

ADULT GUARDIANSHIP AND THE COMMUNITY

RECOGNIZING and RESPONDING TO ABUSE: Vulnerable Adults

Community Response Network Sunshine Coast

Funded by the Public Guardian and Trustee of BC

Part of a Province Wide Network

*Developed by April Struthers (with material from Kari Wolanski, Pearl McKenzie)
on behalf of the*



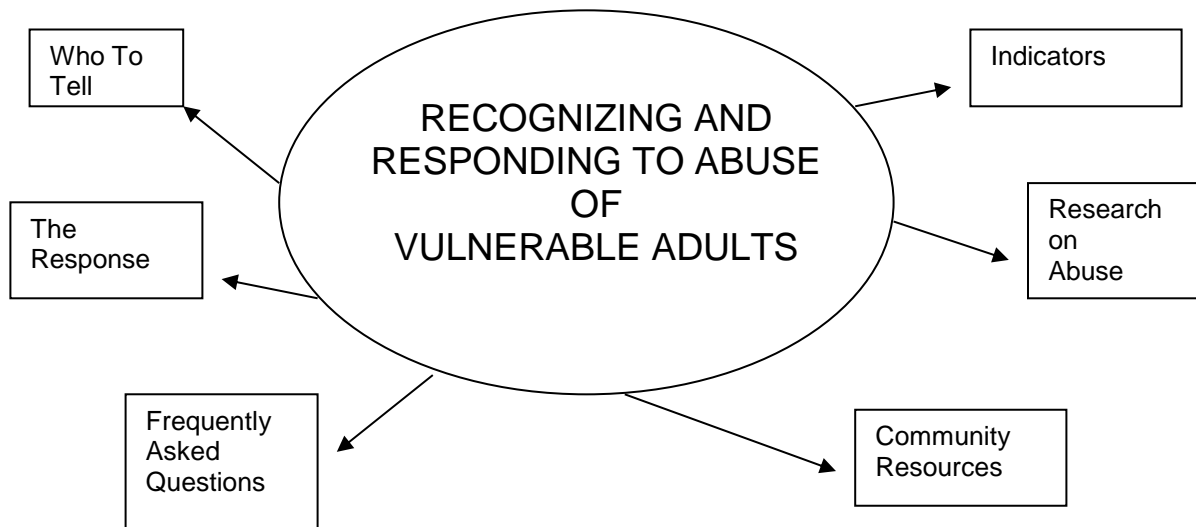
***Community Response
Network***

Coast Garibaldi Health
Vancouver Coastal Health
Authority / Sunshine Coast
St. Hilda's Anglican Church
Sunshine Coast Mental
Health Services
Ministry for Children and
Family Development
Association for Community
Living
Seniors Counsellors /
Wellness Committee
Sunshine Coast Community
Services Society

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HOW TO USE THIS HANDBOOK ? ? ?



You can read this book from cover to cover ...**or**...

- If you are interested in knowing the indicators of abuse go to page 14
- If you are interested in the legislation go to Frequently Asked Questions, page 7
- If you want to know about research on abuse go to page 8
- If you want to see how abuse develops over time go to page 12
- If you want to see the resources of the Community Response Network go to page 24
- If you want to see the care with which Designated Agencies will respond, see page 23
- If you want to know who the Designated Agencies are (those who must respond to reports of abuse) go to back cover

A New Approach: Adult Guardianship Legislation

In 2000 legislation concerning Adult Guardianship was proclaimed.

This is landmark legislation because it recognizes needs of adults not previously addressed and because it came about after a very long process of comment from and consultation with community groups, and agencies who serve vulnerable adults.

Part 3 of the legislation addresses preventing abuse to vulnerable adults.

It designates agencies who must respond to reports of abuse. It also formed Community Response Networks in many communities to make sure efforts at prevention and delivering services were coordinated and included everyone involved in preventing abuse (including family members, agencies, community groups, government ministries).

The Sunshine Coast Community Response Network has been active since 1997 in preparing a community protocol, and discussing service needs, ethical considerations and learning to work together.

This handbook is the compilation of material developed by the Community Response Network for a workshop in the Dynamics of Abuse. Participants suggested people working in the field might find material useful as a reference or a starting place. We are interested in how you might use this. Please address feedback to April Struthers, Wit Works Ltd. 885-0651.

Material developed by others is denoted with an asterisk, credited, and used with appreciation.

PRINCIPLES OF LEGISLATION

This legislation is not intended as adult 'protection' legislation, but to support and assist in the least restrictive way. It states:

1. All adults are entitled to live in the manner they wish and to accept or refuse support, assistance or protection as long as they do not harm others and they are capable of making decisions about these matters
2. All adults should receive the most effective, but least restrictive and intrusive form of support, assistance or protection when they are unable to care for themselves or their assets.
3. Adults are presumed capable of making decisions about personal care, health care, legal matter or financial affairs until the contrary is demonstrated.
4. A method of communication that suits the person's needs must be used.
5. Requests should not be made to the court for the appointment of decision-makers unless alternatives such as the provision of support and assistance have been tried or carefully considered.

WHO IS COVERED

The Act is meant to get assistance to those who cannot get help on their own because of one or more of the following circumstances:

A PHYSICAL RESTRAINT:

The adult is being stopped by force or other physical means from seeking assistance

A PHYSICAL HANDICAP THAT LIMITS THEIR ABILITY TO SEEK ASSISTANCE:

This could include lack of mobility, difficulty communicating or any other physical restriction which can hinder an adult in asking for assistance

AN ILLNESS, DISEASE, INJURY OR OTHER CONDITION WHICH AFFECTS THEIR ABILITY TO MAKE DECISIONS ABOUT THE ABUSE OR NEGLECT:

This might include mental illness, developmental disability or brain injury.

DEFINITION OF ABUSE, NEGLECT AND SELF NEGLECT*

**Abuse
means deliberate maltreatment of an adult
that causes the adult:**

- Physical, mental or emotional harm, or
- Damage to or loss of assets

This includes

- Intimidation
- Humiliation
- Physical assault
- Sexual assault
- Over medication
- Withholding needed medication
- Censoring mail
- Invasion or denial of privacy
- Denial of access to visitors

EXAMPLES OF ABUSE*

Abuse can take many forms. Some examples are

- ⊕ **Physical abuse:** acts of violence or rough treatment, including slapping, shaking, punching or rough handling

- ⊕ **Mental or emotional abuse (also referred to as psychological abuse):** severe and continuing intimidation, humiliation, isolation and exclusion from events, activities and decision making

- ⊕ **Sexual assault:** any unwanted or exploitative sexual behavior, including harassing, assaulting or using adults for sexual purposes without their consent

- ⊕ **Financial abuse:** misusing an adult's money and property, including taking money, property or possessions by coercion; influencing the making of a will, cashing cheques without authorization; using bank accounts without authorization, or misusing a power of attorney or representation agreement.

- ⊕ **Medication abuse:** withholding medication that the adult needs or giving too much or too little medication

- ⊕ **Violation of entitlements:** censoring mail, invading or denying privacy, denying access to visitors, restricting the movement of an adult, or withholding information to which the adult is entitled.

FREQUENTLY ASKED QUESTIONS

What IS different about this legislation?

- It states that Designated Agencies must respond to reports of abuse
- It gives some new tools to Designated Agencies
- It presumes that adults are capable of making decisions unless clearly demonstrated they cannot
- It seeks the least intrusive way to investigate and resolve abuse situations.

What is my responsibility as an individual under this legislation?

- It is not a legal requirement to **report** if you suspect abuse or neglect. However, it is a legal requirement that once reported, the Designated Agency will **investigate** the report.
- Designated agencies are regional health agencies, (Coast Garibaldi Health here) and the Ministry of Children and Family Development for people with developmental delays. Contact numbers are listed on the back cover.

Why should I be bothered to worry about abuse and neglect and why should I get involved?

- You may be the only person the abused person trusts to reveal a situation which needs to be examined.
- You are the eyes and the ears of the community. You may notice situations which don't seem right, which would never otherwise come to the attention of those offering help. Whether as a neighbor, family member, agency worker, merchant, clergy or church member, you are a critical member of the community approach to preventing abuse.
- You may have legitimate concerns. Your involvement can be as little as getting more information from a Designated Agency

How can I check out situations when I am not sure of what is going on, and without interfering?

- You can call Designated Agencies to check out or to consult about situations that you are not sure about. You can also contact another individual or agency that you trust, they can check on your behalf.

Can I trust that Designated Agencies will keep my concerns confidential?

- Yes

What kinds of things fall under this legislation?

- **See the preceding two pages (definition and examples); and pages 14-17, (indicators of abuse)**

IS abuse of vulnerable people much of a problem in our society?

- People who work with vulnerable adults believe it is a huge problem. Details of the size of the problem are hard to estimate...see page 8.

RESEARCH ON ABUSE OF VULNERABLE ADULTS - a summary

Vulnerable adults under the legislation include the mentally challenged, the frail elderly, anyone being physically restrained, anyone with physical disability, illness, or mental health issues

All the violence we are looking at is generally called family violence.

1. **Incidence and reporting of violence are two different things.**

It is safe to say that incidence is hugely under - reported. **True incidence is very hard to determine.** Research shows that legislation that affects social beliefs seems to result in increased reporting.

Incidence as currently reported differs depending on age group, population group, gender and type of violence. We do know :

- Rates of violence and abuse against those with physical and mental challenges is increased compared to mainstream abuse rates.
- People who are in care facilities likewise have higher rates.
- Vulnerable populations requiring care giving have much higher rates. Rates as known for vulnerable adults are shown in the table on the next page.

2. **We do know that violence to women is the majority of violence reported**

The gender balance of numbers reported is a largely representing violence to woman (8 to 1 in some police reports). The nature of reported abuse differed for men and women, women generally more severely injured, longer lasting affects, more traumatized. Men tended to report what is classified as minor abuse whereas women more often report more injurious behavior as abuse.

3. **Power imbalances, skewed beliefs and complex inter-relationships exist in abusive relationships.** Power imbalance sets up the possibility of abuse, control provides coercion, and narrows options; and dependency keeps people there.

4. **Situations do not improve over time without intervention**

| | |
|---|---|
| <p>Abuse of people with Disabilities*</p> | <p>Factors such as gender and age increase a person's risk of violence and abuse. In <i>Harm's Way: The Many faces of Violence and Abuse against Persons With Disabilities</i> (1985) the Roehler Institute states that disability is considered to be even a stronger factor. The risk of abuse is about 1 1/2 times greater for people with disabilities compared with their age and gender peers without disabilities.</p> <ul style="list-style-type: none"> ⊕ Studies of women with disabilities have found that 40 % had been raped, abused or assaulted (Stimpson and Best 1991) ⊕ Statistics Canada says that women with disabilities are "considerably more likely that women without disabilities to be assaulted by their husbands over the course of their married lives "(39% as compared to 29%). |
| <p>Abuse of Individuals receiving care*</p> | <ul style="list-style-type: none"> ⊕ When nurses and aides in nursing and intermediate care facilities were interviewed, 10% admitted to physically abusing clients (Pillemar and Moore, 1990). ⊕ 13% of consumers of attendant care services said they have been physically abused by their attendants (Ulicny et al. , 1990). |
| <p>Abuse of Seniors*</p> | <ul style="list-style-type: none"> ⊕ 1 out of 12 of (8%) of seniors in BC have been financially abused (abuses which fell under civil laws or the Criminal Code) in amounts that averaged over \$20,000 (Spencer. Gerontology Research Centre, Simon Fraser University 1997). ⊕ A Quebec study revealed that 30 per cent of professionals interviewed had witnessed financial abuse of older adults. (National Clearinghouse on Family Violence newsletter, Dec. 2000) ⊕ At least 4 % of older Canadians living in private dwellings (over 6% in BC) suffered from one or more serious forms of abuse at the hands of a spouse, relative or other close contact (Podnieks, Ryerson, 1990). ⊕ Recent research into mistreatment of older adults done in partnership with community service centers in Quebec indicates that almost one half (61 of 128) of the situations occurred in a spousal relationship. And , in many of those cases, violence has been a problem for over 25 years (Beaulieu, Gravel, Lithwick, 1999) |
| <p>Women in *Psychiatric Hospitals</p> | <ul style="list-style-type: none"> ⊕ Almost 60% of women in a study of women institutionalized in psychiatric hospitals have experienced rape, assaults or severe physical abuse as adults (Jacobson, 1989). |
| <p>Citations from the December newsletter of the National Clearinghouse on Violence, December 2000.</p> | |

RECURRING TRENDS shown in Research on Abuse*

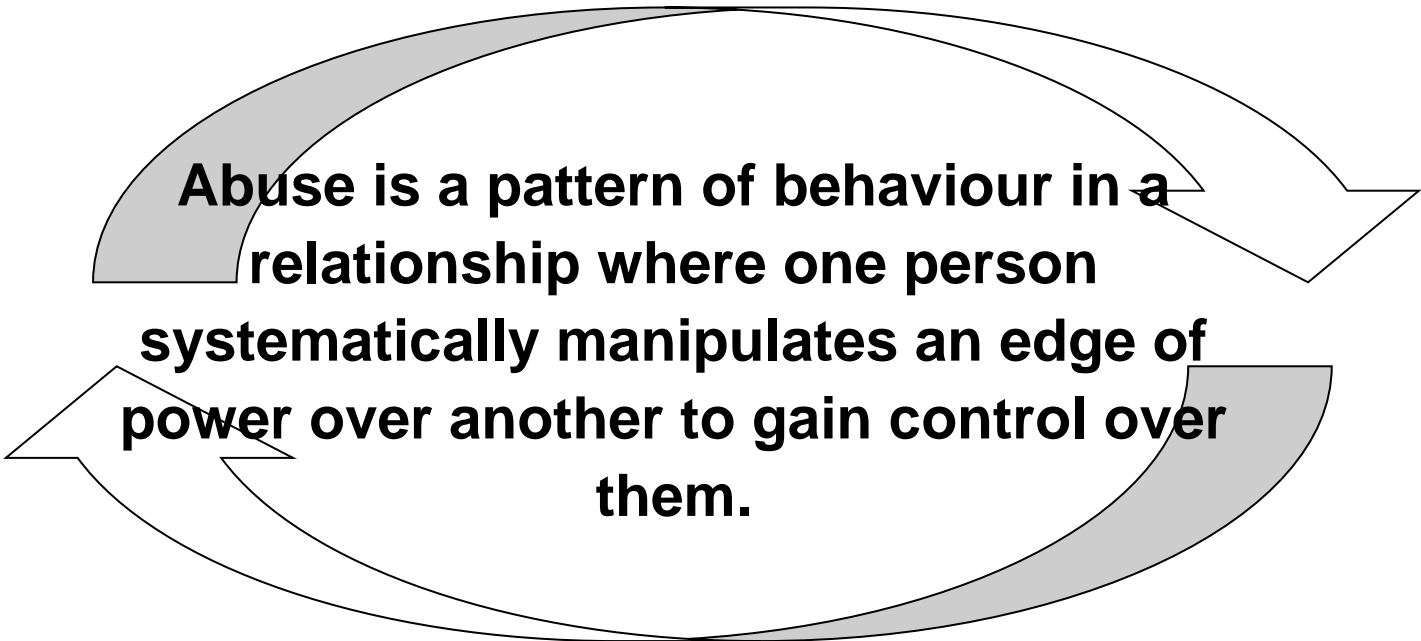
There appear to be wide variations from one situation to another in terms of the nature and degree of abuse, violence or neglect as well as those characteristics of the victims and of the suspected abusers.

However, there are some recurring trends:

- ⊕ Abuse or violence rarely occurs in just one form. Most often physical and sexual assault is accompanied by psychological and / or financial abuse or other forms of criminal acts
- ⊕ Spousal abuse continues to be one of the most common forms of violence against seniors and people with disabilities
- ⊕ Grown children exercise significant psychological control over their parents and are statistically the second most common abusers, after spouses, of seniors.
- ⊕ Seniors who are abused are often providing care or support to their abuser. Some examples: a senior woman caring for her spouse with an illness or a disability may be verbally, sexually, or physically attacked: a senior man may be providing housing to an adult daughter who exploits her father financially.
- ⊕ Abuse is cross, cultural, and crosses all class boundaries. However, marginalized groups often experience a sense of extreme powerlessness over their own destiny. This can increase incidence of abuse.

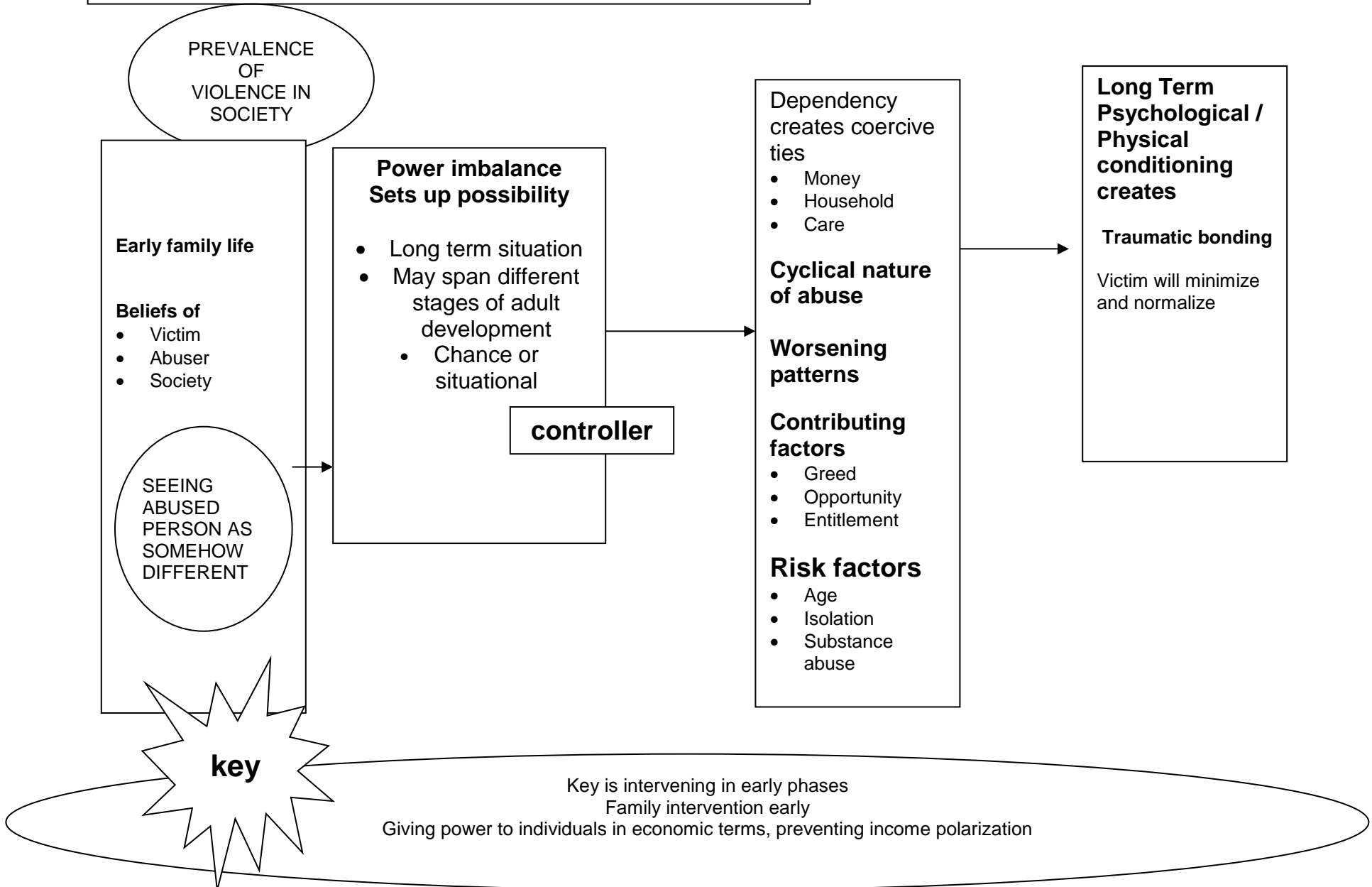
ABUSE IS...

- Abuse is a pattern, and is almost never one isolated event.
- Abuse occurs when one person manipulates an edge of power over another person to systematically intimidate, undermine their confidence, and control them.
- Any number of tactics can be used to build this pattern: Physical violence, name-calling, constant insults, 'crazy-making,' sexual assaults, and so on.
- Abusers generally abuse because they feel that they do not have enough power in their lives. This sense of powerlessness over one's destiny is experienced disproportionately by marginalized groups, and therefore the incidence of abuse among these groups tends to be higher. That said, abuse crosses all boundaries of race, class and religion.
- Abuse is cyclical. It is a learned behavior deeply ingrained by past experience in the family of origin and in society at large.



Abuse is a pattern of behaviour in a relationship where one person systematically manipulates an edge of power over another to gain control over them.

ABUSE AND ITS DEVELOPMENT OVER TIME



USEFUL RESPONSES

- We need to understand abuse as a huge social issue, its incidence reinforced by attitudes and prevalence of violence in our society
- People in the field say we are seeing the tip of an iceberg in the reported numbers and refer to the amount of abuse as 'an epidemic'. Therefore understand that we all know a person who has been abused or is currently suffering abuse.
- Know the trends - Expect for instance that one kind of abuse will likely be linked to another
- Recognize that where power imbalance exists, the possibility of abuse exists. We are all potential abusers given the right conditions. Care givers may be abused, especially in senior relationships
- Understand the power of long term abusive relationships to have eroded a person's judgement, ability to seek help or escape.
- Understand the depth and amount of on going support required to affect change in these relationships and the difficulty in keeping people safe. The time span over which reports may occur is long, files must be kept open so they can be examined for patterns.
- Understand because of the variability, that until situations are looked at closely we can make no assumptions about what is going on and why. Careful exploration and support over time are our main tools in intervening.

INDICATORS*

- Financial Abuse
- Psychological Abuse
- Physical treatment
- Neglect

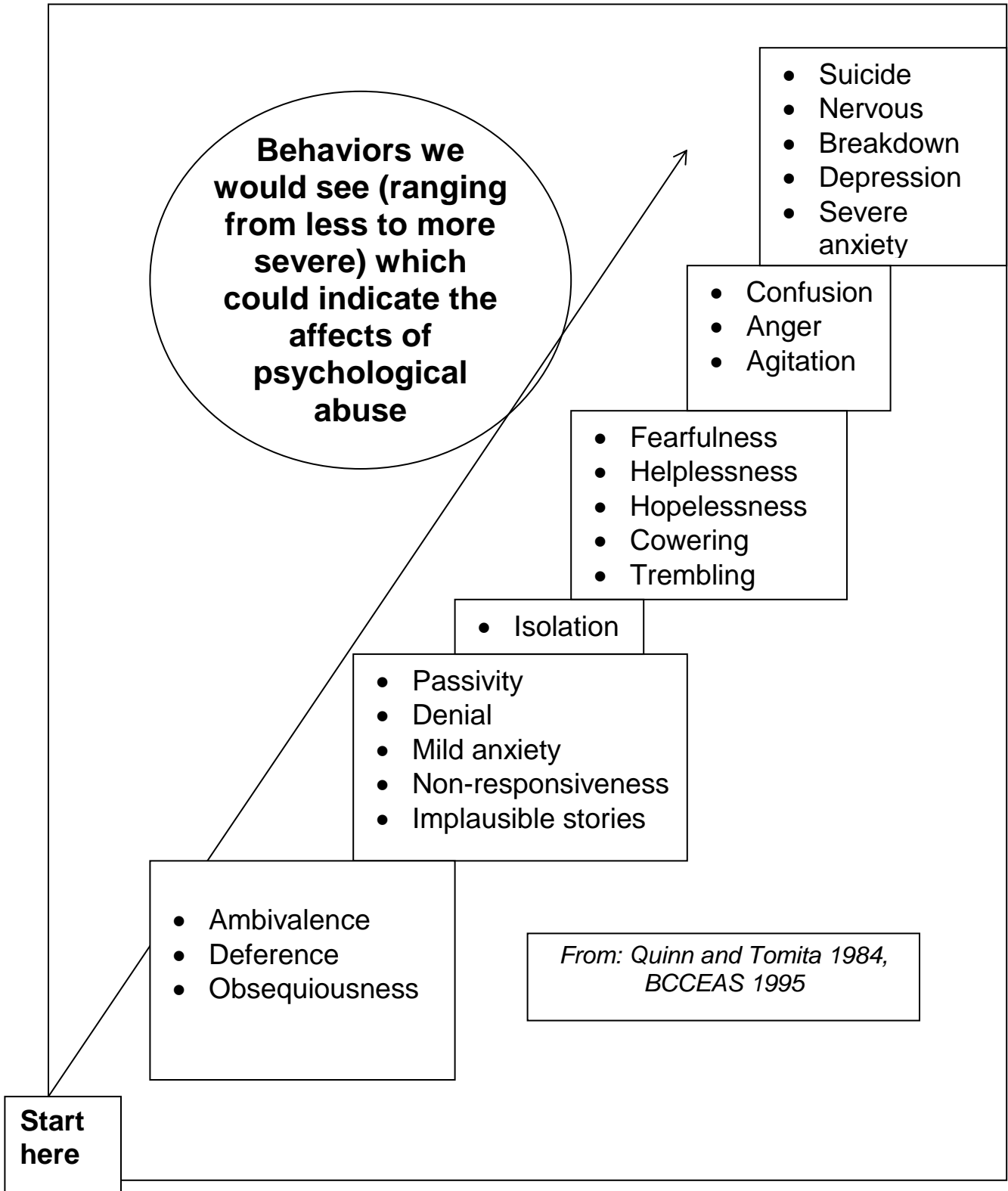
*From BC Coalition To Eliminate Abuse of Seniors

Financial Abuse

If you have access to an adult's home, you may become aware of

- Unexpected discrepancy between known income and standard of living
- Possessions disappearing
- If you help an adult with financial matters, you may see
 - A surprised reaction to an over-drawn or lower than expected bank account
 - Nervousness when discussing money or assets
 - Unusual transactions conducted on behalf of the adult

Signs of Psychological Abuse



Physical Maltreatment

- Unexplained cuts, scrapes, bruises
- Injuries for which explanation does not fit evidence
- Avoidance of significant family, friend or paid caregiver
- Injuries to scalp, evidence of hair pulling
- Marks on furnishings, walls indicating use of restraints
- Symmetrical bruising - grip marks
- Delay in seeking treatment
- History of repeated illness/injury
- Unhealed sores or pressure marks

Neglect (by self or others)

Physical

• Person

- Dirty or unkempt
- Unkempt
- Smelly
- Malnourished
- Dehydrated
- Pressure sores
- Dressings not changed
- Unkempt, dirty or inappropriate clothing

• Home

- Messy, uncared for
- Bedding unchanged
- Little food on hand
- No accessible food
- Padlocks on rooms or food storage
- Necessary aids not provided or within reach (e.g. walker, wheelchair)
- Communication aids, e.g. telephone, not available

• Psychological

- Confusion
- Socially isolated
- Denial

NEGLECT MAY BE:

- **Intentional**
- **Because of ignorance**
- **Because of long standing life style choice**

Your Role: WHO CAN DO WHAT

Family member, community member, neighbor,

- Watch for indicators- repeated incidents
- Check the When Things Don't seem Right sheet (page 21)
- Consult with someone you trust
- Consult with a Designated Agency worker

Care worker, grocery store worker, post office employee

- Watch for indicators
- Consult with Designated agencies
- Report to Designated Agencies

Doctor, public health nurse, dentist

- Watch for indicators
- Look for patterns
- Do preliminary assessment with questions
- Follow your professional protocols or the community protocol
- Contact Designated Agency

Designated Agency

- Consult about situations
- Receive reports about situations
- Work with other agencies

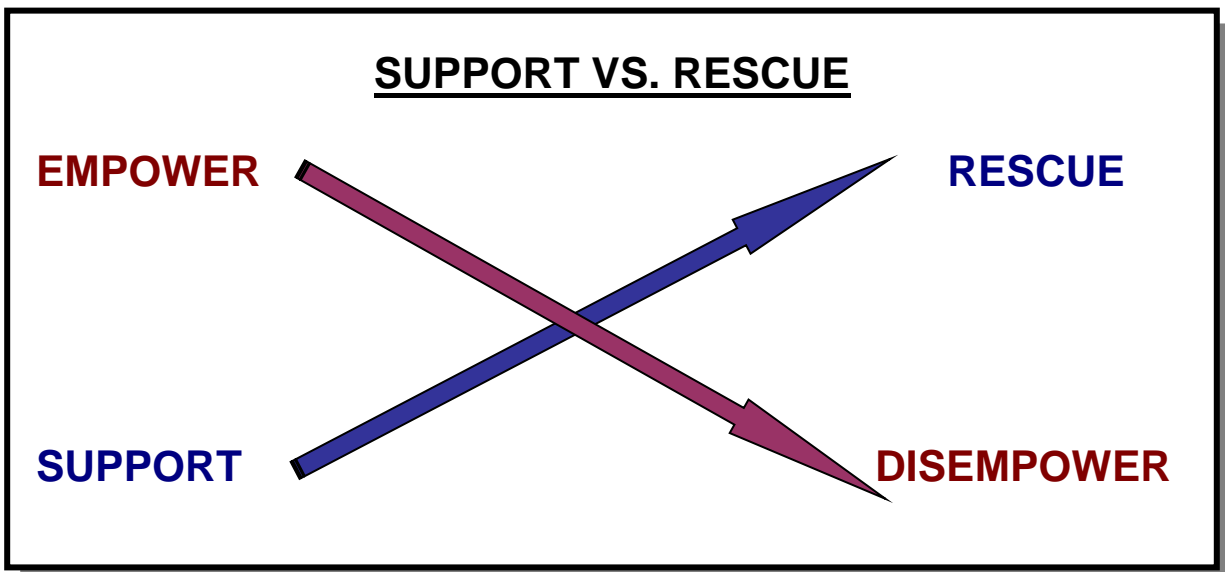
Community Response Network

- Work with agencies to co-ordinate responses
- Educate public
- Bring together designated agencies
- Develop guidelines for response from a community approach
- Develop best practice guidelines for people who will be intervening

EFFECTIVE INTERVENTIONS...

- Effective interventions give the person being abused power to make his or her own decisions.
- Effective interventions create choice.
- Effective interventions validate the experience.
- Effective interventions recognize that a person who is abused experiences conflicting emotions.

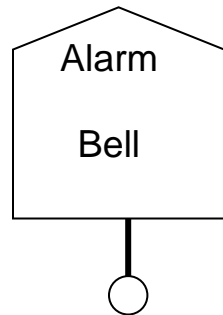
Ineffective interventions tie into the cycle of abuse by removing a victim's power over his or her own life and choices.



When To Intervene: WHEN THINGS DON'T SEEM RIGHT (alarm bells are ringing....)

1. An abused person may have only one chance to ask for help so your role may be crucial. An abused person is more likely to talk to you if he/she feels safe, trusts you.
2. **If you think you have been asked for help,**
validate what the person is saying, react and give information, check on supports, and keep in contact.
 - Then check on indicator list. If indicators are present, go to "Is Something Not Right?" handout and follow through, at the end you may think about reporting
 - Or just report
3. **If you are not sure you have been asked for help but are still worried or feel something is not right,**
.....trust your instincts.
4. If you have any doubts about being able to **safely** help this person, call a Designated Agency.
5. Check the next page to see where in continuum of support you can best intervene?
6. If you think a crime may have happened , call the RCMP.

Trust Your instincts



**IF IN
DOUBT-
SHOUT**

| For a person in this category | REPORT TO: |
|--|--|
| Developmentally delayed person (mentally challenged person) | Ministry for Children and Families - Community Living Services 604-886-5525 |
| Person with mental health issues | Sunshine Coast Mental Health Services 604-885-6101 After hours: |
| People in care (any age) Elderly people People with physical disabilities Persons in facilities | Coast Garibaldi Health Continuing Care 604-741-0726 Facilities and Licensing 604-885-5614 |

IS SOMETHING NOT RIGHT ABOUT THIS SITUATION??? * Offering Help or Intervening? Some Questions to Consider

Information about abuse and/or neglect was obtained in the following way:

- from the person being abused or neglected
- other (who?)
- my own observations or suspicions

Leaving aside all considerations about relationships, motive or capability, is there reason to suspect any of the following actions or inactions?

- | | |
|--|--|
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> violation of rights |
| <input type="checkbox"/> financial abuse or exploitation | <input type="checkbox"/> active neglect |
| <input type="checkbox"/> emotional abuse | <input type="checkbox"/> passive neglect |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> self-neglect |

Is there a pattern of behaviour(s) that is worsening or being used by someone else to control or dominate? What behaviour can be documented?

Where, on a continuum of escalating harm, would you rank this situation?

Behaviours that undermine and adult's dignity or self-respect; relationship that is not supportive

Feeling depressed and powerless. Loss of control over decisions affecting well-being or assets.

Hopeless helpless. Serious loss or injury. Death

Is the situation likely to worsen? What is the urgency? Is a safety plan needed?

What is likely to happen if there is no intervention?

What is likely to happen if there is some degree of intervention?

Is the person being abused or neglected able to make decisions about the situation? Do they know their options? What are the options? What do they want?

Do you have a role or responsibility? What is it?

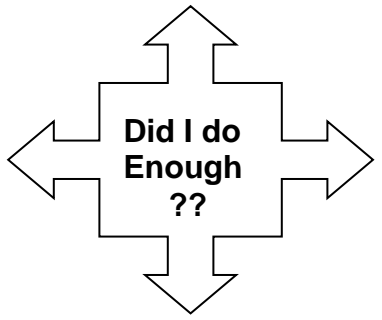
Who else has a role or responsibility?

Is there any legislation that is relevant to this situation? (e.g. Criminal Code of Canada; Community Care Facilities Act; Adult Guardianship Act; Patients Property Act; Mental Health Act)

Any policy? Do you have community organizational protocols that cover this situation?

*material courtesy of Pearl McKenzie

**NON INTRUSIVE
ETHICAL INTERVENTION
Our Job Is NOT to Rescue**



⊕ Notice
⊕ Told
⊕ Asked
⊕ Feels
'not right'

YOU MAY CHOOSE TO DO NOTHING

OR

Least intrusive

⊕ Emergency or "full response"

(bells, whistles and sirens)

Immediate report

Emergency Call RCMP

Court
OPT
Capacity

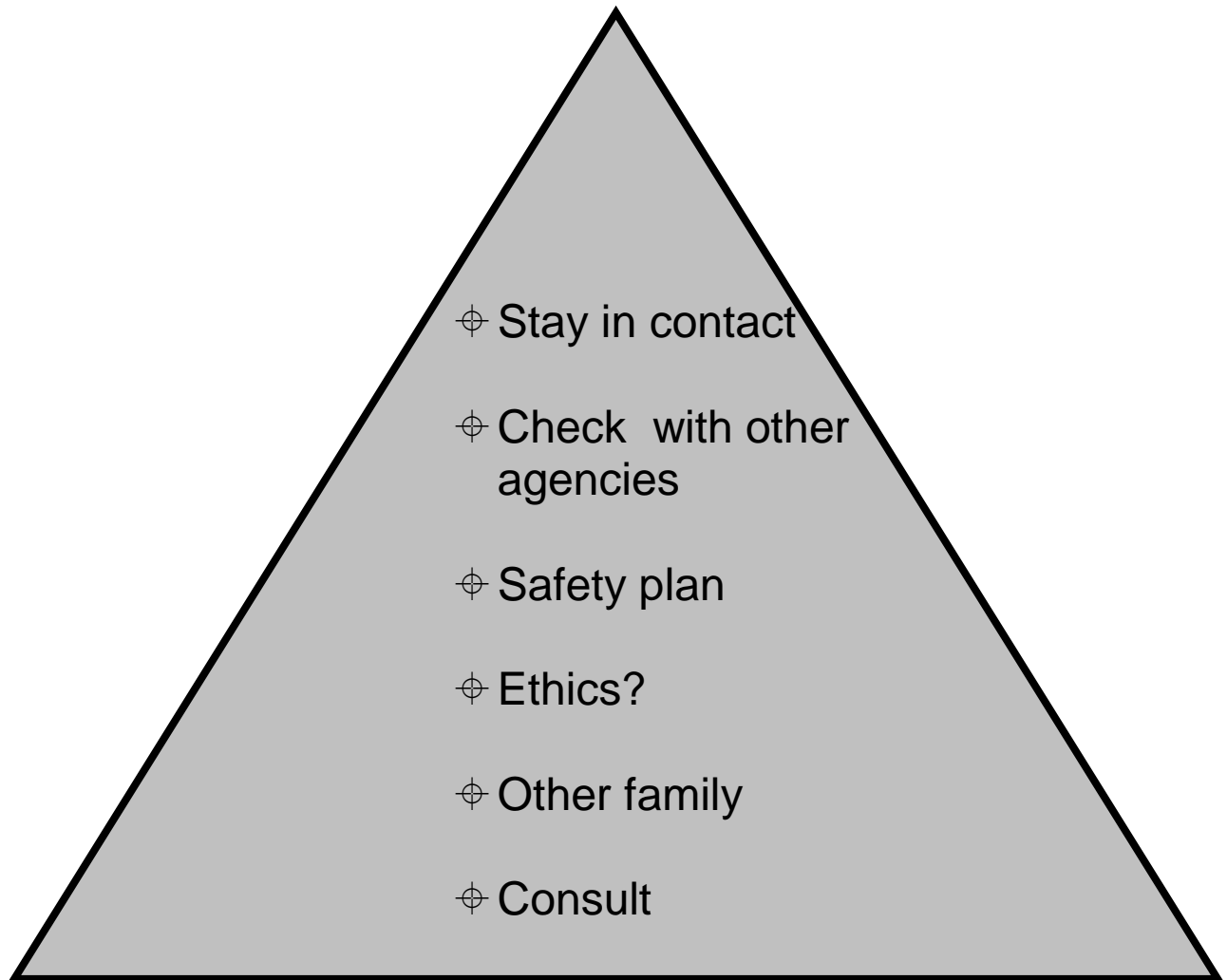
Most intrusive

| | | | | | | | | |
|---|-----------------------|---|---|--------------------------------------|---------------------------------------|---|--------------------|---|
| Worrying /planning ⊕ Avoid Abandoning to own autonomy | Hear /validate | Consult ⊕ Someone who knows client ⊕ T House ⊕ Com. Agency ⊕ Des. Ag. Person | Act ⊕ Give info, ⊕ Support ⊕ Avoid Vicarious Trauma for yourself. | Create a safety plan together | Support to contact DA Or other | Ask for consent to contact DA for client | Refer to DA | Report ⊕ Notify going to report ⊕ Follow up response |
| SUPPORT | | | | | | | | RESCUE |

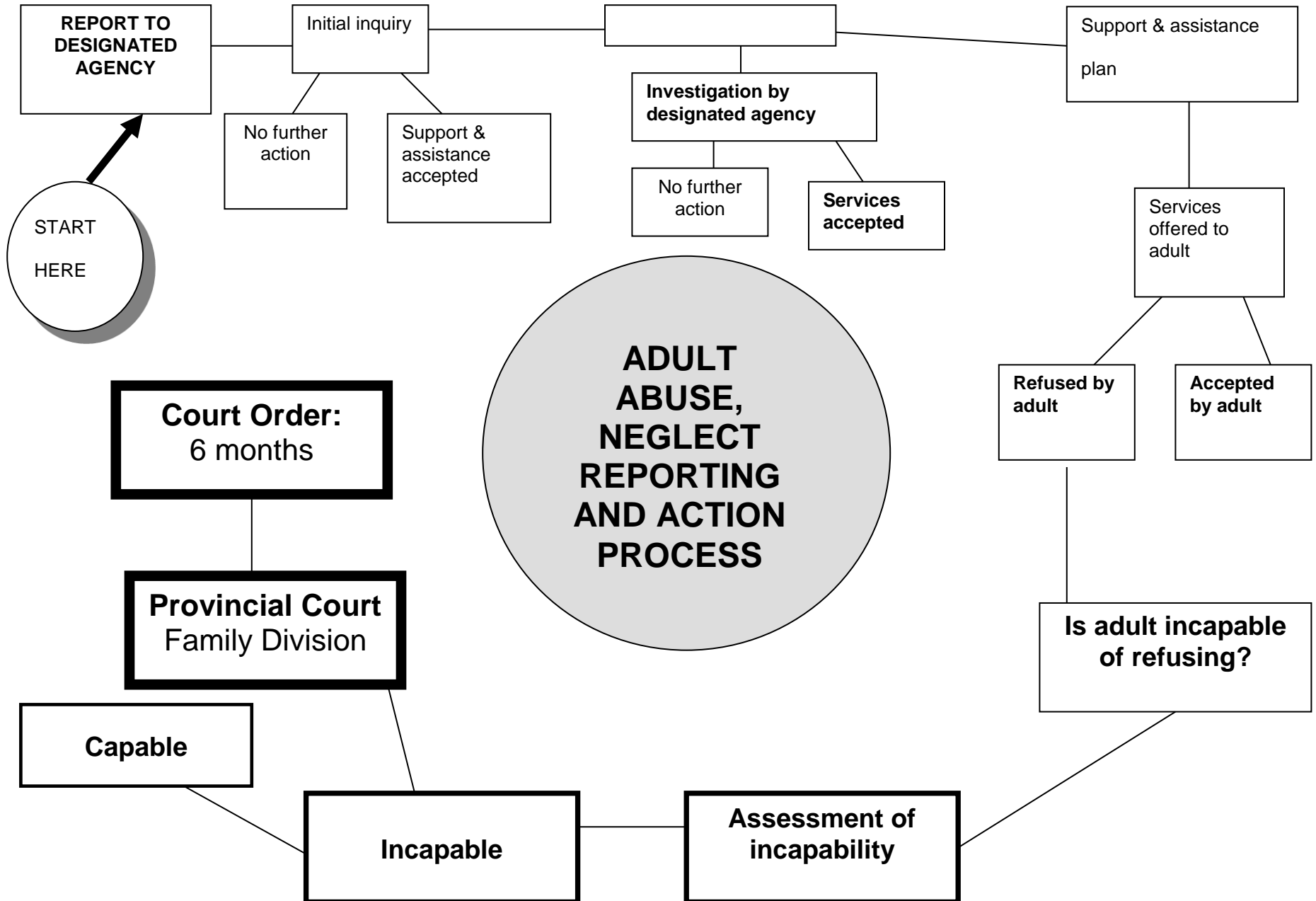
CONTINUUM OF SUPPORT

WHAT IF THE CLIENT SAYS

NO?



Reporting and Action Process from Designated Agencies



COMMUNITY RESOURCES

The Community Response Network has resources available including:

- A collection of print and video materials in the Sechelt Municipal Library on Abuse, (books, journals and articles)
- Bookmarks
- A Community Protocol for responding to Reports
- A List of Services in our communities who work with vulnerable people
- Brochures
- Articles from the Seniors Information Resource Bureau
- Handouts from workshops on Ethics, Abuse
- The Network is starting a Ethics Discussion Group

The Community Response Network meets once a month at Community Services, on the second Tuesday of the month, 2:30 to 4:00pm. Membership is open to any member of the community. Current members are listed on the front page. Call 885- 5881 for more information.

Designated Agency meetings of all agencies involved are held quarterly.

Members of the Community Response Network are pleased to speak about the legislation or Network activities to other community groups.

The Community Response Network is funded currently by the Public Guardian/Trustee of BC and its own activities.

Sunshine Coast Community Services Society has provided space and support for the Network since 1997.

DESIGNATED AGENCIES

**Agencies who will respond to reports of abuse, neglect or self neglect for
vulnerable adults**

Ministry of Children and Families

Community Living Services

604 886 5525

Vancouver Coastal Health Authority

Sunshine Coast Mental Health Services

604 885 6101

Coast Garibaldi Health

Continuing Care 604 741 0726

Facilities and Licensing 604 885 5164