

Community Worksheet # 1 *

Beginning your Work

When establishing a community response to prevent and/or address the abuse of older adults you will be creating and fostering partnerships within your community. It is important to remember, before beginning this work, that:

”Partnerships can vary in the length of time they are in operation from short term to long term, and they can be either simple or complex in their design. They could be formed for any number of reasons and purposes; however, partnerships share certain similarities in that they:

- share authority
- have joint investment of resources
- result in mutual benefits and
- share risk, responsibility and accountability

What A Partnership Is Not

A true partnership does not exist when:

- there is just a gathering of people who want to do things;
- there is a hidden motivation;
- there is an appearance of common ground but actually many agendas exist;
- there is tokenism or the partnership was established just for appearances;
- one person has all the power and/or drives the process; or
- there is no sharing of risk, responsibility, accountability and benefits.”¹

¹ *The Partnership Handbook*: Frank, Flo and Anne Smith, Minister of Public Works and Government Services Canada; 1997; pp. 15 & 16

* This *Community Worksheet* is based on the document *Protocol Worksheet*: Charmaine Spencer, Gerontology Research Centre, Simon Fraser University, Vancouver, British Columbia

Community Worksheet # 1 (Continued)

Who should be involved in the development of a community response to older adult abuse in your community?

- Older adults
- Someone who can advocate on their behalf
- Someone who works with older adults
- Someone who provides a community service
- Anyone who is being asked to act or take on responsibilities

Who would you include?

Before your group begins their work you will need to answer:

1. **What** is the purpose of the actions you will take to prevent and/or respond to the abuse of older adults in your community?
 - To affirm the right of all persons to live without abuse?
 - To help abused persons and those who might be potentially abused?
 - To ensure that those who have been abused will feel confident to admit the abuse and seek help?
 - As a social recognition that the abuse of people will not be tolerated?
 - To alert others of abusive situations (while respecting the confidentiality rights of the abused person)?
 - To avoid re-victimization?

What other purposes would you include for your community?

Community Worksheet # 1 (Continued)

2. **What** are the principles that will guide the actions taken and the way you work with other community members:
- Respecting the abused person's right to make decisions about his or her well-being?
 - Respecting the skills, knowledge and experience that each party brings to the table?
 - Fostering/better ensuring social justice (fairness; upholding community responsibility)?
 - Helping to assure that safety, well-being and rights (including confidentiality) of the abused person are considered before those of any other individuals or agencies/organizations?
 - Respecting the way that the person lives his or her life?
 - Trying to do the least harm?
 - Ensuring that, until the abuse is substantiated, the rights of the suspected abuser to be treated fairly are respected and safeguarded to the fullest extent possible?

What principles would you include for your community?

3. **What** definition of "abuse" are you going to use? Is there a common understanding of what abuse is and can this common understanding/definition be used by various community partners?

What is the common understanding of what abuse is in your community?

4. **What** specific types of abuse should you focus on? **If you do not include them all, why not?**
- Physical abuse?
 - Emotional/Psychological abuse?
 - Neglect (active and passive)?
 - Sexual abuse?
 - Financial abuse?
 - Medical/medication abuse?
 - Violation of rights?
 - Systemic abuse?

Community Worksheet # 1 (Continued)

5. **What** resources are currently available in your community to help and support older adults who have been abused or neglected?

List all that you can think of.

Community Worksheet # 2 *

My Community

1. How do I define my community?
2. Do I belong to more than one community and, if so, what is the relationship between my different communities?
3. Have I been involved in community development activities in my community(ies)? If so, what types of activities have I been involved in?
4. Am I aware of any activities presently occurring in my community that address abuse (in general)? If so, what are these activities?
5. Am I aware of any activities presently occurring in my community that address the abuse of older adults? If so, what are these activities?
6. Have I been involved in the activities that address the abuse of older adults in my community? If so, what types of activities?
7. What sort of activities addressing the abuse of older adults would I like to see in my community?
8. How would or might these activities improve quality of life?

* Adapted from: The Community Development Handbook: A Tool to Build Community Capacity: Frank, Flo and Anne Smith; Human Resources Development Canada; Minister of Public Works and Government Services Canada 1999; Section 1 - p. 16

Community Worksheet # 3

Community Issues

Look at your listing of all those should be involved in a community response to older adult abuse

1. **Are** there currently any barriers in the community to working together?
 - Different definitions or understandings of abuse
 - Overlapping jurisdiction
 - Different (conflicting) service delivery approaches
 - None, or not enough, older adult volunteers to assist you in and/or inform your work

What have been the obstacles faced by community development initiatives that people in your community have noted in the past?

1. **What** community resources currently exist that can help prevent older adult abuse and/or respond to abusive situations when they are discovered? Are these community resources represented in your community response to the abuse of older adults?
2. **Is there** anyone else who should be involved in your community response to the abuse of older adults?
3. **What** do you need to do to recruit these individuals/agencies/organizations to assist you with your work?
4. **How** can we **overcome** barriers/bring these resources together to respond to prevent and/or respond to abuse?
5. **How** do you ensure that you are being inclusive in terms of attracting/recruiting all those that could assist you with your work?

Community Worksheet # 4 *

Special issues regarding the abused person

1. **How** will you ensure that those who are abused feel comfortable and confident in terms of telling someone that they are being abused/talking to someone about their situation?

2. **How** will you determine what the abused older adult wants?
 - Asking
 - Active listening
 - Understanding the person's fears and concerns
 - Fostering a trusting relationship
 - Identifying potential options
 - Giving the person information about what is abusive

3. **In what ways** could you help insure that the abused person's wishes are respected?

4. **When** is the abused person's consent required? Are there circumstances when it is not?

If the abused person has the mental capacity to make decisions, how do we honour their right to live at risk?

* This *Community Worksheet* is based on the document *Protocol Worksheet*: Charmaine Spencer, Gerontology Research Centre, Simon Fraser University, Vancouver, British Columbia

Community Worksheet # 5 *

Evaluation

What would you consider as "proof" that your activities are effective?

1. **What** steps do you need to take to ensure that people in your community are familiar with the activities you have undertaken to address the issue of the abuse of older adults?

2. **What** tools will you use to gauge whether or not the strategies that you are using to prevent and/or address abuse in your community are effective?

3. Are the tools that you are using obtaining the kind of information that you feel you require? For example, do they tell you:
 - Are people familiar with your activities?
 - Are abused persons seeking assistance/talking about their situations?
 - Are community members willing to assist you in your work?
 - Are the community partners who are assisting you with your work feeling included in your efforts? Do they feel that their contributions are respected?

What other kinds of information do you feel you would like to learn about the effectiveness of your activities?

Sustainability

Finally.....How do you maintain the work that you have begun?

*This *Community Worksheet* is based on the document *Protocol Worksheet*: Charmaine Spencer, Gerontology Research Centre, Simon Fraser University, Vancouver, British Columbia

Community Worksheet # 6 *

Workshops

1. Please rank in order of preference, the following list of possible workshop topics relating to the development of a Community Response Network in your community. Start with "1" as the topic of greatest interest to you and "11" as the topic of least interest to you:

- _____ What is a Community Response Network?
- _____ Attitude, knowledge and skills needed to develop a Community Response Network?
- _____ How do I begin to develop a Response Network in my community?
- _____ How do I build support for the creation of a Response Network in my community?
- _____ Creating a plan for the development of a Response Network (the strategic planning process)
- _____ Understanding my community (community assessment)
- _____ Developing community partnerships
- _____ Building on community capacity
- _____ Common implementation issues and concerns
- _____ Approaches to problem identification and solutions
- _____ Maintaining the momentum of a Community Response Network

2. Please rank in order of preference, the following list of possible workshop topics related to the abuse of older adults. Start with "1" as the topic of greatest interest to you and "8" as the topic of least interest to you:

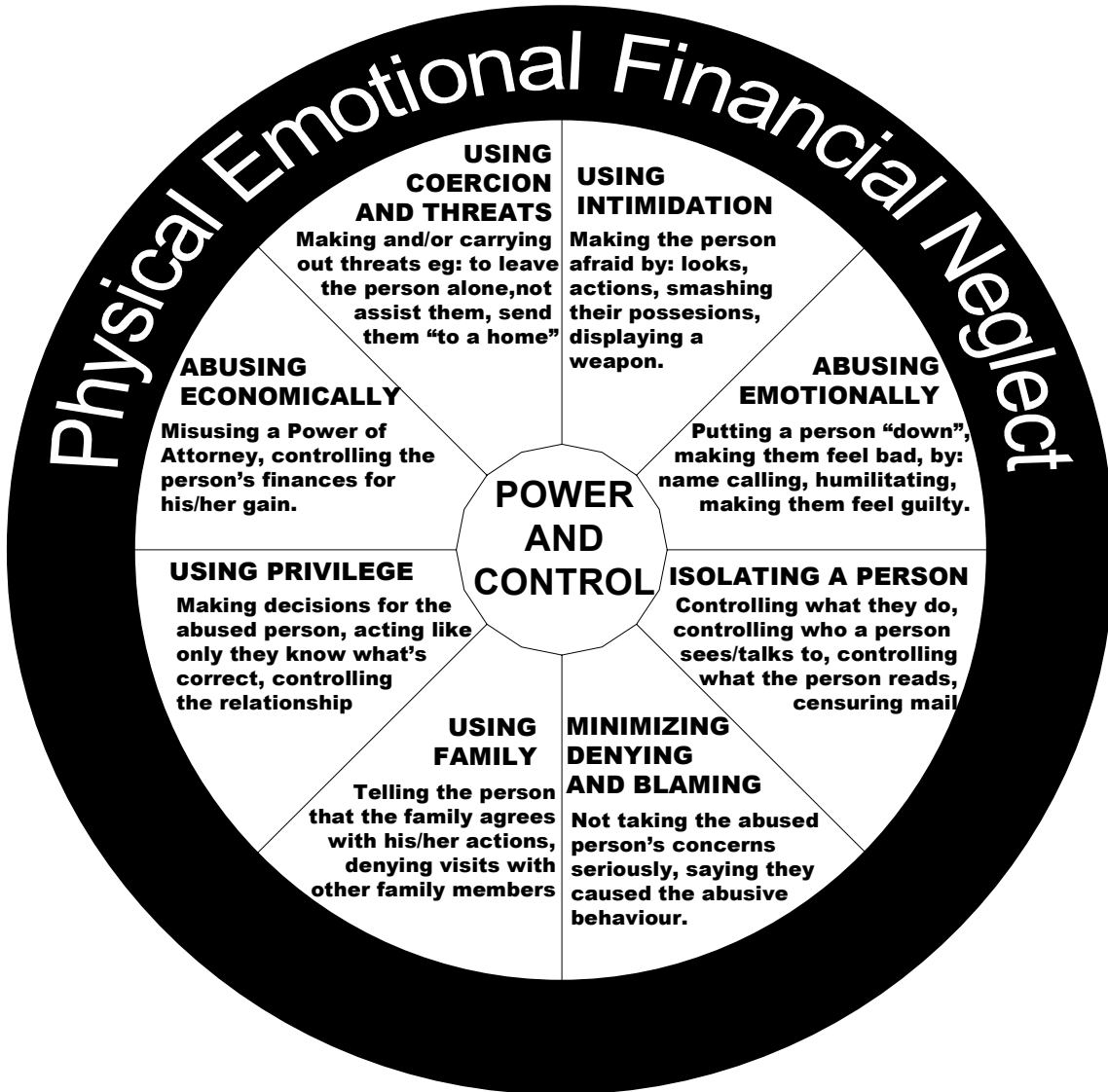
- _____ What is the abuse of older adults?
- _____ How do I recognize abuse?
- _____ What are the ways I could assist an older adult that I suspect is being abused?
- _____ What are older adult's rights?
- _____ What laws/legislation effect the way that I might assist an abused older adult?
- _____ What agencies/organizations could assist me in providing assistance to an abused older adult?
- _____ What people could assist me in providing assistance to an abused older adult?
- _____ Understanding Dementia

Community Worksheet # 6 (Continued) *

3. Are there particular questions or concerns that you would like to see addressed in the workshop? If so, please list these questions/concerns below:

* Adapted from: The Community Development Facilitator's Guide: A Tool to Support the Community Development Manual: Frank, Flo and Anne Smith; Human Resources Development Canada; Minister of Public Works and Government Services Canada 1999; Appendix A, Page 45

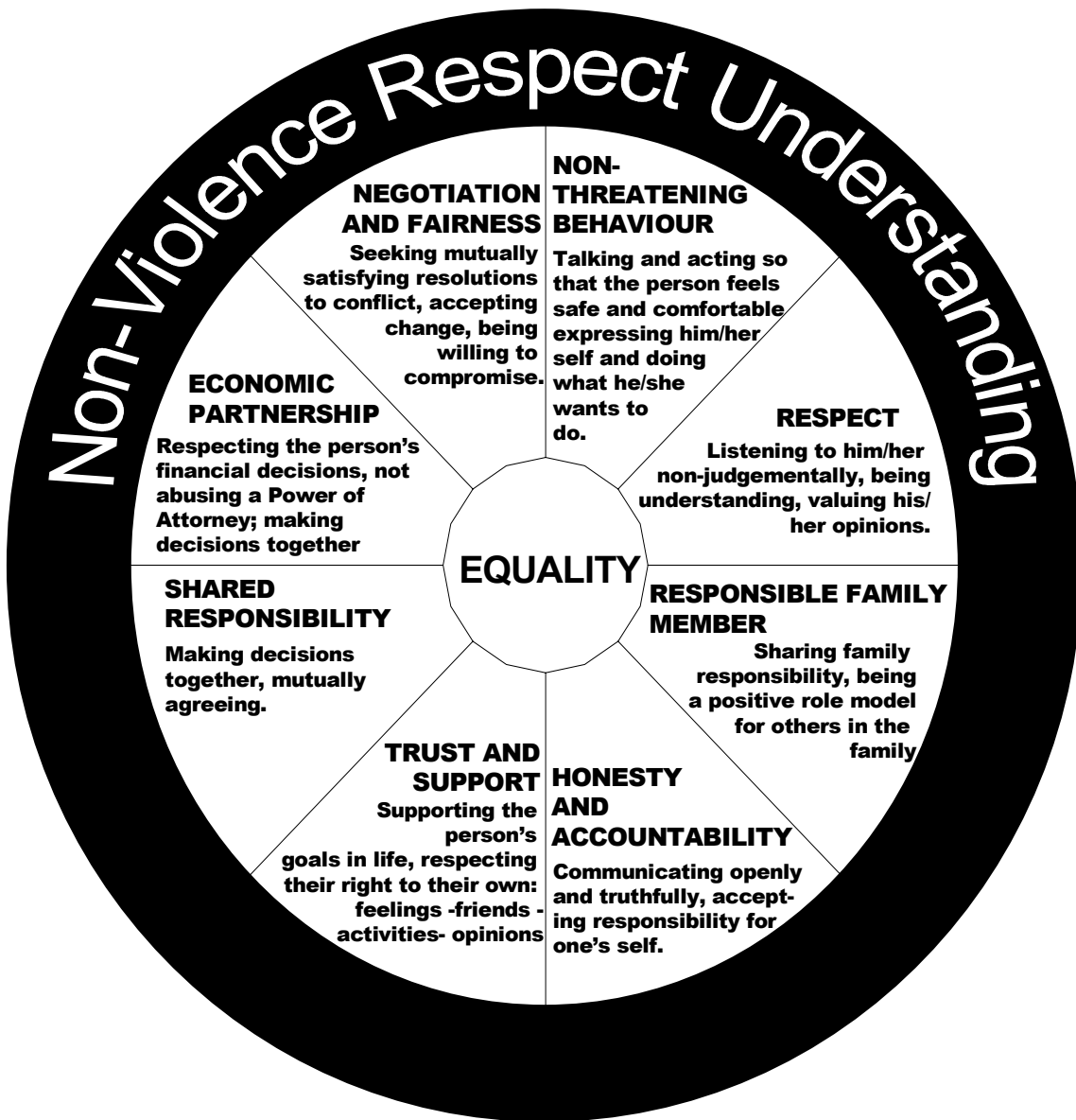
The Wheel of Power and Control



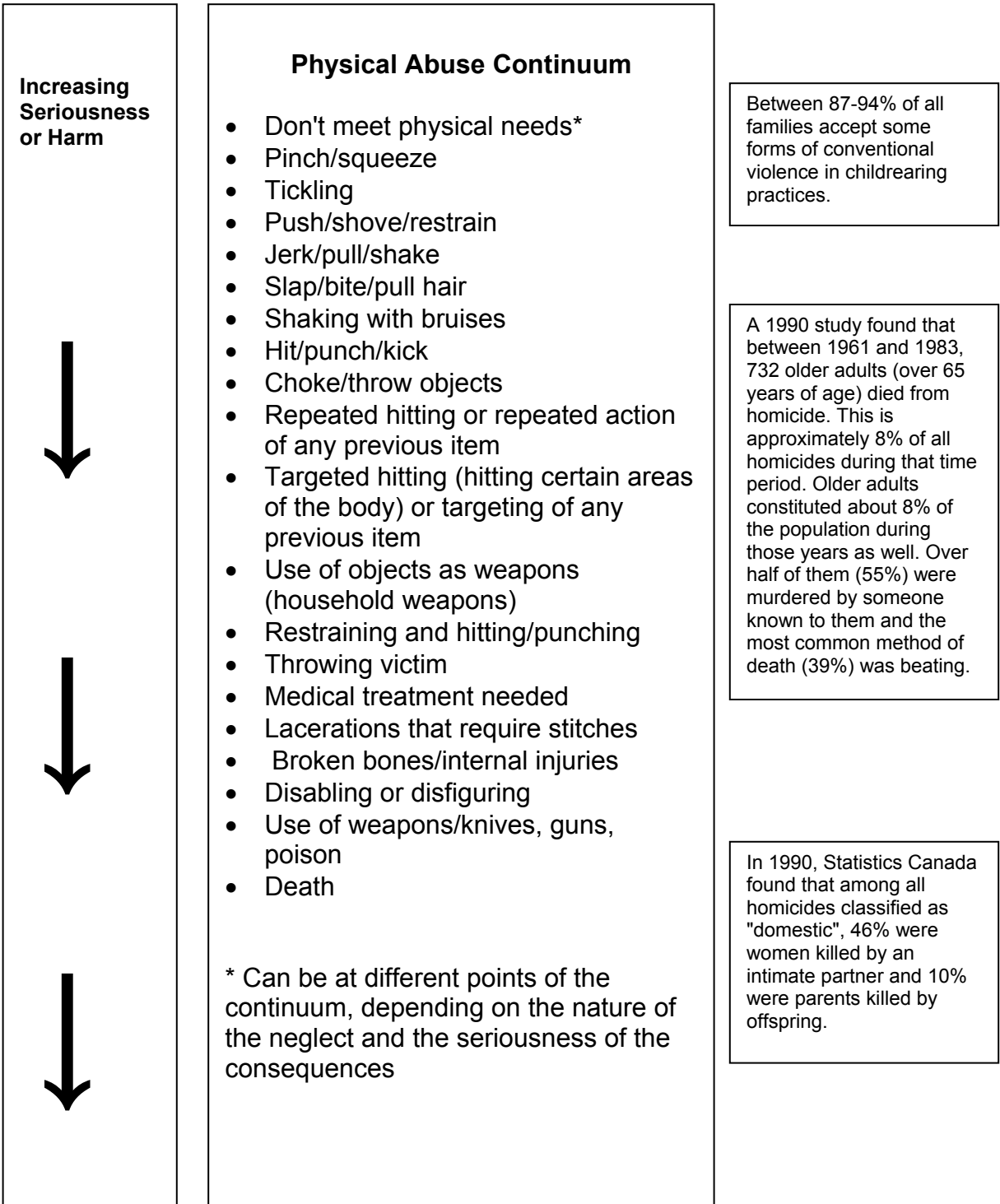
Outer Circle = Forms of Abuse

Adapted from: Domestic Abuse Intervention Project;
306 West Fourth Street, Duluth, Minnesota

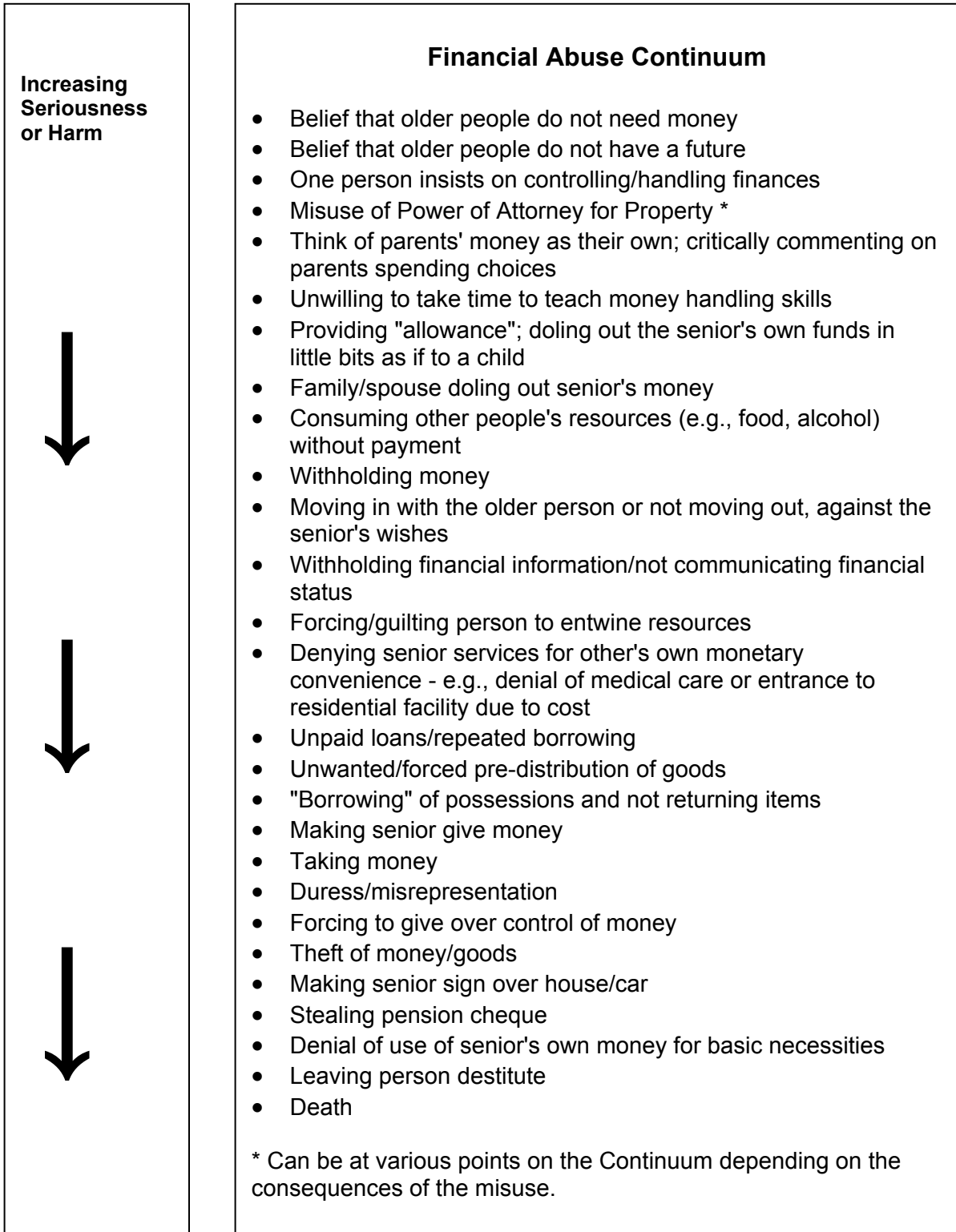
The Wheel of Equality



Adapted from: Domestic Abuse Intervention Project;
306 West Fourth Street, Duluth, Minnesota



Adapted by Connie Chapman for British Columbia Coalition to Eliminate the Abuse of Seniors from Shelter Children Research and Services Project; C. Richards, F. Purdy, F. Reynolds, and N. Nickle; H HS #90-CA-2177, 1980



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**Increasing
Seriousness or
Harm**



Emotional Abuse Continuum

- Jokes about habits/faults/age/disabilities
- Insults about the senior
- Overly familiar; e.g., use of "dear", not using the name that the senior prefers
- Treating senior as a child
- Not looking at a person with hearing loss/assuming or treating the senior as if a disability is present when none is, or ignoring a disability that is present
- Withholding approval as punishment
- Ignoring the senior's feelings
- Choice of food, clothing, bathroom habits is removed
- Not communicating appropriately
- Withholding approval
- Not keeping promises
- Yelling
- Name calling
- Repeated/targeted insults
- Repeated humiliations, in private
- Blaming victim for all faults
- Lying
- Labeling senior as "crazy". "old", "bitch"
- Silence/shunning
- Threatening violence/retaliation
- Putting down the senior's abilities, eg., as a parent, grandparent
- Demanding all the senior's attention
- Telling the senior about affairs
- Labeling the senior as alcoholic, when under medication
- Alienating the senior's children/causing the senior to be isolated
- Expecting senior to look after grandchildren when beyond the senior's abilities or wishes
- Offers to stay, saying "Since you need me and can't make it without me"
- Adult child moving home/living off senior's resources
- Unpredictable actions
- Repeated humiliations, in public
- Threatening to put senior in a "home"/psychiatric hospital
- Questioning senior's sense of reality/competency
- Threatened/attempted suicide by abuser
- Death

Adapted by Connie Chapman for British Columbia Coalition to Eliminate the Abuse of Seniors from Shelter Children Research and Services Project; C. Richards, F. Purdy, F. Reynolds, and N. Nickle; H HS #90-CA-2177, 1980

**Increasing
Seriousness
or Harm**



Sexual Abuse Continuum

- Making jokes about senior
- Treating senior as a sex object/ogling senior
- Making sexual jokes about senior
- Jealousy (may be extreme)
- Not paying attention to senior's changing psychological changes
- Minimizing senior's feelings/needs regarding sex
- Sexual criticisms about senior
- Partner attending strip show
- Uncomfortable touch
- Withholding sex/affection
- Treating need for affection as desire for sexual response
- Sexualized kissing by other than partner
- Sexual labels - "whore", "frigid", "dried up"
- Always wanting sex from senior
- Partner/child's using pornography
- Senior not able to say "no" due to language, conditioning, dementia
- Forcing senior to strip or perform humiliating acts in front of children or others
- Forced picture taking
- Promiscuity
- Forcing senior to watch sexual acts or pornography
- Demanding sex with threats
- Forcing sex with self/others
- Forcing uncomfortable sex
- Forced sex after beatings
- Sex for purpose of hurting, possibly with use of objects or weapons
- Unwanted sadism
- Mutiliation
- Death

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

Adapted by Connie Chapman for British Columbia Coalition to Eliminate the Abuse of Seniors from Shelter Children Research and Services Project; C. Richards, F. Purdy, F. Reynolds, and N. Nickle; H HS #90-CA-2177, 1980

Connecting Module Workshop Materials *

Information Sheet 2 - Module # 2 Indicators of Abuse

Source: This Section ("Indicators of Abuse") borrows heavily, and adapts material from, a discussion of a case detection in Chapter 3 of Kartes, L. A., (1990) *A Decision-Making Model for Assessing and Intervening in Cases of Elder Abuse and Neglect*, Ottawa: Council on Aging, pp. 20 - 27.

The following list summarizes some of the signs or symptoms of abuse. The presence of one or more of these indicators does not mean that abuse is occurring, but does suggest that further investigation is warranted. **As knowledge about abuse of seniors grows there is a need to continually update, evaluate, and revise assessment tools, including indicator lists.**

General Indicators

- Unexplained nervousness or cringing
- Resignation, withdrawal, or passivity
- History of changing doctors or agencies
- Denial of any problem, reluctance to give information on part of senior or individual with senior
- Over-protectiveness toward the individual with the senior
- Individual with the senior gives evasive responses to questions
- Individual with senior reacts defensively to questions
- Individual with senior provides a contradictory medical history
- Individual with senior avoids physical, verbal and facial contact with the senior and/or the person talking to the senior, OR, continually answers for senior and appears to silence senior with looks, gestures
- Individual with senior threatens, insults, or harasses senior and/or person talking to senior

* **Connecting: A Guide on the Abuse of Seniors:** British Columbia Coalition to Eliminate the Abuse of Seniors; Revised April 30, 1996 - Ontario Version Revised December, 2002

Connecting Module Workshop Materials *

Information Sheet 2 - Module # 2 Indicators of Abuse Continued

Source: This Section ("Indicators of Abuse") borrows heavily, and adapts material from, a discussion of a case detection in Chapter 3 of Kartes, L. A., (1990) *A Decision-Making Model for Assessing and Intervening in Cases of Elder Abuse and Neglect*, Ottawa: Council on Aging, pp. 20 - 27.

Physical Abuse

- Bruises, welts, lacerations, burns, infections, punctures
- Unexplained injury, or repeated injury
- Whiplash type injuries (possibly caused by shaking)
- Fractures or internal injuries
- Muscle contracture caused immobilization or physical restraint
- Unexplained weakness and loss of mobility
- Unexplained grogginess (due to excessive or inappropriate medication)
- Unusual markings on a bed or other household furniture
- Padlocks on doors within the home

Psychological or Emotional Abuse

- Resignation, fear, shame, withdrawal, expression of helplessness, depression, mental confusion, passivity, anger, insomnia
- Discomfort in the presence of the individual with senior
- Shouting and scolding, threats, insults, harassment, harsh orders
- Social constraints, withholding of affection on the part of the individual with the senior
- Individual with the senior controls or limits senior's social contacts and activities

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Connecting Module Workshop Materials *

Information Sheet 2 - Module # 2 Indicators of Abuse Continued

Source: This Section ("Indicators of Abuse") borrows heavily, and adapts material from, a discussion of a case detection in Chapter 3 of Kartes, L. A., (1990) *A Decision-Making Model for Assessing and Intervening in Cases of Elder Abuse and Neglect*, Ottawa: Council on Aging, pp. 20 - 27.

Financial Abuse

- Standard of living much lower than income and assets would suggest
- Depletion of savings account
- Disappearance of possessions
- Lack of money for clothes or social activities
- Withdrawals from automated banking machines when person is housebound
- Overdue utility bills, unpaid rent
- Confusion with finances
- Sale of property by person, or by the person's "attorney" (as in Power of Attorney for Property), and the person seems confused about reason for sale
- Making or revising a will or deed to make individual with senior the beneficiary
- Making loans with no evidence of repayments
- Management of seemingly competent person's finances by an individual with the senior
- Attorney for Property not informing the senior about financial transactions, sales
- Individual with the senior cashing pension cheques without prior authorization

Sexual Abuse

- Embarrassment or reluctance to discuss sexual matters beyond what is normal for cohorts, or acting out sexually
- Talking about feeling uncomfortable with actions of other person, e.g., "My son walks around with almost nothing on and I don't know what to do"... "My husband is demanding"...
- Bruising or bleeding in the external genital, vaginal, or anal areas
- Difficulty in walking or sitting
- Pain or itching in the genital area
- Torn, stained, or bloody underclothing

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Information Sheet 2 - Module # 2 Indicators of Abuse Continued

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Active or Passive Neglect

- Malnutrition: weight loss, pallor, sunken eyes and cheeks, dehydration
- Hypothermia: shivering, blue tinge to skin
- Constant fatigue, listlessness, and/or mental impairment
- Continued presence of pain
- Failure of a medically treatable problem to improve
- Absence of eyeglasses, dentures or hearing aids
- Hazardous or unhealthy living conditions
- Poor personal hygiene

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Connecting Module Workshop Materials *

Information Sheet 10 - Module # 1

Values to Guide Practice and Process in the Community

1. The people involved in developing a co-ordinated community response include:
 - (a) those individuals who may need or want assistance to prevent, avoid, or address abuse
 - (b) those individuals who may provide assistance to prevent, avoid, or address abuse

The Abuse, Neglect, and Self-Neglect Planning Group of British Columbia who originally suggested and defined who would be the people involved in the development of a community response wished to avoid words that attached labels to people. The original terminology used in this information sheet made reference to B.C. legislation and would not have been appropriate in the Ontario context. Therefore, the term *those individuals who may need or want assistance to prevent, avoid, or address abuse* has been chosen in the Ontario version of this Information Sheet as a substitute for the terms originally used by this Group, and for terms such as "consumers", "vulnerable adults", and "self-advocates"..

The term *those individuals who may provide assistance to prevent, avoid, and address abuse* refers to individuals and organizations in government and non-government sectors, including caregivers, service providers, family members, advocates, and other community supports.

In order to keep the wording of the material in this Manual consistent the word "protocols" will be replaced with the word "agreements".)

2. The needs, interest, and participation of those individuals who potentially may need or want assistance *leads* the planning and implementation process.
3. Participation is meaningful for all participants, as defined by the participants themselves.
4. The skills and knowledge of all participants are recognized, valued and supported.

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Information Sheet 10 - Module # 1 Values to Guide Practice and Process in the Community Continued

5. Activities for participation are varied and flexible, to meet the specific needs and wishes of a wide variety of participants.
6. All members endeavour teamwork together as equal partners in the planning and implementation process. Efforts are made to decrease power imbalances where they exist, and to build on the capacity of all participants to participate on an equal basis with others.
7. Professionals transform their practice from "doing for" to "doing with" to enable full participation.
8. All participants are kept informed, communicate and share information with each other.
9. All communication is in simple and clear language or in some other form that is understood by all participants. Special efforts are made to communicate with all individuals, regardless of how they communicate.
10. Policies, procedures and agreements are developed with maximum participation of all individuals who may need or want assistance, or who may provide assistance to prevent, avoid, or address abuse.
11. Any guidelines to develop a co-ordinated community response respect the diversity of the communities across Ontario and support local control.
12. Accountability is built into all plans for implementation of any response to abuse at both the government and community level; evaluation will address both process and outcome.

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Information Sheet 10 - Module # 1 Guiding Principles - Support and Assistance

1. All adults are entitled to live in the manner that they wish and to accept or refuse support, assistance, or protection as long as they do not harm others and they are capable of making decisions about those matters.
2. All adults should receive the most effective, but least intrusive, form of support, assistance or protection when they are unable to care for themselves or their assets, and
3. The court should not be asked to appoint, and should not appoint, decision makers or guardians unless less restrictive alternatives, such as the provision of supports and assistance have been tried or carefully considered.

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Principles to Guide Your Community Response Network to Address the Abuse of Older Adults

- Inclusion
- Participation
- Power Sharing
- Assuming capability, and
- Building capacity ²

² *Protocols to Guide a Co-ordinated Community Response - Everyone has a Role to Play:* Handout distributed at the Community in Action Conference; November 21 - 24th, 2001; Richmond, British Columbia)

Connecting Module Workshop Materials *

Information Sheet 5 - Module # 2 Seniors' Rights

As with all adults, seniors have the right to:

- The basic requirements of life - food, clothing, shelter, and social contact
- Protection from physical, emotional, financial, sexual and medication abuse; from violation of civil/human rights, and from neglect
- Information about their civil and legal rights
- Self-determination
- To live their lives as they wish provided they do not infringe upon the rights and safety of others
- To participate in making decisions about themselves in accordance with their ability to do so, and
- To refuse assistance and intervention

Source: The above definitions are taken from *Inter-Ministry Committee on Elder Abuse* (1992), *Principles, Procedures and Protocols for Elder Abuse*; Continuing Care Division, Ministry of Health; Victoria, British Columbia

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Connecting Module Workshop Materials *

Information Sheet 2 - Module # 3 Advocacy

All adults have the right to make their own decisions and speak on their own behalf. Everyone has the right to a full explanation of procedures, policies and laws which affect them.

Advocacy involves taking an active role, on behalf of/with people needing services, to ensure that appropriate services are provided. **Appropriate** means services to which they are legally entitled (e.g., benefits, legal advice) and services which meet their needs (e.g., benefits received in a speedy manner, legal counsel who acts fully on what he/she is told by the senior.)

Advocacy and empowerment go hand in hand. **Empowerment means having control over one's life.** This is not something we can automatically hand over to a senior living in an abusive relationship. Their abuser controls their environment, monitors their thoughts and feelings, and asserts power over almost every aspect of their life. Our task is to work with seniors in a way which allows them to take back the power for themselves. Every time we ask a senior what they want, and help them explore and find ways to get what they want, we are helping them to empower themselves. Conversely, every time we decide we know what they want or need, or pressure them into following our instructions or directions, we are disempowering them and reinforcing the power of the abuser.

Most abused adults need some form of advocacy since abuse undermines a person's perceived ability to act on their own behalf. Certain groups of people have additional issues to deal with which increase their need for advocacy:

- Those who are unable to help themselves because of educational deficits, illness, language barriers, or failing mental capacity
- Those who don't know about available services, or can't relate to them, or feel intimidated by the bureaucratic elements of those services
- Those who live in an area where regular transportation services do not exist, cannot afford transportation to sources of help, or cannot use regular transportation because of a physical disability

Advocacy involves articulation of problems and using contacts and influence to promote expansion of services and/or changes to existing services.

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Connecting Module Workshop Materials *

Information Sheet 2 - Module # 3 Advocacy Continued

Three types of Advocacy:

1. Self advocacy

This occurs whenever seniors present their case to the system, a community agency or government, or approaches one of those groups for help. They may also self-advocate with family and friends who may either deliberately, or unwillingly, collude in frustrating the senior's abilities to take charge of her/his life.

Self-advocacy is the most important form of advocacy because it builds skills and confidence. People may need to support and encouragement to act for themselves and express their wishes. People who are assisting seniors can help them build self-advocacy skills by following their lead in terms of the amount, and kind, of help they need. Most people who are abused will need more active help and support in the early stages of seeking assistance. As a senior becomes safer, less fearful, and more knowledgeable she/he may be able, and want, to take on more advocacy for him/herself.

2. Advocacy on behalf of specific individuals

This occurs when a worker/helper, acting on instruction from the senior, (and often in conjunction with the senior), presents the senior's case to the system, community or government agency, or family and/or friends, and follows through to make sure changes in assistance/treatment occur. This may include:

- Facilitating the delivery of service from an/another agency
- Clarifying an agency's policies and expanding its definitions of eligibility
- Challenging a staff, agency, friend or family member's decision, and/or
- Finding a new resource

People advocating on behalf of a specific senior will want to understand the empowerment process and the effects of abuse on an individual. This will help guide the advocate as he/she helps the senior move toward self-advocacy and empowerment.

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Information Sheet 2 - Module # 3 Advocacy Continued

3. Systemic advocacy

A. Program advocacy. This refers to actions taken on behalf of many individuals to obtain a needed service in the community.

These may include:

- Presenting evidence of an unmet need
- Encouraging agencies to modify or expand services to meet that need
- Assisting agencies to find ways to modify existing services, or provide a new service, to meet that need

B. Social action advocacy. This refers to actions taken to change the existing system, policies, or laws.

These may include:

- Providing evidence of unmet needs to planning bodies or government representatives
- Forming community co-ordination efforts to create viable options for abused seniors and to end the abuse of seniors
- Making information available to news media
- Presenting evidence at hearings and/or inquiries
- Speaking to community groups
- Writing letters to the editor of a newspaper, or writing articles for journals, magazines and/or newspapers

All these types of advocacy are on a continuum. They are interactive, and depend on building networks, forming coalitions, and creating new resources. They involve extensive documentation. They involve individuals who are willing and able to question challenge the status quo. Ultimately, they involve teaching, enabling, and empowering seniors to become their own advocates.

Sources: Adapted with permission from McKenzie, Pearl (1989); *Advocacy*; North Shore Community Services; North Vancouver, and Chapman, C. (1994) *violence Against Women in Relationships*; Core Curriculum; Ministry of Skills, Training and Labour, and the Centre for Curriculum and Professional Development

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Information Sheet 6 - Module # 2 Considerations When Helping Seniors

Throughout the assessment and intervention helpers should be aware that the senior's point of view will not always match the helpers. **Don't make assumptions about seniors!**

It is insulting to ask the person's son or daughter questions you can ask the senior directly. It is insulting to yell at a senior - his or her hearing may be better than yours. Don't assume that you know more than she/he does - the person you are helping may have more education than you and may know more about the community than you do. Don't assume anything with out checking it out first with the senior you are trying to help.

But, recognize and adjust to differences when they do exist. Consider that there may be differences between you and the senior you are trying to help in the following areas:

- *Belief system about getting help* - a victim of abuse may feel guilty or ashamed about needing help, or might not want to involve outsiders
- *Knowledge of community resources* - the senior may not be familiar with who to contact, how to contact them, or what can be done - especially since many current resources may not have existed when he or she was young
- *Barriers to communication* - difficulties may be due to a hearing impairment, memory loss, speech handicap (e.g., related to a stroke), or a language that is not the senior's native tongue
- *Diminished role, status, identity, or self-esteem* - leading to an imbalance of power between the two (or more) of you
- *Knowledge or experience in particular areas* - e.g., some older women haven't had much experience managing their own financial affairs
- *Long-standing partnership, marriage, or family relationships* - and perhaps certain patterns of inter-dependence ...

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Information Sheet 6 - Module # 2 Considerations When Helping Seniors Continued

- *Sense of shame* - the senior may not want to tell anyone about being abused by someone else
- *Discomfort about making contact with a sexual assault centre* - because of longstanding taboos about talking about this subject
- *Decreased mobility* - perhaps increasing the degree of isolation, loneliness, and/or difficulty in keeping appointments
- *Sense of being " beholden to the system "* - the senior may be reluctant to disclose information about abuse for fear of losing benefits such as homemaker services
- *Devaluing of self* - e.g., the degree to which ageist attitudes in society have been experienced and internalized
- *Assumption of having no future or anticipation of an unpleasant future* - and including perhaps the fear of institutionalization
- *Assumption of long and positive future* - enhanced by medical advances, benefit programs, availability of leisure time and retirement income, community activities, and a strong sense of personal power

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Information Sheet 9 - Module # 2 Approach Strategies

1. If you are a paid service provider:

When considering how to make the first contact with the senior estimate:

- The seriousness of the senior's condition
- The senior's ability to consent to a visit, and
- The potential co-operation (of lack of it) from other key individuals

When making an appointment

- Allow the senior time to prepare
- Give the senior a sense of control, and
- Be positive and firm

When making a drop-in visit:

- Have proper ID, use official car if possible, dress appropriately, and
- Whenever possible use a "natural link" to gain access, e.g., a neighbour, a friend, the apartment manager, a church member, etc.

Source: Tomita, Susan as quoted in Linda Todd and Gillian Taylor (1990); *Elder Abuse: What does it Mean? What can be done?*; Vancouver Island Regional Office; Mental Health Services; pp. 5 - 9

2. If you are a concerned friend, neighbour, or community volunteer:

In offering to help the senior:

- Try to establish co-operative and friendly relations with the senior
- Generally avoid references to "neglect" or "abuse"
- Offer realistic alternatives to the present situation
- Offer services that can help the senior and the other individuals involved in the case
- Empathize with family members who are caring for the senior
- Focus on the future by pointing out that conditions can be made better (make sure that you know that this is true before offering it!), and
- Be patient

Source: Oregon Office of Elderly Affairs (1981); *Elder Abuse and Neglect: a Guide for Practitioners and Policy Makers*, pp. 31 - 33

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Information Sheet 6 - Module # 3 Interview Techniques 1

One of the most critical components when intervening or helping a senior who is being abused is the personal interview. The service provider or advocate will need to interview the person being abused (alleged or suspected). The family members, friends, neighbours, facility staff, paid or unpaid caregiver(s), and/or other service providers may also need to be interviewed.

The following suggestions are designed to help service providers and advocates obtain the necessary information for assessing and analyzing each situation, they are not meant to be taken as an adequate substitute for training in effective counselling techniques.

- 1. Introduce yourself and introduce what you will be doing. This will include:**
 - Telling the senior who you work for and/or what you do/are doing
 - Reassuring the senior that you are here to help them make decisions, not to make them for them
 - Explaining confidentiality and any limits placed on you about keeping confidences
 - Assure the senior that your primary concern is their safety, that no one deserves to be hurt, and that you can help anyone who is being hurt find ways of ending the hurt

- 2. Use non-directive, or open-ended, questions. E.g.,**
 - "I would like to learn more about your life here in (this house, apartment, facility)"
 - "Tell me something about what kind of care/services, if any, that you receive."

- 3. Probe for additional information. E.g.,**
 - "Could you explain that to me a little more?"
 - "Could you give me some specific examples of that?"
 - "How do you mean that?"

Source: Adapted with permission from *The Victoria Elder Abuse Project; General Outline for Assessment Process*; 1991, Victoria, British Columbia

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Information Sheet 6 - Module # 3 Interview Techniques 1 Continued

4. Occasionally ask direct questions

This should be done only after the open-ended approach has been tried. Do remember that you are working with older **adults**, and not children. If you ask a direct question and the older person does not want to answer, quite simply, he or she won't.

- "Has anyone tried to hurt you recently? When was that?"
- "Has anyone tried to make you do something you didn't want to do?"

5. Prepare to ask sensitive questions in a normal tone and manner

Some topics, such as sexual abuse or the need for help with the bathroom and toilet care, may be sensitive or embarrassing matters for some seniors and for some service providers. The interviewer herself (himself) must first of all be personally convinced that the information obtained may be both relevant, significant and useful. This will likely help to make the interviewer more comfortable with the questioning process and, in turn, will motivate the senior to answer, and answer truthfully.

6. Be willing to allow periods of silence in the interview process

Often being "present", and also comfortable with silence, will help create an atmosphere in which the senior will feel safe to disclose vital pieces of information - in his or her own time.

7. Consider the mental capacity of the senior

Some indicators of failing or limited mental capacity may be memory loss, contradictory answers, answers that seem unrelated to the questions, inability to understand questions...

Be cautious about categorizing a senior as incapable. Apparent memory loss can be due to stress (and abuse is very stressful), crisis, lack of self-esteem, or other factors. Do not discount the reports of people who appear to show these characteristics. An older adult who has limited orientation to reality may still report accurately a traumatic or seriously disturbing event, such as someone trying to climb into his or her bed.

Source: Adapted with permission from *The Victoria Elder Abuse Project; General Outline for Assessment Process*; 1991, Victoria, British Columbia

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Information Sheet 6 - Module # 3 Interview Techniques 1 Continued

8. **Try to conduct at least the initial interview without taking notes during the meeting.**
Note-taking will usually diminish the likelihood of establishing rapport and trust with the senior.
9. **Avoid direct physical touch - use body language to indicate both willingness to listen** (e.g., by moving closer and "leaning into" the conversation), **and willingness to maintain a respectful distance** (e.g., by leaning back when a senior changes position or pulls away).
10. **Document reports of abuse and neglect from additional sources** when the senior has limited capacity. Have the older adult's permission to do this whenever possible.
11. **Provide information about seniors' human and legal rights.**
Many people stay in abusive situations because they do not have correct information about their rights, and many abusers use this ignorance to maintain power and control.
12. **When offering help, find areas of agreement with the senior about what to do next.**
Whenever possible take direction from the senior rather than giving instruction to them. Acknowledge, and respond to, any reluctance or denial.
13. **Be open in your responses to the senior's requests for the rationale related to the questions you are asking.**
14. **Use paraphrasing to reflect the senior's disclosures, understanding, and instructions.**

Source: Adapted with permission from *The Victoria Elder Abuse Project; General Outline for Assessment Process*; 1991, Victoria, British Columbia

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Information Sheet 8 - Module # 2 Intervention Guidelines

Principles of Intervention:

In a suspected case of abuse intervention should:

- Be aimed at maximizing the choices of the senior and her or his family[†]
- Be based on the strengths of the senior and his or her family and their abilities for positive action
- Be the least intrusive or restrictive[†]
- Only be undertaken with the voluntary and informed consent of the senior whenever and to whatever degree that person is able to participate
- Respect the senior's (and their family's) confidentiality

Goals of Intervention:

The fundamental purpose of intervention is to put an end to abuse that has occurred or is occurring, and prevent it from happening again in the future.

A decision-making framework for intervention should:

- Identify the senior who is being abused
- Identify the type of intervention to be carried out
- Determine the content of the intervention
- Describe the circumstances in which the intervention should take place
- Recognize that all mentally capable seniors have the right to determine what outcome of the intervention, if any, is acceptable

Source: *Inter-Ministry Committee on Elder Abuse (1992), Principles, Procedures and Protocols for Elder Abuse*; Continuing Care Division, Ministry of Health; Victoria, British Columbia

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[†] "Family" means those members of the senior's personal support network who are non-abusive. Avoid interactions which increase the abusive family member's ability to exert control over the senior.

[†] A good guideline for assessing whether or not an action is intrusive is to ask the senior. Questions need to be accompanied by reassurance that accepting help is acceptable and appropriate.

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Information Sheet 8 - Module # 2 Intervention Guidelines Continued

Organizing information for Intervention Planning:

1. Identify key individuals (documented and anticipated)
2. Document the facts
3. Place the facts in the correct chronological sequence
4. Identify the key issues
5. List the pieces of information that are missing
6. Make a list of your information priorities and determine sources, and strategies, for securing that information
7. Confirm the senior's wishes and needs
8. Consult with professionals in the criminal justice system to determine whether a crime has taken place
9. Identify relevant resources within the community and the procedures, and potential barriers, in accessing services

Source: *Inter-Ministry Committee on Elder Abuse (1992), Principles, Procedures and Protocols for Elder Abuse*; Continuing Care Division, Ministry of Health; Victoria, British Columbia

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Worksheet 5 - Module # 2 Intervention Checklist

A. Analysis of Situation:

1. Is there a problem here? Yes [] No []
2. What is it?
3. What are the people involved?
4. What has to change in this situation?

B. Analysis of Personal Role:

1. Can I do something it? Yes [] No []
2. What can I do?
3. What are the first three things I would do?
4. What are the risks to the key individuals if I do nothing?
5. Do any aspects of this case make me feel uncertain or uncomfortable about my own abilities?

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Worksheet 5 - Module # 2 Intervention Checklist Continued

C. Analysis of Personal Responsibility:

1. What are the repercussions if I act? Does my action infringe on anyone's human or legal rights?
2. Do I have the legal right to act? Yes [] No []
If yes, what is it?
3. Do I have the legal responsibility to act? Yes [] No []
If yes, what is it?
4. What agency policies or guidelines could help me make a decision on whether or not to act?

D. Analysis of Intervention Possibilities:

1. Who is the person I'm responsible to help? (E.g., individual, couple, family or group)
2. What are the reasons for helping this person?

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Worksheet 5 - Module # 2 Intervention Checklist Continued

E. Analysis of Intervention Possibilities Continued:

3. Who else needs help (if any)?
4. What is the rationale for including them?
5. What is the content of the intervention?
6. What process is involved? (E.g., educational, therapeutic, environmental, advocacy)?
7. What are the causal or contributing factors of the abuse that might be addressed by the intervention?
8. Would I be doing all this if the person was 40 or 50 years old? Would I be doing anything differently with a younger person?
9. How will I protect the confidentiality of the senior's information?

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Information Sheet 4 - Module # 2 Components of Work with Scenarios

[The following is obviously a guide to assist you regarding the actions you could envision taking, and the plans that you could make, when you are working on scenarios of abuse. It is suggested that you create small working groups consisting of individuals from within your community the members of which would then work on resolving pre-designed scenarios of abusive situations. Ideally the groups will consist of service providers to older adults and older adults themselves. **Please ensure that your scenarios are not exact "stories" of abuse from your community so as to respect the confidentiality of the individuals involved in real abuse situations.**]

1. Analysis of initial information
2. Identification of intervention options and possible repercussions (positive and negative)
3. Identification of additional information needs and data collection strategies
4. Information gathering
5. Action (intervention) planning
6. Adapting intervention strategies for different senior profiles
7. Revising action plans using additional information on legal rights and recourse and benefit entitlements
8. Implementation (partial) of action plan with senior
9. Inter-agency consultation on action plans

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Worksheet 2 - Module # 3 SMART Planning

The SMART acronym is a useful guide to formulating a concrete and achievable action plan. As you describe your plan below, check that it meets the criteria indicated.

- | | | |
|----------|--------------------|--|
| S | Specific | Choose one specific goal, not a general condition or Attitude |
| M | Measurable | Could anyone else recognize the goal that you have chosen and know when you have reached it? |
| A | Attainable | Make sure that your goal is realistic, in terms of the time available, your work, and other obligations |
| R | Relevant | Link you goal to the community's action plan/defined response(s), the priorities in your own agency, and your own job description and responsibilities |
| T | Target Date | Set a target date for completion of each step of your Plan |

My goal is to

The steps to achieving that goal are

The goal is relevant because

Target dates are

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