

RIGHTS OF OLDER PEOPLE

Addressing Elder Abuse is Human Rights based, by recognising that all adults have the right to self determination regardless of their age, eccentricity or life choices, which others may not agree with. 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 their decisions. The United Nations Principles for Older Persons, based on the International Plan of Action on Ageing 1982, state that older persons should be able to enjoy human rights that include full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and quality of their lives.

The principles include the right for Independence, Participation, Care, Self-fulfillment and Dignity.

With the advancement of science and medicine, many people with long term physical, mental, intellectual or sensory impairments live longer and reach older age, and consequently could be experiencing elder abuse. Therefore we need to base our approach to elder abuse also on the United Nations Convention on the Rights of Persons with Disabilities. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights by persons with disabilities and to promote respect for their inherent dignity.



Elder Abuse Prevention Unit

Helpline

1300 651 192

Interstate

P: 07 3867 2525

Mailing Address

P O Box 2376 Cherside Central Qld 4032

E: eapu@uccommunity.org.au

W: www.eapu.com.au

The Elder Abuse Helpline operates Monday to Friday 9:00am to 5:00 pm toll free from anywhere in Queensland and callers may remain anonymous.

Elder Abuse Prevention Unit

The Elder Abuse Prevention Unit (EAPU) is a Statewide Service funded by the Queensland Department of Communities and operates within the Older Persons Programs of UnitingCare Community.

The EAPU provides:

- Free training sessions to community organisations and students in relevant tertiary studies
- Awareness Raising sessions to community groups
- Peer Support Network providing training Teleconferences, resources and Newsletters to support remote or isolated workers
- A confidential Helpline 1300 651 192; the first port of call for providing support, information and referrals for anyone experiencing or witnessing the abuse of an older person or for accessing other EAPU Services.

UNITED NATIONS PRINCIPLES FOR OLDER PERSONS

To add life to the years that have been added to life, the United Nations General assembly adopted the following Principles for Older Persons on 16th December 1991 (Resolution No.46/91).

I) Independence:

1. Older Persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family & community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
4. Older persons should have access to appropriate educational and training programs.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.

II) Participation:

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
8. Older persons should be able to speak and develop opportunities for service to the community and serve as volunteers in positions appropriate to their interests and capabilities.
9. Older persons should be able to form movements or associations of older persons.
10. Older persons should benefit from family and community care and protection in accordance with each society's systems or cultural values.

III) Care:

11. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.
13. Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a human and secure environment.
14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

IV) Self-Fulfilment:

15. Older persons should be able to pursue opportunities for the full development of their potential.
16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.
17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and valued independently of their economic contribution.

"People are created to give something back to the world. The best way to solve problems is to work together with compassion towards betterment of human life through helping improve the quality of all individuals".

INFORMATION ON ELDER ABUSE

The abuse of older people is a worldwide recognised issue. Relationships of trust include family and friends of the older person but increasingly the relationship between community support workers, such as domiciliary nurses and home help, have come to be recognised as trusting in nature and are therefore covered by this definition.

Overview of elder abuse

Elder abuse is located within the context of the Domestic and Family Violence paradigm which, along with child abuse and domestic violence, is underpinned by issues of power and control. There are similarities between the three domains of abuse but each stage of life needs its own framework for understanding and addressing specific issues. 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.

Types and signs of elder abuse

1. Psychological (emotional, mental, verbal) abuse: is the infliction of mental anguish, fear and feelings of shame and powerlessness. Behaviours include: verbal intimidation, humiliation, harassment, shouting, threats of various forms, withholding of affection and removal of decision-making powers. Signs include: Loss of interest in self and environment, passivity and apathy towards another person, fearfulness, lack of eye contact, ambivalence or nervousness around another person, reluctance to talk openly, helplessness and resignation.

2. Financial abuse: is the illegal or improper use of an older person's finances or assets without their informed consent. Behaviours include: 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 and misappropriation of an Enduring Power of Attorney. Signs include: loss of valuables, unprecedented transfer of funds, the improper attainment of Enduring Power of Attorney, loss of the bank card or a cheque book and the sudden inability to pay bills or purchase necessities.

3. Physical abuse: is the infliction of physical pain, injury or force and the deprivation of liberty. Behaviours include: slapping, hitting, bruising, pushing and shoving, physically restraining and over & under medicating. Signs include: discrepancies between injury and explanation, burns, bruising, injuries at different stages of healing and being seen by different doctors or hospitals.

4. Social abuse: is the intentional prevention of an older person from having social contact with family or friends or accessing social activities of their choice. Behaviours Include: Moving the older person away from family and friends, forbidding access to visitors, denying the use of the phone or monitoring calls and cutting off activities without explanation and many other controlling behaviours. Signs include: Unexpected cancellation of services, non attendance at activities the person regularly attends, constant and close presence of the carer/family member, a high level of gate-keeping by the suspected abuser.

5. Sexual abuse: is sexually abusive or exploitative behaviour or any behaviour that makes the older person feel uncomfortable about their body or gender. Behaviours include: rape, indecent assault, sexual harassment, the use of sexually offending language and touching inappropriately. Signs include: bruising around genitals, unexplained venereal disease, torn/stained/bloody underclothes, bruising on the inner thighs, difficulty in walking or sitting, huddled and fear of being touched.

6. Neglect: is the failure of a care giver to provide the necessities of life to a person for whom they are caring. Neglect can be unintentional or intentional. Both have the same adverse affect on the abused and cannot be excused or condoned. However, it is important to note the difference between the two types as it assists in choosing the most appropriate interventions.

Behaviours include: **Unintentional Neglect** - when a carer does not have the skills, knowledge or physical ability to care for the person or they lack knowledge of the supports available to them.

Intentional Neglect - when an older person is abandoned or not provided with adequate food, clothing or water or when there is a refusal by the carer to allow other people to provide necessary care. Signs include: malnourishment, dehydration, lack of social contact or activities, smelling of poor hygiene, clothing in poor state, colds and chills, lacking glasses, dentures or hearing aids, pressure sores, abandoned.

RISK FACTORS

- Dependency – The older person may fear the loss of the carer or being moved to an aged care facility or of experiencing retaliation if they complain. They could be in a co-dependant relationship with the abuser. The carer may be dependent on the accommodation and income of the older person. The older person may still be the carer for an intellectually impaired, mentally ill or emotionally immature adult who abuses them.
- History of family conflict and dysfunction – could involve many unresolved issues, learned behaviours through intergenerational violence, a continuation of domestic violence with role reverses or an opportunity for “pay back”.
- Isolation – no one to get help from and no one to witness the abuse, not being aware of options and services, no support networks.
- Physical health issues – increased dependency or increased burden of care on the carer.
- Mental health issues – human rights including confidentiality issues that exclude the carer from information, non-compliance with medications, conflicting rights and needs between the person and the carer. The older person could experience mental health issues or be living with a person with mental illness.
- Impaired capacity - diminished capacity to report and to be believed, increased opportunity for being abused, increased abuse of the carer due to uncontrolled behaviours, issues of determining capacity or the level of capacity.
- Carer stress – may lead to unintentional or intentional abuse. The abusive actions of carers are not to be condoned, however, the carer could be the abused or in need of information and support.
- Addictions – alcohol, prescriptive or illicit drugs or gambling addictions affecting the older person, the carer or the person who lives with the older person.
- Language and cultural barriers – all the risk factors mentioned above could be compounded by increased level of isolation through language barriers and increased dependence due to cultural values, historical influences and/or the emigration experience.

When addressing elder abuse it is important to utilise a holistic, non-punitive and non-judgemental approach. In most cases people wish to retain important relationships with significant people, therefore by addressing the unmet needs of the alleged abuser as well as the abused person, the situation could improve for the client. It is also important to recognise that many carers go out of their way to care for the person in their care and they could be the ones who allow themselves to be abused, may need information and support, or could experience physical or cognitive health issues.