Identifying and addressing elder abuse

Implementation toolkit

COTA VICTORIA

Seniors Rights VICTORIA

Produced by the Council on the Ageing (COTA) Victoria with the support of the Victorian Government

Contents

1 About us

Council on the Ageing (COTA) Victoria is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. For over 75 years, we have led government, corporate and community thinking about the positive aspects of ageing in the state.

Today, our focus is on promoting opportunities for and protecting the rights of people 50+. We value ageing and embrace its opportunities for personal growth, contribution, and self-expression. This belief brings benefits to the nation and its states alongside communities, families, and individuals.

Seniors Rights Victoria (SRV) is the key state-wide service dedicated to advancing the rights of older people and the early intervention into, or prevention of, elder abuse in our community. It is the only Community Legal Centre dedicated to preventing and responding to elder abuse within Victoria.

SRV has a team of experienced advocates, lawyers, and social workers who provide free information, advice, referral, legal advice, legal casework, and support to older people who are either at risk of or are experiencing elder abuse. SRV supports and empowers older people through the provision of legal advice directly to the older person.

2 Introduction

Elder abuse is a prevalent and increasingly recognised issue affecting older Victorians. It can take many forms, including financial, psychological, physical, sexual, social abuse, and neglect, and is often shaped by complex personal, relational, and structural factors.

Many sectors have a role, and often a regulatory or professional responsibility, in identifying, responding to, and preventing abuse within the scope of their work.

This toolkit has been developed to support practitioners to strengthen their awareness of elder abuse and build their capacity to respond in ways that are effective, respectful, and uphold the dignity, rights, and autonomy of older people.

For a deeper understanding of elder abuse, its drivers, risk factors, and practical approaches to prevention and response, readers are encouraged to refer to the resources in section 3.1.

2.1 Purpose of the toolkit

This toolkit aims to bridge the gap between concept and practice by offering practical resources that strengthen responses to elder abuse within aged care and support service contexts.

To support implementation, the toolkit includes action guides, checklists, flowcharts, sample policies, and a self-assessment tool that providers can use to review and strengthen their current practices. It also provides a brief overview of elder abuse in the context of aged care service delivery, highlighting key risks, barriers, and opportunities.

2.2 Audience and scope

This toolkit is primarily intended for those engaged in at home aged care, including management, coordinators, and frontline workers who support older people in their homes and communities. However, the guidance may also be relevant to other professionals whose roles bring them into direct contact with older people.

The toolkit is designed to be applicable across a range of service types funded for aged care and home support, including domestic assistance, social support, transport, home maintenance, and other in-home and community supports. It recognises that workers in these roles may observe changes in an older person's circumstances, wellbeing, or relationships that could indicate risk.

2.3 Issue overview

Elder abuse is a significant yet under-recognised form of family violence across Australia and is defined by the World Health Organisation 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".*

Elder abuse can be intentional or unintentional. It may take financial, emotional, psychological, physical, sexual, neglect, or social forms and often involves patterns of coercive control. Harm can include behaviours and experiences such as verbal harassment, financial loss – including the loss of a home or personal belongings – deliberately inflicted physical injury, or poor health due to neglect.

Elder abuse is typically carried out by someone known to the older person, with two thirds of those causing abuse or mistreatment being an adult child. Elder abuse affects people of all genders and walks of life. The abuse, however, disproportionately affects women, older people from culturally and racially marginalised communities, those with disabilities, and Aboriginal and Torres Strait Islanders.

For older people with diverse and intersecting identities, elder abuse may present in different ways. A range of factors may also mask abuse or create barriers to recognising it and seeking help. In this context, an intersectional approach can help workers identify these dynamics.

Case study

Ravi is a personal care worker providing home care services to Margaret. During a visit, Margaret mentions that her son has recently started managing her online banking because she finds technology confusing. Over the past few weeks, Margaret has told Ravi that she feels uncomfortable asking questions about her finances, as her son becomes irritated and tells her she "wouldn't understand anyway".

On one visit, Margaret appears anxious and says she has noticed several withdrawals from her account that she does not recognise. She says she tried to raise this with her son, but he dismissed her concerns and told her not to "cause trouble". Margaret says she does not want to involve the police because she is worried it will damage her relationship with her son.

Ravi recognises that these may be indicators of financial abuse. Ravi raises the matter with their service coordinator. Together, they speak with Margaret about options to help safeguard Margaret from this behaviour.

2.4 Policy and regulatory environment

Aged care professionals are expected to recognise and respond to elder abuse when it arises. The Code of Conduct for Aged Care, that sits under the *Aged Care Quality and Safety Commission Act 2018*, sets binding requirements for aged care workers.

Importantly, these sit alongside the Aged Care Quality Standards, and the Charter of Aged Care Rights. Together, they reinforce that safeguarding older people from abuse and mistreatment is a core function of aged care work. In practice, this means:

- if you observe signs of abuse, neglect or exploitation, you are expected to act; and,
- if a person discloses harm, you must respond in a way that prioritises their safety and dignity.

3 Embedding response in practice

3.1 General workforce practice guidance

COTA Victoria and Seniors Rights Victoria have developed guidance to support the recognition of elder abuse across different contexts, to respond to suspected or disclosed cases of abuse, and to support professionals to work effectively with older adults. While this guide focuses on practical application, the following resources provide broader guidance:

- *Concerned about an older person*: A resource to support bystanders to better understand the abuse and mistreatment of older people, and what it looks like in families or relationships.
- *Reference Guide on Intersectionality in Elder Abuse*: A comprehensive guide for practitioners in family violence, aged care, and social services on adopting an intersectional approach to prevention and response.

- *Identifying and Addressing Elder Abuse: A Guide for CHSP Providers*: Specifically developed for Commonwealth Home Support Programme workers to recognise and act on signs of abuse.
- *The Inclusive use of Digital and Non-Digital Communications*: Provides guidance on ensuring older Victorians can access information and services through an approach that prioritises choice, accessibility, and the removal of digital-only barriers.
- *Plan for Your Safety (Information Sheet for Professionals)*: A technical version of the safety planning tool designed to help workers facilitate risk assessments with older clients.
- *Including Someone in the Decision*: Some tips on ways to ensure that the person decisions are being made on behalf of, is involved as much as possible.

3.2 Enablers and barriers in organisational readiness and effective response

The below five domains outline key areas of organisational readiness that can be reviewed and strengthened to support effective responses to elder abuse.

Where these elements are underdeveloped, organisations may face barriers to recognising and responding to abuse. In contrast, when they are clearly established and supported, they can strengthen an organisation's capacity to identify risks early and coordinate appropriate interventions.

1. **Governance, leadership and accountability:** Adequate oversight from management to ensure elder abuse responses are supported at an organisational level, including clear responsibilities, monitoring, and evaluation.
2. **Organisational processes and procedures:** Clear internal procedures that outline escalation pathways, when concerns should be reported, and how incidents and risks are documented consistently to support organisational due diligence and learning.
3. **Workforce capability and practice:** Training and practice guidance that support staff to recognise indicators of abuse, use structured response tools, address identified cases, and engage directly with the client rather than relying on carers or family members.
4. **Partnerships and service coordination:** Engagement with local elder abuse prevention networks and maintaining strong working relationships with relevant services to strengthen referral pathways and coordinated responses.
5. **Inclusive and reflective practice:** An organisational commitment to person-centred approaches, including ongoing reflection on ageism, internal bias, and how intersecting identities may influence vulnerability, disclosure, and access to support.

The toolkit below includes a scoring matrix designed to assess your organisation's readiness to identify and respond to elder abuse across these domains.

4 Templates for practitioners

4.1 Practice readiness assessment

Completed by _____ *Date completed* _____

Domain	1: Developing / ad-hoc	2: Emerging / partial	3: Established / operational	4: Advanced / embedded	Score
Monitoring & accountability	No clear oversight or defined responsibilities	Oversight exists, but responsibilities are unclear.	Clear responsibilities and monitoring mechanisms in place.	Elder abuse responses are supported at the highest levels with regular evaluation.	
Policies, processes and procedures	Procedures are non-existent or inaccessible.	Some procedures exist but lack clarity on escalation pathways.	Clear internal procedures exist for responses, reporting, and documentation.	Consistent documentation supports organisational learning and improvement.	
Workforce capability	Staff lack training or practice guidance.	Some training provided but inconsistent.	Staff are regularly trained to recognise indicators and use tools.	Staff are regularly trained to recognise indicators, use tools, and reflect on cases and outcomes.	
Partnerships & coordination	No engagement with external networks.	Informal relationships with local services.	Active engagement with elder abuse prevention networks.	Strong working relationships and established referral pathways.	
Inclusive practice	No commitment to person-centred care.	Initial awareness of ageism and bias.	Commitment to person-centred approaches is explicit.	Ongoing reflection on intersectionality and how identity influences support.	
Total score	**1-5:** Significant structural gaps exist; prioritisation of monitoring, basic policy development, and staff training recommended.	**6-10:** Fundamental awareness is present, but organisational support is inconsistent and escalation pathways are unclear.	**11-15:** Core operations are in place; the focus should shift to refining internal documentation and deepening external partnerships.	**16-20:** Highly developed capacity; maintain by fostering a culture of continuous evaluation, reflexive practice, and active coordination with external networks.	Total:

4.2 Self-confidence assessment

Use this tool to survey staff or conduct self-reflection. Score each item from 1 (Strongly Disagree) to 5 (Strongly Agree).

Knowledge and awareness

This section assesses staff understanding of elder abuse definitions and indicators.

Assessment statement	Score (1-5)
I can identify the five recognised forms of elder abuse (financial, psychological, neglect, physical, sexual).	
I am familiar with the behavioural signs that may indicate abuse is occurring.	
I understand how intersectionality, ageism, and structural inequalities increase risk for marginalised groups.	
I can differentiate between intentional and unintentional neglect.	

Skills and communication

This section assesses the ability to engage in difficult conversations with trauma-informed approaches.

Assessment statement	Score (1-5)
I feel confident initiating a conversation about safety using open, non-judgmental questions.	
I am familiar with the LIVES framework (Listen, Inquire, Validate, Enhance Safety, Support) for responding to disclosure.	
I know how to adapt my communication style for people with dementia or those from culturally and racially marginalised backgrounds.	
I understand how to validate an older person's experience without taking over or being directive.	

Procedures and documentation

This section assesses knowledge of internal reporting and regulatory requirements.

Assessment statement	Score (1-5)
I know my specific organisation's internal reporting policy and protocol.	
I understand the principles of factual, objective, and non-judgmental documentation.	
I know when and how to report a matter to the police versus when to use other referral pathways.	
I know the difference between Power of Attorney and Enduring Guardianship arrangements.	

Safety and support

This section assesses the staff member's awareness of their own safety and available supports.

Assessment statement	Score (1-5)
I know how to conduct home visits safely.	
I have access to secondary consultation or support if I am unsure about a case.	
I understand that confidentiality cannot be guaranteed when a person is at risk of serious harm.	
I am aware of the indicators of carer stress and burnout.	

Final score

Total score: _____

- **16-35 points (developing readiness):** Staff may require foundational training on elder abuse definitions, indicators, and the organisation's specific reporting procedures.
- **36-60 points (functional readiness):** Staff have a good grasp of the basics but may need specific skill-building regarding complex areas like capacity assessment, cross-cultural communication, or trauma-informed practice.
- **61-80 points (high readiness):** The team has a strong understanding of response frameworks. Focus on policy reviews, ongoing team debriefing, and staying updated.

Completed by _____ *Date completed* _____

4.3 Elder abuse risk assessment tool

This assessment tool is designed to be used by practitioners, to help determine if the older person is experiencing harm.

Question	Y	N	Comment
Does the older person live alone?			
If no, who lives with the older person? Name: _____ Relationship: _____			
Are there any concerns about the suitability, stability, or security of the person's housing?			
Are there any concerns about living conditions, personal care, or ability to maintain their home?			
Does the person appear hesitant, uncomfortable when discussing certain people involved in their life or care?			
Have you noticed any recent changes in the person's mood, behaviour, confidence, or social engagement?			
Does the person identify as being from a culturally and linguistically diverse community?			
Are there any mental health, emotional wellbeing, cognitive, or psychosocial factors that may be relevant?			
Are there ongoing tensions, disagreements, or relationship difficulties involving family or trusted others?			
Have you observed any physical indicators that may raise concerns?			
Does the older person receive support in the home?			
Has the person expressed concerns about managing expenses, bills, debts, or other financial commitments?			
Does anyone assist the person with managing money, banking, or financial decisions?			
Are there any factors (e.g. substance use, gambling, financial stress) that may be present?			
Have you noticed any significant or unexplained changes in the person's weight, nutrition, or physical health?			

Does the person rely on another person for companionship, social connection, or emotional support?			
Does the person rely on another person for financial support or assistance?			
Does the person rely on another for day-to-day activities such as shopping, appointments, or household tasks?			
Does the person rely on another person to access or obtain food?			
Are there any concerns about the person's access to sufficient, appropriate, or preferred food?			
Has the person recently changed banks, banking arrangements, or financial management practices?			
Does the person use internet banking or other online financial services?			
Does anyone else have access to, or involvement in, the person's bank accounts or financial affairs?			
Does the person take prescribed medication? If yes, who assists with or manages medication administration? _____			
Has the person asked you to avoid raising certain issues with another, or concerned about how they may react?			
Has the person shared anything, directly or indirectly, that raises concerns about their safety, wellbeing, or agency?			

Person who may be using harm:

Are there any circumstances that may be contributing to the person's behaviour *(e.g. health, disability, trauma, cognitive impairment, stress)*?			
Is the older person dependent on this person?			
Is this person dependent on the older person for housing, finances, care, emotional support, etc?			
Is the person experiencing financial, housing, employment, or other pressures?			
Has there been a recent event or change in circumstances that may have increased stress, conflict, or dependence within the relationship?			

Completed by _____ *Date completed* _____

4.4 Financial abuse rapid screening tool

Adopted from *Lichtenberg, P. A. (2016). The Lichtenberg Financial Decision Screening Scale.*

This tool aims to support the identification of potential concerns relating to financial decision-making and financial abuse. It is not a diagnostic assessment and should not be used alone. Use alongside professional judgement, the person's circumstances, and known risk factors.

Comple*ted by* _____ *Date completed* _____

Ask these in relation to a specific financial decision or observation.

Section 1: Decision-making

1. Choice: Can the person clearly explain the decision they are making?

☐ Clear ☐ Vague / inconsistent ☐ Unable to explain

2. Understanding: Can they describe what the decision involves (e.g. money, agreement, outcome)?

☐ Accurate understanding ☐ Partial understanding ☐ Limited / incorrect

3. Appreciation: Do they understand how this decision affects them now and in future?

☐ Realistic awareness ☐ Some gaps ☐ No awareness / unrealistic

4. Reasoning: Can they explain why they are making this decision?

☐ Logical reasoning ☐ Limited reasoning ☐ No clear rationale

Section 2: Risk & exploitation indicators

5. Origin of decision: Whose idea was this?

☐ Client's own idea ☐ Shared decision ☐ Mainly someone else's

6. Financial impact: How will this affect their financial situation?

☐ No/low impact ☐ Moderate impact ☐ Significant / unclear impact

7. Beneficiaries: Who benefits most?

☐ Primarily the person ☐ Shared benefit ☐ Mainly others

8. Potential harm to others: Could this negatively affect the person or others?

☐ No ☐ Possibly ☐ Yes / unclear

9. Influence / pressure: To what extent has the client discussed this with trusted others?

☐ Independently considered ☐ Discussed with others ☐ Limited / possible pressure

4.5 Conversations towards elder abuse disclosure: A practice guide

This guide supports practitioners in building the trust and comfort older people need to safely disclose abuse. Within these conversations, the core priorities are to uphold the individual's dignity, ensure their safety, and empower them to make informed decisions.

Preparation: Setting the scene

Before initiating a conversation, ensure the environment is conducive to safety and trust.

- *Privacy is paramount*: Conversations regarding potential abuse should always take place in a private, safe environment where the older person cannot be overheard. Do not attempt to have this conversation in the presence of an alleged or potential perpetrator.
- *Accommodate communication needs*: Ensure the person has access to mobility and support tools and aim to eliminate background noises. Ensure the area is well lit. Arrange seating face-to-face and use familiar language and examples.
- *Cultural safety*: If English is not the person's first language, use a professional interpreter, do not rely on family or friends, as this can distort facts and inhibit honest disclosure.

Initiating the conversation

Do not rush into direct questions. Start with broad, gentle, and neutral inquiries to build rapport and assess the person's comfort. Try to avoid "Why" questions as they may appear confronting.

- *Gentle openers*:
    - "How are things going for you at home?"
    - "How do you spend your days?"
    - "Are you feeling happy and comfortable with your current situation?"
    - "How do you feel about the amount of help you receive?"
- *If you suspect abuse but haven't had a disclosure*: You may use more direct, yet sensitive, questions if risk indicators (such as bruising, social isolation, or missing assets) are present.
    - "Are you feeling safe?"
    - "Has anyone ever made you do things you didn't want to?"
    - "Are you afraid of anyone at home? Has someone made you upset or unhappy?"
    - "Are you helping to support someone?"
- Soften questioning by changing some questions into statements followed by an open question. For example, from "Why haven't you got any food in the fridge?" to "I noticed you don't have any food in your fridge. What happened?"
- Discontinue if the person becomes distressed or angry. Reassure them that help is available whenever they are ready to talk.

Responding to disclosure

If a person does disclose abuse, your response should be trauma-informed and centred on their needs. You may find the **LIVES** framework useful:

- **Listen:** Listen with empathy, patience, and without judgment. Allow them to share their story at their own pace.
- **Inquire:** Ask about their immediate needs and concerns. Focus on what *they* want to do.
- **Validate:** Let them know they are believed, they are not to blame, and that the abuse is not their fault.
- **Enhance safety:** Discuss a safety plan. If the person is in immediate danger, you may need to involve emergency services (000), even without consent.
- **Support:** Provide information about services, such as Seniors Rights Victoria (1300 368 821), and offer to help them connect with those services.

Understanding and responding to barriers to disclosure

It is crucial to recognise why an older person may be hesitant to report abuse. Understanding these barriers helps you approach the conversation with greater empathy. Common barriers include:

- **Dependency:** Reliance on the abuser for daily care or housing.
    - *"It can be difficult when you rely on someone for support."*
    - *"We can find other options for support to make life easier for you both"*
- **Fear:** Retaliation or punishment from the perpetrator.
    - *"It makes sense to feel worried about what might happen."*
    - *"Your safety is important, and we can take things at a pace that feels right for you."*
- **Shame / guilt:** A sense of responsibility for the abuser's actions or family loyalty.
    - *"Many people feel this way, and what's happening is not your fault."*
    - *"It's okay to talk about this, and I'm glad that you are."*
- **Stigma:** Not recognising the situation as abuse or being subject to hidden cultural norms.
    - *"You don't have to experience this. We can make things easier if you want."*

4.6 Elder abuse referral mapping tool

This referral mapping tool is designed to be a practical, case-management resource for practitioners. Centralising these helps ensure care that's holistic and culturally safe.

Client Name: _____ Date: _____ Case lead: _____

Client's circle of care

Goal: Identify existing trusted relationships to leverage for safety planning and support.

Relationship / entity	Name / organisation	Phone / email	Notes
Personal GP			
Home Care provider			
Case manager (NDIS/My Aged Care)			
Trusted Family / friend			
Pharmacist			
Faith (e.g. Priest / Imam)			
Other			

Protective factor supports

Goal: Mitigate vulnerabilities that isolate the client or increase dependence on those using harm.

Risk factor	Name / organisation	Phone / email	Notes
Social isolation			
Mobility / transport			
Financial administration			
Housing security			
Disability advocacy			

Community and local supports

Goal: Ensure the client can feel culturally safe, connected to community, and well understood. Prioritise organisations that align with the client's identity and is locally based.

Community / service	Phone	Email	Notes

Family violence, adult safeguarding, and legal supports

Goal: Ensure access to justice, formal protections, advocacy and other supports. Fill these with both premier and preferred / local options

Need	National	Local
Elder abuse support	1800 ELDERHelp (1800 353 374)	
Family violence risk	1800RESPECT (1800 737 732)	
Mental health	Beyond Blue (1300 224 636)	
Carer supports	Carer Gateway (1800 422 737)	
CALD supports	National Interpreting (131 450)	
LGBTQIA+ supports	Qlife (1800 184 527)	
Legal advice		
Housing / homelessness		

4.7 Elder abuse forms and presentations

It is important to note that different forms of abuse can take place concurrently, with psychological abuse present in 4 out of 5 cases. Below is a diagram, from the NSW Elder Abuse Toolkit[1], outlining common behaviours associated with types of elder abuse.

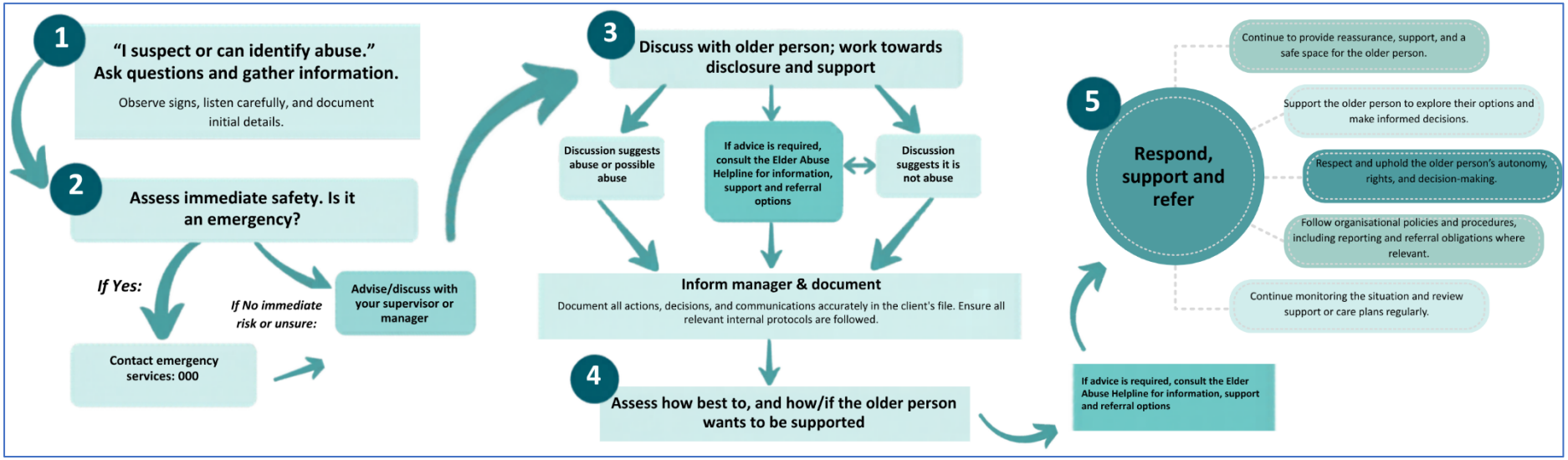
Financial	Psychological	Neglect	Physical	Sexual
Behaviours: Threatening, coercing re: assets or Wills; Taking control of the older person's finances against their wishes and denying access to their own money; Abusing Powers of Attorney; Stealing goods, e.g. jewellery, credit cards, cash, food, and other possessions; Unauthorised use of banking and financial documents; and The recent addition of a signature on a bank account.	**Behaviours:** Pressuring, intimidating or bullying; Name-calling, and verbal abuse; Treating an older person like a child; Threatening to harm the person, other people or their pets. Engaging in emotional blackmail such as threatening to withdraw access to grandchildren, family, friends, services, or placement in an aged-care facility. Preventing contact with family and friends, or denying access to the phone or computer; Withholding mail; Preventing an older person from engaging in religious or cultural practices; and Moving an older person far away from family or friends.	**Behaviours:** Failure to provide basic needs, e.g. food, adequate or clean clothing, heating, medicines; Under- or over-medication; Exposure to danger or lack of supervision, such as leaving the older person in an unsafe place or in isolation; An overly attentive carer in the company of others; and Refusal to permit others to provide appropriate care.	**Behaviours:** Pushing, shoving, or rough-handling; Kicking, hitting, punching, slapping, biting, and/or burning; Restraining: physical or medical; Locking the person in a room or home or tying a person to a chair or bed; Intentional injury with a weapon or object; and Overuse or misuse of medications.	**Behaviours:** Non-consensual sexual contact, language or exploitative behaviour; Rape and sexual assault; Cleaning or treating the person's genital area roughly or inappropriately; Unwanted exposure to pornography; Enforced nudity of a person; and Any behaviour that makes an older person feel uncomfortable about their body or gender.

Remember: Elder abuse can manifest differently depending on an older person's circumstances, life course, and varying identities, as well as on how these interact with relationships, community, and systems. For more information, see the *Intersectionality in Elder Abuse* resource.

[1] https://ageingdisabilitycommission.nsw.gov.au/documents/tools-and-resources/for-professionals/NSW-Elder-Abuse-Toolkit.pdf

4.8 Flowchart: Responding to elder abuse

The below flowchart is designed to support workers to identify, respond to, and appropriately refer instances or suspected instances of elder abuse.



Creating safety and trust	Asking questions	Supporting autonomy	Documentation tips
• Speak privately if possible. • Avoid using family, carers, or others who may be potentially causing harm as interpreters. • Take the older person's pace, disclosure may be gradual. • Focus on building trust rather than forcing disclosure. • Validate concerns without escalating fear. • Be calm, non-judgemental and preserve agency.	• "How are things at home?" • "Have you been feeling particularly stressed lately? • "Has anyone made you feel: pressured, frightened, or controlled, etc?" • "Has anyone stopped you from: seeing people, accessing money, making decisions?" • "Is there anything making it difficult to feel: supported, safe, heard, respected, etc?"	• Assume decision-making capacity unless there is evidence otherwise. • Respect the older person's right to make decisions, even where risk remains. • Avoid "rescuing" approaches that reduces agency from the older person. • Explore what safety and wellbeing mean to the older person themselves.	• Record observations factually and objectively. • Separate observed facts from assumptions or interpretations. • Document the older person's own words where possible. • Record risks, actions taken, referrals, preferences of the older person, decisions, and follow-up arrangements.

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