and-eligibility-new/services/directory-of-service-providers/</i>		
CULTURALLY AND LINGUISTICALLY DIVERSE		
Partners in Culturally Appropriate Care (PICAC) – Fortis Consulting Pty Ltd	(08) 9467 2490, www.fortisconsulting.com.au	A PICAC organisation is funded in each state and territory to support aged care providers to deliver culturally appropriate care to older people from CALD communities and help older CALD people and their families make informed decisions about their aged care needs. PICAC organisations conduct a range of activities including training, information sessions, workshops, and resource development.
Translating and Interpreter Services (TIS)	Immediate phone interpreting: 131 450 www.tisnational.gov.au	Telephone and onsite interpreters for non-English speakers 24 hours a day. Also provides interpreting services to English speakers, to help them communicate with non-English speaking clients, using telephone interpreting.
<i>Other government resources available at: https://agedcare.health.gov.au/older-people-their-families-and-carers/people-from-diverse-backgrounds</i>		

ELDER ABUSE REFERRAL AND SUPPORT AGENCIES

CARE LEAVERS

Further information about this group, along with available services and supports available at: <https://agedcare.health.gov.au/careleavers>

MENTAL HEALTH

Mental Health Emergency Response Line	1 300 555 788	Provides assessment, specialist intervention and support for people experiencing a mental health emergency in the Perth metro area, and if required, referral to a local mental health service.
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Detailed information about other services and supports is available at: <https://www.mhc.wa.gov.au/getting-help/>

LESBIAN, GAY, TRANSGENDER AND INTERSEX

GLBTI Rights in Ageing (GRAI)	www.grai.org.au	A voluntary group that works to enhance the quality of life for GLBTI (gay, lesbian, bisexual, trans, intersex) elders, focusing on improving GLBTI awareness in aged care services (both residential and community care).
National LGBTI Health Alliance	www.lgbtihealth.org.au	National peak health organisation for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities.
Living Proud & QLife	1 800 184 527 www.qlife.org.au www.livingproud.org.au	Living Proud provides support, information and resources to the WA gay, lesbian, bisexual, trans and intersex community and to a range of health and other professionals. Living Proud is also the WA partner for QLife, a national counselling and referral service. The telephone line runs 3pm to 12am daily.

Other government resources available at: <https://agedcare.health.gov.au/support-services/my-aged-care/lgbti-ageing-and-aged-care-resources>

ADDITIONAL RESOURCES

Assessment and screening tools

Article discussing a number of different elder abuse screening tools for healthcare professionals:

National Centre on Elder Abuse. (2016). Research to Practice: Elder Abuse Screening Tools for Healthcare Professionals. NCEA. Available at: <http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/Elder-Abuse-Screening-Tools-for-Healthcare-Professionals.pdf>

EASI: Elder Abuse Suspicion Index:
<http://nicenet.ca/tools-easi-elder-abuse-suspicion-index>

NSW Elder Abuse Helpline & Resource Unit. (2016). NSW Elder Abuse Toolkit: Identifying and responding to the abuse of older people: the 5-step approach. Sydney: NSW Elder Abuse Helpline & Resource Unit. Available at: <http://www.elderabusehelpline.com.au/uploads/pdf/Toolkit%20-%20FINAL%20-%20WEB.pdf>.

- Elder Abuse risk factor assessment checklist, page 19
- Domestic Violence Safety Assessment Tool (DVSAT), page 27
- The Modified Caregiver Strain Index (MCSI), page 25

Example Elder Abuse policies

Office for Senior Victorians. (2011). Elder Abuse Prevention Strategy – Policy Document. Available at North & West Homelessness Networks [web page]: http://www.nwhn.net.au/admin/file/content2/c7/2%20Elder_Abuse_Policy_FINAL_2_February_2011.pdf

NSW Elder Abuse Helpline and Resource Unit. (undated). Model Policy — Preventing and Responding to the Abuse of Older People. Available at: <http://www.elderabusehelpline.com.au/uploads/pdf/Model%20Policy.pdf>

Financial abuse

CPA Australia. (2017). Financial Abuse of Older People. Awareness. Recognition. Tools. [web page]. Available at: <https://www.cpaustralia.com.au/professional-resources/public-practice/financial-abuse-of-older-people>

Risk assessment frameworks

Common Risk Assessment Framework (CRAF) and Common Risk Assessment and Risk Management Framework (CRARMF) available on 1800RESPECT: National sexual assault, domestic family violence counselling service [web page]: <https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/raft>

Safety planning and responding to risks

Safety planning checklist available on 1800RESPECT: National sexual assault, domestic family violence counselling service [web page]: <https://www.1800respect.org.au/help-and-support/safety-planning/checklist>

NSW Elder Abuse Helpline & Resource Unit. (2016). NSW Elder Abuse Toolkit: Identifying and responding to the abuse of older people: the 5-step approach. Sydney: NSW Elder Abuse Helpline & Resource Unit. Available at: <http://www.elderabusehelpline.com.au/uploads/pdf/Toolkit%20-%20FINAL%20-%20WEB.pdf>.

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Elder Abuse Protocol

APEA: WA Alliance for the Prevention of Elder Abuse: Western Australia
www.advocare.org.au/resources/apea/
