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**Chapter Six:**

# **Determining Your First Steps**

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## **SUGGESTED GOALS FOR ABUSE INTERVENTION**

When intervening in situations of elder abuse or neglect, it may be helpful to keep the following goals in mind:

- Help ensure the safety of the senior and yourself
- Help restore the rights, dignity, and well-being of the senior
- Create or re-build support systems for the senior

## **CONSIDERATIONS WHEN HELPING AN ABUSED SENIOR**

There is no one set of actions that will work in every case of elder abuse. Each case is as individual as the senior involved. The strategies in this chapter should be considered as suggestions for you to build on using your own professional experience and knowledge, and in consultation with supervisors and legal authorities where appropriate.

In determining your first steps toward responding to a case of elder abuse, you should keep the following considerations in mind:

- Elder abuse is very different from child abuse. Seniors are legal adults and have the right to make their own life choices. Except in situations that are immediately life-threatening or where the senior is mentally incapacitated, it should be the senior who decides when to act and what actions to take.
- It should be noted, however, that some service providers may be required to follow the policies of their employers.

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For instance, once a Royal Newfoundland Constabulary officer investigates a call of spousal abuse, they may proceed to lay charges against the alleged abuser if they believe a criminal offence has been committed – regardless of the victim’s wishes.

- If the senior is in immediate danger, you should call the police and/or emergency services as soon as possible in all cases.
- It is not presently mandatory to report elder abuse in Newfoundland and Labrador, however, it is mandatory to report suspected cases of neglect if the person is believed to be mentally or physically infirm and incapable of caring for him/herself. (See Appendix 1 for specific details with note on new legislation soon to be implemented.)
- Possible danger to the senior must be considered at all times throughout the intervention process. Help the senior consider the potential outcomes of reporting his/her abuse. For instance, will reporting physical abuse anger the abuser and put the senior at further risk? If so, support the senior (or put them in touch with an appropriate community resource, see Appendix 3) to put together a safety plan (see page 64). This might include finding emergency shelter, gathering their financial resources, etc.
- Avoid an approach that is intrusive and restrictive. Seek to maximize a senior’s options by connecting them with resources in the community.
- Ask the abused senior how they think the situation could be improved. People frequently are able to come up with their own solutions, especially when asked the right

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questions. (For instance, is there a friend or family member that you could turn to for support?)

- Be respectful and 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”.
- Maintaining a senior’s confidentiality is important in all cases, but extra care may need to be taken in a rural setting. Contact with the senior by telephone, arranging meetings outside of the home in a neutral place, etc., may help you in this effort.
- Helping an abused senior in a rural setting involves special challenges as certain support services may not be available. Service providers in a rural setting may have to rely more on informal support networks.
- If the senior appears to have difficulty in understanding the situation, you may have to consider the senior’s mental capacity before you decide on your first steps in assisting him/her. (Please see page 56 for more information.)

## **CLIENT CONFIDENTIALITY**

When dealing with an abused senior, you may find yourself having to deal with client confidentiality issues. Client confidentiality may be mandated by a professional code of conduct or standards of practice or by legislation. For instance, in Newfoundland and Labrador, the *Personal Health Information Act (PHIA)* is a health-sector specific privacy law that establishes rules that custodians of personal health information must follow when collecting, using and disclosing individuals’ confidential

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personal health information. PHIA also sets out the rights of residents of the province regarding obtaining access to and exercising control of their personal health information. (For more information on PHIA and a link to the legislation, please see: [www.health.gov.nl.ca/health/phia/](http://www.health.gov.nl.ca/health/phia/))

While obviously client confidentiality is extremely important, no profession requires absolute confidentiality under every circumstance. When examining possible conflicts with client confidentiality, it may help to consider the following points:

- Whenever possible, explain to your client early on in your relationship about the limits on client confidentiality (for instance, being legally obligated to report certain types of harm or activities).
- Legally, it is not considered a breach of confidentiality if the person reporting the information is required to do so by law. (For eg., the mandatory reporting of neglect in certain conditions under Newfoundland and Labrador’s Neglected Adults Welfare Act. See App. 1 for more information and note on new legislation to be implemented soon.)
- Ask your client if you can talk to others who may be able to help the situation. Many service providers do not ask the older adult if they may share their information because they assume their client won’t give permission. However, in many cases, clients are agreeable if given lots of support and reasonable explanations about the need to share the information.
- Confidentiality is not meant to protect illegal activities

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and making a report to the police would not usually be a cause for a lawsuit. (Consult your professional code of ethics and standards of practice about this.)

- Always consult your professional code of conduct and your employer's protocols when considering issues of client confidentiality.
- Most professional codes of conduct allow for confidentiality to be broken if the situation involves serious potential harm to the public or if there is a serious risk of immediate harm to the client.

## MENTAL CAPACITY

In determining your response to a case of elder abuse, you need to consider whether or not a senior appears to have the mental capacity to understand his/her situation and make decisions. Most seniors are mentally capable. However, if an older adult appears confused, has poor short-term memory, is depressed, or shows other signs of dementia, there is reason to consider his/her mental abilities.

NOTE: Be alert for any hearing loss, language/cultural barriers, etc. that may be the cause of a senior's confusion instead of a problem with his/her mental capacity. Likewise, it is important for service providers to be aware of situations or conditions that might temporarily cause confusion in the elderly until they are rectified or treated. These may include infections (such as urinary track infections), nutritional deficiencies, vitamin deficiencies, metabolic disturbances, dehydration, sleep deprivation, adverse drug reactions, polypharmacy, and sedating medications, as well as overwhelming stressors and concerns.

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To help you assess a senior's level of understanding, talk to him/her about the situation. Determine if the senior knows where he/she is and what is going on around him/her. Keep coming back to the same questions to check for consistency. The defining criterion is whether or not the senior understands the consequences of his/her decisions. (NOTE: It is important to focus on determining the senior's level of understanding, rather than judging his/her ability to make a "good" decision. People have the right to make decisions that seem risky to you as long as they understand and accept the consequences of that decision and are of sound mind cognitively and mentally.)

This simplified view of assessing a senior's level of understanding should only be used as a general framework to help determine your plan of action. To actually assess an adult's mental competency requires comprehensive medical testing by specialists.

Furthermore, in reality, capability is not a single skill or ability, but rather a series of abilities, some of which a person may or may not have. For example a person may not be capable of taking care of his/her finances, but still have the ability to understand and make decisions about medical treatment. Thus, any social intervention with a senior whose mental abilities are in question will work best if the person's skills and strengths are respected and support is given with the specific tasks they find difficult.

## **OPTIONS FOR ABUSED SENIORS**

In supporting a senior to decide on his/her course of action, it is important to provide him/her with the widest possible range of choices. Options for abused seniors include:

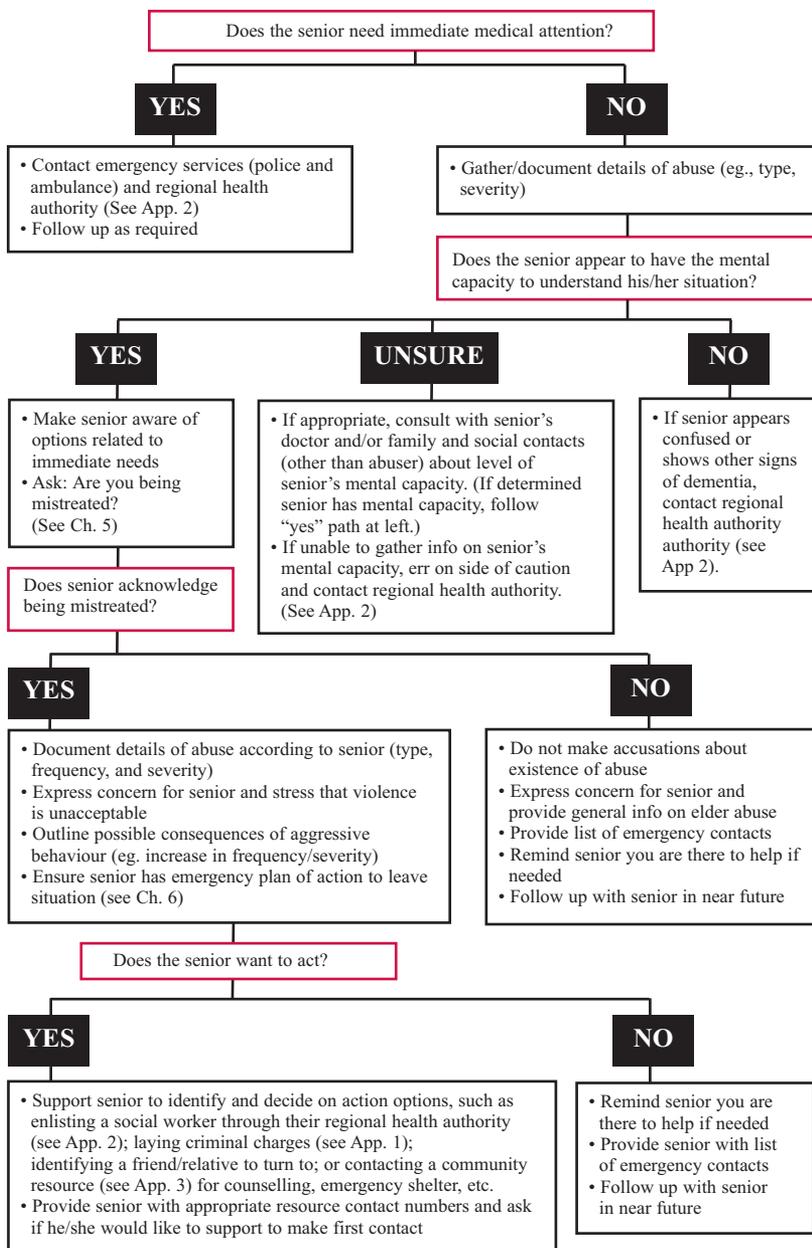
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- Contacting their Regional Health Authority (see Appendix 2 for elder abuse-specific phone numbers.)
  - Seeking help from community organizations such as the Seniors Resource Centre-NL (see Appendix 3)
  - And/or pursuing legal action if their particular form of abuse is a Criminal offence (see Appendix 1 and 2).

As resources in this province vary from region to region, it may be necessary to assist a senior to contact a variety of organizations to get all the required services and support.

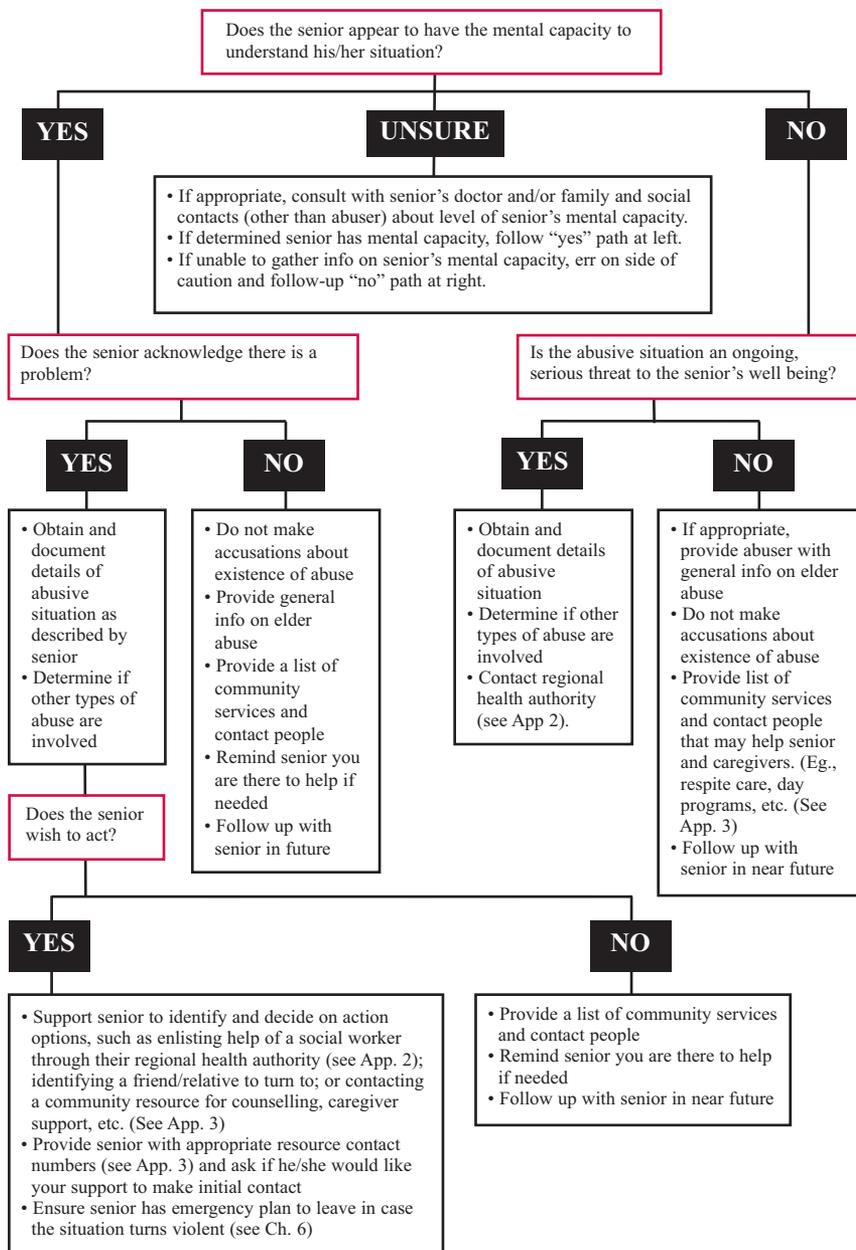
## **DECISION TREES**

The decision trees on the following pages are designed to provide general guidelines to develop your first steps of action to support an abused senior. These decision paths are an oversimplified set of steps to a complex problem that has no set rules. Please use them merely as a tool to develop your own intervention strategy based on your own professional knowledge and advice from supervisors and legal authorities where appropriate.

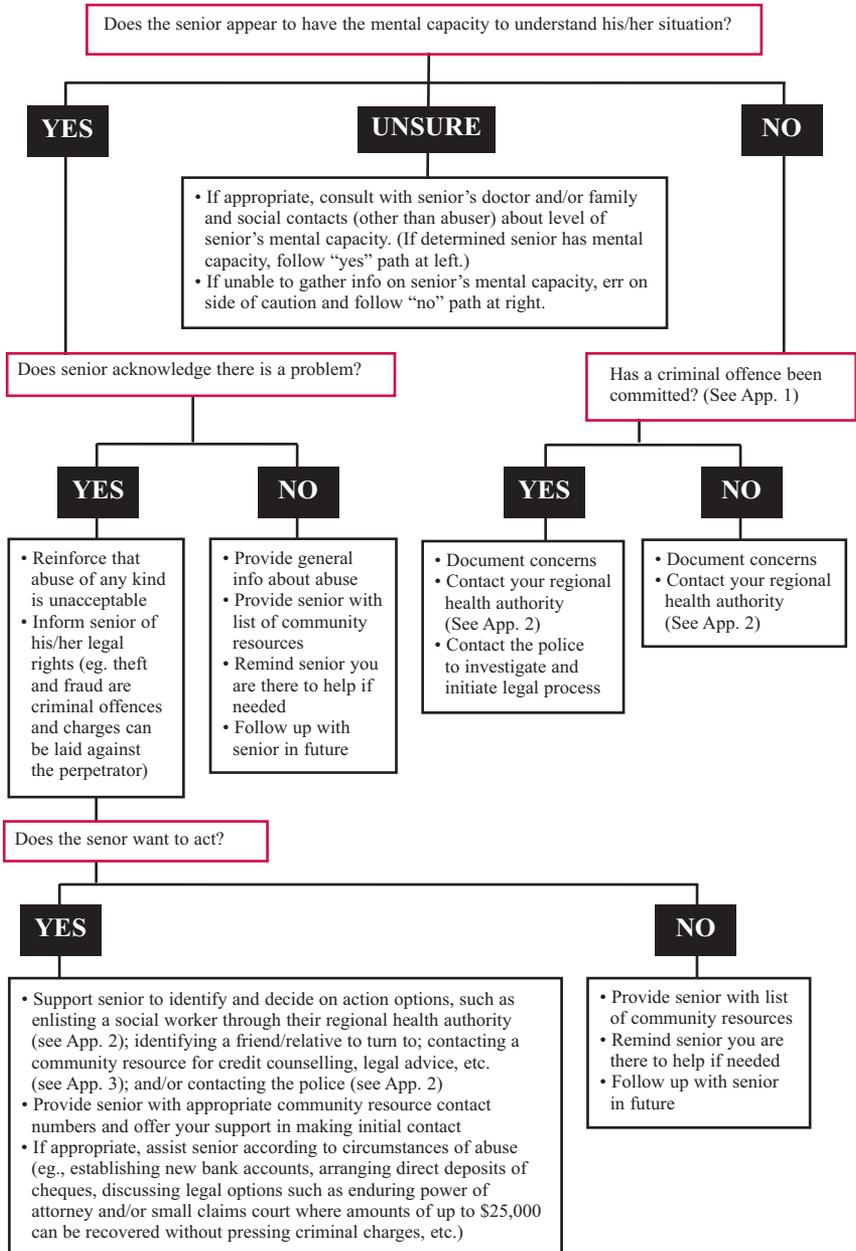
## Decision Tree: Helping a Senior Who May Be Physically Abused or Mistreated



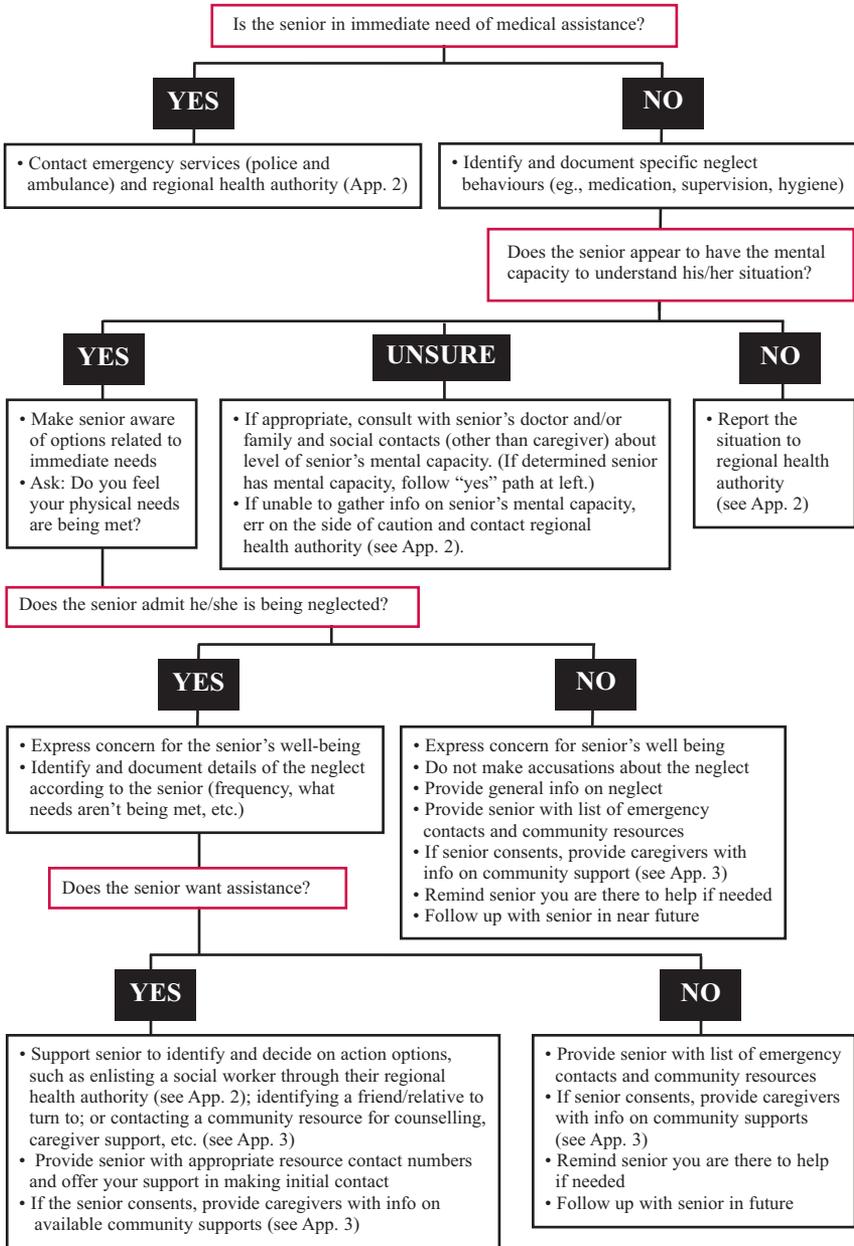
## Decision Tree: Helping a Senior Who May Be Psychologically Abused



## Decision Tree: Helping a Senior Who May Be Financially Abused



## Decision Tree: Helping a Senior Who May Be Neglected



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## **SENIORS' SAFETY PLAN**

If you are concerned that your client may have to leave his/her home suddenly in the future to avoid further abuse, encourage the senior to think about putting together a safety plan. See the following pages for a safety plan guide in large print that you can photocopy and give to your client.

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# SENIORS' SAFETY PLAN

**If you are being hit, kicked, slapped, threatened, made to feel bad or stupid, isolated from friends and family, coerced or forced into sexual activity, financially exploited, or prevented from having access to money, you are being abused.**

You may feel frightened, ashamed, sad, and worthless; that you deserve to be hurt; or that there is no way out for you because you are dependent on your abuser. There are lots of people out there to help you; you do not deserve to be abused.

## **What kind of help can I get?**

Every situation is different and requires an individual approach. Find someone you trust to talk to. There are a number of agencies that can assist you and will speak to you in confidence. (However, **if you are immediate danger, you should dial 911 where the service is available or dial “0”** for the operator and you will be connected to emergency response.)

Some types of services you may access include:

- **A referral or crisis line**, which offers you confidential support and referrals. For instance:

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- √ **The Seniors Resource Centre of Newfoundland and Labrador** has a toll-free information and referral line (open during regular business hours) that is answered by seniors who will listen to you and help you find the services you need. Call: 1-800-563-5599
  
  - √ Each **Regional Health Authority** has an Elder Abuse Help Line. (Not a 24-hour service, but all calls will be returned if you leave a message.)
    - Eastern Health:
      - Rural Avalon: 786-5245
      - St. John's: 752-4885
      - Bonavista/Clarenville/Burin Peninsula: 466-5707
    - Central Health: 651-6340
    - Western Health: 634-5551, ext. 226
    - Labrador-Grenfell Health: 454-0372
  
  - √ **Provincial Mental Health Crisis Line** provides 24-hour support on a toll-free line to help those feeling stressed and overwhelmed by their situation. Call: 1-888-737-4668
  
  - √ **The Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre** provides support and services to anyone impacted by sexual violence on a 24-hr, toll-free provincial crisis line. Call 1-800-726-2743

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- **Legal information** on ways to get help and deal with the abuse. For instance: **Public Legal Information Association NL** will answer general legal questions and offer a lawyer referral service. Call: 722-2643 in St. John's or (toll-free) 1-888-660-7788.
  - Information on and assistance with receiving home care, home-delivered meals, and other services to meet your basic needs. (Call the Community Support Services of your local health authority.)
  - Additional services available to you that will allow you to live without fear of abuse, for instance, emergency shelters, food banks, etc.

**If you are not ready to ask for help, there are still ways to protect yourself.**

- Devise an escape route in case you need to leave the house quickly. Know where you can go if you feel you are in danger. Think about people who might help you, if you left.
- Keep emergency phone numbers ready in case you need to make an emergency phone call. Keep change for calls or consider getting a cell phone.
- Talk about the abuse to someone you feel safe confiding in – a friend, relative, doctor, lawyer, clergy, RCMP/RNC, health or social worker.
- Have money, keys, and other important documents and items (see list on next page) in a bag in a safe spot so you can grab it quickly and

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leave. You might want to leave this bag at a trusted friend's or neighbour's place.

### **Items to take if possible...**

- Identification and important documents
- Driver's licence
- Birth certificate and passport
- Social Insurance card
- MCP card and medical records
- Restraining order
- Divorce papers
- Lease, rental agreement, or house deed
- Car registration and insurance
- Health and life insurance papers
- Money, and/or credit cards and cheque books
- Keys
- Medications
- Address book
- Phone card
- Toiletries and extra clothing
- Small saleable items/jewelry

Think about reviewing your Safety Plan often and always remember: **YOU DON'T DESERVE TO BE HIT OR THREATENED!**

Adapted from a Seniors Safety Plan developed by the Grand Falls-Windsor Committee Against Violence.

