For example, the federal Personal Information Protection and Electronic Documents Act (PIPEDA) is applicable in all provinces and territories unless the province/territory has passed provincial/territorial legislation that has been determined to be substantially similar to PIPEDA. This is the case in Quebec, Alberta and BC. Ontario has passed privacy legislation with respect to health information that is substantially similar to PIPEDA, but PIPEDA would still apply to non-health information in that province.

Issues addressed in privacy legislation include:

- when and how information may be collected, used and disclosed
- to whom the legislation applies
- an individual’s right of access to their personal information
- requirements for an individual’s consent to disclosure
- who may consent if the individual is not mentally capable
- exceptions to the requirements for consent or access

EDUCATION

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

This tool is considered to be a promising approach based on front-line practice experience. It is an adaptation of the original that was developed in collaboration with the Hamilton Police Service, McMaster Centre for Gerontological Studies and Hamilton area hospitals.

This is one in a series of tools in the NICE tool kit designed to detect, intervene in, and/or prevent abuse of seniors. For more information about this or any of the other tools and related training events please visit www.nicenet.ca

February 2011
Psychological Abuse
Any action or comment causing emotional anguish, fear or diminished self-esteem or dignity (e.g., threats to do harm, unwanted institutionalization, harassment, abandonment, imposed isolation, stopping a mentally capable senior from making his or her own decisions or choices). Indicators – fear, anxiety, depression, withdrawal, crying, reluctance to talk openly, fearfulness with caregivers, caring for speaking on behalf of person and not allowing privacy.

Threat or exploitation of a person’s property, money or assets (e.g., fraud, forgeries, misuse of Power of Attorney). Indicators – standard of living not in keeping with income or assets, theft of property noted, unusual or inappropriate activity in bank accounts, forged signatures or incongruent with the type or degree of injury; denial of obvious injury; long delay between injury and recording of event; “doctor shopping.”

Neglect
Failure to provide basic or personal care needs (e.g., food, water, regular medications, shelter, hygiene, clothing, exercise, social interaction, physical aids such as eyeglasses, hearing aids, dentures), 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 or lack of awareness of community supports and resources.

Self Neglect – Although not a form of elder abuse, it is the person’s inability to provide for their own essential needs because of physical infirmity or inability to make sound choices. May include addition, mental illness and/or cognitive impairment.

Indicators – Un khám appearance, inappropriate or dirty clothing, signs of infrequent bathing, unhealthy living conditions, home environment dangerous and/or in disrepair, hoarding, lack of social contact, no regular medical appointments.

Institutional Abuse
Any physical, sexual, psychological or financial abuse or neglect occurring within a facility (e.g., physical victimization, withholding or denying individual care needs, failure to respect an individual’s rights, overmedication, misuse of chemical or physical restraints and/or failure to carry out reasonable requests).

Domestic Abuse
Actual or threatened physical, sexual, psychological or financial abuse of a person by someone with whom they have an intimate or familial relationship (e.g., aims to instill fear and/or to coercively control the individual).

INTERVIEW STRATEGY
1. Develop trust and be sensitive to the person’s culture, religion, comfort level and timing in obtaining disclosure.
2. Interview alone and listen, be patient, non-threatening and non-judgmental.
3. Validate feelings and offer emotional support, avoid premature assumptions and suggestions. Some cultures may require a family member to be present during the interview or it may be necessary to negotiate in order to interview someone alone.
4. Be aware of physical, psychological or cultural barriers that may prevent discussing the abuse.

PASSIVE 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 or lack of awareness of community supports and resources.

SOLUTIONS
- Seek support from, or consult with other professionals.
- Educate the person about their rights and available resources. Assist with establishing a safety plan.
- Screen for potential abuse.
- Note suspicious histories: explanations vague, bizarre and inconsistent with the type or degree of injury; denial of obvious injury; long delay between injury and recording of event; “doctor shopping.”
- Consider the individual’s mental capacity for decision-making and understanding of the situation.
- Be aware of interdependent relationships and power differentials. Be cautious of the involvement of a third party who may be the abuser; note conflicting histories.

POSSIBLE INTERVENTIONS
Consider the impact on the person, their wishes, their willingness to make changes and their ability to recognize that they may be a victim of abuse. Note their mental capacity for decision-making and understanding of the consequences of their decisions. Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give. Your role could be singular or part of a team of service providers that could help to protect the person to be healthy and safe. Be aware of appropriate resources or know how to link with the broader community.

Elder Abuse - Assessment and Intervention Reference Guide

Seniors deserve to live with dignity and respect. Abuse and neglect of an older person is any action or inaction by any person that causes harm to an older person. It is important to know the signs and to seek help when necessary. 

What to Do
- Know the Signs - Recognize the signs of elder abuse and neglect.
- Protect Yourself - Protect yourself and your loved ones.
- Take Action - Take action if you suspect elder abuse or neglect.
- Get Help - Get help if you or your loved one is a victim of elder abuse or neglect.

Tips for Identifying Elder Abuse and Neglect
- Look for any changes in behavior, such as a sudden weight loss, unusual changes in appearance, or a failure to take medications.
- Check for injuries, bruising or other marks that are unexplained.
- Listen for complaints about the care they receive, such as neglect or abuse.
- Ask about their living conditions, such as whether they have access to basic necessities like food, water, or medication.
- Pay attention to their overall well-being, including their physical, emotional, and mental health.
- Be alert to any financial irregularities, such as unexplained changes in bank accounts or unusual spending.
- Observe their interactions with family members and friends, looking for signs of coercion or control.
- Watch for signs of isolation, such as reduced social activity or lack of contact with others.

Resources
- Elder Abuse Helpline: 1-800-678-1112
- National Center on Elder Abuse: www.eldercare.gov
- Administration on Aging: www.aoa.gov
- National Network to End Domestic Violence: www.nnedv.org

Elder Abuse - Assessment and Intervention Reference Guide

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Physical Abuse
Any action or comment causing emotional anguish, fear or diminished self-esteem or dignity (e.g., threats to do harm, unwanted institutionalization, harassment, abandonment, imposed isolation, stopping a mentally capable senior from making his or her own decisions or choices). Indicators - fear, anxiety, depression, withdrawal, crying, reluctance to talk openly, fearfulness with caregivers, caring for speaking on behalf of person and not allowing privacy.

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2. Interview alone and listen, be patient, non-threatening and non-judgmental.
3. Validate feelings and offer emotional support, avoid premature assumptions and suggestions. Some cultures may require a family member to be present during the interview or it may be necessary to negotiate in order to interview someone alone.
4. Be suspicious histories: explanations vague, bizarre or inconsistent with the type or degree of injury; denial of obvious injury; long delay between injury and recording of event; “doctor shopping.”
5. Be alert to the person’s wishes. Assess whether the person has the ability to “understand” and “appreciate” what is happening (whether they are mentally competent) and try to determine what their needs are.
6. Identify what information is missing (e.g., frequency and duration of abusive incidents, urgency, need for medical examination).
7. Be aware of interdependent relationships and power differentials. Be cautious of the involvement of a third party who may be the abuser; note conflicting histories.

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:

- Secure phones and telephones by service providers, contact with other family and friends, regular appointments.
- Secure assets (e.g., hiding emergency money, such as coins for a pay phone, somewhere outside home).
- Giving copies of important documents and keys to trusted friends or family members.
- Planning escape by packing a bag of extra clothing, medication and personal items (e.g., glasses, hearing aids, etc.).
- Keeping phone numbers of friends, relatives, shelters or other trusted individuals handy.

POSSIBLE INTERVENTIONS
Consider the impact on the person, their wishes, their willingness to make changes and their ability to recognize that they may be a victim of abuse. Note their mental capacity for decision-making and understanding of the consequences of their decisions. Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give. Your role could be singular or part of a team of service providers that could help to protect the person to be healthy and safe. Be aware of appropriate resources or know how to link with the broader community.

REFERENCES
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