



A Worker's Guide to Safe-guarding People Living with Disability from Abuse.

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PREFACE

The Abuse and Restrictive Practices Sub-Committee of the Australasian Disability Professionals -South Australian Chapter developed this resource. The subcommittee was born from the frustration and genuine concern for people with a disability living in South Australia experiencing abuse and restrictive practices.

As workers in the Disability Sector we shared the experience of uncertainty and confusion or feeling powerless when faced with abuse or restrictive practices. You are not alone, we have developed this guide to help our colleagues working with people with disabilities to identify and stop abuse and restrictive practices. The workers guide to safeguard people living with disability from abuse is a collation of experiences from a series of panel discussions, guest speaker events and workshops. Thank you to all who participated, sharing their knowledge and experience.

A particular note of thanks to the determined and enthusiastic members of the Abuse and Restrictive Practices Subcommittee; Johanna de Kort (Chair), Jeanette Kinkead, Jose Koppelman-Guthrie, Ralph Brew and Michelle Courts. The members of the committee have given whatever time and energy they had to running member events, facilitating workshops and writing, editing and researching the information in the guide you see today.

Use this guide to help you and your colleagues safe guard people living with a disability from abuse.



Michelle Courts

Chair: Australasian Disability Professionals - SA Chapter

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INTRODUCTION

It is well documented that people living with a disability are particularly vulnerable to experiencing abuse. In contrast to common assumptions about ‘stranger-danger’, such abuse is most often perpetrated by trusted people who are close to the person. These trusted people can include family members, support workers, intimate partners, peers and co-residents in supported accommodation.

Legislation such as ‘The Children’s Protection Act’ (1993) and mandated notification is in place to protect children under 18 years of age against abusive situations. The ‘Aged Care Act’ (1997) also provides protection for adults residing in Residential Aged Care Facilities. However, such legislation and protection does not exist in South Australia for many adults living with disability in other settings.

**SOMETHING REALLY
BAD IS HAPPENING
BUT NO-ONE IS
TRYING TO HELP
ME COMMUNICATE
WHAT’S GOING ON!**



At times you may find yourself working with people in ways which have not been questioned for a long time. It is useful to question why we work with people in particular ways. This is an important part of your duty of care.

This booklet intends to promote the skills and confidence of workers in the field of disability. It aims to guide you and others when faced with abuse situations and to help you find the courage to challenge poor practices. Whenever abuse occurs, basic human rights to safety and security of the abused person are violated. If abuse is not addressed the effects can be wide ranging and long lasting.

ABUSE CAN BE CATEGORISED IN DIFFERENT WAYS

Physical abuse

Physical abuse is commonly characterised by physical injury resulting from:

- Hitting, punching, kicking, shaking, biting, pulling hair
- Burns (e.g. Iron, cigarette, match)
- Inappropriate administration of alcohol or other drugs
- Inappropriate kinds of discipline including withholding food or removing essential equipment.

Signs of physical abuse may include:

- Physical injury such as bruising, bite marks, pressure marks
- Fear of being with a particular person or excessive compliance to staff
- Distrusting people
- Irritability or becoming easily upset
- Being worried or anxious for no obvious reason
- Being depressed, apathetic or withdrawn
- Overly drowsy frequently
- Experiencing changes to sleeping patterns and/or eating habits
- Maintaining a rigid posture and avoiding contact
- Changes in behaviour or daily routine
- Out of character aggression.

Sexual abuse

Sexual abuse occurs when someone involves a person living with disability in sexual activity without that person's informed, free and voluntary consent.

Sexual abuse can include the following when informed consent has not been given:

- Sexual suggestion - such as making sexualised comments or inviting sexual behaviour
- Exhibitionism, mutual masturbation, oral sex
- Handling or penetration of the genitalia, anus or mouth, by penis, fingers or other objects
- Showing of pornographic material, e.g. DVDs, internet
- Using a vulnerable person in the production of pornographic material
- Voyeurism - deliberately watching another person during dressing and undressing or sexual activity for the purpose of sexual gratification
- Prostitution - where a person with a disability may engage in sexual activity in return for favours, money, food or shelter – sometimes for a third party
- Enforcing secrecy in a voluntary sexual relationship or withdrawing from the relationship without communicating.

Signs of sexual abuse may include:

- Frequent urinary tract infections, injuries to genitalia, discomfort when using the toilet
- Sexually transmitted disease
- Difficulty walking or sitting
- Torn, stained or blood-stained underwear
- Showing reluctance to talk openly

- Demonstrating inappropriate sexual behaviour
- Explicit sexual knowledge that may be inappropriate for the person's years or experience
- Loss of appetite
- Self-injurious behaviours
- Fear of being bathed or having incontinence aid changed
- Sleep disturbance, night terrors, bed wetting
- Out of character behaviours, obsessive and compulsive washing, changes in social patterns
- Refusal to attend usual places
- Excessive compliance to staff.

Emotional Abuse

Emotional and psychological abuse is an ongoing pattern of behaviour toward a person that takes away dignity, self-worth and social competence, causing emotional anguish. Some common examples include:

- Verbal taunts, humiliation, intimidation and insults (bullying)
- Withdrawal of love/affection, or emotional support.
- Isolating or ignoring a person
- Threatening behaviours
- Removing aids (such as a wheelchair or communication device)
- Demeaning and belittling behaviours.

Signs of emotional abuse may include:

- Aggression, anti-social and destructive behaviour
- Self-harming
- Unexplained mood swings
- Low self-esteem, feeling of worthlessness, depression
- Clingy to certain people
- Extreme behaviour to obtain attention.

Financial abuse and exploitation _____

This form of exploitation usually involves the misuse of power in the hands of a person entrusted with financial management of a vulnerable person's finances. Examples include:

- Forging a person's signature
- Spending a person's money on items that do not benefit the person (including gambling)
- Using a person's property without permission or rent
- Taking a person's possessions without payment or keeping the funds after their sale
- Getting a person to sign a deed, will, or power of attorney through deception, coercion or emotional blackmail.

Signs of financial abuse may include:

- Lack of access to personal funds
- Lack of or incomplete financial records kept
- Person controlling finances does not have legal authority
- Person has insufficient money to meet budgetary needs
- Person is persistently denied outings and activities due to lack of funds.

Neglect

This is characterised by the failure to provide for a person's basic needs. This can include failure to provide:

- supervision for long periods of time when the risk of foreseeable harm or injury to the person requiring care would be high.
- adequate nutrition, clothing or personal hygiene
- clean clothing
- appropriate health care, or medical treatment
- a safe environment
- social interaction and engagement.

Signs of neglect may include:

- frequently hungry, dirty or unwashed
- person steals food, gorges on food
- being left alone for long periods of time
- loss of social or communication skills.

Systemic abuse

There is a long history of people living with disability being subject to abuse and restrictive practices which are still used in a range of settings, including within our local communities. This is despite attempts to reduce these practices in the last 30-40 years.

I'M FREAKING OUT! I AM SO CONCERNED ABOUT WHAT'S GOING ON FOR THAT PERSON. I WANT TO MAKE SURE I DO THE BEST I CAN FOR THEM... BUT I'M WORRIED ABOUT MY OWN MENTAL HEALTH IN THE PROCESS.



Systemic abuse refers to practices that take away a person's independence and dignity. Government bodies and other organisations can be involved in systemic abuse. Examples include:

- Organisations whose policies, practices and procedures don't support the person's development and quality of life
- Denial of the right of people to choose who they live with, what activities they can choose from, who will provide support to them on a daily basis, and when that support will occur
- Lack of training in best practice principles and legal responsibilities relating to duty of care and responding to abuse and neglect
- Recruitment practices do not adequately explore the applicants' history and experience nor the attitudes they hold toward people living with disability
- Stereotypical cultural beliefs, attitudes and values relating to disability.

Signs of systemic abuse may include:

- Over or under use of medication
- Overuse and misuse of restrictive practices
- Lack of staff to provide necessary support
- Provision of care by a staff person with whom the person feels uncomfortable

Restrictive Practices

The term “Restrictive Practices” is defined as any intervention that is used to restrict the rights or freedom of movement of a person. The Australian Psychological Association (2009) provides the following definitions.

Physical restraint - prolonged use of any part of a person’s body to restrict their free movement.

Chemical restraint - the inappropriate use of medication to control a person’s behaviour.

Mechanical restraint - the inappropriate use of a device to restrict the free movement of a person.

Psycho-social restraint - the use of verbal communications and/or threats of social or material punishment which elicit fear and restrain a person’s behaviours.

Seclusion - involves confinement in a room or area (e.g., garden) in which an exit is prevented by another person; including where the person believes they cannot or should not leave the room without permission.

Please note: There may be legitimate situations when restrictive practices are used, for example to ensure a person’s dignity and quality of life. Best practice suggests that when restrictive practices are implemented due process is followed, including authorisation, positive support plans and reviews.

Examples of Acceptable Restrictive Practices

The use of aids, devices and equipment such as splints, modified clothing, helmets or wheelchairs are often appropriately used to enhance a person’s ability and support their participation in meaningful activity.

Examples of Unacceptable Restrictive Practices _____

It can sometimes be hard at first glance to tell whether something is a restrictive practice. Therapeutic aids and devices are sometimes overused or misused unintentionally as a mechanical restraint. For example:

- Strapping a person who doesn't have postural difficulties to sit still in a chair
- Making a person wear a protective helmet when they don't need it.

Who Is More At Risk Of Abuse? _____

A range of risk factors for individuals and service settings are identified that can potentially lead to abuse occurring:

- Communication, physical mobility or emotional limitations
- Over-compliance or complete dependence on caregivers
- Challenging or risk-taking behaviours
- Lack of family or advocacy support networks
- Limited life experience or understanding of rights
- Segregated service environments e.g. accommodation and centre based respite services, supported employment services
- Neglected physical environments or overcrowding
- High staff turnover, staff stress, high use of agency staff
- Lack of staff knowledge, experience and training
- Incompatibility between service user or co-workers and other service users
- Service or social isolation
- Lack of leadership and quality management systems.

YOUR CLOTHES DON'T FIT YOU VERY WELL. I GET THE IMPRESSION YOU DON'T LIKE WEARING THEM MUCH. HOW LONG SINCE ANYONE TOOK YOU CLOTHES SHOPPING?



How To Prevent Abuse And Restrictive Practices?

The following key prevention strategies are identified in Australian and international literature as ways to safeguard people living with disability from abusive practices:

- Person centred approaches, which maximise the person's ability to exercise control and choice
- Accessible information for staff about abuse and human rights for people living with disability
- Facilitating positive values and attitudes within services (staff code of practice)
- Policies and procedures for reporting and feedback (abuse is clearly defined and understood; there is a 'positive complaints cultures')
- Develop and or maintain family, friends and community networks for the person living with disability
- Training and education for people living with disability about their rights
- Inform people that you are working with that you have a duty to report suspected or known abuse.

**DID I JUST
SEE WHAT I
THOUGHT I
SAW?**



Regulatory and legislative safeguards such as:

- National Standards for Disability Services (Under review)
- Mental Health Act 2009
- Convention on the Rights of Persons with Disabilities 2006
- Disability Standards for Education 2005
- Aged Care Act 1997
- Consent to Medical Treatment and Palliative Care Act 1995

- Industrial and Employee Relations Act 1994
- Guardian and Administration Act 1993
- South Australian Disability Services Act 1993
- Commonwealth Disability Discrimination Act 1992
- Supported Residential Facilities Act 1992
- Human Rights and Equal Opportunity Commission Act 1986
- Commonwealth Disability Services Act 1986
- Education Act 1972 (amended 1986)
- Occupational Health Safety and Welfare Act 1986
- Workers Rehabilitation and Compensation Act 1986
- South Australian Equal Opportunity Act 1984

How To Respond To Abuse?

Encountering abuse can be stressful for all concerned. When a person tells you about an experience of abuse, or their behaviours lead you to suspect that abuse is occurring, the person may be feeling scared, guilty, ashamed, angry and powerless.

You, in turn, may feel a sense of outrage, disgust, sadness, anger and, sometimes, disbelief. *It is your duty of care to respond.*

Try to:

- Remain calm and in control

- Protect and reassure the person that they have done the right thing by telling you (let the person know that you are able to listen and you want to help)
- Listen carefully to what the person is telling you
- Reassure the person that you believe her/him
- Report exactly what has been disclosed to you as soon as possible to the relevant authorities.
- If the person is non-verbal, or finds it difficult to communicate, taking photos of any injuries as evidence could be vital (with the person's permission).
- Preserve and record the evidence where relevant
- Keep the person informed at all times
- Document the facts about the situation (to reduce the likelihood of misinterpretation and to assist in communication information).

Do not:

- Push the person to disclose more details than is absolutely necessary
- Ask leading questions or attempt to investigate
- Discount the person

The chart below is a general guide for the reporting of abuse:

Step 1 Listen & Reassure	Remain calm and in control; listen to and reassure the person being abused
Step 2 Safety	Ensure the person being abused is free from danger; manage any injuries through First Aid procedures; remove the person immediate harm.
Step 3 Record	Record the exact facts about what has been disclosed to you or what you have observed; take photos as evidence (with the person's permission)
Step 4 Report	Follow your organisation's Policies and Procedures regarding reporting of abuse; Notify the Police/ CARL/ Australian National Disability Abuse & Neglect Hotline
Step 5 Debrief	Seek support from a trusted person for yourself
Step 6 Check	Check if your report of the abuse has been dealt with

Caring For Yourself

Having support and being able to identify and acknowledge high levels of stress you may experience when you encounter and respond to abuse is essential. Encountering abuse is an aspect of your working life that has the potential to adversely affect your personal life and relationship with others. This type of stress can commonly manifest as depression, anger, fear or anxiety. For these reasons you and your team must have supports in place – support for you as a worker is essential for your own wellbeing and professional functioning.

Support strategies that are known to be helpful:

- Access to professional advice / counselling
- Opportunities for individual debriefing
- Regular team meetings
- Effective crisis support strategies
- Skill development and quality in-services and training.

Concerns About Reporting Abuse

Some dilemmas which may prevent a worker from taking action:

- ‘Ownership’ of an individual. Long term disability support workers may feel that they know what’s best for the person.
- Fear that they may be ‘managed out’ of supporting a person they are very concerned about or that little action may be taken.
- Anxiety about working relationships becoming strained and uncomfortable.
- Concern that in making a report and taking action, the abused person may become more isolated or distressed.

- Lack of support or action in response to the reported abuse - you have a moral and professional responsibility to take it further
- Making systemic changes may be slow, but this is not a reason to ignore the potential for change and the challenge to take responsibility for working towards incremental changes.

WHERE TO GO FOR HELP?

Depending on the type of abuse and the immediacy of what you are dealing with, the following agencies offer different types of support and information.

SA Police

South Australia Police (SAPOL) provides a broad range of police and community services to ensure the safety and security of the South Australian community.

Ph: 131 444

Australian National Disability Abuse & Neglect Hotline

Receives reports of abuse and neglect of people with disability using government-funded disability services and refers allegations to appropriate government agencies for investigation.

Ph: 1800 880 052 TTY: 1800 301 130 Web: www.disabilityhotline.org

Child Abuse Report Line (CARL)

For the reporting of child abuse and neglect (up to 18 years of age) 24 hours, 7 days a week

Ph: 131 478

Crisis Care

This statewide telephone service operates to help people when things go wrong and they need urgent help when other services are closed.

4pm-9am Monday-Friday; 24 hours on weekends and public holidays

Ph: 131 611

1800 RESPECT

National Counselling & Support Service providing online and phone counselling service for:

- Women and men directly affected by domestic and family violence, or sexual assault by family or friends
- Workers from within health, legal and community services to better identify and provide support for women and men who are, or have been, directly affected by sexual assault, or by domestic or family violence.

24 hours, 7 days a week

Ph: 1800 737 7328 Web: www.1800respect.org.au

Office of the Public Advocate

The role of the Office of the Public Advocate (OPA) is to promote and protect the rights of people with mental incapacity in South Australia.

Ph: 8342 8200 Toll Free: 1800 066 969

<http://www.opa.sa.gov.au/cgi-bin/wf.pl>

Office of the Guardian for Children and Young People

The Guardian's functions is to monitor the circumstances of children under guardianship.

Ph: 08 8226 8570

Freecall for children and young people only:
1800 ASK OOG

<http://www.gcyp.sa.gov.au/>

**STOP! THAT
IS NO WAY
TO TREAT
ANOTHER
HUMAN
BEING!**



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