

## Abuse and Neglect of Seniors Community and Justice System Working Together As Partners

**Abuse and neglect of seniors** is a complex issue with potentially devastating effects on older people who may lack the ability to protect themselves or bounce back from losses. Responding effectively requires a variety of responses and a coordinated community effort.

Abuse and neglect is any action or deliberate inaction that harms or threatens to harm the health and well-being of an older adult. It is often part of a pattern of controlling behaviours. There are several forms including spousal abuse, exploitation by people who are in a position of trust, and assaults, threats, emotional abuse or neglect in the context of giving care. Risk of abuse and neglect is greater for people with disabilities who are often victimized repeatedly by the same abusers. It is very important to address safety issues and not leave a senior alone with a suspected abuser after an interview.

### Examples

### What to Look For

<p><b>Physical Abuse</b> – acts causing injury or physical discomfort, e.g., slapping, pinching, punching, rough handling, forcible restraint, intentional over or under medication</p> <ul style="list-style-type: none"> <li>• Assault s. 265; Assault with a weapon or causing bodily harm s. 267</li> <li>• Forcible Confinement s. 279(1)</li> <li>• Sexual Assault s.271</li> </ul> <p><b>Neglect</b> – intentional or unintentional failure to provide basic or personal care needs</p> <ul style="list-style-type: none"> <li>• Breach of Duty to Provide Necessaries s.215</li> </ul> <p><b>Financial Abuse</b> – theft or exploitation of a person’s money, property or assets (e.g., fraud, theft, forgery, misuse of a power of attorney)</p> <ul style="list-style-type: none"> <li>• Theft s.322</li> <li>• Theft by a Person Holding a Power of Attorney s.331</li> <li>• Fraud s.380</li> <li>• Extortion s.346</li> <li>• Stopping Mail With Intent s.345</li> <li>• Forgery s.366</li> </ul> <p><b>Psychological Abuse</b> – actions or words causing emotional pain, fear or diminished self-esteem or dignity (e.g., threats, unwanted institutionalization, harassment, abandonment, isolation, ignoring wishes or decisions)</p> <ul style="list-style-type: none"> <li>• Intimidation s.423</li> <li>• Uttering threats s.264.1</li> </ul>	<p><b>For physical abuse:</b> Assess and compare the nature of the injury to the explanation for it. Look for inconsistencies -</p> <ul style="list-style-type: none"> <li>• Are there unusual bruises or wounds in different stages of healing?</li> <li>• Are there patterns or shapes to the injuries that would indicate abuse?</li> <li>• Is there a history of similar injuries or untreated medical conditions (e.g., bedsores, dehydration, malnutrition)?</li> </ul> <p><b>For neglect:</b></p> <ul style="list-style-type: none"> <li>• Are living conditions unhealthy or dangerous (e.g., is there heat, clean bedding, food)?</li> <li>• Does the senior have contact with other people?</li> </ul> <p><b>For financial abuse:</b></p> <ul style="list-style-type: none"> <li>• Is the senior’s standard of living in keeping with other people in the house and with his or her assets and income?</li> <li>• Any recent changes to a will, power of attorney or ownership of assets?</li> <li>• Is there evidence of crime such as fraudulent documents or weapons?</li> <li>• Does the senior need and have prescribed medications, dentures, eyeglasses, a hearing aides, walker or wheelchair?</li> </ul> <p><b>For psychological abuse:</b></p> <ul style="list-style-type: none"> <li>• Is the senior fearful, depressed, confused and hesitant to talk openly in front of another person?</li> </ul> <p><b>Does the suspected abuser</b></p> <ul style="list-style-type: none"> <li>• Conceal info or offer inconsistent excuses?</li> <li>• Speak for the senior or dominate the interview</li> <li>• Speak negatively about the senior or ignore his or her wishes and needs?</li> <li>• Appear reluctant to leave senior alone with others?</li> </ul>
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**Cognitive skills** – Old age is not a disease or a disability. Most seniors can make decisions if they have the necessary information. If there are cognitive losses, it may take an older person a little longer to recall, process information or make decisions. Support seniors to make decisions.

**Dementia** is a loss to brain functions affecting a person's ability to function. Cognitive impairment may be mild to severe depending on number and location of brain cells destroyed or lost. Common symptoms are:

- long term memory loss coupled with poor judgement and reasoning
- difficulty using or understanding words and performing routine tasks (e.g., balancing a cheque book, making a grocery list, shopping)
- becoming lost in familiar places
- changes in mood, personality, and behaviour (e.g., depression, anxiety, and agitation are common)

Symptoms vary depending on the type of dementia. In more extreme forms, some people may have visual hallucinations, fall frequently or display inappropriate social behaviour.

**Communicating with a person with dementia** - Many people with dementia can still give reliable information. Check with health provider or someone who knows the person to ask if there are times of the day when the person is more alert and oriented.

- Ensure privacy and safety for the interview (consider other people for support but be aware that they may also be an offender or could protect offenders and the victim may fear retribution)
- Create a calm space around the person, avoid intimidating behaviour
- Make sure that the senior's glasses are on and hearing aides are operational
- Speak slowly, take your time, focus on one topic or question at a time, watch for reactions, use memory cues (e.g., was the TV on when he came in the room? What were you watching?)

### Conditions often confused with dementia –

- **Delirium** - a sudden change in mental status often caused by illness, malnutrition, dehydration and other physical problems
- **Depression** – senior may appear emotionally withdrawn, confused, or agitated. These traits are commonly found in seniors living with abuse

**Part 3 of the Adult Guardianship Act** – purpose is to provide support and assistance to adults who are abused, neglected or self-neglected and cannot get help on their own due to a physical restraint, physical disability, or illness, disease, injury or other condition that affects their ability to make decisions about the abuse or neglect.

**Designated Agencies** (Health Authorities and Community Living Authorities of the Ministry of Children and Family Development) have a mandate to look into situations of abuse, neglect and self-neglect of adults, involve the adult as much as possible in any decisions that are made affecting him or her, and report criminal offences to the police.

<u>Provincial &amp; Federal Sources of Help &amp; Info</u>	<u>Local Sources of Help &amp; Info</u>
<p><b>Victim Link</b> (24 hour, translation) 1 800 563-0808  <b>Public Guardian &amp; Trustee</b> (for info about local DA contacts, financial abuse) <a href="http://www.trustee.bc.ca">www.trustee.bc.ca</a>  <b>BC CEAS</b> 604 437-1940 or 1 866 437-1940  <b>Nurse Line</b> (24 hours, translation)            In Greater Vancouver 604 215-4700            Elsewhere in B.C. 1 866 215-4700  <b>Federal Income Security Programs</b> (for federal pension cheques) 1 800 277-9914</p>	<p><b>Police</b>  <b>Designated Agency</b>  <b>Victim Service Workers</b>  <b>Seniors' Counsellor</b>  <b>Transition House</b>  <b>Advocates</b>  <b>CRN Contact</b></p>