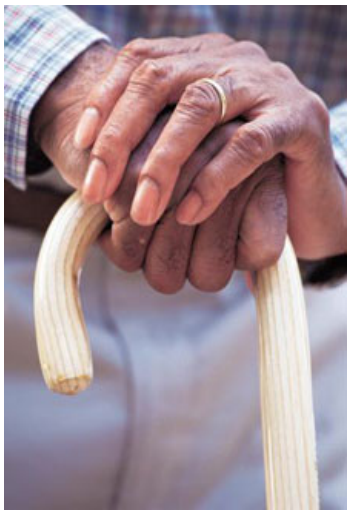
ACTION COMMITTEE AGAINST VIOLENCE

AGEA The Action Group on Elder Abuse



Elder Abuse Protocol

Funding provided by National Crime Prevention Strategy / Stratégie nationale pour la prévention du crime

fcss family & community support services

The protocol guidelines may be used as a general reference for working with suspected or confirmed cases of abuse or as an outline for the orientation and training of service providers.

Each agency or organization will need to determine how the protocol can be adapted within their organization. Training on how to implement the protocol is essential.

For further information on protocol development and training, please contact Community Development Coordinator (Older Persons Portfolio) at Alliance to End Violence. Phone: (403) 283-3013.

Acknowledgements

Calgary's Action Group on Elder Abuse (AGEA) acknowledges the work of its Service Enhancement Team in compiling, organizing, editing, and in some cases creating the content of this manual.

- Liza Chan, The Calgary Chinese Elderly Citizens' Association
- Sherry MacInnis, Calgary Seniors Resource Society
- Kevin Midbo, Action Committee Against Violence
- Monique Rigole, Office of the Public Guardian, Province of Alberta
- Lesley Sutton, Kerby Centre
- Karen Walroth, Action Committee Against Violence
- Eva Chan, Action Committee Against Violence

And with the assistance of the following individuals:

- Marlette Reed, FaithLink
- Kelli Moorey, Independent Living Resource Centre of Calgary
- Dianne Shingoose, Métis Research Geneaology & Resource Centre
- Carrie Neilson, Community and Neighbourhood Services, City of Calgary

In addition, special thanks to Lee Tunstall for her hard-work and assistance in the finalization of the manual.

We would also like to thank National Crime Prevention Centre and Family & Community Support Services (FCSS), City of Calgary for funding this important project.

Table of Contents

1. Guiding Principles [1]

The principles that underpin this manual are grounded in an empowerment model. They include:

1. All forms of abuse are unacceptable.
2. Many types of elder abuse are criminal offenses, punishable under the Criminal Code of Canada, for which the abuser is responsible and accountable.
3. Abuse is a complex issue that is embedded in human relationships. It is an expression of power and control exercised over a socially vulnerable and stigmatized group of people.
4. Abuse of older persons may be deliberate or inadvertent, and may be malevolent or otherwise. Regardless of the intention, we have an ethical responsibility to identify such abuse and address it within a context that is responsive to the needs and wishes of the abused older person.
5. Cultural diversity, language barriers, religious beliefs, sexual orientation, lifestyle choices, poverty, disabilities, educational background, social supports, and health status must all be taken into consideration when framing an approach to dealing with abuse.
6. All elderly persons have the right to:

   Self Determination
   The right to live their lives as they want and to make decisions for themselves, provided that their actions are not against the law or that they do not infringe upon the rights and safety of others. As such, an older person is free to control her/his affairs to the full extent of her/his abilities.

   Basic Requirements of Life
   These include food, shelter, clothing, social contact, and medical attention.

   Safe and Adaptable Environments
   Living conditions that are safe and appropriate to personal preferences and changing abilities.

   Informal Support
   The right to benefit from healthy family support and community care consistent with the well-being of the individual.

   Formal Support
   The right to access social, health, housing, legal services and any other services necessary to enhance capacity for autonomy and well-being. This includes the right to access services, at the same level provided for other age groups, when dealing with the implications of violence in later life.

[1] Adapted from: Family Service Association of Toronto, *Best Practices for Responding to the Abuse of Older Adults*, 2004, p. 11-12.

Dignity
The right to live in dignity and security and to be free of exploitation and physical, mental or financial abuse.

Right of Refusal
The right to refuse assistance, intervention, or medical treatment.

Privacy
To share only what a person wants to share.

Confidentiality
Whatever information a person chooses to share or whatever information becomes known about them remains confidential except in specific situations, as dictated by law.

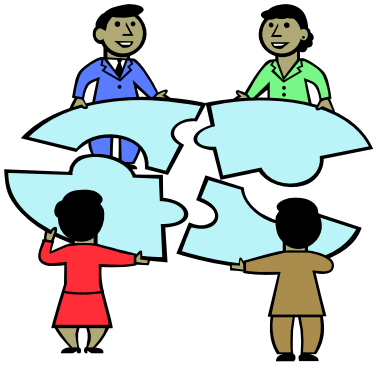
7. Each situation must be considered individually.
8. Older persons must be involved in all aspects of decision making when they are able.
9. The least intrusive or restrictive intervention possible, which is appropriate to the circumstances and determined by the degree of risk assessed, should guide decision making about situations.
10. In cases where there is reason to suspect that a client is mentally incapable and at risk of suffering serious personal or financial harm, action is needed.
11. Elder abuse is a societal problem requiring a comprehensive cross-sectoral community response.

2. Introduction

According to the World Health Organization, service providers who work directly with older persons “have a particularly important role to play as they deal with cases of [abuse of older persons] regularly - although they often fail to recognise them as such.” The AGEA protocol has been designed to assist service providers who work directly with older persons to respond appropriately when situations of abuse of older persons are suspected. In order to effectively respond to these issues, it is important that the seniors’ services sector and the family violence sector continue to work together to improve screening, assessment and intervention techniques that identify and respond to the issue of abuse of older persons.

One of the most difficult aspects in dealing with abuse is addressing the older person's reluctance to accept intervention or to change the abusive situation. Considerable professional judgment must be exercised. The abuse and neglect of older persons cuts across all socio-economic levels, and all ethnic, cultural, rural and urban populations. “A cultural perspective is mandatory in order to fully understand the phenomenon of [abuse of older persons] - i.e. the cultural context of any particular community in which it occurs.” Further, in any society some groups of older persons are particularly vulnerable to abuse, such as the very old, those with limited functional capacity, women and the poor. Men also become more vulnerable to abuse as they age.

The need for service providers to be prepared to address this issue through assessment and referral is clear when the number of documented cases of abuse of older persons continues to rise in the Calgary region.



2.1 Prevalence of abuse

The proportion of the population over 65 is increasing at an unprecedented rate and will continue to do so as the Baby Boomers age over the next decades. The results of the first national study of the incidence and prevalence of elder abuse were released in 1990 by Ryerson Polytechnical Institute with funding from Health and Welfare Canada. *The National Survey on Abuse of the Elderly in Canada: The Ryerson Study* [2] was conducted via random sample telephone survey of 2,008 elderly persons living in private dwellings in all regions of Canada. The survey looked at four categories of abuse: material abuse; chronic verbal aggression; physical violence; and neglect.

The following are some notable findings of the survey:

- About 40 persons per 1,000 elderly population surveyed in private dwellings had recently experienced some form of maltreatment in their own home at the hands of a partner, relative or other close contact; this figure translates into 4% of the population as a whole.
- Material (financial) abuse accounted for more than one half of abuse cases or about 2.5% of the sample; chronic verbal aggression accounted for about another third or 1.4% of the sample.
- Physical violence accounted for about 5 persons per 1,000 surveyed or 0.5% of the sample.
- Victims of material (financial) abuse and neglect are likely to be widowed and living alone; victims of verbal aggression and physical violence tend to be married and living with their abuser.

A 1995 study by Gallagher and Pittaway [3] reviewed 542 client records of abused older Canadians, compiled by service agency workers. It focused on verified physical, psychological and material abuse and on neglect. The records showed that:

- 40.7% of the clients had suffered psychological abuse;
- 28.6% had suffered physical abuse;
- 26.6% had suffered material abuse; and
- 12.1% had suffered neglect.

There is an urgent need to enhance and coordinate the response to abused older persons in Calgary.

[2] Elizabeth Podnieks et al., *National Survey on Abuse of the Elderly in Canada* (Toronto: Ryerson Polytechnical Institute, 1990).
[3] Pittaway, E., & Gallagher, E. M. *Services for Abused Older Canadians*. (Victoria, BC: British Columbia Office for Seniors, 1995).

2.2 Purpose

The purpose of this protocol is to assist service providers serving older persons to make an assessment as to the best course of action in various situations of abuse. The focus of the assessment and intervention in cases or suspected cases of abuse of older persons is to increase the safety and well-being of older persons. The ultimate goal is to eliminate and prevent further incidents and reduce the frequency and severity of abuse to older persons.

Protocols such as the AGEA protocol allow service providers to detect, assess and intervene in cases when older persons are abused by significant others or themselves. The protocol, with its supporting information, is a comprehensive approach for responding to abuse of older persons or potential abuse of older persons.

The protocol guidelines may be used as a general reference for working with suspected or confirmed cases of abuse or as an outline for the orientation and training of service providers. Each agency or organization will need to determine how the protocol can be adapted within their organization. Training on how to implement the protocol is essential.

2.3 Definitions

Domestic abuse is the attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. The purpose of the abuse is to control and/or exploit through neglect, intimidation, inducement of fear or by inflicting pain. Abusive behaviour can take many forms including: verbal, physical, sexual, psychological, emotional, spiritual, economic and the violation of rights. All forms of abusive behaviour are ways in which one human being is trying to have control and/or exploit or have power over another.
[Definition developed by the Calgary Domestic Violence Committee as part of the CDVC's Protocol Project in 1998.]

The abuse of older persons (often referred to as “elder abuse”) is any action or inaction by others that jeopardizes the health or well being of an older person. This includes the denial of an older person's fundamental rights according to the Charter of Rights and Freedom and the United Nations Declaration of Human Rights.

2.4 Types of Abuse [4]

Physical abuse. Physical abuse includes the bodily harm or pain caused by hitting, slapping, scratching, cutting, burning, rough handling, or inappropriate physical restraints or confinement, and intentional injury with a weapon or object.

Sexual abuse. Any sexual behaviour directed toward an older person without that person's full knowledge and consent, such as sexual assault, sexual harassment, or use of pornography.

Financial or material abuse. Financial or material abuse includes the withholding of finances through deceit or theft, the misappropriation or misuse of funds or property, forced sale of home possessions, forced change of will, or abuse of trusteeship or power of attorney.

Psychological or emotional abuse. Psychological or emotional abuse is any act that diminishes the older person's sense of identity, dignity, and self-worth, and includes the use of threats, humiliation, intimidation, forced social isolation, treating the older person like a child [infantilizing], or inappropriate removal of decision-making power.

Neglect. *Active neglect* is the intentional withholding of clothing, food, personal or health care, and leaving the older person in an unsafe place or in isolation.
Passive neglect occurs when the caregiver unintentionally does not provide necessities because of lack of information, skill or interest. This includes *self-neglect* which is not a life long pattern and reflects a change in cognition, but is a change from that person's behaviour from previous experience.

Religious/spiritual abuse. Religious/spiritual abuse involves control, manipulation, guilt and/or deception to enforce a doctrinal position, and/or to refuse one the right to their own religious beliefs or practices. This abuse of power may occur in the self-serving use of position by a person in authority; it can be perpetrated by a particular organization or can operate throughout a religious system.

Religious/spiritual abuse damages the victim's spirit and/or relationship to the Transcendent, resulting in a psychological and spiritual debilitation of the individual.

Chemical/medication abuse. Any misuse of medications and prescriptions, including the withholding of medication and overmedication.

[4] Adapted from Government of New Brunswick*, Adult Victims of Abuse Protocols*, September 2005. 19 March 2006 <http://www.gnb.ca/0017/Protection/Adult/AdultProtocol-e.pdf>

3. Prevention

> *"An ounce of prevention is worth a pound of cure."*

The best way to eliminate abuse of older persons is to help them prevent it ahead of time. This requires a coordinated and collaborative effort by community agencies. There are five strategies that can help in this work: [5]

1. Personal Empowerment
2. Advocacy
3. Support
4. Public Awareness / Education
5. Policy Development

3.1 Personal Empowerment [6]

Suggest that older persons consider the following:

Financial security

- Plan for your own future when you are well, healthy, and still independent.
- Seek legal advice about what should happen in the event of mental or physical disability.
- Be careful when deeding or willing your house or other assets to someone who promises to keep you out of a nursing home or to take care of you at home should you become disabled.
- Make a will and review it regularly. Do not revise your will without careful consideration or without speaking with someone you trust.
- Think carefully before giving up control of your property or assets when you feel unable to manage them any longer.
- Have your pension or other cheques deposited directly into your accounts.
- Be cautious when loaning money and make sure these transactions are in writing.
- Keep your PIN numbers safe.

[5] Unless otherwise indicated, the following section is adapted from: N. Murphy, *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults* (Health Canada: Ottawa, 1994) Retrieved March 26, 2006 from < http:// www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/agekit_e.html#SECTIONSIX>

[6] This section is adapted from OAK-Net, *Prevention Suggestions for Older Adults*, 2003, Retrieved March 26, 2006 from <http://www.oak-net.org/index/prevent.html>

Social supports

- Try not to rely solely on family members for your social life and care. Seek outside contacts. Develop friends of all ages.
- Stay active in the community as much as possible.
- Maintain regular links with people who may be able to help you in an emergency. This may be your bank, hairdresser, friends, neighbours, or members of a religious organization.
- Choose a regular pharmacist so that he or she can become familiar with your medication history and can advise you on side effects.
- Consider carefully when allowing adult children to return home.
- Feel comfortable asking for help when you need it.
- Do not be intimidated in seeking your rights because of your age.
- Try not to place expectations on your children without their consent.

Home safety

- Investigate possible living arrangements and levels of home care support.
- Make property arrangements with good legal advice.
- Keep your home secure and do not leave cash, jewellery, or prized possessions lying about.
- Make a list of valuables for insurance purposes.
- Make your home burglar-proof.

3.2 Advocacy

Service providers can network with their peers across the country, sharing information, policy approaches and program initiatives. They can also serve on national organizations that promote programs for the prevention of abuse and neglect, and help in publicizing the work of these organizations.

3.3 Support

Front-line service providers need the full support of supervisors and peers. Here again, a team approach can be helpful in sharing frustrations, ideas and information. Supervisors and staff can help each other arrange for time off to recoup spent emotional and physical energy, and communicate effectively with superiors when case loads require more staff.

Community resource workers can provide a wide range of community services to help caregivers and older persons living at home. These services can include adult day care, women's resource centres, friendship centres, and seniors' centres. It is very beneficial for older persons to socialize with their peers and engage in some age-specific activities. However, it is also important for the community, and for the older person, to have social and cultural relationships outside of this "senior" scene.

3.4 Public Awareness / Education

Perhaps the most effective way to promote long-range prevention of abuse and neglect is through education and training. A public awareness program, however, has many components, and it must be able to describe the situation adequately.

Therefore, it becomes important for Calgary agencies to collectively decide on standard definitions for the various forms of abuse and neglect, criteria for incompetency and levels of decision making by older adults. Attitudes toward aging and the effect of these attitudes on the rights of older persons must also be examined. Finally, public education programs are required to examine the risk factors, causes, resources/services available and strategies to prevent abuse and neglect.

Individuals who work in the community, such as homemakers, doctors, visiting nurses, as well as volunteers and apartment managers, may observe couples who fight, old persons living in squalor, relatives who take over property, or other abusive situations. They may wish to support the victim but often do not know what to do or are reluctant to interfere with family relationships. Training community workers to identify risk factors, to assess family dynamics, to provide appropriate referral to community resources and how to stay involved with the cases is of primary importance.

3.5 Policy Development

It is important that individual agencies develop policies and procedures regarding cases of abuse of older persons to guide the actions of their employees when responding to these cases. As the Canadian population continues to age, it is equally important that agencies work together to influence and develop effective public policy. Communication with government policy makers regarding effective legislation and interventions will help to provide an integrated approach to this issue.

4. Detection/Screening

4.1 Indicators of Abuse [7]

The following potential indicators of abuse of older persons should serve to alert service providers to the possibility of abuse. These indicators warrant further investigation and assessment but are not necessarily proof of abuse. Service providers should also understand the importance of recognizing the more subtle aspects of abuse. Subtle aspects of abuse can become important "pointers" in helping decide how to approach the work.

Indicators – General

Service providers need to be vigilant in recognizing subtle aspects of abuse.

- ❑ recurring physical ailments with no apparent somatic base
- ❑ eating disorders
- ❑ extreme, unusual behaviour (aggression, compliance, depression, or withdrawal)
- ❑ unusual fear of a particular person or people
- ❑ sudden change in feelings about a particular person or place
- ❑ nightmares and sleep disturbances
- ❑ self-destructive behaviour such as drug/alcohol abuse, self-mutilation or running away
- ❑ lack of attachment to caregivers
- ❑ compulsive lying, and/or confusion regarding personal reality (i.e., dissociation, multiple personalities)
- ❑ regression to infantile behaviour

[7] Unless otherwise indicated, all indicators are quoted from *Adult Victims of Abuse Protocols*, September 2005. Government of New Brunswick. 19 March 2006 <http://www.gnb.ca/0017/Protection/Adult/AdultProtocol-e.pdf>

Indicators – Physical Abuse

Physical Markings

- ❑ unexplained loss of hair, abrasions, bruises, burns, bumps, contusions, falls, fractures, dislocations, grip marks, bites, haematomas (a localized swelling filled with blood), immobility, infections, internal injuries, lacerations, pain, restricted movement, rope marks, swelling, tenderness, skin ulcers, welts
- ❑ unusual patterns of bruises, grip marks in the shape of fingers or hands or in the shape of objects such as belts or hairbrushes
- ❑ sores, injuries which have not been treated/partially healed
- ❑ burns in shapes of objects, such as stove burners or cigarette ends; burns from restraints or bath immersion burn patterns
- ❑ bruises on both upper arms, as would result from being grabbed or shaken badly
- ❑ shivering, cyanosis (blue discoloration), flushing, lowered/elevated body temperature

Behaviours

- ❑ muscle contractures, immobility, shuffling, weakness
- ❑ delays in seeking treatment
- ❑ reluctance to give information
- ❑ seeking medical attention from an excessive number of doctors
- ❑ failure to fill prescriptions
- ❑ history of falls, accidents, injuries for which explanations do not fit the evidence

Observations

- ❑ pushing, pulling or rough handling of the individual
- ❑ unusual markings on bed or furniture may indicate the use of physical restraints
- ❑ over sedation, reduced physical/mental activity, groggy, confused, pills scattered about may be signs of inappropriate use of drugs, medications and/ or alcohol
- ❑ reduced/absent therapeutic response to prescribed treatment may be the result of under medication

Indicators – Sexual Abuse

- ❑ pain, bruising and bleeding in the genital areas
- ❑ existence of sexually transmitted diseases
- ❑ stained, torn or bloody underclothes
- ❑ foreign bodies in genital, rectal or urethral openings
- ❑ pain, itching in the genital area or throat
- ❑ difficulty passing urine or defecating
- ❑ semen about the mouth, genitals or on clothing
- ❑ enlarged vaginal opening or redness in the genital area
- ❑ unusual or offensive odour
- ❑ significant change in sexual behaviour or attitude
- ❑ excessive masturbation
- ❑ simulated sexual acts or sexual attention to pets or animals
- ❑ compulsive sexual behaviour (grabbing breasts or genitals or compulsively removing clothes)
- ❑ indiscriminate sexual activity

Indicators – Financial and Material Abuse

Fraud, misuse of money/property may include:

- ❑ depletion of savings without owner's knowledge
- ❑ overdrawn/depleted bank account
- ❑ illegal use of possessions, property, investments for profit, or personal gain
- ❑ being overcharged for home repairs, pre-paid funeral arrangements, room and board, etc.
- ❑ discrepancy between standard of living and financial assets
- ❑ unusual transactions conducted on behalf of the account holder
- ❑ cashing of pension or other cheques/insurance without permission
- ❑ disappearance of jewellery, art or other personal possessions
- ❑ forced to sign over control/power of attorney
- ❑ forced to sell house, change will
- ❑ sale or transfer of property by person who seems unsure and confused about reason for selling
- ❑ nervous when at the bank with another person, especially if making a large withdrawal
- ❑ deliberate financial exploitation (i.e., improper financial compensation)

Indicators – Psychological/Emotional Abuse

- ❑ appears shamed
- ❑ excessive passivity
- ❑ shows fear and inappropriate guilt
- ❑ reverts to infant like/child like behaviours
- ❑ is treated like a child
- ❑ seems frightened/eyes dart about, avoids eye/verbal contact with caregiver
- ❑ appears nervous in presence of caregiver
- ❑ threatened with institutionalization, eviction, etc.
- ❑ caregiver speaks for older person
- ❑ withdrawn, apathetic, depressed
- ❑ unresponsive
- ❑ physical indicators of imposed isolation (no telephone or radio, locks on door)
- ❑ caregiver blames adult for incontinence or wandering
- ❑ caregivers are passive, withdrawn, or uninterested in the person; refers to older person as "it"
- ❑ seeks frequent medical attention with vague, unsubstantiated complaints
- ❑ excluded from family gatherings, not permitted to have friends visit, to go to church, denied access to children/grandchildren
- ❑ unsure, helpless about making decisions
- ❑ inappropriate control by others of activities engaged in by at-risk older person

Indicators – Neglect

Service providers should understand the deeper issues surrounding "caregiving" and "neglect" to ensure that legitimate caregiving is recognized and that legitimate caregivers are not incorrectly labelled as perpetrators.

- ❑ malnourished, excessive weight loss, lack of groceries/food supplies, empty cupboards, emaciated, no dentures, dehydration, mouth sores, confusion may be signs of withholding of nutrition and fluids
- ❑ impaired skin integrity, bed sores, rashes, urine burns, soiled linen, unkempt appearance may be signs of inadequate hygiene, personal care
- ❑ clothes in poor repair or dirty, inappropriate for season, bug infestation, insufficient clothing
- ❑ if the caregiver is a substance abuser, he or she may be giving drugs or alcohol to the person he/she is caring for
- ❑ no glasses or hearing aid
- ❑ dangerous environment may be the result of a lack of safety precautions being taken and lack of adequate supervision
- ❑ unattended, tied to chair/bed
- ❑ wandering alone without needed supervision
- ❑ not taken to the doctor or dentist/therapist may be the withholding of medical/treatment services
- ❑ deserted/rarely seen outside place of residence
- ❑ padlocks on doors (bedroom, where food is kept)
- ❑ care provider attitudes/lack of understanding, custodialism, paternalism
- ❑ inappropriate control by others of activities engaged in by at-risk older person

***Lack of attention to health care needs may include**:*

- ❑ prevention of access to health care services
- ❑ inappropriate hospital discharge
- ❑ inappropriate transfer within an institution

Indicators – Religious/Spiritual Abuse [8]

- loss of trust: in self (confusion, distrust of one's own judgment), and others - especially spiritual leaders
- damage to one's understanding of and relationship with the Transcendent ("Who is my higher power? Why has this been allowed to happen?")
- loss of sense of self ("Who am I?")
- depression
- anxiety
- anger (which can become bitterness and cynicism towards all religious/spiritual systems over time)
- shame
- feelings of worthlessness
- diminishment of emotional, social and vocational functioning

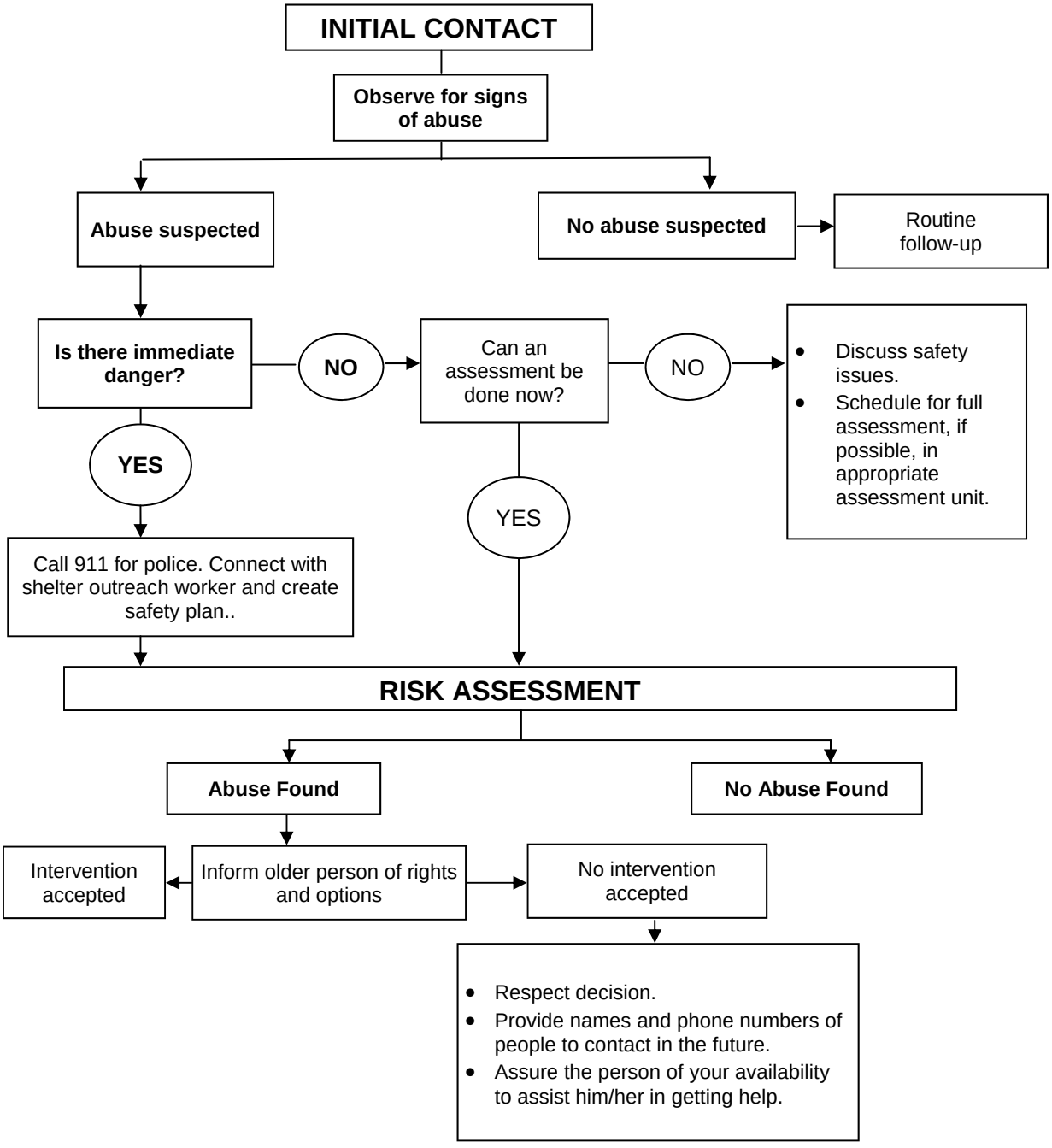
Indicators – Environmental [9]

- absence of necessities, including food and water
- inadequate living environment, evidenced by lack of utilities, sufficient space and ventilation
- animal or insect infestations
- signs of medication mismanagement, including empty or unmarked bottles or outdated prescriptions
- unsafe housing as a result of disrepair, faulty wiring, inadequate sanitation, substandard cleanliness or architectural barriers

[8] From Marlette Reed, FaithLink.
[9] National Committee for the Prevention of Elder Abuse (2003, March). *Neglect and self-neglect.* Retrieved 25 March, 2006, from http://www.preventelderabuse.org/elderabuse/neglect.html.

4.2 Decision Tree [10]

Decision trees can assist service providers in deciding which course of action to follow at any point during contact with the older person.



[10] Source: Aravanis, S. C., Adelman, R. D., Breckman, R., Fulmer, T., Holder, E., Lachs, M. S., O'Brien, J. G., & Sanders, A. B. (1993). Diagnostic and treatment guidelines on elder abuse and neglect. *Archives of Family Medicine*, 2 (4), 371-88. March 25, 2006 <http://www.ama-assn.org/ama1/pub/upload/mm/386/elderabuse.pdf> and Elder Abuse Protocol. (Edmonton, Alberta: Capital Health, March 2002). P. 7. 26 March 2006 <http://www.bccms.ca/resources/cacc/englishCD/membersonly/abuseofseniors/CalElderAbuseProtocol.pdf>

5. Risk Assessment

The desire to find a tool to provide instant answers, when there is too little time and too little collaboration, may lead people to believe they can rely totally on risk assessment instruments instead of gathering the wide range of information needed to make a good judgement about danger and safety. The expectations many people hold around the potential for risk assessment tools to make their lives easier and their decisions more effective can contribute to responses that in fact escalate the risk of serious injury or death, instead of reducing the danger. Risk assessment tools may provide guidance for effective decision making, but will not provide this guidance without significant work and collaboration. [11] It is important to note that risk assessments are not static instruments. As people and circumstances change, it is important to re-assess risk each time you meet with the older persons.

5.1 Assessment Tips [12]

Screening for abuse is a difficult issue, but it is important to do so at every opportunity. Some providers do not consider screening their job, others are uncomfortable bringing up the issue, others fear for the safety of the client/patient, and still others are reluctant to do so in case they receive a positive screen. It is important to know the community services available if a positive screen results.

- Interview the older person in a private setting.
- Speak to the family member or caregiver separately.
- Face the older person directly.
- Speak slowly and clearly.
- Frame questions in the following ways: "Because violence is so common in many people's lives, I ask all my clients/patients these questions," or "Many people are in abusive relationships and too afraid to ask for help, so..."
- Ask open-ended questions, such as "Describe to me what happened" to allow the older person the opportunity to speak.
- Validate feelings of the older person and affirm the right to make choices about his or her life.
- Build rapport and offer hope and alternatives.
- Respect cultural and ethnic differences.
- Be aware of how your personal values and/or experiences may influence your assessment. Some people do not easily recognize the pattern of repeated behaviour.

[11] Adapted from: L. MacLeod, *Desperately Seeking Certainty: Assessing and Reducing the Risk of Harm for Women who are Abused* (Alberta Advisory Council on Women's Issues: Edmonton, October 1995): 30-31.
[12] Adapted from: Center for Substance Abuse Prevention, US Department of Health and Human Services, *Out of the Shadows: Uncovering Substance Abuse and Elder Abuse* (August, 2004) 25 March, 2006 http:// pathwayscourses.samhsa.gov/elab/elab_supps_pg37.htm>

To effectively implement protocols, service providers must receive comprehensive training on abuse of older persons and training specific to the implementation of their agency protocol. These questions are presented as a guide and as a means to develop a conversation that can assess for abuse. The purpose of these examples is to encourage disclosure. These questions may be used immediately or may be introduced into a conversation over a period of visits.

Importance of Assessment for Abuse [13]

Assessment of and intervention with the client's concerns and/or service provider's concerns is necessary in order to yield more complete and accurate information and in order to determine if referral is appropriate. This may include speaking further with the victim, the accused and other relevant parties.

If the situation and the signs observed or assessed indicate that abuse is suspected, a more formal assessment may be done to help document the abuse and guide intervention.

Assessing for abuse should always be part of an assessment process. How the assessment is accomplished is dependent on the situation and the circumstances that are present. Older persons are generally forthright if they believe that any information they offer will be kept in confidence and action taken only at their request. The objective is to develop a context which promotes trust and encourages the clients to express themselves openly and safely. Because abuse of older persons has been a concealed and stigmatized phenomenon it requires the skill of the worker to introduce the topic into the conversation in a manner that paves the way for the disclosure of abuse and neglect if it exists.

It is important when working with an older person who has experienced abuse to emphasize that THEY ARE NOT THE CAUSE OF THE ABUSE. The abuse they experienced is unacceptable and should never have happened. It is also important to be aware that COMMUNICATION can be a barrier to identifying the signs and causes of abuse; we must be sensitive to this fact in our approach to assessment.

[13] Adapted from: Family Service Association of Toronto, *Best Practices for Responding to the Abuse of Older Adults*, 2004, p. 15-27.

5.2 Older Adult Risk Assessment for Abuse

Organizations should use a risk assessment tool. Risk assessment changes and can be volatile: …the search for certainty through a sophisticated risk assessment tool may in fact increase the danger [older persons] face. It could direct the attention of workers to predicting problems, rather than building solutions to prevent risk from escalating. [14]

By building solutions into the assessment of the problem, it is possible to move beyond the uncertainty and isolation of depending on risk assessment instruments for answers. Instead, our attention can turn to:

(1) exchanging information about risk factors;
(2) providing support not only to people living with violence but also to front-line workers working with them; and
(3) finding ways of sharing responsibility for the safety of [older persons and their significant others]. [15]

The Older Adult Risk Assessment for Abuse tool on the following page (p. 24) has been developed by the Action Group on Elder Abuse (AGEA) to help screen and assess older persons' risk level for being abused. This instrument will be useful in determining the type and scope of the abuse.

[14] Adapted from: MacLeod, L. *Desperately Seeking Certainty: Assessing and Reducing the Risk of Harm for Women who are Abused.* Edmonton: Alberta Advisory Council on Women's Issues, October 1995. p. 30-31
[15] Ibid. p. 35—39

Older Adult Risk Assessment for Abuse

In the Last 6 Months:	Indicator	Evidence			
	Class	*None*	*Possible*	*Probable*	*Definite*
1. Have you been afraid of anyone close to you?	(Psych.)	❑	❑	❑	❑
2. Has anyone close threatened to harm you? If so, how?	(Physical)	❑	❑	❑	❑
3. Does anyone monitor your phone calls or open and read your mail without permission?	(Psych.)	❑	❑	❑	❑
4. Has anyone destroyed things you care about?	(Physical)	❑	❑	❑	❑
5. Has anyone prevented you leaving the house, seeing friends or relative?	(Psych.)	❑	❑	❑	❑
6. Does anyone improperly use your money or property?	(Financial)	❑	❑	❑	❑
7. Does anyone yell or intimidate you on a frequent basis?	(Psych.)	❑	❑	❑	❑
8. Is anyone close to you using drugs/ alcohol to excess or suffers from a mental health illness?	(Psych.)	❑	❑	❑	❑
9. Is anyone close to you unemployed?	(Psych.)	❑	❑	❑	❑
10. Have you been physically hurt by someone close to you?	(Physical)	❑	❑	❑	❑
11. Has anyone around you been sexually inappropriate or made you feel uncomfortable?	(Sexual)	❑	❑	❑	❑
12. Has anyone close to you said it is your fault that they abused you?	(Psych.)	❑	❑	❑	❑
13. Do they promise they will not abuse you again?	(Psych.)	❑	❑	❑	❑
14. Has the negative/violent behaviour increased in severity or frequency?	(Psych.)	❑	❑	❑	❑
Secondary Questions:		**Yes**	**No**	**Comments**	
1. What steps have you considered/taken to deal with this situation?		❑	❑		
2. Do you think that your medication use is appropriate?		❑	❑		

5.3 Assessment Issues and Interview Considerations [16]

The issues and considerations below will help in determining whether abuse of an older person is occurring and will help to guide the intervention process. Specific questions asked of the client and significant other(s) will vary depending on the unique circumstances of each case.

The areas examined include the following:

- Access
- Cognitive status
- Health status
- Functional status
- Living arrangements
- Financial
- Social support
- Emotional/Psychological stress
- Stressors, and
- Abuse status, frequency, severity, intent

[16] Adapted from Community Care Access Centre of Peel (CCAC) Elder Abuse Resource Team. 2002. Peel adult mistreatment guidelines, pp. 11-15. Retrieved Sept. 21, 2005 from http://www.bccrns.ca/resources/cacc/englishCD/membersonly/abuseofseniors/PeelAdultMistreatmentGuidelines.pdf

Access

Assessment Issues

Contact Difficulties

- ❑ Victims and abusers may be reluctant to allow professional contact: abusers may try to keep their actions "hidden" (e.g. threatening victims not to speak to outsiders).

Negative Feelings

- ❑ Victims may feel ashamed, protective of the abuser, fearful of not being believed; afraid of retaliation, abandonment, or institutionalization; or resigned to a situation they perceive as hopeless.

Attempts to Gain Access

- ❑ Attempts to gain access should be creatively repeated over a period of time, if necessary.

Home Visit Safety

- ❑ Determine if a phone call or home visit is safe or whether a neutral safe space is required.
- ❑ If a home visit is required, exercise caution as abusers may be abusive to non-family members.

Interview Considerations

Interview Privacy

- ❑ Where should the interview be conducted to afford the maximum amount of privacy?

Separate Interviews

- ❑ How can the interview be structured so that the client and significant other(s) are interviewed separately?

Trust and Access

- ❑ Is there a trusted person who can assist the professional in gaining access?
- ❑ Have other professionals previously gained access to members of the family?
- ❑ How was this achieved?

Home Visit Risks

- ❑ Do the significant other(s) have a history of violence, mental illness, alcohol or drug abuse, which may pose a threat to staff and client safety?
- ❑ If so, refer to your organization's relevant risk management procedures.
- ❑ Consider safest place for contact to minimize harm to both client and staff.

Cognitive Status

Assessment Issues

Refusal of Professional Contact

- ❑ Unless declared legally incompetent, victims have a right to refuse professional contact and to remain in an abusive environment.

Debilitating Responses to Abuse

- ❑ Many mistreated persons develop debilitating responses to the victimization such as confusion, memory losses, or cognitive impairment.
- ❑ These problems may be caused by depression, excessive fear, or anxiety.

Interview Considerations

Level of Cognitive Functioning

- ❑ What is the client's level of cognitive functioning?
- ❑ Is a referral for a comprehensive neuro-psych exam appropriate?
- ❑ Do significant other(s) understand the client's mental capabilities and appropriately interact with client?

Client Understanding of Implications of Decisions

- ❑ Can the client understand the risks and consequences of his/her decisions (e.g. remaining in an abusive environment?)
- ❑ Do significant other(s) feel the client has the ability to make appropriate life-style choices?

Sources of Cognitive Impairments

- ❑ If cognitive impairment exists, is the onset recent or longstanding?
- ❑ Is it reversible or irreversible?
- ❑ Is the client currently on any medication which can alter his/her cognitive functioning?
- ❑ Could it be related to victimization?
- ❑ How has the impairment affected the client's relationship with others? For example, increased stress or greater dependency.

Health Status

Assessment Issues

Misleading Health Status

- ❑ Many victims of abuse/abusers may be in relatively good health.

Dismissal of Injuries

- ❑ Suspected victims may attempt to dismiss physical injuries as "accidental;" e.g. stating that bruises/ fractures (which were inflicted during a beating) resulted from a fall.

Lack of Proper Medical Care

- ❑ Abusers may prevent victims from receiving proper medical care to avoid discovery of abuse.

Aging Signs and Symptoms Versus Abuse Signs and Symptoms

- ❑ Professionals need to try to differentiate between physical signs and symptoms, which are a result of victimization (e.g. bruises inflicted by a beating), and age-related or medical conditions (e.g. thin, wrinkled, dry or fragile skin which bruises easily).

Interview Considerations

Medical Problems Limiting Self-Protection

- ❑ Does client have any medical problems such as loss of vision, hearing, mobility which would limit his/her ability to protect him/herself in a crisis situation?

Explanation of Injuries

- ❑ Is the client and significant other(s)' explanation for suspicious condition or injuries consistent with medical findings and concerns?
- ❑ Do the client's current or past medical records contain information relevant to previous incidents of abuse (undetected or detected)?

Ability to Follow Medical Treatment

- ❑ Does the client understand and appropriately utilize needed medical services, care plans, and prescribed medications?
- ❑ If not, why?
- ❑ Do significant other(s) interfere with client's efforts to receive such care?
- ❑ If so, who interferes?

Assessments of Physical Symptoms

- ❑ Have appropriate assessments been conducted to determine whether or not suspicious physical symptoms are related to the client's medical condition and/or abuse?

Functional Status

Assessment Issues

Abuser State of Mind

- ❑ Abusers who care for functionally dependent victims may appear frustrated, overwhelmed, guilty, or resentful of their responsibility.

Victim as Caregiver

- ❑ Victims, whether or not functionally dependent, may be caregivers for the abusers.

Neglect versus Other Types of Abuse

- ❑ Victims of neglect tend to require more assistance with their activities of daily living than victims of abuse.

Unrealistic Expectations

- ❑ Abusers and victims may have unrealistic expectations of each other.

Abuser Not the Primary Caregiver

- ❑ Abusers may not be the victims' primary caregivers.

Abuser Resistance to Outsiders

- ❑ Abusers may be resistant to allow outsiders to provide supportive services in the home.

Interview Considerations

Client's Daily Living Abilities

- ❑ To what extent is client able to perform activities of daily living?
- ❑ If client requires help, who provides it?
- ❑ Why does this person help?
- ❑ How often?
- ❑ Does client regard this help as needed?
- ❑ Useful? Enough?
- ❑ How serious a problem is it for the client if help is not provided when needed?
- ❑ Does it appear that a significant other providing care does not have the desire, inclination, or resources to provide this care?

Evidence of Inadequate Care

- ❑ Is there evidence that the person providing care is doing so inadequately?
- ❑ Could other non-caregiving significant other(s) be acquiescing or actively participating in the abuse?

Acceptance of Supportive Services

- ❑ Is the client receiving any supportive services, such as meals-on-wheels, home attendants?
- ❑ If advisable, would the client and significant other(s) be willing to accept any (additional) supportive services?
- ❑ By whom?
- ❑ If not, why?
- ❑ Do significant other(s) have access to outsiders providing care in the home?

Living Arrangements

Assessment Issues

Housing Dependency
- ❑ Victims and abusers often live in the same household; often one is dependent on the other for housing.

Interview Considerations

Details of Cohabitation
- ❑ If client and significant other live together, why?
- ❑ For how long?

Legal and Financial Arrangements
- ❑ Whose name is on the lease or deed?
- ❑ How are household expenses shared?

Consideration of Alternative Housing for the Abuser
- ❑ Is client willing to consider alternative living arrangements for the suspected abusive significant other(s)?
- ❑ If so, what kind?

Financial

Assessment Issues

Dependence of Abuser
- ❑ Abusers may be dependent on the victim for living and personal expenses.

Control Over Income/Assets
- ❑ Victims may have informally or legally given the abuser control over their income/assets.

Financial Inconsistencies
- ❑ Victims may have unmet care needs for financial reasons inconsistent with their financial status.

Interview Considerations

Client's Finances
- ❑ What are the client's sources of income?
- ❑ Assets?
- ❑ Do client's finances contribute to significant other(s) household expenses?
- ❑ If so, is this according to the client's desires?

Management of Client's Finances
- ❑ Who manages client's finances?
- ❑ If someone else manages client's finances, why?
- ❑ For how long?
- ❑ How?
- ❑ Is this a legal or informal arrangement?
- ❑ How does client receive an account of transactions?

Ability to Purchase Needed Services
- ❑ Is client unable or unwilling to purchase needed personal services?
- ❑ Why?

Social Support

Assessment Issues

Social Isolation

- ❑ Victims are often socially isolated.

Limiting or Monitoring Client's Contacts

- ❑ Abusers may attempt to limit and/or monitor victim's contacts with friends, other relatives, community/social groups or professionals.

Interview Considerations

Daily Contacts With Client

- ❑ Whom does the client see during a typical day?

Nature of Contacts With Client

- ❑ What is the nature of these contacts?
- ❑ How does the client perceive the quality of these contacts?

Extent and Quality of Client Contacts

- ❑ Is the client satisfied with the extent and quality of his or her involvement with friends, neighbours, and outside activities?
- ❑ Is significant other preventing clients' involvement with others?

Awareness of Services

- ❑ Is client aware of supportive community services and crisis services?

Nature of Time Spent Together

- ❑ How do the client and significant other(s) spend their time together, (e.g. talking, activities)?
- ❑ Does the client feel satisfied or dissatisfied with relationship(s)?

Emotional/Psychological Stress	
Assessment Issues ***Emotional Signs of Victimization*** ❑ Effects of victimization may include depression, fear, withdrawal, confusion, anxiety, low self-esteem, helplessness, shame and guilt. ***Victim's Non-Verbal Behaviour*** ❑ Observing victim's non-verbal behaviour, such as no eye contact, expressionless face, body turned away from others can be evidence of depression or anxiety. ***Abuser History of Mental Illness*** ❑ Some abusers have a history of mental illness.	**Interview Considerations** ***Happiness at Home*** ❑ How does the client respond to the question "Are you happy at home?" ***Changes in Client Patterns*** ❑ Has client experienced any changes in mood, sleeping / eating patterns, weight loss? ❑ Could this be related to a physical condition or medication? ***Mental Illness in either the victim or significant other*** ❑ Does client or significant other have a history of mental illness? ❑ If so, how does it appear to affect their relationship?

Stressors

Assessment Issues

Substance Addiction

- ❑ Patterns of substance addiction and family violence exist in some abuse cases. These patterns may involve either the victim or the perpetrator of the abuse, or both.

External Causes of Tension

- ❑ External factors such as unemployment, retirement, marriage / separation / divorce, residence change, household addition, death of someone close, and arrest may create tension which may contribute to or exacerbate abuse.

Interview Considerations

Tension and Conflicts

- ❑ What causes tension or conflict in the home?
- ❑ How does client attempt to resolve conflict?
- ❑ Ask the client to describe a recent family crisis. To whom does the client turn to for help?

Family Violence History

- ❑ Is there a history of family violence?

Use of Alcohol or Drugs

- ❑ Do the client and/or significant other(s) misuse of alcohol impede functional ability?
- ❑ Misuse of illegal drugs?
- ❑ Misuse of prescription drugs?

Recent Major Events

- ❑ Has there been a recent major event (e.g. retirement, death of someone close. etc.) which has altered the client's lifestyle or emotional status?

Problems of Significant Other

- ❑ Has the significant other(s) recently experienced problems with employment, relationships, finances, housing?
- ❑ How does the stress(es) affect the relationship with the client?
- ❑ How does the significant other cope with stress?

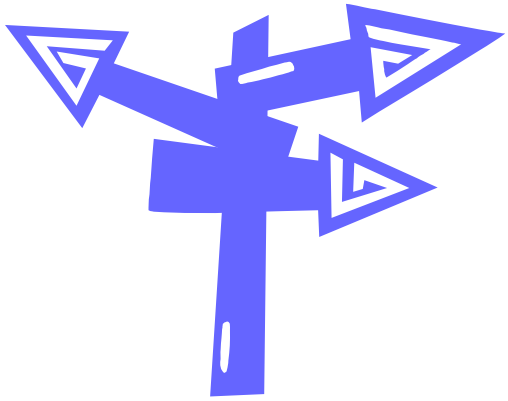
Abuse Status, Frequency, Severity, Intent	
Assessment Issues ***Severity and Frequency Increases*** ❑ Abuse often increases in severity and frequency over time. ***Types of Abuse Combined*** ❑ Several types of abuse may occur simultaneously. ❑ For example, psychological abuse almost always accompanies physical abuse. ***Denial of Abuse*** ❑ Denial of abuse by victims and abusers is common.	**Interview Considerations** ***Routinizing Questions*** ❑ When asking the client more direct questions pertaining to abuse, first explain that such questions are routine because many families experience this problem but don't know where to turn for help.

6. Intervention

6.1 When to intervene [17]

There are key questions that are pivotal to determining the course of intervention:

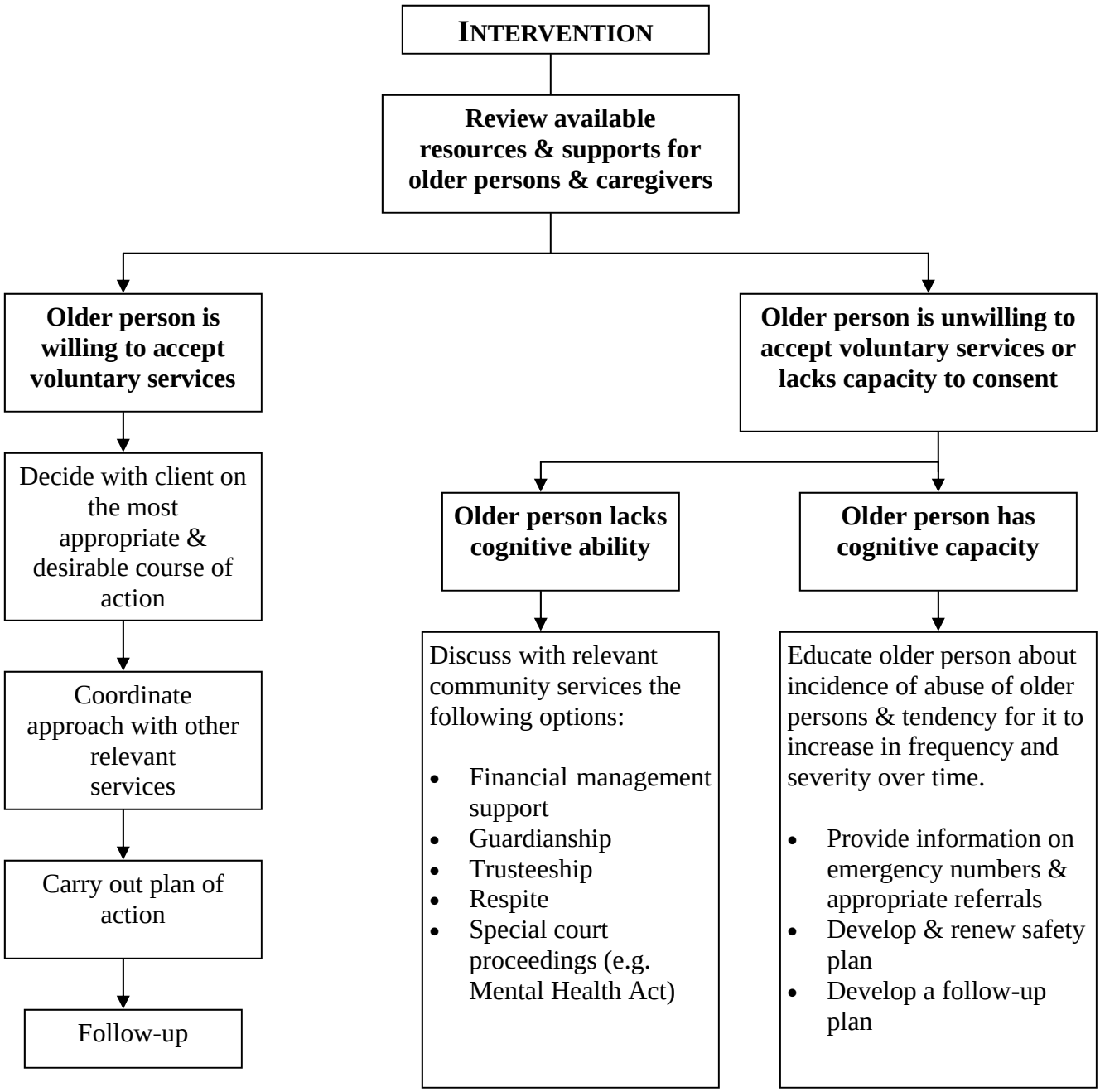
1. Is there immediate danger?
2. Does the older person have the cognitive capacity to understand their choices and the consequences of making choices?
3. Is the older person ready to act?
4. If the older person is unwilling to act?



[17] Sections 6.1 and 6.2 adapted from: *Elder Abuse: What you need to know*, (Waterloo, ON: Waterloo Region Committee on Elder Abuse, 2000) 19 March 2006 <http://www.crnetwork.ca/about/include/ELDERABUSEwhatyouneedtoknow.pdf>, pp. 14-19.

6.2 Decision Tree [18]

Decision trees can assist service providers in deciding which course of action to follow at any point during contact with the older person.



[18] Adapted from: S.C. Aravanis, R.D. Adelman, R. Breckman, T. Fulmer, E. Holder, M.S. Lachs, J.G. O'Brien, & A.B. Sanders, Diagnostic and treatment guidelines on elder abuse and neglect, *Archives of Family Medicine* 2:4 (1993): 371-88. March 25, 2006 <http://www.ama-assn.org/ama1/pub/upload/mm/386/elderabuse.pdf>; and *Elder Abuse Protocol*. (Edmonton, Alberta: Capital Health, March 2002), p. 7. 25 March, 2006 <http://www.bccrns.ca/resources/cacc/englishCD/membersonly/abuseofseniors/CalElderAbuseProtocol.pdf>

6.3 How to intervene

An emergency is any situation in which the older person's safety, health or well-being are in imminent and serious danger. Serious danger may result from physical assault, the threat of imminent assault, the presence of life-threatening medical problems or living in an unsafe environment.

1. Is this an emergency?

When you first become aware of abuse, you should ask whether the older person is at serious risk of harm. In most cases, the answer will be "no". In some cases, there is no immediate danger, but the situation is such that the risk of harm should be carefully monitored.

Options for Emergencies:

- ❑ Seek advice from your supervisor, or call a shelter outreach worker.

If Client is Willing and Able to Leave:

- ❑ Call 911 for police and/or ambulance.
- ❑ Arrange to move the client to a safe place, such as a shelter, a hospital, a home of a trusted friend or family member or emergency placement in a long-term care facility.

If Client is Unwilling or Prevented from Leaving:

- ❑ If you believe the older person is in serious danger, call the police and/or ambulance. The police may be able to arrest the abuser and leave the victim in the home. The older person may require supportive services to remain in his or her home.

If Client is At Risk:

- ❑ Leave immediately; contact the police and your supervisor if applicable - never try to break up a fight or an assault.
- ❑ An emergency means that protecting the safety of the client takes priority over other aspects of the intervention at that time.

Once the client is safe, you need to work with the older person to enable them to deal with the abuse and rebuild their lives.

2. Does the older person have the cognitive capacity to understand their choices and the consequences of making choices?

If an individual appears confused, has poor short-term memory, is depressed or shows other signs of dementia, there is reason to question their understanding of what is going on around them.

The defining criterion is whether or not they understand the consequences of their decisions. **This is not the same as the ability to make a "good" decision. People have the right to make decisions which seem less desirable to you; but if they understand and accept the consequences of that decision, they are competent under the law.**

To determine whether an older person's understanding of their situation is in question, you may consider the following:

- Ask the following questions. Do they know what they are doing and what is going on around them. Keep coming back to the same questions to check for consistency.
- Observe how they live, what they do and how they communicate.
- With the individual's permission, talk to others who know them.

Remember also, that for many people, cognitive capacity is "fluid": it can be there one time and not the next. When under stress cognitive ability may be impaired. The individual may be capable concerning some aspects of their life and incapable for others. It may be necessary to assess the individual's understanding on an ongoing basis.

If the individual does not understand and is not able to make decisions, your intervention will emphasize enhancing the safety of the older person. It is important to involve the individual to the extent that they are able, and to involve other trusted friends and family members, so that you do not take actions unilaterally which do not consider the individual's wishes.

3. Is the older person willing to act?

An informed choice by a mentally competent individual, to stay in an abusive situation must be respected. However, poor self-esteem and learned helplessness often result from abuse. These undermine a person's ability to make informed choices. Informed choice means the individual understands the situation, the options available to them and the consequences of pursuing those options, and the ability to choose freely. If they are saying they do not want things to change, but you doubt their choice is informed, you should try not to accept this "decision" as the final one. **You should however, re-focus your intervention.**

4. If the older person is unwilling to act?

When the older person is not willing to act, try to assist them in a more general way to improve their sense of worth and self-confidence. Find out what lifestyle changes they would like to make and then offer support and assistance towards these goals. Perhaps they would like changes in their daily routines, make arrangements to get out of the house more or become reacquainted with old friends. Your most important task is to develop a trusting relationship with the individual. Explore how they will handle the situation the next time the abuse occurs. These smaller steps can empower the person so they will be better able to take action on the abuse in the future.

If your client is resisting all efforts of intervention, leave behind the following:

- ❑ Express your concern for their well-being
- ❑ Leave a number to call for help
- ❑ Tell the person about elder abuse: that it's a problem affecting thousands; that it gets worse the longer it continues; that there is help. They may not realize that they are not alone
- ❑ Encourage thinking about what to do the next time abuse happens
- ❑ Try and arrange a follow-up visit (with yourself or refer to another agency). If refused, try a follow up telephone contact
- ❑ Help them develop a safety plan

6.4 Legal Interventions

Familiarize yourself with legislation that governs your work (i.e. privacy legislation, child abuse reporting, no mandatory reporting, consent and capacity of adults). [19]

6.4.1 Protective Orders under the *Protection Against Family Violence Act* (PAFVA) [20]

The *Protection Against Family Violence Act of Alberta* is a law that protects family members from family violence in certain situations. It covers most types of physical abuse but not financial and emotional abuse.

There are three types of protection available under this Act:

1. Emergency Protection Order (EPO)
2. Queen's Bench Protection Order, and
3. Warrant Permitting Entry

[19] Family Service Association of Toronto, p. 52.
[20] Source for this section, unless otherwise indicated: Oak-Net (Abuse of Older Adults), "Protective Orders under the *Protection Against Family Violence Act* (PAFVA)," (Edmonton, November 2003) 25 March, 2006 <http://www.oak-net.org/index/pafva.html#emer>

6.4.1.1 Emergency Protection Order (EPO)

- An Emergency Protection Order is an order that police can obtain from the court to provide immediate protection to an abused family member.
- This order can say that an abusive family member:
  - must temporarily leave the home,
  - cannot contact other family members, and
  - cannot come near the home, workplace, or school of other family members.
- The police can, if authorized, take away guns, knives, and other weapons.
- The order can be made by telephone or in person at any hour, and can be made without notice to the other person against whom the order is sought.
- The order can provide for the abuser to be removed from the older person's home immediately or within a specific period of time.
- If the order is granted without the other person being present, a copy of the order must be served on that person as soon as possible by the police.
- There must then be a review of the order within seven days when all parties can be present. A judge will then decide whether or not the order should be confirmed or revoked.
- The order is often applied for by the police so that it is not necessary to have legal representation.

6.4.1.2 Queen's Bench Protection Order

- A Queen's Bench protection order can be requested in a non-emergency situation.
- The person against whom the order is sought must be given notice of the hearing and can attend to state why the order should not be granted.
- An abused person can get this order by:
  - asking for it during an emergency protection order review, or
  - applying directly to Court of Queen's Bench.
- This order can say the abusive family member:
  - must leave the home,
  - cannot contact other family members, co-workers, employers, employees, or friends, and
  - cannot go near the home or workplace or any other location that the older person frequents.
- The abusive family member can also be ordered to pay some costs suffered as a result of the violence, for example, medical expenses. The court could also order that neither party take, use, or damage property which the other has an interest in; and could give one party temporary possession of cheque books, cars, credit cards, and other personal property.
- The order can be in force for up to one year and can be extended for one-year periods.
- Any family member can be ordered to get counselling.
- Police can, if authorized, take away weapons.
- If a person breaks the terms of a Queen's Bench protection order, he or she can be charged with a criminal offence or cited for contempt of court. Any sums of money that are not paid in accordance with the order will be handled by the Maintenance Enforcement Program.
- It is helpful to have legal assistance for a review hearing of an emergency protection order or an application for a Queen's Bench protection order. Duty counsel is available from Legal Aid for assistance in review hearings only and the service is not subject to financial limits. For renewal of an order or for applying for a Queen's Bench protection order, legal assistance might be available from Legal Aid and will be subject to financial limits.

6.4.1.3 Warrant Permitting Entry [21]

- A warrant permitting entry can be obtained by police, from a presiding justice of the peace, if a person is refused access to a family member and believes the family member is a victim of family violence.
- A warrant permitting entry allows police to enter a home or other building to search for and make sure a family member is safe.
- Police can help that family member leave the home, if he or she consents.

6.4.1.4 Where and How to Access These Orders

- In an emergency situation, the police will assist you by calling 911.
- Legal Aid will provide legal assistance for the review process of an emergency protection order. This service is available to everyone regardless of income. Visit their website at www.legalaid.ab.ca.
- In Edmonton or Calgary, contact the Family Law Office, which is part of Legal Aid, if you qualify for Legal Aid. This service is subject to financial limits. See Legal Aid website at www.legalaid.ab.ca and follow links to What We Do, Family Law Office.
- For other areas of Alberta, a list of lawyers appointed to act by Legal Aid can be accessed through local Legal Aid offices (if you qualify for Legal Aid).
- The Law Society of Alberta will provide names of lawyers in private practice who work in this area of law. Contact the Lawyer Referral Service toll free at 1-800-661-1095 or in Calgary at (403) 228-1722. The service can give you the names and numbers of three lawyers who are in your area and who practice in this area of law. You can see any or all of these lawyers free for half an hour before you decide which one to hire. Visit their website at www.lawsocietyalberta.com.
- In Calgary, you may contact Calgary Legal Guidance at (403) 234-9266 or visit their website at www.clg.ab.ca.
- Family Law Information Centres in Edmonton and Calgary may also be able to help you. For information regarding the Centres, see the Alberta Courts website at www.albertacourts.ab.ca and follow links to Court of Queen's Bench, Family Law Information Centre.

[21] This section sourced from Alberta Children's Services, *What is the Protection from Family Violence Act?* (October 2005) 25 March, 2006 <http://www.child.gov.ab.ca/whatwedo/familyviolence/page.cfm?pg=Protection%20Against%20Family%20Violence%20Act>

6.5 Safety Planning

Safety planning is an intervention commonly used in the domestic violence sector. However, when adapted to meet the individual needs of an older person, this intervention can also be very effective in elder abuse work. It is critical that as soon as there is a suspicion of abuse or it is known that abuse is occurring that safety planning begin.

The following are important considerations that victims should incorporate into their safety plan, whenever possible:

- ❑ If possible, leave the home or call the police before any violence starts.
- ❑ Move to a room where quick and easy exits are available.
- ❑ Establish some sort of signal that will clearly indicate to another person that help is needed (i.e. flashing porch lights, knocking on the wall adjoining another apartment, stroking hair three times fast, etc.). Gain agreement from the other person of what type of help is needed if these signals are used.
- ❑ Avoid areas where the abuser can easily get weapons, like the kitchen, garage, etc.
- ❑ Keep detailed notes of abuse-related incidents.

[22] Family Service Association of Toronto, p. 49-51.

6.5.1 Helping a Victim Who Wants to Stay With an Abuser [23]

Ending any relationship, even an abusive one, can be difficult. Many older people want to continue a relationship with the abuser (especially a spouse, partner or child). Often they love the abuser and hope the abuse will end. They may be afraid of what the abuser will do. Some victims face poverty and have no place to live if they leave. The reasons for staying with an abuser or returning to one are varied and complex. Older persons who stay or return need continued support and information.

Older persons who choose to stay with their abusers may need to separate from the abuser at times. See the next page (p. 46) for steps to take and things to bring if the person you are helping leaves the abuser for a period of time.

If the older person chooses to continue a relationship with the abuser, you can still do the following:

Prevention:

- ❑ Listen and offer support. Be a consistent presence in the victim's life.
- ❑ Assist the individual in being less isolated and establishing positive supports.
- ❑ Provide support and information about available services.

Intervention:

- ❑ Work with the older person to create a plan to increase safety and/or get out of the house quickly.
- ❑ If appropriate, place large stickers on all phones with the numbers 9-1-1.
- ❑ Help pack a bag for you to keep in case the victim leaves.
- ❑ Have copies of important papers and prescriptions in a safe location.
- ❑ If the older person is being stalked or harassed, consider security measures like a dog, motion lights, smoke alarms or security alarm systems.
- ❑ Some security companies or law enforcement agencies offer free systems or discounts for victims of abuse. (For people who are hard of hearing or deaf, flashing light alarms may be available.)
- ❑ Free cell phones programmed to 911 are often available through the local domestic violence programs.
- ❑ Contact Calgary Legal Aid for information about restraining or protective orders.

Victims who want to leave have many decisions to make. To leave as safely as possible, planning can be crucial. You can utilize one of the agencies listed in the resource manual to get assistance in safety planning.

[23] Permission has been granted for this material to be used in the context as originally intended. This information is excerpted from "Safety Planning: How You Can Help, (2003). Wisconsin Coalition Against Family Violence, *Safety Planning: How you can help*, (National Clearinghouse on Abuse in Later Life, 2003) 26 March, 2006 <http:// www.ncall.us/docs%5CSafetyPlanCogDisText.pdf>

6.5.2 Safety Planning for Abused Older Persons [24]

Things to consider when developing a safety plan with an older person:

- ❑ Advise them that if they are in immediate danger, they should call 911.
- ❑ Help them develop a plan for where they can go and how they can get there if they feel like their life and well-being have been threatened (i.e. trusted friend or relative, local women's shelter).
- ❑ Ensure that they will have access to financial resources and necessary medication if they have to leave home quickly.
- ❑ Encourage them to have trusted friends and/or family visit often, and/or check in by phone regularly.
- ❑ Let them know that there are civil remedies available to them if they fear that the abusive behaviour is likely to continue (contact a peace officer or magistrate for more information).
- ❑ Encourage them to participate in community activities so that they are getting out of the house and have contact with others if possible.
- ❑ Suggest that they have access to their own telephone.
- ❑ Suggest that they post and open their own mail and have pensions cheques or other income deposited directly into their bank account.
- ❑ Advise them about legal help to discuss arrangements to make now for possible future disability (i.e. power of attorney, personal directive).
- ❑ Encourage them to keep accurate records, accounts, and lists of property/assets available for examination by a trusted individual.
- ❑ Suggest that they review their will periodically and not make changes to it without careful consideration and/or discussion with a trusted family member or friend.
- ❑ Advise them to transfer control of property or assets only when they decide they cannot manage them.
- ❑ Encourage them to ask for help when they need it and ensure that they are aware of community support available for assistance.
- ❑ Suggest that they discuss their plans regarding future financial and health care with their attorney, physician, and family members.
- ❑ Older persons may be reluctant to make decisions if they have pets. Therefore, safety plans must consider where the pet could be taken and be well cared for either permanently or for an interim period. Please contact the Calgary Humane Society's Pet Safekeeping Program at (403) 205-4455.

[24] Section from Assiniboine Regional Health Authority, Elder Abuse Resource Guide (January 2003) 26 March, 2006 <http://www.assiniboine-rha.ca/newsletters/12-1.pdf>

7. Case Documentation [25]

Documentation in abuse situations is critical. There are some important points to consider when you are documenting, such as:

- ❑ Notes should be value free.
- ❑ Writing key points may be sufficient.
- ❑ The language of the client should be in quotes (i.e. Mrs. S said "My husband always insults me.").
- ❑ Your impression of a situation should always be written in a way that clearly identifies it is your impression (i.e. Observations of Mr. M's home reveal…).
- ❑ Familiarize yourself with community services/agencies.

The purpose of documentation is:

- ❑ Communication and information sharing between staff persons;
- ❑ Record needs/plans of individual;
- ❑ Record important events; and
- ❑ Document progress of case plan.

When recording:

- ❑ Document facts, not opinions;
- ❑ Only document relevant information;
- ❑ Do not re-document what another writer has documented;
- ❑ Avoid using judgmental statements;
- ❑ Avoid using words that suggest blame or imply judgment;
- ❑ Write in the third person;
- ❑ Document only relevant information related to case plan; and
- ❑ Contextualize information.

[25] This section is from the protocols developed by the Alberta Council of Women's Shelters, and used with permission.

References

Protocols and Guidelines

Adult Victims of Abuse Protocol. Fredericton, NB*:* Government of New Brunswick, September 2005. Available free online at: www.gnb.ca/0017/Protection/Adult/AdultProtocol-e.pdf

Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults. Toronto: Family Service Association of Toronto, 2004.

Elder Abuse Resource Guide. Souris, MB: Assiniboine Regional Health Authority, January, 2003.
Available free online at: http://www.assiniboine-rha.ca/newsletters/12-1.pdf

Elder Abuse: What You Need to Know. Waterloo, ON: Waterloo Region Committee on Elder Abuse, September 2000.
Available free online at: http://www.crnetwork.ca/about/include/ELDERABUSEwhatyouneedtoknow.pdf

Elder Abuse Protocol. Edmonton, Alberta: Capital Health, March 2002.
Available free online at: http://www.bccrns.ca/resources/cacc/englishCD/membersonly/abuseofseniors/CalElderAbuseProtocol.pdf

Keeping our Seniors Safe: A Community Resource Guide for Service Providers. Brandon, MB: Community Health Partners, July 2004.
Available free online at: http://www.brandonrha.mb.ca/news_events/pdf/elder_abuse.pdf

Looking Beyond: A Service Provider's Guide to Elder Abuse. St. John's, NL: Seniors Resource Association of Newfoundland and Labrador, July, 2004.
Available free online at: http://www.sfu.ca/grc/grcMISCpdfs/LookingBeyond.pdf

Coordinated Community Response Agreement: Abuse and Neglect of Older Adults in Peterborough City and County. Peterborough, ON: Peterborough Prevention of Older Adults Network, August, 2005.

Elder Abuse — General

Abuse and Neglect Older Adults: Understanding Gender Differences. BC Health Files #93c: Elder Abuse Prevention Series. Victoria: British Columbia Ministry of Health, March, 2005. 19 March 2006 <http://www.bchealthguide.org/healthfiles/hfile93c.stm>

Alberta Children's Services, *What is the Protection from Family Violence Act?* October 2005. 25 March, 2006 <http://www.child.gov.ab.ca/whatwedo/familyviolence/page.cfm?pg=Protection%20Against%20Family%20Violence%20Act>

American Psychological Association. *Elder Abuse and Neglect: In Search of Solutions.* 2006. 26 March, 2006 <http://www.apa.org/pi/aging/eldabuse.html>

Anderson, M., Parent, K, and Huestis, L. *Supporting Seniors' Mental Health: A Guide for Home Care Staff.* Toronto: Canadian Mental Health Association, 2002. 26 March 2006 <http://www.cmha.ca/data/1/rec_docs/159_smhhc_hcguide.pdf>

ARA Consulting Group. *Older Canadians and the Abuse of Seniors: A Continuum from Participation to Empowerment*. Ottawa: Health Canada, 1994. 26 March 2006 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/oldercanadians.pdf>

Aravanis, S. C., Adelman, R. D., Breckman, R., Fulmer, T., Holder, E., Lachs, M. S., O'Brien, J. G., & Sanders, A. B. Diagnostic and treatment guidelines on elder abuse and neglect. *Archives of Family Medicine* 2:4 (1993): 371-88. 25 March, 2006 <http://www.ama-assn.org/ama1/pub/upload/mm/386/elderabuse.pdf>

Beaulieu, M. & Spencer, C. *Older Adults' Personal Relationships and the Law in Canada: Legal, psycho-social and ethical aspects.* Ottawa: Law Commission of Canada, 1999.

Bowen, G. *Violence and health survey*. Elkton, MD, 1996. (Available from American Boyz, 212A S. Bridge St, # 131, Elkton, MD 21922-1118)

Boyack, V. *Golden Years - Hidden Fears. Elder Abuse: A Handbook for front line helpers working with seniors.* Calgary, Alberta: Kerby Centre, 1997.

Community Care Access Centre of Peel, Elder Abuse Resource Team. *Peel Adult Mistreatment Guidelines,* 2002. Retrieved Sept. 21, 2005 from http://www.bccrns.ca/resources/cacc/englishCD/membersonly/abuseofseniors/PeelAdultMistreatmentGuidelines.pdf

Kinnon, D. *Community Awareness and Response: Abuse and Neglect of Older Adults.* Ottawa: Health Canada, 2001. 26 March, 2006 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/agecommuni_e.pdf>

Lukawiecki, T. *Financial Abuse of Older Adults - Overview Paper.* Ottawa: Health Canada, 1999. 26 March, 2006 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/financialabuse98en.pdf>

MacDonald, L. and Collins, A. *Abuse and Neglect of Older Adults: A Discussion Paper*. Ottawa: National Clearinghouse on Family Violence, 2000. 26 March, 2006 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/Abuse%20and%20Neglect.pdf>

MacLeod, L. *Desperately Seeking Certainty: Assessing and Reducing the Risk of Harm for Women who are Abused.* Edmonton: Alberta Advisory Council on Women's Issues, October 1995.

McDonald, P.L., Hornick, J.P., Robertson, G.B. & Wallace, J.E. *Elder Abuse and Neglect in Canada.* Toronto: Butterworths, 1991.

MacLean, M. (Ed.) *Abuse & Neglect of Older Canadians: Strategies for Change*. Toronto: Canadian Association on Gerontology, Thompson Educational Publishing, Inc., 1995.

MacLean, M. *Self-Neglect by Older Adults - Overview Paper*. Ottawa: Health Canada, 1999. 26 March 2006 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/neglectEng2.pdf>

Murphy, N. *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults.* Ottawa: Health Canada, 1994. 26 March 2006 from <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/agekit_e.html>

National Clearinghouse on Family Violence. *Directory of Services and Programs Addressing the Needs of Older Adult Victims of Violence in Canada / Repertoire des services et programmes repondant aux besoins des personnes agees victimes de violence au Canada*. Ottawa: Health Canada, 2004. 26 march 2006 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/2004Seniors_e.pdf>

National Committee for the Prevention of Elder Abuse, *Neglect and self-neglect* (Washington, DC, March 2003) 25 March, 2006 <http://www.preventelderabuse.org/elderabuse/neglect.html>

Oak-Net (Abuse of Older Adults), *Protective Orders under the Protection Against Family Violence Act (PAFVA)*, 2003. 25 March, 2006 <http://www.oak-net.org/index/pafva.html#emer>

Pellatt, A.S. and the Alberta Civil Liberties Research Centre. *Seniors and the Law: A Resource Guide*. Calgary, Alberta: Alberta Civil Liberties Research Centre, 2000. 26 March 2006 <http://www.aclrc.com/Seniors%20Book%20Updated/Seniors%20title%20page.htm>

Pittaway, E. and Gallagher, E. *A Guide for Enhancing Services for Abused Older Canadians.* Victoria, BC: Interministry Committee of Elder Abuse and the Centre on Aging at University of Victoria, 1995.

Podnieks, E. et al. *National Survey on Abuse of the Elderly in Canada.* Toronto: Ryerson Polytechnical Institute, 1990.

Pritchard, J. *The abuse of older people: a training manual for detection and prevention*. London: Jessica Kingsley, 1995.

Pritchard, Jackie (Ed.) *Elder Abuse Work — Best Practice in Britain and Canada.* London and Philadelphia, Jessica Kingsley Publishers, 1999.

Reis, M. Innovative interventions when seniors are abused. In J. Pritchard (ed.). *Elder abuse work: Best practices in Britain and Canada.* London: Jessica Kingsley Publishers, 1999. pp. 378-407.

Reis, M., Nahmiash, D., & Schrier, R. *A Brief Abuse Screen for the Elderly (BASE): Its Validity and Use*. Paper presented at the 22nd Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, Montreal, Quebec, October, 1993.

Reis, M. , & Nahmiash, D. Validation of the caregiver abuse screen (CASE). *Canadian Journal on Aging*, 14:2 (1995): 45-60.

Swanson, S.M. *Abuse and Neglect of Older Adults: Overview Paper.* National Clearinghouse on Family Violence, 1999. 26 March 2006 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/abuseneg98en.pdf>
[This publication is available, in Arabic, Chinese, German, Greek, Italian, Polish, Portuguese, Punjabi, Somali, Ukrainian and Vietnamese.]

Vinton, L. A model collaborative project toward making domestic violence centers elder ready. *Violence Against Women* 9:12 (2003): 1504-1513.

Wisconsin Coalition Against Family Violence. *Safety Planning: How you can help.* National Clearinghouse on Abuse in Later Life, 2003. 26 March, 2006 <http://www.ncall.us/docs%5CSafetyPlanCogDisText.pdf>

Revised May 2007

The Action Group on Elder Abuse
Alliance to End Violence
#306, 301 - 14 Street N.W.
Calgary, Alberta, Canada
T2N 2A1
(403) 283-3013
www.acav.org