

# Power and abuse: Video 2

## Transcript

- Hello and welcome to our program about power and abuse in aged care. Today we are looking at elder abuse. What is it, and how can it be prevented. To talk through this growing problem, with me in the studio is Pauline Meaney who is an advocate with Elder Rights Advocacy. Pauline, what is the main purpose of Elder Rights Advocacy?

- Elder Rights Advocacy provides information, support, and advocacy for anyone receiving Commonwealth funded aged care. So that's people living at home in the community receiving support, or people living in residential care. We are funded by the Commonwealth government but we are an independent organization, because we are there to support the needs of the person receiving care.

- So what are the signs to look out for that may indicate an older person is being abused?

- Well for someone who is consistently working with someone, they get to know the care recipient, and in the residential context they would build a good rapport with them, and changed behavior would be the first sign that they'd look for because they're having the most contact with the person. They build up a good relationship and then they'll notice if they withdrawing, or if they become agitated, or they've become angry and hostile, and they are the signs that can suggest that abuse might be taking place.

- So what type of abuse is more prevalent in residential aged care?

- It's hard to tell, we do know that there is a compulsory reporting regime in residential care, and if a person is subject to unwarranted, or illegal sexual activity, or abuse, or assault, or unreasonable use of force, that has to be reported so there is some documentation of that. But not everything is readily evident, so I can't say exactly what type. I'd say that emotional and social abuse is fairly prevalent.

- How can support staff in residential care minimize the risks of abuse?

- Well a good support worker can act in a number of ways. Effectively they are both the protector and the defender of the resident. So, that by providing, practicing best practice care, they can be showing other support workers who are perhaps not as professional or not as committed, they can show them what good practice is, and gently steer them and suggest, maybe that is a little bit too forceful, maybe that was a bit rough, because that's physical abuse. But if they see something consistently or they see some alarm signals, then they're in a position where they can report it to the line manager or the person in their organization who's responsible for that. They do that knowing that they have whistle blower protection, in that they can't be victimized and the organization must take responsibility for it, and the organization in any of those reported cases is

required to report it both to the police and to the secretary of the Department of Health, which is the funding body. And those people are required to investigate it, not the facility. And when I say reporting, that only has to be a suspicion of abuse, or an allegation. It doesn't have to be proven at that stage. The investigation would look into that.

- Is that sort of where Elder Rights Advocacy sort of fits in as well? Where do they fit in into the procedure at all?

- Well it can be a family member coming to us because they're concerned, and we would provide our service. Or the support worker themselves in their work place, if they suspected that, they should take the process to their work place and there will be a nominated person that they have to report that to. And the facility is required to educate, to train their staff in that process, and to have it properly documented so that the staff know who to go to, and the facility should be keeping that confidential so that the person, the support worker who reports it, is not named and they can act anonymously if necessary.

- Could you give an example of recent abuse cases and then how it was resolved?

- A gentleman who had dementia, and of course, often people with dementia are not believed, and in this case, he was telling his wife that a support worker was hurting him, and the wife didn't believe him because of his diagnosis of dementia. And he explained in various ways, he said the staff member was trying to strangle him.

- Hmm.

- And of course that sounded really quite unbelievable, and this went on for some time. Eventually the gentleman was ill, and was taken to hospital, and the hospital contacted his wife to say he was exhibiting all the signs of sexual abuse, and then of course it was investigated, and the wife went back and looked at all of his pyjamas and all of the collars were torn because he obviously had been, and the strangling reference made sense. And he had also referred to a digital penetration, which was the form of sexual abuse that was taking place. So that man, although he had dementia, was correctly recounting what had happened, and that's why it's important that at the point of reporting it, it can only be a reasonable suspicion that is required, or an allegation from another person. It doesn't have to be proven. That is the process down the track. Because we're talking about the role of support workers-

- Yeah, yeah, yeah.

- They really have a very, very important and significant role to play.

- [Madeline] Absolutely. Because they develop close relationships with the residents, and the residents are likely to confide in them, or they can notice the change in a resident, and in that way, that can become an alert, and they can speak to someone else in the organization. Or they can watch for it. But there are signs that abuse might be taking place, and those signs can be that perhaps there's bruising on the person's body because they've been rough-handled, and then you might ask, what caused the bruising? And if the explanation is not consistent with the type of

abuse where the bruising is, then you would actually explore that more. So, they can see the signs. A resident can sort of shy away from a staff member that's abusing them. You know, they might show agitation when someone comes, and of course, it's not always support workers who engage in the abuse. It can be family and that's where financial abuse comes into play, and support workers are very good at noticing that. I had a recent case where a man had never been taken out by his son. He'd been in the facility for a number of years, and all of a sudden the son was taking him out on a Sunday afternoon for lunch. And so, the support workers, because they were really good, cared about the man, they were very professional, they made a big fuss of it, because although the gentleman had dementia, your dementia fluctuates and if you can sort of get a connection, often they'll remember things, and so they made a big thing about this gentleman going out, and dressed him up beautifully, and it was a very happy occasion. When they came back to the facility and the son dropped him there, the support workers talked to him about where he'd gone, what he'd eaten, what a lovely day it was, what he'd done, and in doing so, he told them how he had signed a cheque A very substantial sum of money for his son.

- Oh, hmm.

- Now they were smart enough to know that because the gentleman had dementia, he couldn't sign something like that. It was a bank account apparently that had turned out that he only had access to, not his wife, and so they reported that. And that was a case of financial abuse. But that was because they were engaging with the resident and noticing the difference, noticing the fact that the son who never visited had visited, doing all those, putting the clues together if you like.

- [Madeline] Yeah.

- So they can help in lots of ways.

- Yeah, that's very good, that's very clever.

- It is, it is. And of course neglect is another thing, families often refuse to provide. The support workers are always saying to me, "Look, they look nicely clothed on the outside, "but their underwear is appalling." We had a call at the office recently and someone said, "Can you please do something, "this woman has got one bra "that is really a series of pieces of string." It was so worn out.

- [Madeline] Yeah.

- Dentures would not be replaced by families, sometimes. And of course that impacts upon their ability to eat or to have enjoyment in what they're eating. Spectacles, and families will say, "Oh, they don't need them, they've got dementia." And that's abuse.

- [Madeline] That's a bit bizarre.

- Yeah.

- That doesn't make sense.

- And I suppose one of the worst examples of neglect in that way, would be when a family refuses to pay for the pain medication, the pain relief. Because they say, "Oh mum's got dementia" so she doesn't really understand the pain."

- But she still feels the pain.

- [Pauline] That's right, yes.

- That doesn't make any sense at all.

- No, so that's pretty awful, yeah.

- So, who is most at risk? And what are the factors involved there?

- Well all residents are really at risk. But those that are most at risk would be the socially isolated. They might not have family nearby, or friends visiting them. People who come from diverse backgrounds can be vulnerable because they lose their language as they age, therefore people might not have a language in common to hear, to listen to them, and people with dementia because often they're not believed. And of course, as we talked earlier, the dementia comes and goes, and people have fluctuating capacities. So it's those people that can be at risk. But also family dysfunction is another risk factor. Because you might have family rivalries being played out, or family members playing one off against another, or exploiting, or abusing the person. So family attitudes will be quite significant and of course now, people are required to contribute to the cost of their care, which leads to financial pressures, and another factor can be, a carer can have been so stressed by their caring role, this is the family carer, that they're not operating adequately in terms of looking after the interest of their resident.

- Thank you so much for coming Pauline. It was really lovely and insightful to speak to you today, thank you so much.

- That's lovely, and I think the most important message to take away, is support workers have a very valuable role to play because they can be the first line of defense to stop elder abuse.