

# ELDER ABUSE PROTOCOLS – HALTON REGION

## ABUSE AND NEGLECT OF AN ELDERLY PERSON

is any action or inaction by ANY individual or institution that results in harm or neglect of an elderly, vulnerable person.

### WHAT TO DO

**Acknowledge**

Suspicion of abuse may develop over time. Accumulate / document evidence.

**Barriers**

Fear of retaliation, withdrawal of caregiver support and breach of confidentiality.

**Urgency**

Assess immediate needs and potential risk of physical harm.

**Screen**

Assess person's ability to help themselves (i.e. competency).

### CHECK FOR

**Empower**

Inform person of their rights, resources and assist with establishing a safety plan.

**Refer**

Offer support or consultation from other resources.

### PHYSICAL ABUSE

Any act of violence causing injury or physical discomfort (eg.; 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, wasting, dehydration.

### PSYCHOLOGICAL ABUSE

Any action or comment causing emotional anguish, fear or diminished self-esteem or dignity (eg.; threats to do harm, unwanted institutionalization, harassment, abandonment, imposed isolation, removal of decision 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 (eg.; 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 a will or property, overcharging for services / products, overdue bills.

### NEGLECT

Inability to provide basic or personal care needs (eg.; 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**– 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** – 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 care facility involving active victimization, withholding or denial of individual care needs, 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 whether it be a female, male or intimate partner.

ADAPTED FROM HAMILTON COUNCIL AGAINST ABUSE OF OLDER PERSONS

HALTON REGIONAL POLICE • OAKVILLE SPEED-DEE PRINT

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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 suspicion 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 hopping”.
- 3. Be alert to person's wishes and assess ability to understand.**  
Assess competency, capability and capacity.
- 4. Identify what information is missing** – Frequency, duration, urgency, need for physical examination.
- 5. Be aware of interdependent relationships / power differences** – Use of Substitute Decision Maker, be cautious of involvement of abuser, note conflicting histories, where appropriate interview family members. 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.

## POSSIBLE INTERVIEW QUESTIONS

- Is there something that you would like to share with me?
- Are you afraid of anyone?
- Has there been an recent incident causing you concern?
- Has anyone ever forced you to do things you didn't want to do?
- 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?
- Who makes decisions about your life, like how or where you should live.
- Would you like some help with...?
- It must be hard for you to look after...?

## POSSIBLE INTERVENTIONS

**Consider impact** on the persons, their wishes, their willingness to change and their ability to recognize abuse. Note their capability and understanding of the consequences of their decisions. 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 older or vulnerable persons who are being victimized or are at risk.

### 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 eg.; 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 (eg.; glasses, hearing aids).  
Keep phone numbers of friends, relatives, shelters or other trusted individuals handy.

### C. COORDINATION and CONSULTATION with other SERVICES and SUPPORT GROUPS

Database of local community/government services at:	<a href="http://www.region.halton.on.ca/Services/">www.region.halton.on.ca/Services/</a>	
To report abuse or neglect	Halton Regional Police Service	905-878-5511 or 905-825-4777
For consultant/support	Victim Services/Elder Services	905-878-5511 Or 905-825-4777 (24 Hours)
	Telecare Crisis Line (Burlington)	905-681-1488 (24 Hours)
	Oakville Distress Centre	905-849-4541
	North Halton Distress Centre	905-877-1211
	Halton Women's Place	905-878-8555
	Sexual Assault & Violence Intervention Services of Halton:	
	Crisis Line (24 Hours)	905-875-1555
		Office 905-825-3622
For Counselling	Burlington Counselling & Family Services	905-637-5256
	Halton Family Services	905-845-3811
For Personal Support and Health Care Services	Community Care Access Centre of Halton	905-639-5228 or 1-800-810-000
Public Guardian and Trustee		1-800-366-0335