

# Elder abuse

A central tenet of the Christian faith is that the followers of Jesus should love God and love one another. This implies that we should respect the value and dignity of every human person, supporting one another when we are able and protecting those who are vulnerable from harm. Children and young people are considered to be potentially at risk and in the western world are widely protected by Safeguarding and Child Protection Legislation. Sadly, some children and young people are still victims of abuse but the problem is now becoming much greater among adults at risk.

An adult at risk is a person aged eighteen or over “who is, or may be, in need of community care services by reason of mental or physical disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

A person is at risk in the context of the setting in which they are situated or the service they receive as follows:

- Those in residential accommodation provided in connection with care or nursing or in receipt of domiciliary care services in their own homes
- Those receiving health care
- Those receiving services, or taking part in activities aimed at people with disabilities or special needs because of their age or state of health
- Those who need assistance in the conduct of their affairs.

A person’s at-risk level may increase or decrease according to the circumstances they experience at any given time. Adults at risk could include people with learning or physical disabilities; a sensory impairment; mental health needs; substance misuse needs; or people who are HIV positive or are suffering from dementia.

## Vulnerable Adult Abuse

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when a person at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to or exploitation of the person subjected to it. A consensus has emerged identifying the following main different forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance:

**Physical Abuse:** including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions, punishment of any kind.

**Sexual Abuse:** including inappropriate touching, rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Inappropriate medical examinations with no other health professional present.

**Psychological Abuse:** including emotional abuse, threats of harm or abandonment deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or Material Abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and Acts of Omission:** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Leaving someone with food or drink without ensuring they are able to eat/drink without assistance.

**Discriminatory Abuse:** including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Neglect or poor professional practice also needs to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.

### **Who may be the abuser?**

Adults at risk may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

### **Protection from abuse**

Statutory Authorities and professional medical and care personnel are obliged to do their utmost to protect vulnerable adults from abuse but all of us have a moral duty to protect the vulnerable. For those who are able individuals would also be wise to do all they can to protect themselves. For example to avoid financial abuse it would be prudent on a daily basis to ask for receipts, not give anyone else a PIN number and seek advice only from professional. The Age UK website has a helpful information guide called "Protecting yourself" which can be downloaded.

### **Reporting abuse**

Organisations which have safeguarding policies will give details of how to report abuse. Many older people may be afraid to do this because they fear if someone gets into trouble the abuse may get worse or they may not be believed. It is important to encourage reporting and give appropriate support to prevent others from being abused too. Age UK has a helpful advice line on 0800 169 6565 and local councils have Safeguarding Teams who can give advice and support.

### **Useful links**

[www.ukqcs.co.uk](http://www.ukqcs.co.uk)

[www.centralcare.net/elearning](http://www.centralcare.net/elearning)

[www.elderabuse.org.uk](http://www.elderabuse.org.uk)

[www.ageuk.org.uk](http://www.ageuk.org.uk)