

## ABUSE AND NEGLECT OF AN ELDERLY PERSON

Any act that harms or threatens to harm the health or well-being of an older adult.

### WHAT TO DO

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

### CHECK FOR

#### PHYSICAL ABUSE

Any act of violence causing injury or physical discomfort (e.g. slapping, pinching, punching or other rough handling, forcible restraint or intentional over / under medication), including SEXUAL ASSAULT.

**Indicators** – unexplained injuries in areas Normally covered (bruises in various stages of healing, burns or bites) untreated medical problems, history of “accidents”, signs of over / under medication, sexual assault,

#### 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 decision making

**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 noted, unusual/ inappropriate activity in bank accounts, forged signatures on cheques, forcing a person to sign over property or execute a will, overcharging for services / 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 supervision or safety precautions, withholding medical services / treatment).

**ACTIVE NEGLECT** – intentional failure of a caregiver to fulfill their caregiving responsibilities.

**PASSIVE NEGLECT** – unintentional failure of a caregiver to fulfill their caregiving responsibilities because of lack of knowledge, skill, illness, infirmity, or lack of awareness of community supports/ resources.

**SELF NEGLECT**– Although not a form of elder abuse, it is the person's inability to provide for their own essential needs because of physical infirmity or inability to make sound choices due to addiction, mental illness and / or cognitive impairment.



**Indicators Of Neglect**– 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 or familial relationship which aims to instill fear and / or to coercively control an individual.

### **POSSIBLE INTERVIEW QUESTIONS**

Is there something that you would like to share with me?  
Has there been a recent incident causing you concern?  
Has anyone ever pressured or forced you to do things you didn't want to do?  
Has anyone ever tried to take advantage of you?  
Has anyone ever failed to help you take care of yourself when you needed help?  
Have you ever signed any documents that you didn't understand or didn't want to sign?  
Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?  
Are you afraid of anyone?  
Would you like some help with...?  
It must be hard for you to look after...?

### **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. Some cultures may require a family member to be present during the interview or it may be necessary to *negotiate* in order to interview someone alone.

2. **Note suspicious histories:** Explanation vague, bizarre or incongruent with type or degree of injury, denial of obvious injury, long delay between injury and treatment, history of "doctor shopping".

#### **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's key to TALK TO THE SENIOR even if family are available.

## POSSIBLE INTERVENTIONS

**Consider impact** on the persons, 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 broader community. Follow your professional standards in obtaining client consent. If client does not consent maintain contact to initiate A and/or B. (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 (coins for pay phone) 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 (e.g. glasses, hearing aids)
- Keep phone numbers of friends, relatives, shelters or other trusted individuals handy.

### C. COORDINATION AND CONSULTATION HELP HUMBERS

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.

<b>Emergencies Only</b>	<b>911</b>	<b>Women's Emergency Shelter 346-5643</b>
<b>Red Deer regional Hospital</b>	<b>343-4422</b>	<b>Women's Outreach Society 347-2480</b>
<b>Health Link Alberta</b>	<b>1-866-408- LINK (5465)</b>	<b>Safe Harbour Society 347-0181</b>
<b>R.C.M.P (Complaints)</b>	<b>343-5591</b>	
<b>Golden Circle Seniors Resource Centre</b>	<b>343-6074</b>	

\*From Council Against Abuse of Older Adults et al. (Hamilton, ON) – adapted by Edmonton Elder Abuse Consultation Team For further information, contact the Elder Abuse Intervention Team:  
[www.edmonton.police.ab.ca](http://www.edmonton.police.ab.ca) January 2006