

PRIVACY LEGISLATION

Police services need to understand relevant provincial, territorial and federal privacy legislation in order to be able to access records and information relevant to investigations of allegations of abuse. Privacy legislation creates the rules about the collection, use and disclosure of information about individuals and when this collection, use and disclosure can be done with and without consent of the individual.

Privacy law is complex. It is recommended that you seek legal advice from your own agency/authority (legal counsel, internal directives, etc) to determine what legislation applies in your jurisdiction, to your particular investigation and how that legislation and the associated case law is interpreted in practice.

The federal government, and the provinces and territories, have passed legislation governing the collection, use and disclosure of personal information in a manner that recognizes the right of privacy of individuals with respect to their personal information and the need of organizations to collect, use or disclose personal information for purposes that a reasonable person would consider appropriate in the circumstances. There also may be provisions in other statutes (other than the specific privacy legislation) that may be relevant to the collection, use and disclosure of personal information in reference to your investigation.

In most provinces and territories, you need to consider both the federal and provincial/territorial legislation unless the federal legislation does not apply to your province.

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 are at risk. These include social services, legal services, financial assistance, housing options and faith communities.

POSSIBLE INTERVIEW QUESTIONS

In considering using these questions, follow your professional standards in investigative interviewing and in obtaining client consent.

- » Is there something that you would like to share with me?
- » Has there been a recent incident causing you concern?
- » Are you afraid of anyone at home?
- » Has anyone ever forced you to do things you didn't want to do?
- » Has anyone ever tried to take advantage of you?
- » Has anyone ever failed to help you take care of yourself when you needed help?
- » Have you ever signed any documents that you didn't understand or didn't want to sign?
- » Do you make decisions for yourself or does someone else make them for you?
- » Would you like some help with

**COORDINATION AND CONSULTATION HELP NUMBERS
LOCAL RESOURCES**

- Victim Services Shelter
- Seniors Organization
- Information/Crisis/Abuse Line
- Legal Services/Legal Aid
- Healthcare/Home Care Provider
- Mental Health
- Government Pensions
- Immigration/Language Services
- Public Guardian/Trustee/Curator

For a list of organizations by province/territory that can either provide direct information or assistance or can make referrals to local organizations visit:

<http://www.seniors.gc.ca/h.4m.2@.jsp?lang=eng>

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, Hamilton Council Against Abuse of Older Persons, 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

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New Horizons for Seniors Program
Human Resources and Skills Development Canada

Programme Nouveaux horizons pour les aînés
Ressources humaines et Développement des compétences Canada



Government of Canada
Networks of Centres of Excellence

Gouvernement du Canada
Réseaux de centres d'excellence

ELDER ABUSE

ASSESSMENT AND INTERVENTION REFERENCE GUIDE



NICE National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées

We care together
Ensemble pour le bien-être des aînés

www.nicenet.ca

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.

What To Do

- » **Acknowledge** - Suspicion of abuse may develop over time. Accumulate and document evidence.
- » **Barriers** - Fear of retaliation, withdrawal of caregiver support and breach of confidentiality creates barriers to seeking help.
- » **Urgency** - Assess immediate needs and potential risk of physical harm.
- » **Screen** - Assess person's physical, emotional and mental capacity to help themselves.
- » **Empower** - Educate the person about their rights and available resources. Assist with establishing a safety plan
- » **Refer** - Seek support from, or consult with other professionals.

CHECK FOR ABUSE...**Physical Abuse**

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

Indicators – unexplained injuries in areas normally covered (e.g., bruises in various stages of healing, burns or bites), untreated medical problems, history of “accidents,” signs of over/ under medication, wasting, dehydration.

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, cowering, reluctance to talk openly, fearful interaction with caregiver, caregiver speaking on behalf of person and not allowing privacy.

Financial Abuse

Theft or exploitation of a person's money, property or assets (e.g., fraud, forgery, misuse of Power of Attorney).

Indicators – standard of living not in keeping with income or assets, theft of property noted, unusual or inappropriate activity in bank accounts, forged signatures on cheques, forcing a person to sign over property or execute a Will, overcharging for services or products, overdue bills, mail going missing.

Neglect

Failure to provide basic or personal care needs (e.g., food, water, required 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, infirmity 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 due to addiction, mental illness and/or cognitive impairment.

Indicators – Unkempt 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., active 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, financial or psychological 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. Interview alone and listen, be patient, non-threatening and non-judgmental. Validate feelings and offer emotional support; avoid premature assumptions and suggestions. Some cultures may require a family member to be present during the interview or it may be necessary to negotiate in order to interview someone alone.
2. Note suspicious histories: explanations vague, bizarre or incongruent with the type or degree of injury; denial of obvious injury; long delay between injury and treatment history of “doctor shopping.”
3. 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.
4. Identify what information is missing (e.g., frequency and duration of abusive incidents, urgency, need for physical examination).
5. 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. Where appropriate, interview family members, but remember that it's key to TALK TO THE SENIOR even if family are available.

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 and telephone contact by service providers, contact with other family and friends, regular appointments.
- » Securing 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, medicine and personal aids (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 support the person to be healthy and safe. Be aware of appropriate resources or know how to link with the broader community.