

REFERENCE GUIDE FOR SERVICE PROVIDERS ASSISTING OLDER ADULTS

Abuse and Neglect of an Older Adult: any act that harms or threatens to harm the health or well-being of an older adult.

WHAT TO DO

Acknowledge
Barriers
Urgency
Screen
Empower
Refer

Suspicion of abuse may develop over time. Accumulate/document evidence.
Fear of retaliation, withdrawal of caregiver support and breach of confidentiality.
Assess immediate needs and potential risk of physical harm.
Assess person's physical, emotional and mental capacity to help themselves.
Inform person of their rights, resources and assist with establishing a safety plan.
Offer support or consultation from other resources.

CHECK FOR

PHYSICAL ABUSE

Any act of violence causing injury or physical discomfort, including sexual assault.

Indicators:

- Unexplained injuries in areas normally covered (bruises, burns or bites).
- Untreated medical problems.
- History of "accidents".
- Signs of over or under medication.
- Dehydration.

PSYCHOLOGICAL ABUSE

Any action or comment causing emotional anguish, fear or diminished self-esteem or dignity (e.g. threats to do harm, unwanted institutionalization, harassment, abandonment, imposed isolation, removal of decisions making choices).

Indicators:

- Fear, anxiety, depression, withdrawal, cowering.
- Reluctance to talk openly.
- Fearful interaction with caregiver, caregiver speaking on behalf of person and not allowing privacy.

FINANCIAL ABUSE

Theft or exploitation of a person's money, property or assets (e.g. fraud, forgery, misuse of Power of Attorney).

Indicators:

- Standard of living not in keeping with income or assets.
- Theft of property.
- Unusual or inappropriate activity in bank accounts, forged signatures on cheques.
- Forcing a person to sign over property or execute a will.
- Overcharging for services or products, overdue bills.

NEGLECT

Inability to provide basic or personal care needs (e.g. food, water, required medications, shelter, hygiene, clothing, physical aids, hearing aids, eye glasses, dentures, exercise and social interaction, lack of attention, abandonment, undue confinement, inadequate safety precautions, withholding medical services or treatment).

Indicators:

- **Active Neglect:** intentional failure of a caregiver to fulfill their care-giving responsibilities.
- **Passive Neglect:** unintentional failure of a caregiver to fulfill their care-giving responsibilities.
- **Self Neglect:** Although not a form of elder abuse, it is the person's inability to provide for their own essential needs.

- Unkempt appearance, inappropriate or dirty clothing, signs of infrequent bathing.
- Living conditions unhealthy, dangerous and/or in disrepair.
- Lack of social contact.
- No regular medical appointments.

INSTITUTIONAL ABUSE

Any physical, sexual, psychological, financial abuse or neglect occurring within a facility involving active victimization, withholding or denial of individual care needs, failure to respect individual's rights, overmedication, misuse of chemical or physical restraints and/or failure to carry out reasonable requests.

DOMESTIC ABUSE

Actual or threatened physical, sexual, financial or psychological abuse of a person by someone with whom they have an intimate relationship which aims to instill fear and/or to coercively control an individual.



BC CENTRE FOR ELDER
ADVOCACY
SUPPORT

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INTERVIEW STRATEGY

1. **Develop trust and be sensitive to person's culture, religion, comfort level and timing in obtaining disclosure:** interview alone, listen, be patient, non-threatening and non-judgmental, validate feelings and offer emotional support, avoid premature assumptions and suggestions.
2. **Note suspicious histories:** Explanation is vague, bizarre or incongruent with type or degree of injury, denial of obvious injury, long delay between injury and treatment.
3. **Be alert to person's wishes and assess ability to understand.** Try to assess whether the person "understands" and "appreciates" what is happening and what their needs are.
4. **Identify what information is missing:** Frequency, duration, urgency, need for physical examination.
5. **Be aware of interdependent relationships/power differences:** Be cautious of involvement of third party who may be the abuser, note conflicting histories. Where appropriate, interview family members but remember it is key to **TALK TO THE OLDER ADULT** even if family is available.

POSSIBLE INTERVENTIONS

- Consider impact on the person, their wishes, and their ability to recognize that they may be a victim of abuse.
- Note their understanding and appreciation of the consequences of their decisions.
- Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give.
- Your role could be singular or part of a team of service providers that could support the person to be healthy and safe. Be aware of appropriate resources or know how to link with the broader community.
- Follow your professional standards in obtaining client consent.
- If client does not consent, maintain contact to initiate: A. Education and/or a B. Safety Plan (see below).

A. Education

- Provide information and support according to the interests expressed by the person.
- Be aware of services outside the health care system which are specific to the needs of any older adult or specific to the needs of the older persons who are being victimized or are at risk, including social services, legal services, financial assistance, housing options and the faith community.

B. Safety Plan

The plan may include a change to an element of their environment or their relationship which could result in the elimination of the role of the abuser or context of the abuse.

Consider:

- Home visits, telephone contact, contact with other family and friends, regular appointments
- Secure assets (e.g. hide emergency money somewhere outside home.)
- Give copies of important documents and keys to trusted friends or family members
- Plan escape by packing a bag of extra clothing, medicine and personal aids (glasses, hearing aids)
- Keep phone numbers of friends, relatives, shelters or other trusted individuals handy.

C. Coordination And Consultation Help Numbers

Some of these organizations will provide direct assistance and others will refer callers to local organizations to get information or assistance. This is not an exhaustive list. It is important to develop your own list of local contacts.

BC Centre for Elder Advocacy and Support – Seniors Abuse and Information Line.....	1-866-437-1940
BC Association of Community Response Networks.....	1-604-513-9758
VictimLINK.....	1-800-563-0808
Seniors Health Care Support Line.....	1- 877-952-3181
HealthLINK BC.....	8-1-1
Public Guardian and Trustee.....	1-800-663-7867
Crisis Intervention and Suicide Prevention Centre.....	1-866-784-2433
Alzheimer Society – Dementia Helpline.....	1-800-936-6033
BC Ombudsperson.....	1-800-567-3247