

# I. Identifying abuse, neglect and exploitation

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## Physical abuse

### Physical indicators:

- unexplained cuts, abrasions, bruising or swelling
- unexplained burns or scalds, cigarette burns
- rope burns or marks on arms, legs, neck, torso
- unexplained fractures, strains or sprains; dislocation of limbs
- bite marks
- dental injuries
- ear or eye injuries.

### Behavioural signs:

- avoidance of particular staff, fear of a particular person
- sleep disturbances
- changes in behaviour (e.g. unusual mood swings, uncharacteristic aggression)
- changes in daily routine, changes in appetite
- unusual passivity, withdrawal
- self-harm, suicide attempts
- inappropriate explanations of how injuries occurred
- excessive compliance to staff.

## Sexual abuse

### Physical indicators:

- direct or indirect disclosure of abuse or assault
- trauma to the breasts, buttocks, lower abdomen or thighs
- difficulty walking or sitting
- pain or itching in genital and/or anal area; bruising, bleeding or discharge
- self-harm, abuse, suicide attempts
- torn, stained or blood-stained underwear or bedclothes
- sexually transmitted diseases, pregnancy
- unexplained money or gifts.

## **Behavioural signs:**

- sleep disturbances
- changes in eating patterns
- inappropriate or unusual sexual behaviour or knowledge
- changes in social patterns
- sudden or marked changes in behaviour or temperament
- anxiety attacks, panic attacks, clinical depression
- refusal to attend usual places (e.g. work, school, respite)
- going to bed fully clothed
- excessive compliance to staff.

## **Psychological/emotional abuse**

### **Physical indicators:**

- speech disorders
- in the case of a child, lags in physical development, failure to thrive
- injuries sustained from self-harm or abuse
- suicide attempts
- anxiety attacks.

### **Behavioural signs:**

- self-harm or self-abusive behaviours
- challenging/extreme behaviours
- excessive compliance to staff
- very low self-esteem, feelings of worthlessness
- clinical depression
- marked decrease in interpersonal skills
- extreme attention-seeking behaviour.

## **Chemical abuse**

### **Physical indicators:**

- withholding of prescribed medication
- abuse of prescribing rights by staff/over-administration of medication.

## **Behavioural signs:**

- persistent over-activity
- unusual levels of confusion/disorientation.

## **Financial abuse**

### **Physical indicators:**

- no access to, or unwarranted restrictions on, personal funds or bank accounts
- no records, or incomplete records kept of expenditure and purchases
- no inventory kept of significant purchases
- person controlling the finances does not have legal authority
- misappropriation of money, valuables or property
- forced changes to a person's will
- persistent failure to produce receipts
- receipts indicating unusual or inappropriate purchases.

### **Behavioural signs:**

- person has insufficient money to meet normal expenses
- person is persistently denied outings and activities due to a lack of funds.

## **Denial of access to legal system/remedies**

### **Physical indicator:**

- consistent denial of telephone or Internet access.

### **Behavioural signs:**

- person does not seek privacy to undertake activities normally undertaken in private
- person indicates they have no-one to speak to about things they are unhappy about.

## **Systemic abuse**

### **Physical indicators:**

- no program or inadequate/inappropriate program developed for client

- not endeavouring to use staff of the same gender to perform personal duties for clients
- providing staff with insufficient training on duty of care and policies and practices related to preventing abuse.

## **Behavioural signs:**

- person is persistently provided support that does not meet the requirements of their service package
- person refuses part of their service support due to feeling uncomfortable with particular staff members.

## **Neglect**

### **Physical indicators:**

- physical wasting, unhealthy weight levels
- poor dental health
- food from meals left on face and/or clothes throughout the day
- dirty, unwashed body and/or face, body odour
- person always wearing the same clothes
- ill-fitting and/or unwashed clothes
- person is always over- or underdressed for the weather conditions
- food is consistently poor quality, insufficient, inedible and/or unappetising.

### **Behavioural signs:**

- constant tiredness
- persistent hunger
- unexpectedly poor social/interpersonal skills
- signs of loss of communication and other skills
- staff member, service provider, carer or support person consistently fails to bring the person to appointments, events, activities
- person is persistently denied opportunities to socialise with others in the community.

## II. Preventing abuse, neglect and exploitation

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### A tiered approach

Preventing abuse, neglect and exploitation of people with disability requires the promotion of positive cultures, safe environments and relationships based on mutual respect.

There are three levels of prevention work:

1. Primary prevention — targets the broad community; strategies are directed to the general public, families, workplaces, community networks and people with a disability who may or may not be using support services.
2. Secondary prevention — targets people with disability; strategies include reducing risks, building up protection and strengthening abuse recognition and response systems.
3. Tertiary prevention — targets known incidents of abuse; strategies provide support to victims of abuse and may include recovery support and links to the criminal justice system, where appropriate.

### Primary prevention

The most effective strategies for preventing abuse are those that promote positive roles and valued status for people with disability throughout the community.

### Community inclusion

Support that enables people with disability to live in the community is a key way to increase inclusion and minimise risk of abuse.

Interaction with community visitors and programs that build connections and relationships beyond the service environment are essential for people who live in a specialist accommodation service and have an intellectual or psychiatric disability, acquired brain injury, dementia or other condition that affects decision making.

A community visitor is someone appointed by the Office of the Public Guardian to visit accommodation and respite services that care for people with disability. Community visitors try to resolve issues or complaints with staff to ensure adequate support and service standards are provided.

### Enhancing valued status

Changing attitudes about people with disability is a necessary step in reducing their risk of abuse. Attitudes that devalue people with disability, deny them common rights and freedoms, or downplay or ignore disadvantage and discrimination may lead to unacceptable tolerance of abuse.

Enhancing the valued status of people with disability is achieved through giving them opportunities to form relationships, demonstrate competence, exercise citizenship rights and meet social responsibilities. Removing barriers and providing coordinated and customised support enhances these opportunities.

## Raising awareness

Community education campaigns are a significant feature of abuse prevention. Increased awareness of the problem encourages those who have experienced abuse to seek assistance while creating a sense of community responsibility.

## Secondary prevention

### Supporting families and carers

Most families that have a member with disability enjoy positive relationships. They are committed to promoting their family member's welfare and happiness and providing physical and emotional support.

Families and friends provide support with daily living or care to about 80 per cent of people with disability who require assistance. Carers are often under considerable stress and may experience stress-related illness or health problems.

High levels of carer stress can be both a cause and a symptom of abuse. Providing effective support to both carers and people with disability in families can build resilience to stress and reduce the risk of abuse. Strategies that services can implement include:

- improving access to more flexible and appropriate respite care
- improving service coordination to minimise caregiver frustration
- identifying barriers to social participation (e.g. transport, costs, physical access) and advocating for their removal
- increasing risk assessment and providing intensive support to families at risk
- creating mechanisms to ensure that family concerns are heard.

Family support programs are provided by mainstream family services as well as specialist disability services.

### Creating safer services

The Queensland Government is committed to ensuring high-quality services are provided to people with disability. The Department of Communities, Child Safety and Disability Services supports the assessment of services against the [Human Service Quality Standards](#).

Implementing all six standards is vital for developing high-quality service delivery. Quality Standard 4 is specifically directed at maintaining and protecting the safety, wellbeing and rights of people using services.

Through the service agreement funded disability services sign with the department, providers are required to have, maintain, implement and act in accordance with policies consistent with the department's [Abuse, Neglect and Exploitation Policy \(PDF, 123 KB\)](#) [Abuse, Neglect and Exploitation Policy\(RTF, 119 KB\)](#).

The culture within a service and the environment in which services are provided are significant factors in preventing abuse. Abuse is less likely to occur in:

- workplaces that are positive towards people with disability and support valued status
- services that integrate with the community and do not segregate or isolate people with disability
- services that encourage risk awareness, take steps to prevent harm, and report all incidents as early as possible.

Meeting individual needs is another key to abuse prevention. Good practice includes:

- individual assessment of needs and priorities
- providing tailored support and flexible options
- capacity to change supports in response to changing needs
- monitoring individual outcomes and satisfaction.

The recruitment and professional development of support workers is another important part of creating safer disability services. Due to the high vulnerability of people with disability in service systems, staff should be appropriately trained and equipped with relevant knowledge and strategies.

A code of practice and policies that clearly prohibit all forms of abuse and overly restrictive behaviour management are essential.

## **Building a person's confidence**

A person's characteristics can increase the likelihood that they will act against abuse and may reduce the likelihood they will be victimised. However, this is not effective on its own; the environment and culture must provide the right context for self-empowerment and protection against abuse.

Training programs, information packages, learning and communication technology can be used to:

- educate people about their rights as citizens and service users
- encourage self-advocacy and increase individual independence and decision making
- provide support to improve mobility and freedom of movement
- increase choice and opportunities
- build knowledge and skills.

# Tertiary prevention

Most abuse of people with disability is not reported. Barriers to reporting include:

- failure to recognise abuse, neglect and exploitation
- lack of knowledge about how or where to make a report
- concern that the report will not be believed
- fear of retribution or repercussions
- concern or empathy for the perpetrator (e.g. when they are a family member or housemate)
- privacy and confidentiality concerns.

Abuse is more likely to be reported if there are mechanisms in place for responding to the situation. These include:

- a clear commitment to treating all reports seriously and undertaking appropriate investigation
- mechanisms to protect the safety of victims and whistle-blowers
- collaboration with other relevant agencies across sectors, including victim support services and criminal justice responses
- mandatory training in abuse recognition, reporting and response, covered as part of staff inductions and completed before any customer contact.

## III. Responding to abuse, neglect and exploitation

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Anyone who witnesses or is notified about an incident or allegation of abuse, neglect and exploitation in relation to a person with disability should take action.

People working in the disability services sector, schools or health services should be familiar with the specific policies and procedures for responding to abuse, neglect and exploitation that apply within their organisation.

In all other instances, when responding to abuse, take the steps outlined below.

### Step 1: Protect the person.

Make the person who has experienced abuse safe, provide medical assistance as required, and/or remove the source of harm or potential harm from the person (e.g. other people, harmful objects).

Explain to the person what is happening and that it is not their fault.

## Step 2: Preserve and record the evidence.

Where relevant, and especially for criminal acts, maintain the scene of the incident, take photos and protect any personal articles involved. Write down what you know. Include what you know about the situation, the people and services involved, and any witnesses. Consider telling someone you trust.

## Step 3: Report the incident immediately.

All criminal acts or deaths must be reported to the Queensland Police Service.

All information and reports must be kept confidential to protect people's rights and privacy.

### **Staff and managers in funded disability services:**

Report the incident/complaint immediately (or as quickly as possible if outside normal business hours) to your line manager or an appropriate person within your organisation who is not involved in the matter. Immediately report criminal acts or deaths to the police. In line with your service's policies, record the complaint, write an incident report and follow processes for dealing with incidents, complaints and allegations.

Through the service agreement funded disability services sign with the department, providers are required to have, maintain, implement and act in accordance with policies consistent with the department's [Critical Incident Reporting Policy](#).

### **Staff and managers in Department of Communities (Disability Services) provided disability services:**

Make verbal and written critical incident reports following the [Critical Incident Reporting Policy](#). Incidents must be reported immediately or within given timelines, and criminal acts or deaths must immediately be reported to the police by the senior manager and, in the case of a reportable death, to the coroner.

### **People with disability, families, carer, support persons and friends:**

Report a criminal act or death immediately to the police. Where the matter relates to an individual or group within a service, it is normally advisable to contact management at the service to see if it can be satisfactorily dealt with through the organisation's complaints resolution processes and/or in conjunction with the police before taking it to other authorities.

## Step 4: Support the abused person as well as the whistle-blower or complainant.

Take steps to support and protect the person who has experienced abuse and the whistle-blower, if applicable. Ensure that they are not subject to retribution and stop any attempts at further abuse or retribution. Disability services are required to have policies and procedures in place to ensure support and protection both for people who have experienced abuse and for whistle-blowers, and to prevent retribution. Actions may include:

- involving victim support services
- counselling for staff, clients or other whistle-blowers
- temporarily moving persons who have experienced abuse and informants
- suspending staff suspected of perpetrating abuse.

## Step 5: If necessary, take the matter further.

If the matter is not resolved satisfactorily through internal processes at a service, or a complainant or whistle-blower does not feel able to safely take it up with management, the matter can be taken further. Who to contact next depends on what type of matter it is and what has happened already.

When an incident of abuse, neglect and exploitation occurs or is reported, disability service staff and managers should follow their organisation's policies and procedures, which should reflect the steps outlined on the previous page.

The diagram below is an example of the process disability service providers might follow when responding to an incident of abuse, neglect and exploitation. Please note that this process will usually occur over a short time period, with some actions occurring simultaneously.

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**Source:** <http://www.communities.qld.gov.au/disability/support-and-services/for-service-providers/preventing-and-responding-to-abuse-neglect-and-exploitation>