
Chapter Five:

Asking the Question

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BARRIERS TO DISCLOSURE

Seniors, like most victims of family violence, may be reluctant to discuss their situation and ask for help unless a trusting relationship exists with the service provider. Being abused by someone one cares about or is dependent on can affect one's self-esteem and coping skills. However, by being sensitive to these and other barriers to disclosure, a service provider may be able to address some of an abused senior's concerns.

There are several barriers that may leave a senior reluctant to talk about their abuse. These may include¹:

- Fear of being left alone or sent to a nursing home
- Fear of losing contact with abuser, especially if this person is a family member or the senior's main social contact
- Concern about being shunned by the rest of the family or being denied access to grandchildren
- Hopelessness about finding solutions
- Love of abuser and not wanting to see him/her criticized or punished
- Concern about affecting the family's reputation (and/or shame and embarrassment of having raised an abuser), particularly in small or ethnic communities
- Language or cultural differences that make it difficult to explain situations
- Older immigrant's dependency on younger relatives because of isolation from peer groups and lack of access to support services
- Physical, sensory, or mental disability which makes communication difficult

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- Medications that cause disorientation or confusion
 - Lack of awareness of personal rights and services available to guarantee those rights
 - Acceptance of abuse or neglect as normal because of lifetime exposure to violence
 - Low self-esteem and a feeling that they deserve or are responsible for the abuse
 - Reprisals by the abuser, whether in the home or in an institutional setting
 - Worry that if they complain it may lead to confrontational scenes with the “authorities”
 - Unfamiliarity with support services

CONDUCTING CARING COMMUNICATIONS²

Caring communication means helping to make it easier to talk about abuse and neglect by listening to people and accepting what they say about their own experiences. Caring communication:

- Includes “I” messages: “I am concerned about you...”
- Is specific: “...because you missed your last appointment and today I see a bruise on your arm”
- Is sensitive to others’ feelings: “I understand that it’s hard to talk about personal concerns...”
- Is non-judgmental and non-threatening: “Would you like to talk to me about it?”
- Empowers rather than “rescues”: “Do you want to talk about some of the resources you might want to use?”
- Helps to remove any perceived stigma about being

abused: “I have often seen people who are not receiving the care that they deserve...”

- Is respectful of an older person’s right to make his/her own decision in his/her own time
- Is prepared to assist the older person to find the supports and services he/she needs.

TALKING WITH AN ABUSED SENIOR

In order to determine if a senior is being abused, you must ask the senior directly if this is the case. However, it is often useful to give examples and/or to phrase questions in such a way that the client feels more comfortable about talking about the situation. (See Sample Screening Questions on pg. 44 for help with this.)

Other considerations when asking a senior about the suspected abuse are:³

- **Be aware that bringing up the topic of abuse may cause the senior anxiety. You must be prepared to provide or make a referral to supports for the senior to deal with any issues that arise from from your conversations.**
- **Interview and examine the senior by herself or himself or with an advocate present.** The client will not feel free to talk if her/his abuser is nearby. If this is difficult to arrange, you may need to contact the senior by phone when the abuser is not present or to arrange an interview somewhere else in the community (such as at a doctor’s office, pharmacy, senior’s centre, friend’s house, etc.)
- A female senior may be more comfortable talking to a female service provider and a male senior may prefer a

male service provider. Where possible or appropriate, seniors should be asked about their preference.

- Allow the older person to talk at her or his own pace. Do not pressure. This may be the only chance the senior has to disclose.
- Indicate that you believe what is being said. Be supportive. Discuss options, but do not give advice. Avoid wording that implies blame.
- Avoid expressions of disgust, horror, or anger in response to the abuse; also avoid “putting down” the abuser.
- Determine if there have been any previous interventions or suggestions of abuse. Ask the senior if you may check with the appropriate agencies for their documentation to learn the type of action taken and the success in resolving the situation.
- Remember to be aware of the senior’s cultural and religious values, especially with regards to how they view the role of family members and how they feel about seeking help from “outsiders”.
- Be mindful of a senior’s possible hearing difficulties, language difficulties, etc. (If the senior you are assisting does not have a cognitive or hearing problem, but is non-verbal because of a stroke or other health problems, you may find the following assisted communication elder abuse assessment tool kit useful: *Breaking the Silence: Giving a Voice Back to Seniors*, available online at www.durhamelderabusenetwork.ca/resources.htm)
- Let the client know that they don’t have to accept abusive behaviours. It may also be helpful to mention that elder abuse is a problem affecting many others as well.

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- Be supportive and acknowledge that it was probably difficult for the senior to talk about the situation.

SAMPLE SCREENING QUESTIONS FOR SENIORS

Each senior is an individual, and you will need to use your own professional experience and expertise to determine the best way to broach the subject of abuse with your client. However, you may find it helpful to adapt one or more of the following general screening questions to the situation. Where possible, phrase your questions so that they are *open-ended*, to encourage your client to elaborate beyond a simple “yes” or “no” answer.

- Is there anything you’d like to talk about?
- How is everything going?
- Do you ever feel taken advantage of or mistreated? How?
- Tell me about your living situation. Are you happy with it?
- Does anyone close to you ever try to harm or hurt you? Tell me about it.
- Is there anyone who you don’t feel comfortable around? Why?

You may also find one or more of the following questions useful if you suspect a specific type of abuse.

Physical and/or Sexual Abuse

- Does anyone ever touch you without your consent?
- Can you tell me about a time recently when someone made you do things you didn’t want to?

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- Does anyone close to you ever try to harm or hurt you? Tell me about it.
 - Do you have any close family members, caregivers, or friends who abuse drugs and alcohol or have a psychiatric or mental illness? Tell me how it affects you.

Psychological Abuse

- Can you tell me about a time recently when someone talked to or yelled at you in a way that made you feel bad about yourself?
- Can you tell me about a time recently when someone made you do things you didn't want to do?
- Does anyone ever scold or threaten you? Can you give me an example?
- Does anyone ever tell you that you're sick when you know you aren't? Can you give me an example?
- When was the last time you got to see relatives and/or friends?
- Do you have ready access to a telephone? If not, why?
- Do you have any close family members, caregivers, or friends who abuse drugs and alcohol or have a psychiatric or mental illness? Tell me how it affects you.

Financial Abuse

- Have you ever been asked to sign papers that you didn't understand? Tell me about it.
- Can you tell me about a time recently when someone made you do things you didn't want to do?

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- Does anyone ever take anything from you or use your money without permission? Can you give me an example?
 - Do you have any close family members, caregivers, or friends who abuse drugs and alcohol or have a psychiatric or mental illness? Tell me how it affects you.
 - Do you have the glasses/dentures/cane that you need? If not, why?
 - Who does your finances? Are you comfortable with how they handle your finances?

Neglect

- Are you getting all the help that you need?
- Are you having problems getting to _____ (doctor's office, centre, pharmacy, etc.)?
- Are you alone a lot?
- Does anyone ever let you down when you need help?
- Do you feel that your food, clothing, and medications are available to you at all times?
- When was the last time you got to see relatives and/or friends?
- Do you have ready access to a telephone? If not, why?
- Do you have any close family members, caregivers, or friends who abuse drugs and alcohol or have a psychiatric or mental illness? Tell me how it affects you.
- Do you have the glasses/dentures/cane that you need? If not, why?

SAMPLE SCREENING QUESTIONS IF A CAREGIVER IS INVOLVED

If you suspect a senior's abuser is his/her caregiver, and it is appropriate in your professional role, ask the senior if he/she would like you to approach the caregiver about accessing supports in the community (such as respite care, stress management and/or financial counselling, etc.) (See App. 3 for listing of community resources.)

Talk to an abusing caregiver with concern about the stresses that caregiving places on an individual, but emphasize that abuse and neglect are **not** acceptable. It is important to consider what is happening psychologically, physically, financially, and socially in the life of the person who is giving care, as well as what is changing for the older person receiving the care. Are these changes causing strain for the person giving care, and if so, how much? For example, a person caring for someone with a chronic illness may experience such stressors as financial strain, managing the person's symptoms, dealing with crises, the loss of friends, or the loss of intimacy.⁴

The degree of caregiver burden may be made worse by a number of factors, and tends to get worse when:⁵

- The people involved are socially isolated
- The person giving care lacks knowledge about the senior's condition
- The person giving care has limited interpersonal or coping skills,
- There was a strain on the relationship before the caregiving began

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- There are guilt feelings (for example, considering to institutionalize the senior)

While each case is individual, you may find the following types of questions useful in encouraging an abusing caregiver to talk about the situation:⁶

- What does ____ (senior's name) need help with every day?
- Are you and ____ (senior's name) aware of the kind of help available in the community?
- How do you and ____ (senior's name) handle disagreements?
- What expectations does ____ (senior's name) have of you?
- Most caregivers find their role very stressful. I sense caring for ____ (senior's name) is stressful for you. Is this recent or has it been this way for some time?
- How do you react under stress?
- Do you tell people you care about when you are feeling stressed?
- When you are angry/resentful/frustrated with ____ (senior's name), have you ever felt out of control? What did you do?
- Do you feel able to ask for help from others when you feel you need a break?
- Is caring for ____ (senior's name) different than you thought it would be? How?
- How do you feel you are managing the present situation?

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- How is ____ (senior's name) involved in decisions determining his/her care?

Footnotes:

1. Canada. Mental Health Division, Health Canada. (1994). *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults*. Ottawa: Health Canada, p. 42-43
2. Adapted from: Canada. Mental Health Division and National Clearinghouse on Family Violence. (1994). *Abuse and Neglect of Older Adults: Awareness Information for People in the Workplace*. Ottawa: Health Canada. (handout)
3. Adapted from Canada. First Nations and Inuit Health Branch, Health Canada. (2000). *Clinical Practice Guidelines for Nurses in Primary Care*. Ottawa: Health Canada.
4. Adapted from: Tull, M. (2008). "Caregiver Burden". Retrieved April 5, 2013 from <http://ptsd.about.com/od/glossary/g/burdendef.htm>
5. Adapted from: Aging in Canada (2004). "What is caregiver burden and what causes it?" Retrieved April 5, 2013 from http://www.agingincanada.ca/what_is_caregiver_burden.htm
6. Adapted from: Ontario Association of Social Workers. (1992). *Elder Abuse: A practical handbook for service providers*. Toronto, p. 17-29

