



# FACT SHEETS

## ON

# ABUSE OF OLDER ADULTS

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**BC CENTRE FOR ELDER ADVOCACY AND SUPPORT (BC CEAS)**

**Email: [info@bcceas.ca](mailto:info@bcceas.ca)**

**Website: [www.bcceas.ca](http://www.bcceas.ca)**

**Seniors Advocacy and Information Line**

**604-437-1940 (Local)**

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## DEFINITION OF ABUSE TO SENIORS

**Abuse means an action, or deliberate behaviour**, by a person(s) in a position of trust, such as an adult child, family member, friend or care-giver, that causes an adult:

61,000 Seniors in  
British Columbia  
experience abuse

(a) Physical, emotional or mental harm

- or -

(b) Damage to, or loss of, assets or property.

This includes:

- threats
- intimidation
- humiliation
- physical assault
- sexual assault
- over/under-medication
- withholding medication
- censoring mail
- invasion or denial of privacy
- denial of access to visitors

**The main reason for abuse** is the use of *power and control* by one person over another. In cases of financial abuse the abuser has a false sense of entitlement to the senior's money or possessions. Systems can also be abusive.

**A relationship is abusive** when a set of behaviours is used by a person(s) to establish dominance and control over another person.

**One in every twelve seniors (8%) in British Columbia experiences abuse.**

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## **TYPES OF ABUSE**

### **PHYSICAL ABUSE:**

- Any act(s) of violence or rough treatment causing injury or physical discomfort. May include the use of restraints.

### **PSYCHOLOGICAL OR EMOTIONAL ABUSE:**

- Any act, including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which diminishes the sense of identity, dignity, and self-worth.

### **FINANCIAL ABUSE OR EXPLOITATION:**

- The misuse of a senior's funds and assets; obtaining property and funds without that person's knowledge and full consent, or in the case of a senior who is not competent, not representing or acting in that person's best interest.

### **SEXUAL ABUSE:**

- Any sexual behaviour directed towards a senior without that person's full knowledge and consent: e.g., sexual assault, sexual harassment, or use of pornography.

### **MEDICATION ABUSE:**

- Misuse of a senior's medication and prescriptions, including withholding medication and over-medication.

### **VIOLATION OF CIVIL/HUMAN RIGHTS:**

- Denial of a senior's fundamental rights (according to legislation, the Charter of Rights and Freedoms, or the U.N. Declaration of Human Rights) e.g., withholding of information; denial of privacy; denial of visitors; restriction of liberty; or mail censorship.

### **NEGLECT/SELF NEGLECT:**

- Intentional withholding of basic necessities of care (active neglect) or not providing basic necessities or care because of lack of experience, information, or ability (passive neglect). Self-neglect occurs and can result in malnutrition or dehydration. Unsanitary or unsafe surroundings are often caused by self-neglect and can lead to illness or injury.

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## CONTINUUM FOR PHYSICAL ABUSE

1. Pinching/Squeezing
2. Pushing/Shoving/Restraining
3. Jerking/Shaking/Pulling
4. Shaking, causing bruising
5. Slapping/Biting/Hair pulling
6. Hitting/Punching/Kicking/Choking
7. Forced sexual activity
8. Forced feeding of undesired food and medications
9. Throwing objects at senior, or throwing senior on bed or chair, etc.
10. Lacerations that require stitches
11. Use of weapons
12. Broken bones/Internal injuries
13. Disabling or Disfiguring
14. Death

Adapted by Connie Chapman  
from Shelter Children Research  
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## PHYSICAL ABUSE

**Physical Abuse** is the non-accidental use of physical force for coercion, or to inflict bodily harm. Some indicators of **physical abuse or mistreatment** of seniors: unexplained cuts, scrapes, bruises. Injuries for which explanation does not fit evidence. Avoidance of significant family, friend or paid care-giver by older person. History of repeated injury/illness. Symmetrical bruising and/or grip marks. Delay in seeking treatment. Unhealed sores and/or pressure marks.

### SCENARIO #1

Marie arrived at the emergency department of the General Hospital. She had a broken collar-bone and cracked rib. Hospital staff assumed she had fallen, due to disorientation, or from being unsteady on her feet. Her husband, who had been abusive to her for sixty years, had pushed her down and stamped on her.

### SCENARIO #2

The staff of a care facility where Don lives have noticed bruises on his face and body from time-to-time. They begin to realize that these bruises appear after his wife has been visiting with him. Upon talking with other members of the family, the staff learn that Don's wife is an alcoholic and has been extremely abusive to him during their life together. This is the reason Don is no longer living at home.

### SCENARIO #3

George has rented out the upstairs of his house to a couple in return for care-giving assistance as he needs it, and has promised them the house when he dies. After several years the couple are now being both emotionally and physically abusive to him, and George does not know what to do, and his physical and emotional health is deteriorating.

### SCENARIO #4

A woman in an apartment block is concerned for a senior who lives across the hall. She hears the adult daughter and son-in-law constantly yelling, followed by what she believes is the sound of someone falling. She is worried that the senior is being abused and sometimes sees the senior with bruises to the face or a black eye.

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## CONTINUUM FOR PSYCHOLOGICAL OR EMOTIONAL ABUSE

- Jokes about habits/faults/age disabilities
- Insults about the senior
- Overly familiar, e.g., use of “dear” - not using name senior prefers
- Speaking to third party (acting as if the senior was not there)
- Treating senior as a child
- Not looking at person with hearing loss - treating this as a disability
- Ignoring the senior’s feelings
- When placed in care facility - often choice of food, clothing, bathroom habits are removed
- Not keeping a promise
- Shouting - name calling
- Repeated/targeted insults
- Repeated humiliation - both in private and in public
- Blaming senior for all faults
- Lying to senior
- Silence/shunning
- Threatening violence/retaliation/isolation
- Putting down senior’s abilities, e.g. as a parent/grandparent
- Alienating children/grandchildren towards senior
- Expecting senior to look after grandchildren when beyond the senior’s physical and other capabilities
- Adult children moving home/living off senior(s)
- Repeated threats - to put senior in a home/mental hospital
- Nervous breakdown/depression
- Threatened/attempted suicide by abuser
- Attempted suicide

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## **PSYCHOLOGICAL OR EMOTIONAL ABUSE**

**Emotional Abuse** attacks a senior's feelings of self-worth or self-esteem. Use of verbal abuse by taunts, threats, put-downs, withdrawal of love and affection, or emotional support by the abuser, over a period of time, affects how a senior feels and is extremely harmful to his/her well-being.

### **SCENARIO #1**

Paul is constantly belittling his wife Anna: "You're stupid, you've never been any use to me. Serve you right if I left you. You'll never manage without me. Maybe I should look for a younger woman, or put you in a home!" Anna has become depressed, feels ugly and unwanted, has trouble eating and sleeping and sometimes has thoughts of suicide.

### **SCENARIO #2**

Bill, a widower, has recently gone to live with his adult daughter. Mary insists that her father remain in his room most of the day. "I don't want you under foot, you get in my way." Sometimes she ignores her father and does not speak to him for several days. He feels both worthless and useless and wishes he had not sold his house, giving the money to his daughter and son-in-law in return for taking care of him for the balance of his life. He is very worried as he feels his only choices are: to find a place on his own, or move to a care facility.

### **SCENARIO #3**

June and David are emotionally upset. Their grandson, Eric, has recently moved in with them as his wife has left him and he has lost his job due to his drinking problem. He has become very abusive to his grandparents, often yelling at them, threatening them and demanding money. Eric is a big man, and becomes very aggressive when he drinks. His grandparents are too scared to ask him to leave, and fear that he may become physically abusive to them if they don't give him the money he keeps asking for.

### **SCENARIO #4**

Harry, who has Alzheimer's and is bedridden, lives with his daughter and son-in-law who have hired a care-giver to come in during the day to look after him. When they return in the evening, he appears very agitated and does not want them to come near him. Their neighbour comes to tell them that she often hears the care-giver yelling at Harry and he often cries out. They discover that she is very emotionally abusive to him, threatening to strike him. They fire the care-giver and very quickly Harry returns back to his usual self.

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## CONTINUUM FOR FINANCIAL ABUSE

1. Belief that seniors do not need money or have a future.
2. Theft of cash, credit cards, bank cards, mail.
3. Cashing in RRSP's without permission.
4. Using the senior's bank card to withdraw cash from the machine (often large sums) without their knowledge.
5. Unpaid loans or repeated borrowing.
6. Using trickery or persuasion to get a senior's money or possessions.
7. Taking or withholding a senior's pension or insurance cheque.
8. Borrowing or taking a senior's possessions without permission.
9. Selling the senior's property or possessions without permission.
10. Forcing the senior to change his/her Will or give a Power of Attorney.
11. Misuse of Power of Attorney.
12. Refusing to pay senior's bills, rent or mortgage.
13. Forging a senior's name or altering a document.
14. Establishing a "joint account" and using the senior's money without his/her knowledge or permission.
15. Theft from accounts in a financial institution.
16. Believing that a parent's assets, money or property should be yours.
17. Forcing senior to sign over house/car.
18. Leaving person destitute.

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## FINANCIAL ABUSE

**Financial Abuse** is: damage to, or loss of Assets or Property. The abuser is usually a spouse or partner, family member (often adult child), care-giver, friend, or a trusted person in the senior's life. Financial abuse is very often accompanied by other forms of abuse, such as emotional abuse, physical abuse, or denial of rights. Three components are necessary for financial abuse to happen: **Need or Greed** - the abuser is under financial pressure.

**Opportunity** - the abuser has access to funds or property. **False Sense of Entitlement** – “I deserve it; I am owed.”

### SCENARIO #1

Robert obtained a Power of Attorney from his grandfather, and began to sell some of the acres of land and some of the livestock. He promised his grandfather he would give him the money once the transaction was completed. Many months passed and Robert had not paid his grandfather. His grandfather asked Robert for the money several times, but did not receive it.

### SCENARIO #2

While her mother was in the hospital, Karen moved her mother's silver tea service, some valuable books and a grand piano to her own home. When her mother returned from hospital she asked the police to assist her in recovering her stolen property. Karen stated that she had taken the goods for safe-keeping and that these items are heirlooms belonging not just to the mother, but the entire family.

### SCENARIO #3

A care-giver befriends a senior and persuades him/her to open a “joint-account” so that she can assist with bill paying and getting cash from the account as required. Within a few months the senior discovers that the account has very little money in it. A considerable amount of money has been taken out. Because it is a joint account, either party can take money out of the account.

### SCENARIO #4

A mother frequently gives her adult son her pension cheque to be deposited into her account and to bring back a specified amount of cash. While at the financial institution her son uses his mother's pension cheque for payment to his overdue credit card. He did not have his mother's permission.

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## CONTINUUM FOR SEXUAL ABUSE

- Jokes about a senior in his/her presence.
- Treating senior as a sex object (ogling).
- Sexual jokes about seniors.
- Not paying attention to his/her, changing psychological needs.
- Minimizing his/her feelings and needs.
- Criticisms about a senior sexually.
- Uncomfortable or unwanted touch.
- Withholding sex/affection.
- Seeing need for affection as sexual.
- Sexual labels - such as “frigid” or “dried up.”
- Always wanting sex.
- Senior not able to say “no”, conditioning, dementia, other reasons.
- Promiscuity.
- Demanding sex with threats.
- Forcing sex with self/others.
- Forcing uncomfortable sex.
- Sex for purpose of hurting (use of objects/weapons).

**At a state convention**, Massachusetts elder protective workers were asked to report on cases of sexual abuse of people over 60 years of age with whom they had worked. They were asked to describe the kinds of sexual abuse activities these people were subjected to. This exploratory study found that all reported victims were female. Forty-six percent were in their 70's and 21% were in their 80's. The most frequent suspected form of sexual abuse was rape (61%), with the majority of these being repeated vaginal rape. Adult sons were most often the suspected offenders (39%) with spouses being the next most often suspected offenders (29%).

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## **SEXUAL ABUSE**

**Sexual abuse is any kind of sexual interaction without a senior's full knowledge and consent.** At worst it is assault and rape. It has been separated from physical abuse and given its own category because the possibility of sexual abuse of seniors is so rarely considered. Sexual abuse can take place with a confused senior (dementia), or confused residents in care facilities where they may be approached by other vulnerable residents, visiting spouses/partners, or occasionally, by care workers. Sexual abuse can also happen to competent seniors by spouses, partners, family members, or trusted people in their lives.

### **SCENARIO #1**

Helen, a widow 64 years of age, had known Jim 75, and his wife most of her life. Jim's wife, Lil, became ill with cancer and the last two years of her life were spent in and out of the hospital. Helen would visit her in the hospital and noticed that whenever the nurses mentioned Lil could go home for a while, she would appear anxious and often cry. Shortly after Lil died Jim started visiting Helen daily. Six months later he asked her to move in with him. She did and the first week they were very comfortable together. Then Jim began to be very aggressive sexually, attacking her in the middle of the night. When she complained he said "Lil hadn't liked it much either, but kept me happy until she died." Helen realized the horror Lil must have endured and why she had been anxious and tearful before her visits home. Helen moved out of Jim's house the next day.

### **SCENARIO #2**

Ethel, a widow 87 years of age, suffering from dementia is living in a very pleasant care facility. One day, when a care aid was preparing her bath, Ethel started to cry and pull away from her and hold her nightgown as tight as possible. The nurse inspected further and discovered bruise marks over her body. When she called another nurse to investigate the lady in the next bed, also in stages of dementia suddenly said "he comes in here late at night and attacks us both!" After further investigation it was discovered that a male care aide during the night-shift had been sexually abusing several of the residents who were suffering from dementia.

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## CONTINUUM FOR MEDICATION ABUSE

### **OVER-MEDICATION**

1. A senior may change doctors and take medication prescribed by both physicians.
2. A family member or care-giver may give medication to a senior to make him/her more “co-operative” or “easier to care for”.
3. A senior may use a spouse’s prescription, not understanding the implications of doing this.
4. A senior may forget a prescription has already been taken, and take the same prescription again.
5. A senior could become addicted to a prescription and take more it often than prescribed, or take double amounts, etc.
6. A normal adult dose prescribed by a physician may be too heavy for the senior.

### **UNDER-MEDICATION**

7. A senior may forget to take the prescription.
8. A senior may insist that the prescription has already been taken.
9. A care-giver is not aware of a senior’s medical needs.
10. A senior runs out of a prescription and forgets to have it renewed.
11. A family member or care-giver withholds necessary medication, or frequently does not administer it when needed.

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**Both over-medication and under-medication are harmful.** Seniors often change doctors (thinking a new doctor will prescribe a better pain killer or be more understanding). Seniors may go to different pharmacies. Family members caring for a senior may use medication to have them go to bed earlier, be more "cooperative" or easier to care for.

**Seniors often share medications with their spouse, or a close friend,** not understanding the full implications of this. Some of the confusion seniors show may be due to medication rather than normal aging.

**Indicators of medication abuse** should be considered when behaviour or mental status changes suddenly, fluctuates, or when the senior is either excessively drowsy or very agitated. This may also be considered if there is poorly controlled pain.

### SCENARIO #1

Sandra, a mother of four children, also cared for her aging father who had Alzheimer's. In order to manage she sometimes gave him extra medication to make him drowsy and less demanding. As time went on she began to give her father his medication more often, as it made her life so much easier.

### SCENARIO #2

David regularly visited his father in the care facility and noticed that he slept much more than he had at home, and when awake appeared more disoriented. David mentioned his concern to the care facility who said that his father's doctor had prescribed the medication he was being given. David called the doctor who reduced the dosage and, within a few days, there was a marked improvement.

### SCENARIO #3

Joyce was constantly in severe pain due to an old back injury. In order to try to control the pain she began doubling her medication as well as taking "over-the-counter" medication. Joyce had fallen several times lately, not realizing that it could be due to the overmedication she was taking.

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## CONTINUUM FOR NEGLECT/SELF NEGLECT

1. Lack of attention.
2. Inadequate clothing.
3. Lack of hygiene.
4. Poorly maintained living environment.
5. Poor physical appearance.
6. Lack of food in cupboards.
7. Withholding nutrition/fluids.
8. Dehydration, malnutrition.
9. Withholding medical services/treatment.
10. Lack of comforts of living - i.e. radio, television, telephone.
11. Insufficient medication.
12. Lack of necessary safety precautions - i.e. railings or ramps.
13. Negligent health care - i.e. untreated sores, lack of, or dirty bandages.
14. Abandonment and/or confinement of senior.
15. Neglect, leading to hospitalization or death.

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## NEGLECT/SELF NEGLECT

**Intentional withholding of basic necessities or care (active neglect)**, or not providing basic necessities or care because of lack of experience, information, or ability (**passive neglect**). Can be due to individual's choice of lifestyle, depression, ill health, cognitive ability, or inability to care for self (**self neglect**).

### SCENARIO #1

George has lived alone for many years, and has never looked after himself or the house very well. Now that he is 80 years old he does even less. His neighbours are worried about his lack of cleanliness and hygiene, and his inability to care properly for himself. They fear that his lifestyle will affect both his health and well-being. One neighbour has called "Continuing Care" and hopes that George will receive some assistance.

### SCENARIO #2

Kathryn is worried about her friend Louise who she has known for 25 years. Due to declining health, Louise moved in with her daughter and son-in-law about two years ago. Lately Louise appears to be very depressed. When Kathryn asks her what is wrong she replies that her daughter is often too busy to make her lunch, or take her shopping for new clothes or personal items. Quite often the daughter and son-in-law go out for dinner, not leaving Louise anything to eat.

### SCENARIO #3

Mr. Kaminsky, who is bed-ridden, lives in a private care home and is not receiving good care. He needs assistance to dress and take care of his personal hygiene. He needs to be turned over in his bed on a regular basis, which is not happening. Mr. Kaminsky has developed bad bed sores, which are becoming ulcerous and require medical attention.

### SCENARIO #4

Louie left the hospital after an operation and went to stay with his niece and her husband while he recuperated. He was unable to take care of himself and was not mobile. Several days later his niece and husband went on their holiday, leaving him at home alone. They had not made any arrangements for his care while they were away, and Louie had not known they were planning to go on vacation. He was unable to get to the phone to call anyone, or take care of his needs. He became dehydrated and malnourished and, if a neighbour had not stopped by, he could have become very ill.

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## CONTINUUM OF VIOLATION OF CIVIL/HUMAN RIGHTS

1. Disregard for the rights of a senior.
2. Opening of personal mail.
3. Making decisions for a senior without consulting with him/her.
4. Not allowing friends to visit/discouraging friendships.
5. Not allowing phone calls from friends.
6. Not allowing senior to attend their place of worship.
7. Seniors not permitted to make decisions about their life.
8. Not allowing senior to come and go as he/she pleases.
9. Withholding support needed to exercise these rights.

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## **VIOLATION OF CIVIL/HUMAN RIGHTS**

**Violation of rights is the negation or disregard for the human rights** of an individual. For example - withholding of information, denial of privacy, denial of visitors, restriction of liberty or mail censorship.

**Unless the senior has agreed** or is certifiably confused, no one has the right to deny the human rights of another person. When one is denied their human rights it definitely affects their self-esteem and confidence, and demoralization sets in.

### **SCENARIO #1**

When her husband died, Martha went to live with her son, daughter-in-law and grandchildren. Martha has become very unhappy because they are opening her mail, telling her friends she is asleep when they call or phone, and refuse to let her go to the church she has attended for over 40 years. She feels like a prisoner in their home and is becoming very depressed and wishes she had not given up her own residence.

### **SCENARIO #2**

Joe had recently sold his house, bought a condo, and given his son Power of Attorney. Joe went on a holiday to visit his brother in another province. While there he received a call from his son telling him not to bother coming home as he had sold the condo, his furniture and car. Joe's son told him to stay with his brother as he was a nuisance to him.

### **SCENARIO #3**

Mario and Filomina are both in their 90's. Their grandson had recently lost his job and they invited him, his wife and family to stay with them. Mario and Filomina moved into the basement suite to accommodate the family in the larger space upstairs. After a few months the grandson persuaded his grandparents to put the house in his name with the understanding that he would take care of them until their deaths. Once they had signed the house over to the grandson he and his wife became increasingly abusive to them. He destroyed their mail, disconnected their phone, did not allow their friends to visit and never took them anywhere. He totally controlled their lives making Mario and Filomina very fearful of their future and their health began to deteriorate.

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**Seniors Advocacy and Information Line**

**604-437-1940 (Local)**

**1-866-437-1940 (Toll free)**

The Fact Sheets on Abuse of Older Adults can be downloaded for free from our website.