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## **Chapter One:**

# **About this Guide**

### **What's in this Chapter:**

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## **ABOUT THIS GUIDE**

*Looking Beyond the Hurt: A Service Provider's Guide to Elder Abuse* (2004) was developed by the Seniors Resource Centre of Newfoundland and Labrador in partnership with the Newfoundland and Labrador Medical Association; the Association of Registered Nurses of Newfoundland and Labrador; the Pharmacist's Association of Newfoundland and Labrador; the Newfoundland and Labrador Association of Social Workers; the Newfoundland and Labrador College of Physiotherapists; the Newfoundland and Labrador Association of Occupational Therapists; the College for Licensed Practical Nurses of Newfoundland and Labrador; the Faculty of Medicine, Memorial University of Newfoundland (MUN); the School of Nursing, MUN; the School of Pharmacy, MUN; the School of Social Work, MUN; the Dietitians of Newfoundland and Labrador; the Department of Health and Community Services; the Royal Newfoundland Constabulary; and the Royal Canadian Mounted Police.

## **OUR PHILOSOPHY**

We recognize the right of an older person to make his/her own life choices. Helping a senior move beyond the physical and/or emotional hurt of abuse is a matter of supporting him/her to access appropriate resources. There is no rapid solution to elder abuse, but we do believe an abused senior's situation can improve if he/she has support from the wider community.

## **THE GOAL OF THIS GUIDE**

Many victims of elder abuse live in relative isolation. A service provider may be a senior's only contact with someone other than

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a family member. Therefore, it is extremely important that professionals be alert to the signs of elder abuse and prepared to look beyond the physical and/or emotional hurt to the cause.

Once abuse has been recognized, you as a service provider can play a vital role in supporting an abused senior to consider his/her options and connect with resources in the community. The goal of this guide is to assist you in this role.

## **A NOTE ON AGEISM**

Negative attitudes and myths about seniors and aging, or “ageism”, pervade our society and can affect how a service provider responds to a potential case of elder abuse. For instance, the negative stereotype that an older person is a burden on his/her family might prevent an outsider from looking at a situation objectively and characterizing certain actions toward the senior as abusive. Likewise, the belief that seniors are frail and prone to falls might prevent a service provider from asking an injured senior *how* they broke a bone or received a bruise. Thus, as you read this guide and interact with your clients, it is important to be aware of your own beliefs about aging and consider how these values influence your observations and actions.

## **USING THIS GUIDE**

No one publication can walk you through all the steps of identifying and intervening in a case of elder abuse as every case is unique. Therefore, we have focused on the identification of elder abuse and a service provider’s first steps in assisting an abused senior to get help. This guide is meant to be used as a quick reference tool and does not have to be read from start to

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finish. Rather, please use the table of contents, index, and the “What’s in This Chapter” boxes at the beginning of each chapter to help you focus on the information you are looking for.

You might find it worthwhile to quickly review the sections of this Guide that we feel may be the most helpful to you:

Chapter 3: Common Indicators of Elder Abuse

Chapter 6: Determining your First Steps

Appendix 1: Provincial and Federal Legislation Related to Elder Abuse

Appendix 2: Making an Official Referral/Report in NL

Appendix 3: Provincial and Regional Resources

While using this guide, please keep in mind that it was written for a wide range of service providers. **Not all suggestions will be appropriate for every profession.** For instance, a social worker or physician may be able to take certain actions to help an abused senior that a service provider in a different field is not trained to do. Thus, if this guide suggests doing something you are not comfortable with, please use Appendix 2 and 3 to refer the senior to someone with the appropriate experience. The important thing is that you do something. If you think a senior is being abused, ask if support is needed and let the senior know where to find it.

*The information in this Guide is meant as a resource for you. You should always follow your organization’s protocols and policies, your professional guidelines, and legislative acts.*

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## UNITED NATIONS' PRINCIPLES FOR OLDER PERSONS (adapted from a partial list)

### Dignity

Older persons should be able to live in dignity and security and **be free of exploitation and physical or mental abuse.**

Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

### Independence

Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

Older persons should have the opportunity to work or to have access to other income-generating opportunities.

Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

Older persons should have access to appropriate educational and training programs.

Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

Older persons should be able to reside at home for as long as possible.

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## Care

Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

Older persons should have access to social and legal services to enhance their autonomy, protection and care.

Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

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