



**ABUSE INDICATORS**

**Physical:** (assault, sexual assault, physical restraint, physical coercion) bruises, welts, swelling, lacerations, punctures, fractures, restricted movement, repeated falls, internal injuries, burns, venereal disease, genital infections, vaginal/anal bleeding

**Neglect/Self Neglect:** malnourished, emaciated, dehydrated, confused, inappropriate clothing, squalor, under/over medicated, absence of required hearing, visual and mobility aids, skin sores, malodorous, no follow through on medical services, abandonment

**Psychological:** agitation, fearfulness (especially in presence of caregiver), low self-esteem, sleep disturbance, withdrawal, deference to caregiver

**Financial:** unpaid bills, change in living conditions, no money/food/clothes, absence of aids and services, refusal to spend money without agreement of caregiver, sudden appearance of previously uninvolved relatives, abrupt changes in will/accounts, forged signature, sudden debt accrual

**Ask questions related to the suspected abuse and neglect and further assess the adult's capability, insight and judgment. See RE:ACT Quick Assessment Guide.**

**DESIGNATED RESPONDERS:** Social Worker; Mental Health Therapist; Continuing Care Case Manager; Program Manager/Practice Consultant; Licensing Officer.

**Every VCH Employee has a Responsibility to Act in Situations of Abuse, Neglect and Self-Neglect**

**REFER TO DESIGNATED RESPONDER CRIMES ARE REPORTED TO POLICE**

**DESIGNATED RESPONDER TO REFERENCE RE:ACT MANUAL FOR STAFF**

**ADVISE MOST RESPONSIBLE PHYSICIAN OF SITUATION AND ACTIONS TAKEN**

**MOST RESPONSIBLE PHYSICIAN TO REFERENCE RE:ACT QUICK ASSESSMENT GUIDE**

**CONFIDENTIAL**

Physician to photocopy blank form, complete and fax to the Designated Responder when further inquiry or possible protection of a vulnerable adult is indicated. Place copy on patient chart in office and on hospital/residence chart where applicable. Contact 1-877-REACT-99 if you require further direction on where to refer.

**ADULT/PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **PHN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FAMILY MEMBER/CAREGIVER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**A. Summary of Suspected Abuse, Neglect or Self-Neglect:** (observed or reported by adult/other)

Physical Assault       Physical Restraint       Sexual Assault

Neglect       Self-Neglect       Psychological/Emotional Abuse

Theft       Financial Abuse       Intimidation/Threats

Fraud       Breach of Trust       Misuse of a Power of Attorney

Other (specify) \_\_\_\_\_

**Details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Summary of Medical Assessment:** Include diagnosis and underlying medical, psychiatric or other condition that may affect decision-making ability.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Summary of Cognitive Function and Executive Dysfunction:**

MMSE: \_\_\_\_\_ 3MS: \_\_\_\_\_ Other Screening Tool: \_\_\_\_\_

Comment on reported or observed deterioration in initiating, planning, or performing ADL/IADL's:

\_\_\_\_\_

\_\_\_\_\_

Describe insight & judgement: \_\_\_\_\_

\_\_\_\_\_

**D. Physician Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**re:act**  
recognize and report

**act on adult abuse and neglect**

Vancouver Coastal Health has responsibilities for assessing and reporting suspected and known abuse, neglect, and self-neglect of vulnerable adults under the Adult Guardianship Act.

This guide will assist physicians to recognize situations that require further investigation, and provides important information on where to refer for follow up.

When investigating a report of adult abuse, neglect, or self-neglect, the VCH Designated Responder or the Public Guardian and Trustee may request a medical opinion of the adult's ability to seek or refuse support and assistance. This guide will assist you in formulating your response.

For more information please visit our website: [www.vchreact.ca](http://www.vchreact.ca)

If you still require direction call: 1-877-REACT-99 (1-877-732-2899)



## Assessing an Adult for Abuse, Neglect and Self-Neglect

### Interview Guide

- Interview/assess the patient alone
- Begin with general questions and then move to more specific questions
- Obtain information from as many sources as possible
- Ideally the assessment will include a home visit
- Careful documentation of findings is crucial

[See back page of this guide]

- Be cautious when interviewing a suspected abuser. It is sometimes best left to the designated responder or police
  - Avoid confrontation
  - Use an empathic and nonjudgmental approach
  - Identify specific factors that can cause stress to a caregiver. Add comments and questions: "Caring for your wife now that she is incontinent can be a burden. How are you managing?"
- Be aware that assessment may alarm the abuser and expose the adult to greater risk

### Interview Screening Questions

- Has anyone at home ever hurt you?
- Has anyone ever touched you without your consent?
- Has anyone ever made you do things you didn't want to do?
- Has anyone taken anything that was yours without asking?
- Has anyone ever scolded or threatened you?
- Have you ever signed any documents that you didn't understand?
- Are you afraid of anyone at home?
- Are you alone a lot?
- Has anyone ever failed to help you take care of yourself when you needed help?

(Source: AMA)

## Assessing a Caregiver for Abusive Behaviour

### Caregiver Indicators

- Has behavioural problems
- Is financially dependent
- Has mental/emotional difficulties
- Has alcohol/substance abuse problem
- Has unrealistic expectations
- Lacks understanding of medical condition
- Shows reluctance to care giving
- Has marital/family conflict
- Has poor current relationship
- Is inexperienced in care giving
- Is a blamer
- Has poor past relationship

(Indicators of Abuse Screen - Source: Reis, M., 2000)

### Caregiver Abuse Screen

( ) brackets indicate name of vulnerable adult.

1. Do you sometimes have trouble making ( ) control his/her temper or aggression?
2. Do you often feel you are being forced to act out of character or do things you feel bad about?
3. Do you find it difficult to manage ( 's) behaviour?
4. Do you sometimes feel that you are forced to be rough with ( )?
5. Do you sometimes feel you can't do what is really necessary or what should be done for ( )?
6. Do you often feel you have to reject or ignore ( )?
7. Do you often feel so tired and exhausted that you cannot meet ( 's) needs?
8. Do you often feel you have to yell at ( )?

(Source: Reis-Nahmiash CASE)

## All Incapability Assessments Have a Common Process

### Assessment of Cognitive Function plus Assessment for Executive Dysfunction

- Assessment is focused on the adult's ability to make a specific decision and *does not* imply a global finding of incapability
- To make a decision, an individual must be able to receive, assimilate, and integrate relevant information, evaluate benefits and risks, and understand the implications of a decision (Cooney, L.M., et al, 2004)
- To be capable the adult must also be able to carry out the decision

### Assessment of Cognitive Function

Tools: MMSE or 3MS\* (Modified Mini Mental State Exam) and Clock Drawing \*included in your package.

- Assesses memory & orientation; screens other cognitive processes including construction, abstract thinking (3MS), sequencing, visual-motor processing.
- <24/30 (MMSE) & <78/100 (3MS) indicates dementia, however, with vascular disease, head injury, & other processes a score of 100% may have significant deficits in executive (frontal) cognitive functioning rendering the adult incapable of following through to seek support and assistance.
- Administering this screening tool is a useful clinical interview tactic to evaluate the adult's thinking and approach to problem solving.
- If short-term memory is impaired the adult cannot evaluate day-to-day events or remember they decided to ask for help.
- For complex cases, Neuropsychological testing may be necessary to clarify cognitive and executive function disabilities.

## Assessment for Executive Dysfunction

- Executive Cognitive Processes include:
  - planning
  - active problem solving
  - anticipation of an intended action
  - initiation of activity
  - ability to carry out a decision
  - inhibition of inappropriate behaviour
  - capacity to monitor the effectiveness of one's behaviour

- Self-report by an adult with suspected Cognitive and Executive Dysfunction must be validated by reliable collateral.
- Adults with Executive Dysfunction have problems in judgment and in trusting appropriate people for assistance.
- Adults with Executive Dysfunction may be influenced by individuals who might take advantage of them.
- Intact Executive Function is instrumental to the adult being able to seek support and assistance.

- Referrals to community teams may be required for further assessment:
  - Ability to initiate, organize, and carry out Instrumental and Basic Activities of Daily living (IADL/BADL) \* see attached Lawton & Brody IADL that can serve as an interview tool or be given to the caregiver to complete and report back.
  - Any change from baseline functioning is abnormal and indicates underlying physical, cognitive, or psychiatric illness is present.
  - Determine areas of self-deficit that are not being provided for in the existing living environment.

### Self-Neglect

- Occurs when an adult's actual performance in IADL/BADL is deficient, putting them at risk: they lack insight, and do not have, or refuse, appropriate help to maintain health, safety and (their usual) quality of life.

## Medical Workup and Medication Assessment

- Rule out treatable aspects of Cognitive and Executive Dysfunction

(See Conclusions from Canadian Consensus Conference on Dementia (CCCD); CMAJ 1999;160)

- Medication over/under use may negatively influence cognition and function
- Assess for use of alcohol, narcotic or other substance use that can influence cognition and function, including over-the-counter medications

### Recommended Basic Laboratory Tests:

- CBC & Diff.
- Electrolytes
- FBS
- TSH
- Calcium
- Syphilis Serology (HIV Serology if indicated)

- If Neglect/Poor Nutrition is suspected: Ask the adult:

- Have you lost weight in the past 6 months without trying to lose weight?
- Have you been eating less than usual for more than a week?

If yes to both questions refer to dietitian for a full nutrition assessment.

- CT/other computerized head scanning to rule-out/confirm diagnosis if not already completed (see CCCD; CMAJ 1999;160)

## re:port Who to Call

Vancouver Coastal Health has designated responders to address concerns related to abuse, neglect and self-neglect of vulnerable adults.

If you have concerns that a vulnerable adult is being abused, is living at risk due to neglect or self-neglect, or is having difficulty accessing support and assistance on their own, call one of the following in your area.

- Adult Protection Social Worker
- Hospital/Unit Social Worker
- Mental Health Therapist
- Continuing Care Case Manager
- Program Manager/Practice Consultant
- Licensing Officer

Document on the adult's file the date, any action taken, and who you called to report your concerns.

For more information and a list of designated responders please visit our website: [www.vchreact.ca](http://www.vchreact.ca)

If you still require direction call: 1-877-REACT-99 (1-877-732-2899)