

ELDER ABUSE RESPONSE PRACTICE

Ethical Decision-Making around Elder Abuse

Information sharing, confidentiality, cultural safety and professional judgement.

NZNO CONFERENCE — AGE CONCERN AUCKLAND



A practical path through complex decisions



01



Understanding Elder Abuse

Recognising forms, patterns and relationship dynamics.

02



Legal & Ethical Framework

Privacy, rights, family violence and health consumer protections.

03



Ethical Decision-Making

Balancing autonomy, safety, confidentiality and culture.

04



Case Studies

Applying professional judgement in realistic scenarios.



What is elder abuse?

A single or repeated act — or a lack of appropriate action — occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person.



Psychological

Words or behaviour that cause fear, distress, shame or emotional harm.



Financial

Misuse, pressure, theft or control involving money, assets or property.



Physical

Use of force or rough handling causing pain, injury or intimidation.



Sexual

Any sexual contact, exposure or conduct without free and informed consent.



Institutional

Harm linked to systems, settings, policies or poor standards of care.



Neglect

Failure to meet essential needs, including situations of self-neglect.

Elder abuse is committed by someone known to the older person



Trust can make harm harder to name — and harder to leave.

1 / 3



Trust changes the risk picture.

The person causing harm may also provide transport, care, housing, money management or emotional connection.

Elder abuse is committed by someone known to the older person



Trust can make harm harder to name — and harder to leave.

2 / 3



Silence is not consent.

Fear, dependence, shame, cultural pressure or concern about consequences may stop direct disclosure.

Elder abuse is committed by someone known to the older person



Trust can make harm harder to name — and harder to leave.

3 / 3



Create safe opportunities.

Speak privately, ask open questions, document concerns and keep pathways open for future support.

When concern becomes action



Support the older person's choices while responding to immediate risk.



30+

local response providers

Funded across Aotearoa by the Ministry of Social Development.



Immediate danger or
emergency

Call 111

When concern becomes action



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Immediate danger or
emergency

Call 111



24/7 Elder Abuse Response
Service

0800 326 6865

0800 EA NOT OK

Common myths can delay identification and response



WHAT PEOPLE THINK

"Family always knows what is best for the older person."

"If the older person doesn't complain, there is no problem."

REALITY



Silence may reflect fear, dependence, or cultural pressure - not consent.



Common myths can delay identification and response

WHAT PEOPLE THINK

"If there is no physical injury, it is not abuse."

"Abuse only happens in extreme or visible situations."

REALITY



Elder abuse can be subtle, psychological, financial, or neglectful.

Common myths can delay identification and response



WHAT PEOPLE THINK

"Financial control is normal in some families, so it is acceptable."

"Older people from some cultures do not want outside help."

REALITY



Abuse can occur in any culture, family structure, or socioeconomic group.

Legal and ethical framework



RIGHTS ANCHOR

Older people have the right to live with dignity, respect, choice and freedom from abuse and neglect.

01

Human Rights

Bill of Rights Act 1990 · Human Rights Act 1993

Protects rights to dignity, privacy, security of person and freedom from discrimination, including age.

Te Tiriti o Waitangi

Partnership, protection and participation

Respect & Dignity

Upholding rights and autonomy

Least Harm

Take action to keep people safe

Collaboration

Work across agencies and communities

Legal and ethical framework



RIGHTS ANCHOR

Older people have the right to live with dignity, respect, choice and freedom from abuse and neglect.

Privacy & Information

Privacy Act 2020

02

Governs the collection, use and sharing of personal information. Information can be shared without consent where there is a serious risk of harm.

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RIGHTS ANCHOR

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Protection & Safety

Family Violence Act 2018

Many cases of elder abuse can be addressed under the Act when they occur within a family relationship.

Criminal Law

Crimes Act 1961

Covers assault, theft, fraud - including financial abuse - neglect and ill-treatment.

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RIGHTS ANCHOR

Older people have the right to live with dignity, respect, choice and freedom from abuse and neglect.

04

Capacity & Decision-Making

Protection of Personal and Property Rights Act 1988

Supports decision-making for people who lack capacity, using the least restrictive intervention and promoting autonomy.

Te Tiriti o Waitangi

Partnership, protection and participation

Respect & Dignity

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RIGHTS ANCHOR

Older people have the right to live with dignity, respect, choice and freedom from abuse and neglect.

Health & Disability Rights

Health and Disability Commissioner Act 1994

Upholds rights to respect, dignity, independence and appropriate care.

Care & Service Regulation

Health and Disability Services (Safety) Act 2001

Sets standards for aged residential care and health services to support safety, quality and accountability.

Te Tiriti o Waitangi

Partnership, protection and participation

Respect & Dignity

Upholding rights and autonomy

Least Harm

Take action to keep people safe

Collaboration

Work across agencies and communities

Building trust through safe information-sharing



01 Privacy

02 Confidentiality

03 Vulnerability

01



PRIVACY

Personal information belongs to the person.

The right of individuals to control their personal
information and personal space.

Building trust through safe information-sharing



01 Privacy

02 Confidentiality

03 Vulnerability

02



CONFIDENTIALITY

Trust creates a professional duty.

A professional responsibility to protect and manage information shared in a trusted relationship.

Building trust through safe information-sharing



01 Privacy

02 Confidentiality

03 Vulnerability

03



VULNERABILITY

Some circumstances increase the risk of harm.

Risk may increase through age, health conditions, cognitive impairment, isolation or dependence on others.

Key practice considerations



01

Capacity may fluctuate over time and across situations.

02

Fear of losing independence can influence decision-making and disclosure.

03

Complex family dynamics may impact safety, support and consent.

04

Respect autonomy and support informed choice wherever possible.



Ethical practice means holding competing duties together

Elder abuse cases can involve competing rights, risks, relationships and responsibilities.

RESPECT

Autonomy

AND

MAINTAIN

Safety

KEY MESSAGE

Balance the older person's rights, wishes, safety and wellbeing.



Ethical practice means holding competing duties together

Elder abuse cases can involve competing rights, risks, relationships and responsibilities.

PROTECT

Confidentiality

AND

RESPOND TO

Risk of harm

KEY MESSAGE

Balance the older person's rights, wishes, safety and wellbeing.



Ethical practice means holding competing duties together

Elder abuse cases can involve competing rights, risks, relationships and responsibilities.

SHOW

Cultural respect

AND

PROTECT

Rights

KEY MESSAGE

Balance the older person's rights, wishes, safety and wellbeing.



Ethical practice means holding competing duties together

Elder abuse cases can involve competing rights, risks, relationships and responsibilities.

WELCOME

Family involvement

AND

NOTICE

Undue influence or abuse

KEY MESSAGE

Balance the older person's rights, wishes, safety and wellbeing.



Capacity does not remove the tension between autonomy and safety



SITUATION

An older person has decision-making capacity but remains in an abusive or unsafe situation. They may decline intervention, support or referral.

IN THEIR WORDS

"I know my son takes my money, but he is my family."

ETHICAL DILEMMA

How do we respect the person's right to decide while responding to ongoing harm?

AUTONOMY



SAFETY



Confidentiality has to be considered alongside serious risk

DISCLOSURE

An older person discloses abuse but does not want the information shared or services involved.

"I know my daughter has been hurting me, but I don't want anyone else to know."

MAINTAIN
Trust and
confidentiality



RESPOND TO
Serious or escalating
risk

ETHICAL DILEMMA

How do we protect trust while responding appropriately to serious or escalating harm?



Respect culture while keeping the older person's voice visible

"I trust my family to make decisions for me because that is how we have always done things."



THE PRACTICE CONTEXT

Cultural values, family roles and expectations may shape care, privacy, decision-making and help-seeking.

"My family member speaks for me because they understand my needs better."

ETHICAL DILEMMA

How do we respect cultural values and family relationships while protecting rights, safety, dignity and voice?



Individual and collective approaches emphasise different relationships



WESTERN LEGAL AND CLINICAL MODEL

Individual decision-making

- Focuses on individual autonomy
- The person makes informed choices
- Capacity is assessed individually
- Uses a rights-based legal framework

GOOD PRACTICE

Welcome support while ensuring participation is genuine and the older person's voice remains visible.



FAMILY AND COMMUNITY-BASED MODELS

Collective decision-making

- Includes family, whānau or community input
- Values harmony and interdependence
- Respects elders, roles and hierarchy
- The individual voice may be shared or less visible



Consent must be genuine, not simply compliant



SITUATION

Capacity may be unclear or fluctuate with illness, stress, fear or cognitive decline. Family may support the person—or pressure them, control information or be involved in abuse.

WHAT TO NOTICE

Agreement is not always freely given.

Look for fear, rehearsed answers, deference, information being filtered and reluctance to speak privately.



Consent must be genuine, not simply compliant



SITUATION

Capacity may be unclear or fluctuate with illness, stress, fear or cognitive decline. Family may support the person—or pressure them, control information or be involved in abuse.

"I agree with what my family says because I don't want to upset them."

"I don't want to talk about what is happening at home because my family might get into trouble."



Consent must be genuine, not simply compliant



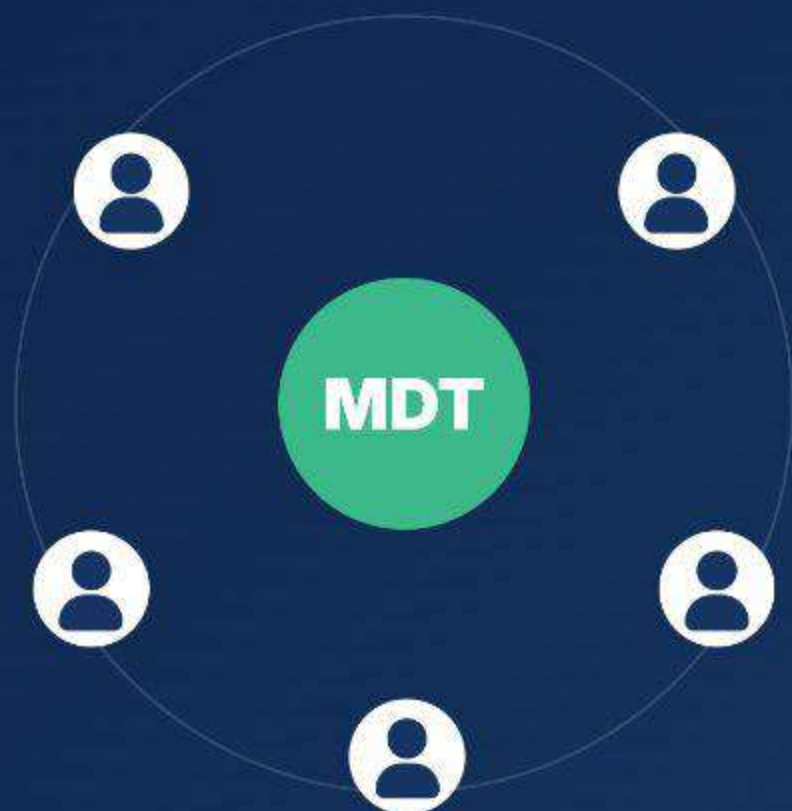
SITUATION

Capacity may be unclear or fluctuate with illness, stress, fear or cognitive decline. Family may support the person—or pressure them, control information or be involved in abuse.

ETHICAL DILEMMA

How do we assess genuine consent and decision-making while ensuring appropriate protection and support?

Complex decisions should not sit with one nurse alone



WHY THE TEAM MATTERS

- Improves safety and outcomes through shared decisions
- Reduces individual bias and risk
- Builds a holistic view of risk, capacity and context
- Coordinates protection and support

THE NURSING ROLE

- 01 Identify and document concerns
- 02 Share relevant information appropriately
- 03 Advocate for safety and wishes
- 04 Participate in assessment and planning



Understand the person's context without normalising harm



Cultural safety does not mean accepting abuse.

Understand context while upholding the older person's rights, voice and safety.

FROM PRINCIPLES TO PRACTICE

Now apply the framework to two clinical scenarios

Notice the evidence. Protect private conversation. Test assumptions. Decide with others.





Mr T: the reported fall does not explain the whole picture



Mr Robert T

PSEUDONYM · 82 YEARS

Emergency Department after a reported fall. History includes type 2 diabetes, hypertension, mild cognitive impairment and osteoarthritis.

01 · PHYSICAL AND CARE INDICATORS

Multiple bruises at different stages of healing

Dehydration, poor nutrition and soiled clothing add to the concern.



Mr T: the reported fall does not explain the whole picture



Mr Robert T

PSEUDONYM · 82 YEARS

Emergency Department after a reported fall. History includes type 2 diabetes, hypertension, mild cognitive impairment and osteoarthritis.

02 · INTERACTION

His son answers for him

Mr T is withdrawn and anxious, avoids eye contact and glances at his son before responding.



Mr T: the reported fall does not explain the whole picture



Mr Robert T

PSEUDONYM · 82 YEARS

Emergency Department after a reported fall. History includes type 2 diabetes, hypertension, mild cognitive impairment and osteoarthritis.

03 · WHEN SEEN ALONE

"I try not to upset him."

His son gets angry when he makes mistakes. Medication is not always given on time, and his son manages his pension and shopping.



Mr T: the reported fall does not explain the whole picture



Mr Robert T

PSEUDONYM · 82 YEARS

Emergency Department after a reported fall. History includes type 2 diabetes, hypertension, mild cognitive impairment and osteoarthritis.

04 · PRACTICE CONCERN

Possible abuse or neglect—and an unsafe return home

Further assessment, safeguarding action and multidisciplinary planning are needed.



What should the nurse notice and do next?

01

Which signs and risk factors raise concern about possible abuse or neglect?



What should the nurse notice and do next?

02

How would you assess Mr T's capacity, safety and willingness to disclose while his son is present?



What should the nurse notice and do next?

03

What immediate actions should the nurse take to ensure safety and escalate concerns?



What should the nurse notice and do next?

04

Which multidisciplinary supports and longer-term interventions would help create a safe discharge?



Mrs A: authority must still serve her rights and wellbeing



Mrs A

PSEUDONYM · 86 YEARS

Rest-home resident with reduced mobility and moderate dementia. Her daughter holds EPOA for property and personal care.

01 · CHANGE IN PRESENTATION

Increasing anxiety during visits

She is reluctant to speak openly and says “she knows best” despite appearing distressed.



Mrs A: authority must still serve her rights and wellbeing



Mrs A

PSEUDONYM · 86 YEARS

Rest-home resident with reduced mobility and moderate dementia. Her daughter holds EPOA for property and personal care.

02 · UNMET NEEDS AND RESTRICTION

Comfort, personal items and activities are limited

Her daughter directs care, questions interventions and requests spending only on "essential care".



Mrs A: authority must still serve her rights and wellbeing



Mrs A

PSEUDONYM · 86 YEARS

Rest-home resident with reduced mobility and moderate dementia. Her daughter holds EPOA for property and personal care.

03 · WHEN HER DAUGHTER IS ABSENT

Mrs A appears more relaxed

She is uncertain about finances and care arrangements and does not feel comfortable raising concerns.



Mrs A: authority must still serve her rights and wellbeing



Mrs A

PSEUDONYM · 86 YEARS

Rest-home resident with reduced mobility and moderate dementia. Her daughter holds EPOA for property and personal care.

04 · PRACTICE CONCERN

Possible misuse of EPOA authority

Safeguarding review, capacity assessment and multidisciplinary action should protect her autonomy, rights and safety.



How should staff respond when authority and advocacy conflict?

01

What are the key red flags in this scenario?



How should staff respond when authority and advocacy conflict?

02

How might the power dynamic affect Mrs A's ability to express her true wishes or concerns?



How should staff respond when authority and advocacy conflict?

03

How can nurses respect EPOA authority while advocating for Mrs A's rights and wellbeing?



How should staff respond when authority and advocacy conflict?

04

What actions should staff take now?



Share information when safety requires it— and share only what is necessary

1 Concern

2 Capacity

3 Wishes

4 Risk

5 Act

STEP 01

Are you concerned about safety or wellbeing?

Consider abuse, neglect, exploitation, deterioration or risk of harm.
If no concern remains, respect confidentiality and continue care and support.

THROUGHOUT THE PROCESS

Dignity, respect and safety

Minimum necessary information

The right person or service

Document reasoning and actions

When unsure, ask—do not decide alone

Adapted from the supplied decision flowchart: Privacy Act 2020, Health Information Privacy Code 2020 and Code of Health and Disability Services Consumers' Rights.



Share information when safety requires it— and share only what is necessary

1 Concern

2 Capacity

3 Wishes

4 Risk

5 Act

STEP 02

Can the person make an informed decision?

Consider understanding, retaining, weighing and communicating. If capacity is absent or uncertain, act in their best interests, consider their wishes and beliefs, involve whānau where appropriate and seek advice.

THROUGHOUT THE PROCESS

Dignity, respect and safety

Minimum necessary information

The right person or service

Document reasoning and actions

When unsure, ask—do not decide alone

Adapted from the supplied decision flowchart: Privacy Act 2020, Health Information Privacy Code 2020 and Code of Health and Disability Services Consumers' Rights.



Share information when safety requires it— and share only what is necessary

1 Concern

2 Capacity

3 Wishes

4 Risk

5 Act

STEP 03

What does the person want?

Have an open conversation. Explore their wishes and reasons. If safety can be supported without sharing, respect their decision and agree a safety plan where possible.

THROUGHOUT THE PROCESS

Dignity, respect and safety

Minimum necessary
information

The right person or service

Document reasoning and
actions

When unsure, ask—do not
decide alone

Adapted from the supplied decision flowchart: Privacy Act 2020, Health Information Privacy Code 2020 and Code of Health and Disability Services Consumers' Rights.



Share information when safety requires it— and share only what is necessary

1 Concern

2 Capacity

3 Wishes

4 Risk

5 Act

STEP 04

Is there a serious risk of harm?

Consider severity, immediacy, vulnerability and ability to self-protect. Call 111 for immediate risk to life or serious injury. Serious risk may justify sharing without consent; otherwise seek advice and monitor.

THROUGHOUT THE PROCESS

Dignity, respect and safety

Minimum necessary
information

The right person or service

Document reasoning and
actions

When unsure, ask—do not
decide alone

Adapted from the supplied decision flowchart: Privacy Act 2020, Health Information Privacy Code 2020 and Code of Health and Disability Services Consumers' Rights.



Share information when safety requires it— and share only what is necessary

1 Concern

2 Capacity

3 Wishes

4 Risk

5 Act

STEP 05

Share carefully, then document and review

Share the minimum necessary with the right person or service. Record concerns, assessment, decisions, what was shared and actions taken. Follow up the person's safety and wellbeing.

THROUGHOUT THE PROCESS

Dignity, respect and safety

Minimum necessary information

The right person or service

Document reasoning and actions

When unsure, ask—do not decide alone

Adapted from the supplied decision flowchart: Privacy Act 2020, Health Information Privacy Code 2020 and Code of Health and Disability Services Consumers' Rights.



Five principles to carry into everyday practice

01

Privacy and confidentiality build trust.

Five principles to carry into everyday practice



02

Vulnerable people need extra care.



Five principles to carry into everyday practice

03

Safety can override confidentiality when necessary.



Five principles to carry into everyday practice

04

When you are unsure, ask.

Five principles to carry into everyday practice



05

Practice must be culturally safe and protective.

When something does not feel right:

Notice — Ask — Document — Consult — Act

Keep the older person's voice, dignity and safety at the centre.

