

**STUDY GUIDE
THE ELDERLY AT RISK**

A House Divided

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"An old woman lived with her daughter and her family. As she grew older she began to drop things and had difficulty managing the household chores. As more and more of the family's china was broken, the daughter was less and less able to cope with her mother's behaviour. Finally, she asked her young son to go into town and purchase a wooden bowl for his grandmother. The young son protested that those dishes were only for the poor and for animals and he did not want to insult his grandmother. The daughter insisted he go. When he returned he had not one but two wooden bowls. When questioned by his mother he replied, "One is in anticipation of your old age".

Anonymous.

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INTRODUCTION

Why a film on elder abuse?

The subject of abuse is well known when applied to the treatment of children and spouses but only lately has it been associated with the elderly. Abuse of the elderly was first identified formally in Canada in 1982 in the Manitoba Study.

Mistreatment of older people occurs within institutional settings, in the home by family members or other caregivers and in the community by an uncaring society.

Elder abuse affects all segments of society. Victims include men and women of all racial, ethnic, religious and income groups. It occurs in urban as well as rural areas.

One of the greatest problems regarding the abuse of the elderly is the lack of public and professional awareness of the existence of such abuse, its causes and indicators, its solutions.

This film draws attention to the difficulties faced by older people and their caregivers: it raises consciousness and concern as we attempt to address a problem that is one of the best kept secrets of modern society.

What is Elder Abuse?

Elder abuse is not uniformly defined in the literature and this poses a major impediment to investigating the scope of the problem and in developing effective policy and legislation. Elder abuse is defined here as any pattern of behaviour by a person which results in physical or mental harm to an older person. The forms which elder abuse takes

include psychological abuse, physical abuse, financial abuse and neglect, particularly by caregivers.

Types of Abuse

1. Psychological Abuse

Psychological abuse includes verbal intimidation and humiliation, threats of institutionalization and punishment, scolding, treating older persons as children, withholding affection. Psychological abuse often occurs in combination with other categories of maltreatment. For example, an older person can be denied access to their grandchildren unless they consent to making over their assets to their adult child.

2. Financial Abuse

Financial abuse is illegal or improper use of an older person's money, property or other assets by someone else for personal gain. The Manitoba Study identified financial abuse as the most frequent type of abuse encountered by older persons. Examples of financial abuse include the taking and withholding of the older person's pension or social insurance cheque, the use of threats or force by caregivers in order to appropriate the older person's funds, selling the older person's property or possessions and forcing the older person to give over power of attorney.

3. Physical Abuse

Physical abuse is non-accidental use of physical force for

coercion or to inflict bodily harm. It includes assault, restriction on freedom of movement, and sexual abuse.

4. Neglect

The deprivation by a caregiver of basic necessities or services which are necessary to maintain physical or mental health such as food, medications, or health related services.

Consequences of Abuse

The physical, emotional and psychological consequences of all forms of maltreatment can be life-threatening. Injuries requiring medical attention are not necessarily more harmful than intimidation, insults and exploitation on a continuing basis. Neglect can be so damaging, so irreversible, that the older person may long for the release of death.

In the absence of assessment tools and protocols physical abuse of the elderly is often not recognized by professionals. It is easy for the abuser to explain cuts, bruises or fractures as being due to the frailty of the older person. Abuse by family members or caregivers may only be discovered when the victim is hospitalized or in routine visits by community service professionals. It is rarely reported to the police because the victim is reluctant to bring criminal charges against the family member or caregiver.

Victims of abuse are usually isolated. They keep their pain well hidden from potential sources of help as they suffer the humiliation of wondering why their child or caregiver is mistreating them. Those who

do know about the abuse tend to stay away, and not become involved in a situation they perceive as private.

Feelings of guilt, shame, embarrassment, fear of retaliation and loss of their support system keep many older persons helpless and silent.

WHO IS ABUSED?	WHO IS THE ABUSER?
<ul style="list-style-type: none"> ▪ usually over age 70 ▪ female/widow/single ▪ progressive physical and/or cognitive impairment ▪ denies abuse: reluctant to report ▪ dependent on abuser for physical/emotional needs ▪ may exhibit problematic behaviour ▪ may feel abuse is deserved ▪ socially isolated ▪ may feel powerless 	<ul style="list-style-type: none"> ▪ may be middle aged or elderly ▪ family member, caregiver (roomer, landlord, guardian) ▪ experiencing stress: financial or medical problems, marital conflict, substance abuse, unemployment, lacks knowledge of caregiving role ▪ blames the older person ▪ may be dependent on victim for money or housing ▪ ineffective coping and communication patterns ▪ ineffective problem solving skills ▪ increasing demands of caregiving role may be depleting family resources ▪ socially isolated ▪ may have difficulty controlling feelings of anger, frustration ▪ resents role reversal with parent

Causes of Elder Abuse

Factors that contribute to elder abuse include many of the same factors associated with family violence in general. Researchers agree that there is no single factor responsible for the maltreatment of older persons but rather that the causes of elder abuse are numerous, complex and interactive.

Older persons who are or who perceive themselves to be helpless and dependent are targets for abuse especially when they also have physical and cognitive impairments. Ongoing provocative behaviour may initiate retaliatory behaviour constituting abuse by either the older person or the caregiver.

Elder abuse can occur in homes with a lifelong pattern of violent relationships such as spouse abuse or previous instances of child abuse. In a cycle of violence the abused person may become the abuser. Power conflicts may also contribute to abuse.

The abuser may be a person of few financial and psychological resources and dependent on the victim. Feeling powerless in the family situation the abuser may resort to violence. Caregivers providing support may feel that they are not receiving enough gratitude for all their efforts and resort to abusive behaviour.

Situational factors relate to the increased stress on a caregiver who often is responsible for one or more younger dependents. The middle-aged abuser is described as being in the "sandwich generation" providing care to spouse, children and the older person. The caregiver may be experiencing the stress of unemployment, substance abuse, poverty, marital conflict or health problems.

Sociocultural factors include pervasive, negative attitudes toward older persons (ageism), which encourage uncaring treatment of the elderly and may lead to abusive situations within the family.

Indicators of Financial Abuse

- The older person has signed a legal document (will, power of attorney) when they are not capable of understanding the significance of their actions
- A will is changed leaving house or assets to a "new friend".
- The level of care of the older person is not commensurate with the person's income or assets
- Overdue bills, rent is unpaid
- Signatures on documents and cheques do not resemble the older person's signature
- The older person "can't find" jewelry, art, silverware
- Unusual activity occurs in bank accounts; there are withdrawals by automatic banking machines when older person is housebound
- Amenities are lacking i.e., T.V., personal items

Indicators of Possible Physical Abuse and Neglect

- Malnourishment or dehydration without an illness - related cause - weight loss
- Injuries which have not been properly cared for
- Cuts, lacerations, burns, grip marks, welts, swelling, bleeding, bed sores, bruises
- Evidence of inadequate care, poor skin hygiene
- Evidence of inadequate or inappropriate administration of medication
- Pallor: sunken eyes, cheeks
- Clothing in poor repair, inappropriate for season
- Lack of necessary appliances (walkers, glasses, hearing aid, dentures)
- Lack of safety precautions, supervision
- History of unexplained "accidents/injuries"
- Seeks medical attention from a variety of doctors/treatment centres

Behavioural Indicators of Possible Abuse or Neglect - Older Person

- Passivity, resignation, withdrawal
- Fearfulness
- Increasing depression
- Helplessness, hopelessness, sadness
- Agitation or anxiety
- Insomnia, fatigue, listlessness
- Contradictory statements or ambivalence not resulting from mental confusion
- Reluctance or hesitation to talk openly - waiting for caregiver to answer
- Avoids physical, facial, eye, verbal contact with caregiver, service provider

Indicators of Possible Abuse from the Caregiver

- Refuses to permit hospitalization or diagnostic tests
- Appears fatigued, stressed
- "Blames" elder, i.e. incontinence, wandering
- Responds defensively when questioned: makes excuses, hostile, suspicious, evasive
- Does not want elder interviewed alone
- Excessively concerned/unconcerned
- Treats elder like a child or non-person
- Has minimal eye, facial, physical, verbal contact with elder
- Acts aggressively (threats, insults, harassment)
- Has a history of substance abuse
- Has a history of abuse to others
- Was forced into caregiving situation
- Has been in caregiving role for long period of time

Legislative Response to the Problem of Elder Abuse

Although interest and concern for elderly victims or potential victims of abuse and neglect have increased in recent years, the development of appropriate legislation is still at a formative stage. Protection for those who are alone, afraid, weak, or vulnerable is a basic human principle and part of the moral tradition of Canada.

A mentally competent adult may choose to remain in an abusive situation and reject assistance. If we agree with the principle of self-determination then we must allow the older person to make his or her decisions no matter how much it might trouble the individual and public conscience.

Sometimes when older adults remain in an abusive situation their competency is questioned and a guardian may be appointed. A guardian is a person invested by a court with the power to make decisions on behalf of an individual who is mentally incapable. Guardianship legislation varies from province to province but all statutes should reflect respect for human dignity and be implemented in the least intrusive way. There is need for some form of partial or limited guardianship that will recognize an individual's abilities to maintain control and make decisions for themselves yet give them the assistance in those areas of their lives in which they do have difficulty.

The Mental Health Act is legislation which subjects an individual to a psychiatric assessment if that person has threatened or attempted to cause bodily harm to himself or shows a lack of competence to care for himself. The police at times have used the Mental Health Act to gain entry to a home where abuse is suspected. This is an

inappropriate use of the Mental Health Act, yet it is sometimes the only way to gain access to the alleged victim. Another legal device with potential for harmful consequences is the Power of Attorney. This is a legal document authorizing another person to act on one's behalf as an agent. The person who holds the power does not legally have to account to anyone except the donor. Thus the person holding the Power of Attorney could dip into the other person's bank account, sell their house, or sign cheques in their name.

Mandatory reporting legislation requires various professionals aware of elder abuse to notify the police or other social agencies. The legislation usually provides for the reporting and investigation of suspected abuse, powers of entry, referral to the criminal system and the development of elder abuse service programs.

The United States has generally responded to the problem of elder abuse by enacting some form of adult abuse or protective service laws. Several provinces are looking at similar legislation. Mandatory reporting laws may lead to the violation of the rights of the elderly. We have always cherished and fought for the freedom to live our own lives, make our own decisions. The erosion of that freedom in old age must be avoided at all costs. Legislation provides adults with a means to prosecute those who misuse their resources or swindle them. Elderly victims must be able to use these processes. However, should they decide against the use of such processes, it should not be considered as evidence of incompetence. The elderly must not be treated as children by either their families or the state. Any model of intervention must allow older persons to remain in charge of their

lives, with the power to decide whether or not they want services without the threat of involuntary commitment.

Mandatory reporting constitutes an involuntary intervention into the older person's life. If the older person does not acknowledge the mistreatment, they may well be left in the abusive situation after the abuser has been labelled. If elder abuse is a breakdown in the family and in support services, the community would be best to correct the underlying deficiency by supporting the family through better services.

The Elder Abuse Project of the Victim Services Agency in New York City is a small support group where victims can share their feelings with the full understanding that their confidences will be valued and respected. The staff helps the victims understand and work through their problems and when they are ready to make decisions (such as charging the abuser or relocating) then there are services available to support them. Such a model could not operate if the state of New York had mandatory reporting legislation.

A viable and encouraging alternative to mandatory reporting of elder abuse is voluntary reporting. This model establishes a mechanism for professionals voluntarily to report cases of elder abuse and provides for assessments and linking with needed services. The name of the reporter is kept confidential: a case worker will go to the family home and enquire if any assistance is needed by the elder or the caregiver. They can choose to accept or decline.

Incidence of Elder Abuse: One Case is Too Many

There is no comprehensive national study on the incidence of elder abuse. The Manitoba Study found that 2.2% of 18,000 elderly Manitoba people receiving care from relatives or home-service agencies were suffering abuse.

More accurate and extensive research is needed for valid documentation and statistics regarding the scope of the problem. Regardless of the exact incidence of elder abuse, the recognition that there is a large and growing number of truly endangered elderly, many alone and isolated, who need help from a caring external source is essential. A coalition of community agencies and citizens groups is an effective means for a community to fulfill its responsibility to develop a quality program of care for the elderly at risk. The San Francisco Consortium for Elder Abuse Prevention is worthy of study as a pragmatic model. This unique organization comprises 50 member agencies with a mandate to serve victims of elder abuse through outreach, training, coordination and advocacy.

SERVICES NEEDED BY OLDER PERSONS AND THEIR CAREGIVERS

PREVENTION

OLDER PERSON	CAREGIVER
<ul style="list-style-type: none"> ▪ legislation: protective services ▪ advocacy ▪ ombudsman ▪ support groups ▪ crime prevention ▪ mental health counseling 	<ul style="list-style-type: none"> ▪ education in normal ageing ▪ community support for caregiving families ▪ courses in caring for the elderly ▪ mental health counseling

SUPPORT

OLDER PERSON	CAREGIVER
<ul style="list-style-type: none"> ▪ health services & supplies ▪ legal assistance, guardianship ▪ friendly visitors ▪ meals on wheels ▪ visiting nurses ▪ home supervision ▪ occupational & physical therapy ▪ information and referral ▪ transportation and escort ▪ senior centers ▪ day care ▪ alternate housing ▪ peer counseling ▪ self help, support groups ▪ religious organizations ▪ telephone reassurance 	<ul style="list-style-type: none"> ▪ health services & supplies ▪ family counseling ▪ alcoholism & drug abuse treatment ▪ nutrition counseling for the elderly ▪ financial assistance ▪ homemaker, home health care ▪ family support groups ▪ respite care ▪ affordable day care ▪ chore services, house repair ▪ information and referral ▪ intergenerational linkages ▪ elder companions

EMERGENCY

OLDER PERSON	CAREGIVER
<ul style="list-style-type: none"> ▪ crisis intervention ▪ crisis hot line ▪ emergency shelter -"safe place" ▪ health services ▪ victim assistance ▪ law enforcement services ▪ emergency financing 	<ul style="list-style-type: none"> ▪ crisis intervention ▪ "abusers anonymous" ▪ voluntary emergency caretakers ▪ homemaker & home health care assistance

Can Elder Abuse Be Prevented?

The central goal of all programs and policies must be the prevention of violence within families. Neglect of older persons is not usually intentional but rather the consequence of well-meaning but inadequate care of a frail and dependent individual. Prevention planning should take place before the caregiver becomes overburdened and burnt out, before they assume a role they are not suited for and may not even want. Prevention activities include education, counseling, personal assistance, respite for caregivers and crisis intervention.

Prevention Suggestions for Older Persons

- Plan for your own future when you are well, healthy and still independent.
- Do not deed your house or will your house or other assets to someone who promises to keep you out of a nursing home or promises to take care of you at home should you become disabled.
- Make a will and review it annually. Do not revise your will without careful consideration and without speaking with someone you trust.
- Do not give up control of your property or assets until such a time that you feel unable to manage them any longer.
- Directly deposit your pension or other cheques.
- Do not leave cash, jewelry, prized possessions lying about. Make your home burglar proof.
- Do not rely solely on your family members for your social life and care. Seek outside contacts. Develop friends of all ages.
- Stay active in the community as long as possible.
- Do not allow adult children (especially if they have a drug, alcohol, or psychological problem) to return home without carefully considering the situation and seeking advice from others, e.g. your physician.

- Don't be too proud to ask for help when you need it (e.g. public health nurse, senior center, church, friends).
- Don't be intimidated in seeking your rights because of your age.
- You have a right to privacy and confidentiality. You also have the right to refuse intervention. You have the right to live the way you choose.

Prevention Suggestions for Families and Caregivers

- Find out how your aging parent or relative wishes to be cared for if they should become dependent or require medical care. Find out how they want their assets spent or maintained.
- Don't take in any older relative on the spur of the moment, e.g. death of one parent or because you feel guilty.
- Carefully examine your own ability to provide care for an increasingly dependent relative.
- Consult with other family members about caring for a parent or relative. How will the caregiving affect your spouse and children?
- Examine the physical realities of your home into which the older person may move, e.g.: is a first floor bathroom required? Would members of your family have to share a room in order to make room for the older person?
- Learn about all the community resources which are available to older persons and the family (meals on wheels, visiting nurses, respite care).
- Do not assume a relationship that has been tenuous will miraculously improve when the parent or older person comes to live with you.
- Don't feel you have failed if you are unable to continue to provide home care and must seek an alternative.

Prevention Suggestions for the Community

- Be aware of the possibility of abuse occurring. Identify the high risk groups of the elderly.
- Educate social workers, "gatekeepers", primary care physicians, nurses, utility workers, police, delivery personnel, bank tellers, postal workers, etc., to be on the lookout for signs of elder abuse or older persons in threatening situations.

- Recognize that family caregiving is a significant aspect of community life and counsel families in caregiving.
- Develop direct assistance strategies for caregiving families such as crisis intervention, counseling, alternative housing, etc.
- Provide advocacy: for older persons, for caregiving families, encourage efforts to support legislation and increase funding for the prevention and treatment of elder abuse.
- Recognize that abuse of the elderly is a crime. Provide legal assistance to victims who choose to lay criminal charges or start civil suits. Provide services to assist victims of mistreatment. Provide rehabilitation for the abuser whenever possible.
- Develop innovative means to encourage changes in societal attitudes regarding the elderly as well as attitudes about the use of violence as a coping mechanism. Work with the media to reduce stereotyping by promoting positive models of older people.
- Promote the use of volunteers to carry out public awareness activities, such as Neighborhood Watch.
- Promote legislation to address guardianship issues.

Where to go for Help

- Department of Public Health
- Family Service Association
- Police Department (community relations officers do not wear uniform)
- Visiting Nurses
- Family Doctor
- Clergyman, Churches
- Bank Manager
- Lawyer
- Crisis Centre
- Community and Social Services
- Housing Authority
- Local MPP
- Hospitals
- Senior Centres
- Office of the Attorney General

DISCUSSION QUESTIONS

A. Caregiver Stress: Elsie and Dorothy

A family discovers that their great love for their aging Aunt Dorothy is not enough to overcome the difficulties raised by her wilful and wayward nature. As her health fails, her behavior changes and engenders a family crisis.

1. "If we put her in a nursing home it was letting her down. If we kept her here, it was almost letting us down." What would you have done if you were in Elsie's position?
2. "You get feeling so desperate that you think, How am I going to go through another minute of this? What can I do to cope with it..." (Elsie). What can happen when a caregiver reaches this stage of hopelessness?
3. The literature indicates that the average length of time for caregiving in families is 9 years. Elsie had been caring for Dorothy for 11 years. Discuss the rights and needs of the caregiver in such a situation.
4. As tensions built and Dorothy's behaviour became more disruptive, Elsie described how she had to put Dorothy into her room and leave her there to think things over "just as we would with one of our children". Discuss the significance of such actions.
5. Would respite care have eased the burden for Elsie?
6. Elsie was aware of agencies to which she could turn for help. How can we increase public and professional awareness of existing resources and how they can access them?
7. "No one ever told me it was okay to hate - even though you still love". How can we help caregivers to recognize that it is okay to hate but it is important to get help before these feelings may be transferred into abusive actions?
8. Elsie gained support from her husband and family. Would a caregiver's support group have provided Elsie with another source of sharing her feelings and frustration?
9. Dorothy had been independent all her life, but now she had to rely on Elsie to meet her needs. What problems could arise in this situation?
10. What agencies are available in your community to assist caregivers in keeping an elderly relative at home?
11. Dorothy was fortunate in being placed in a quality nursing home. Not all older people are so fortunate. Discuss.

12. Discuss the statement, "I would never put my mother in a nursing home."
13. Are there any similarities between caregivers in the home and caregivers in a nursing home in terms of their physical and psychological resources?
14. Identify some of the indignities that have taken place in long-term care facilities.
15. How do you handle provocative behaviour on the part of the older person? For example, if the older person strikes out at the caregiver?
16. Present funding and staff levels reflect a lack of community advocacy for older people. Is the public abusing caregivers and receivers by their low level of action and concern?
17. What legislation exists within your province to ensure the rights and quality of life for the elderly living in long-term care facilities?

B. A Case of Financial Abuse

When adult children depend financially on their aging parents, the conflicts can tear the family apart. An ailing woman and her invalid husband have invested their life savings in a home for themselves, their daughter, son-in-law, and grandchildren. But an initial period of harmony gives way to petty squabbles and finally to the financial exploitation of the elderly couple.

1. Discuss Mrs. B's feelings when she saw that her daughter and son-in-law were breaking their part of the house sharing bargain.
2. Why do older people who are being financially abused rarely report their treatment to the police?
3. What measures could Mrs. B have taken to protect her investment before buying the house?
4. How did the social worker assist Mrs. B?
5. Self-help groups help adult caregivers share their strains and feelings and thereby gain emotional support - Would such a group have helped Mrs. B? Would it have helped her daughter?
6. Describe the impact of the living arrangements on the daughter.
7. How do the daughter and son-in-law retaliate against her parents? How would this affect her parents?

8. From your experience, describe various types of financial abuse.
9. What types of agencies in your community could help elderly people who are being financially abused?
10. How can professionals and the public recognize indicators of financial exploitation?
11. Does financial abuse occur in long-term care facilities? How?
12. What is the role of the legal advocate in providing services for elderly victims?
13. Should parents prosecute their children or caregivers for stealing their money or assets?
14. How can financial abuse of the elderly be prevented?
15. Would mandatory reporting legislation reduce the incidence of the various categories of elder abuse?

C. A Case of Physical Abuse

Margot is 73, in poor health and living near the poverty-line. Her only surviving family member: a 33-year old son who beats her. Still, her faith in her son and in human nature persists. She looks to "the system" now for help for both of them.

1. Margot blames herself for the way her son turned out, "I didn't know anything about raising a boy." How would you respond to Margot's concern?
2. "He's the only family I've got." Discuss some of the reasons why Margot would tolerate being beaten time and time again over a period of years.
3. Margot's son has been incarcerated several times. Has the system failed Margot by releasing her son before he was adequately rehabilitated and thereby placing her at risk?
4. How has the system failed Margot's son?
5. Why has Margot been unable to keep her son out of the apartment?
6. Margot was abused by her own father. Discuss the cycle of violence theory in relation to this case.
7. Depression can be a result of long-term abuse or neglect. Did Margot demonstrate any indication of depression?
8. What role did the police play in protecting Margot from her abusive son?

9. What community agencies could offer assistance to people like Margot?
10. Margot obviously loves her only son very much. She wants him to have treatment so that they can live together again. Is this a realistic goal?
11. What are the indicators of physical abuse?
12. Discuss the relationship between alcohol abuse and family violence. What intervention strategies could be used in working with abusers? Victims?
13. What type of legislation exists in your province to protect older people from abuse and neglect?
14. Do you think that mandatory reporting legislation should be implemented in your province?

D. Abak - A Case of Neglect

This story describes the financial abuse and neglect of 76 year old Abak, a recent Chinese immigrant to San Francisco.

1. Discuss how cultural attitudes can affect elder abuse.
2. The aging process can be a lonely and devastating battle for a person who understands neither the system nor the language. Describe the agencies in San Francisco that offered help to Abak.
3. Describe how Self-Help was able to intervene in Abak's case and assist him to remain in the community.
4. What kind of agency would best suit the needs of seniors in your community?
5. Discuss how the Chinese Centre provided an opportunity for Abak to socialize with people of his own generation and culture.
6. How can we educate the community about the special needs of minority groups?
7. Older people with a language barrier are even more reluctant and often unable to report their mistreatment. How can we ensure that these people are recognized and receive the help they require? How can victims be encouraged to get help?
8. Identify the predominant ethnic groups in your community and discuss their potential risk for elder abuse.

9. How can we involve "ethnic" volunteers as advocates for vulnerable elders?
10. Describe a situation from your own experience which shows how an older person from a minority group was stereotyped and discriminated against. What intervention strategies were used?

SUMMARY QUESTIONS

1. How can we balance society's duty to protect vulnerable adults, with the right of adults to make their own decisions and live independently to the extent they are capable?
2. How can we encourage aging members of society to take steps to ensure that their own wishes will be followed if a time comes when they can no longer speak for themselves?
3. How can we educate professionals to be sensitive to the needs and rights of vulnerable elders?
4. How can the public and professionals be educated to recognize danger signs and refer older people to appropriate resources for help?
5. How can a film like this help people to recognize the hurt and despair in any form of elder abuse and act to eliminate its cause?

WHO SHOULD SEE THIS FILM OR VIDEO?

Very little has been recorded about the causes and consequences of the abuse and maltreatment of older people. There is an even greater paucity of film documentation on the topic. This film is a serious study based upon meticulous research and investigation which will aid us in understanding the unhappy dilemma facing those who act in violence against someone they love or care for. We feel the pain endured by those who are degraded by the process.

In this film the problem of elder abuse has unfolded. If there is to be an enlightened response and better informed debate this film must be seen by a wide audience who would include: students, teachers, counsellors, social service workers in aging programs, health care workers, lawyers, policy-makers, program administrators, professional associations, advisory boards, the general public, and interested and concerned people.

Length of Film: 40 minutes

Viewing Suggestions

The film or video consists of four situations representing caregiver stress, financial exploitation, physical abuse and neglect of an older person. The film should have a brief introduction preceding the showing. Each story stands on its own and therefore it is possible to stop the film or video after each situation and allow for discussion and questions. Further information on the particular category of abuse

and neglect could be offered at this time. The discussion questions could be used as a guide.

Participants may identify some of their own situations with those described in the film. These specific situations provide a stimulus for discussion of problematic family situations as well as a framework for generating suggestions of alternative coping strategies.

The use of either film or video may depend on the type and size of the group. A large audience is probably best served by the film (16mm) because the size of projection is so much larger as is the emotional impact. For a smaller group of professionals, who may wish to use the case study approach, then the video lends itself well.

PRE-SCREENING EXERCISE

Objective: To visually relate to the aging process within a personal and social context.

Instruction: Each group member should have paper and pencil.

1. Think about the future, about growing old. Picture yourself at age 83 years.
2. On the piece of paper draw yourself at age 83. Include any mechanical devices you might require (glasses, hearing aid, etc.).
3. What do you see?
 - Where are you living? In your own home? In a nursing home?
 - Who lives with you?
 - Are you healthy? Are you in a wheelchair?
 - What is the expression on your face? A smile? Peaceful? Anxious?
 - Are you well cared for? Comfortable?
 - Are there any indications that you are loved, respected?

Keep this image of yourself in mind as you view this film

QUESTIONNAIRE

(Please circle true or false)

- T F 1. Everyone will experience a hearing loss if he/she lives long enough.
- T F 2. The risks of mixing different drugs and of taking too much of a drug remain the same at all ages.
- T F 3. Devoted children do not feel resentful toward their aging parents.
- T F 4. Since it reduces stress and helps them feel better, it is advisable to make most decisions for elderly parents.
- T F 5. Depression in older people is often mistaken for some form of brain disorder.
- T F 6. Only a small percentage of the frail elderly are cared for by their families.
- T F 7. By the time most people are old, they easily accept the fact that they must be dependent on others.
- T F 8. "Senility" is a natural result of aging.
- T F 9. Suspicion of elder abuse and neglect is sufficient cause to report the need for adult protective service intervention.
- T F 10. Exploitation of the elderly is the most common type of reported abuse.
- T F 11. It is unlikely that an elder will refuse intervention when he/she is abused or neglected.
- T F 12. Helping the caregivers would not have a significant effect in preventing abuse and neglect of the elderly.
- T F 13. The behaviour of the abused elder rarely contributes to the problem.
- T F 14. Most people who abuse the elderly are pathologically ill by nature.

ANSWERS: 1-T, 2-F, 3-F, 4-F, 5-T, 6-F, 7-F, 8-F, 9-T, 10-F, 11-F, 12-F, 13-F, 14-F

GLOSSARY OF TERMS

Ageism	Systematic stereotyping of and discrimination against people because they are old.
Guardian	A person lawfully invested by a court with the power and charged with the duty to make some or all personal care decisions on behalf and for the benefit of an individual who is mentally incapable of personal care.
Limited or Partial Guardianship	Recognizes a person's ability to maintain control over parts of their lives and make decisions for themselves but gives them assistance in those areas of their lives in which they are having difficulty dealing with.
Mental Health Act	Requires that if a person has threatened or attempted to cause bodily harm to himself or is showing a lack of competence to care for himself, that person may be the subject of a psychiatric assessment.
Mentally Competent	Having the ability to understand subject-matter in respect of which consent is requested and able to appreciate the consequences of giving or withholding consent.
Power of Attorney	Written document that gives someone else the power to act on your behalf. This power is only for money and property matters and cannot be used to make other decisions for the individual.
Protective Services	System of preventive, supportive and surrogate services for the elderly living in the community which enables them to maintain independent living and avoid abuse, neglect or exploitation.
Psychogeriatric Assessment	A psychological assessment of a person over 60 years of age by a qualified professional.
Respite Care	A service to give caregivers a break from their duties, recognized as effective in preventing abuse and neglect and avoiding institutionalization.

REFERENCES

- Pillemer, K. & Wolf, R. (Eds.) (1986) Elder Abuse: conflict in the family. Dover, MA: Auburn House.
- Schlesinger, B. & Schlesinger, R. (1988) Abuse of the elderly: issues and annotated bibliography. Toronto: University of Toronto Press.
- Shell, D. (1982) Protection of the Elderly: A Study of Elder Abuse, Manitoba Council on Aging, Winnipeg.

For information on guardianship legislation, write to the Provincial Attorney-General.

For a bibliography on elder abuse write:

Crane Memorial Library
351 Christie Street
Toronto, Ontario
M6G 3C3

For information on the San Francisco Consortium for Elder Abuse Prevention write to:

San Francisco Consortium for
Elder Abuse Prevention
Mount Zion Hospital & Medical Centre
San Francisco, California
94131, U.S.A.