Central Highlands Elder Abuse Prevention Network

Guidelines for managing disclosures of elder abuse

Purpose

These guidelines will provide support for handling disclosures that may occur while undertaking activities that contribute to the work of the Central Highlands Elder Abuse Prevention Network (CHEAPN). It focuses on disclosures that relate to older people's health and wellbeing, in particular experiences of violence against older people.

Scope

These guidelines apply to:

- BCH staff who are working with older people or delivering elder abuse prevention information in a group setting
- Members of the CHEAPN who are undertaking prevention activities, such as elder abuse awareness events and group conversations.

Signs that might indicate elder abuse

Elder abuse is often hidden. An older person may not identify what's happening to them as abuse. They may cover up the signs due to fear of what may happen if anyone finds out. (**See appendix 1**)

Responding to disclosures of elder abuse

It is important to note that disclosures in prevention initiatives/events/training sessions that are raising awareness of elder abuse are possible and therefore it is important to be prepared. Some people might disclose in a group situation, other people will seek out a one on one conversation.

If someone discloses their experience of violence to you:

- Listen, be empathetic, believe them and take the disclosure seriously
- Discuss limits of confidentiality
- State clearly the violence is not their fault
- Don't ignore it
- Ensure that your actions are respectful of the older person's rights and wishes
- Contact emergency services if there is an immediate risk of harm
- Gather information by asking questions sensitively and provide accurate referral information and offer to help with referrals, always have the CHEAPN service brochure available
- Be honest about your skill level; eg. I'm not a counsellor/aged care professional but I can help you access specialised support
- The best questions to ask are those that can't be easily given a 'yes' or 'no' answer. Your questions should be direct and non-judgemental. Questions that focus on family relationships, caring roles and dependencies may reveal tensions and difficulties.

An effective way to begin the discussion may be to ask the 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 feel about the amount of help you get at home?

- How do you feel your (husband/daughter/carer etc) is managing?
- How are you managing financially?

Listen to the older person's story. Let them know they don't have to put up with abuse, that help is available and that other people also experience abuse. Give them information about how to get further help and offer to assist them with this. An effective way of acknowledging what has been said could be:

- That sounds like a terrible experience
- I imagine it has taken a lot of courage for you to share your story with me
- Are you feeling safe at the moment? Is there anything I can help you with?
- I would like to make sure you know where you can get support. Can I provide with contact details.

Safety is the most important concern – safety for the older person, their carer/s and for yourself and any other workers involved.

Emergency situations

If the older person is at serious risk and is willing to receive assistance, refer to the Police or 1800RESPECT for specialist information and services. If not in immediate danger and the person is willing to receive assistance, refer to Seniors Rights or provide information about local support services.

You must notify the police on 000 if you believe someone is in immediate danger.

Responding to someone who discloses they have perpetrated violence

Although is less likely to occur, it may happen and relate to current or past use of violence.

If someone discloses they have perpetrated violence:

- Believe the person
- Don't minimise or justify the use of violence
- Show empathy
- Condemn the use of violence, but not the perpetrator
- Be open ad hones, including about your skills and knowledge
- Provide accurate information

An effective way of responding could be;

- Thanks for sharing your experience with me
- I imagine it has taken a lot of courage for you to share your story with me...
- Do you think the people around you are safe at the moment? You can contact Seniors Rights Victoria, or Mensline, mensline.org.au or 1300789978 to talk about ways to keep people around you safe.
- Talking to me is an important first step; the next step is to talk to someone who has specialist training to assist you. I can provide you with contact details.

Trauma triggers

A trauma trigger is an occurrence that reminds someone of a painful and traumatic experience. The memory of the trauma, called a flashback r memory tape, will replay in the person's mind (Butts 2017). When a person is reminded of the trauma, their body acts as if the event is happening, returning to a fight or flight mode.

Flashbacks include physical responses such as

- Excessive talking
- Shaking Sweating
- Nausea
- Faster breathing

Dry mouth

Withdrawal

Heart palpitations

- Panic attacks
- Dizziness
- Feeling embarrassed

In the event of a trigger response in a CHEAPN event/activity:

- Provide the option to leave the room
- Reassure them that they are safe
- Encourage focussed breathing
- Offer water and something to eat
- Move slowly, speak softly and stay calm,
- Careful with touching/hugging without permission
- Try not to startle or surprise them
- Avoid crowding the person
- Be empathetic validate their feelings

Breathe in through your nose, breathing into you lower belly and for 4 seconds.

Hold for 1-2 seconds

Exhale slowly through the mouth for 4 seconds.

Referrals:

If someone you know is experiencing domestic or family violence you can contact:

- 1800RESPECT on 1800 737 732 or through online chat
- Seniors Rights Victoria: 1800 368 821
- CHEAPN services brochure has all the contact numbers both locally and Statewide.
- For CHEAPN members delivering EAPN activities requiring debriefing and support, please contact Ballarat Community Health: Health Promotion Manager 53 384 518, louisef@bchc.org.au

Appendix 1

Signs that might indicate elder abuse:

Signs of emotional (or psychological) abuse include:

Fear	Depression	Low mood
Feeling of helplessness	Neglect	Confusion
Loneliness		

Signs of neglect include:

an older person who is	an older person who is wearing the	an older person who is living
hungry, thirsty or has lost a	wrong clothing for the weather	in an environment that is
lot of weight	conditions	dirty or unsafe
an older person whose health problems have worsened due to their	an older person with unexplained conditions such as hypothermia, dehydration or pressure sores	
medications being		
mismanaged		

Signs of financial abuse include:

missing belongings	inability to find the money for basics such as food, clothing, transport costs and bills	large withdrawals or big changes in banking habits or activities
property transfers when the person is no longer able to manage their own financial affairs	fear, stress and anxiety	

Signs of physical abuse include:

pain or restricted movement	bruises, bite marks, cuts, burns, scratches	unexplained accidents
unexplained injuries such as broken bones, sprains, punctures	over or under-use of sedation	fear or anxiety
stories about injuries that conflict between the older person and others		

Signs of social abuse include:

sadness or grief at loss of contact with others	withdrawal or listlessness	
loss of self esteem		

Signs of sexual abuse include:

unexplained sexually	recent incontinence (bladder or	bruises, bite marks, pain,
transmitted disease	bowel)	burn marks
internal injuries	trauma including bleeding around	torn or bloody underclothing
	genitals, chest, rectum or mouth	or bedding
anxiety when near, or		
contact suggested with the		
abuser		

References:

https://workplace.ourwatch.org.au/resource/practice-guidance-responding-to-disclosures/

https://toolkit.seniorsrights.org.au/toolkit/