re:act

recognize and report

act on adult abuse and neglect

a guide to prevent & respond

re:act
Adult Abuse & Neglect - Response Resource

Vancouver Coastal Health
Promoting wellness. Ensuring care.

Index

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This PDF is a downloadable, multi-media e-tool. Videos and animations, resources, quiz and references are all included in this PDF.

Acknowledgements

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The **First Nations Perspective and Framework for Health and Wellness, as illustrated in Healthy Children, Healthy Families, Healthy Communities: The Road to Wellness, British Columbia First Nations Regional Longitudinal Health Survey 2002/2003** inspired images used in the animated e-tool and is referenced in these sections. The following quote from First Nations Elder, Sarah Modeste was an inspiration for the producers of this project.

"...We all have the power to self heal as we have lived for 1000's of years; the culture has been in us for 1000's of years. It takes care of us. We are all medicine to one another"[1]

Elder Sarah Modeste

Definitions

For the purposes of this manual:

"Community Health and Human Service Workers" will generally represent workers in the community who fulfill the following functions, Community Health Representatives, Home and Community Care Nurses, Community Health Nurses, Band Social Workers, Drug and Alcohol (NNDAP) Workers, Mental Health Workers, Band Social Assistance Workers and Home Care Aids.

"Elder" is used in this manual to describe a member of the First Nations community who has reached an advanced age, with acknowledgement that each community will have distinct age and/or other criteria to achieve recognition and rights to use the term within that community.

"Vulnerable Adult" refers to adults, 19 years or older, who are physically and/or mentally disabled, frail elderly, previous victims of crime, or are individuals whose circumstances render them more susceptible to harm from other people.

"Designated Responder" refers to an employee of a Designated Agency who has the responsibility and training to inquire into reports under the Adult Guardianship Act.

Health Dictionary - Heart and Stroke Foundations of Canada

Overview / Introduction

Re:Act's Preventing and Responding to Abuse in First Nation Communities manual and eTools have been produced to assist educators, facilitators, Community Health and Human Service Workers, First Nation Community Members, Health Authority Staff, Community Response Network (CRN) Members and a wide range of adult learners to understand the abuse, neglect and self-neglect provisions in B.C.'s Adult Guardianship Act (Part 3), and to learn the roles and responsibilities of:

- Community Health and Human Service Workers
- Designated Agencies (Health Authorities & Community Living B.C.)
- Community Response Networks (CRN's)
- Police & Victim Services
- Public Guardian & Trustee of B.C.

In preventing and responding to the mistreatment and abuse of Elders and Vulnerable Adults the revised manual consists of the following sections:

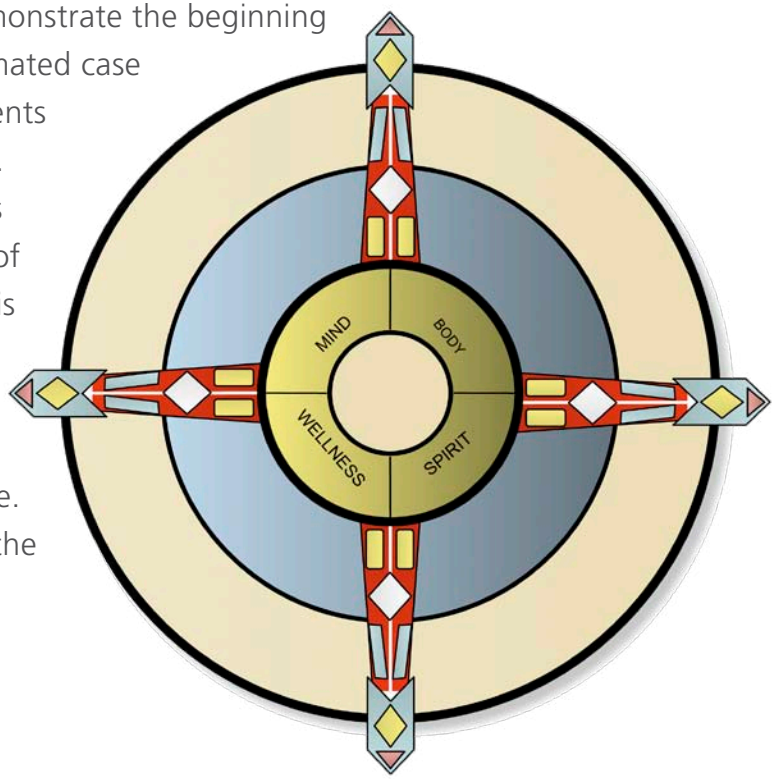
- Definitions
- Overview / Introduction
- Guide to Using the Manual & eTools
- Roles & Responsibilities
- Working Together - Overcoming a Legacy
- Safety
- Privacy / Confidentiality Considerations
- BC's Community Response Network Movement
- Tools & Templates, Case Studies & Resources

Amanda Brown
Director, Re:Act Adult Abuse and Neglect Response Resource

Play Video

The "etools" consist of DVD Roms, animated case studies of fictional instances and community responses to abuse of vulnerable adults.. The animations utilize a symbolic representation of compass image described and illustrated in Healthy Children, Healthy Families, Healthy Communities: The Road to Wellness, British Columbia First Nations Regional Longitudinal Health Survey 2002/2003.

The compass image is used to demonstrate the beginning and end of the scenes within the animated case studies and represents the 4 components of healing – mind, body, spirit, health. Overviews of the fictional case studies are provided in the resources section of this manual. A completion certificate is available on the website as an online test. A successful grade of 100% must be obtained to generate a downloadable and printable certificate. Please note that users may complete the course as many times as needed.



Guide to Manual & eTools

The BC Community Response Network logo indicates that additional information and community resources will be listed in the resource section.

The re:act logo indicates that additional learning tools for this information are available such as the animated case studies, video clips, laminates, slides, fact sheets that can be accessed on the website, CD ROM or within the manual.

The Thunderbird indicates that this information is included in the on-line certificate test.

Understand
The purpose of the B.C. Adult Guardianship Act (part 3) is to provide support and assistance only to adults who are abused, neglected or self-neglected and are unable to seek support and assistance by themselves due to physical restraint, physical disability, illness, disease and injury.

Recognize
Learn to recognize indicators of abuse, neglect or self-neglect. Ask yourself why the situation is causing you to feel concerned or uneasy. Take the time to Stop, Look and Listen.

React
Assess the situation to make certain that it is safe for you as well as the adult to talk about the situation. Treat the adult with respect. Ask them if they "feel safe". All adults have the right to make their own choices and decisions, as long as they are not harming themselves or others.

Respond
Community Response Networks can play a significant role in building safer communities for everyone and creating protocols on how to respond as a community. What are the resources required to support vulnerable adults? What are the roles and responsibilities of community responders and designated agencies?

Reflection
Stop and think about the situation. Is the adult safe? Are you safe when you visit the adult? What are the supports within your community? What are your responsibilities? Who is your Designated Agency Representative? Who can you discuss this situation with, in a confidential and safe environment? How can you maintain the privacy of the adult?[2]

Roles and Responsibilities

Designated Agencies

Designated Agencies in B.C. are the 5 Regional Health Authorities, Providence Health Care, and Community Living BC. These agencies are responsible for receiving reports and inquiring into situations of abuse, neglect and self-neglect of adults who are unable to seek support and assistance on their own.

Designated Agencies must:

- Look into all situations of suspected or reported abuse, neglect and self-neglect of vulnerable adults
- Determine if the adult needs support and assistance
- Involve the adult as much as possible
- Report crimes committed against vulnerable adults who are unable to seek support and assistance to the police
- Keep the identity of the person who made the report confidential

Designated Agency staff are guided by the following fundamental principles and presumptions:

- Self determination and choice
- Most effective but least intrusive support
- Adults are presumed capable
- Court tools are used only as a last resort[3]

Community Health and Human Service Workers are not Designated Responders unless they are employed directly by a Health Authority or Designated Agency. However, they do have a significant role to play in alerting Designated Agencies to situations of abuse, neglect and self-neglect of adults who are unable to seek support and assistance on their own. Community Health and Human Service Workers may work in the Band Office or Health Centre, liaise between patients, families, the community and health care providers. They provide support and assistance to vulnerable adults and ensure that patients and families understand their conditions and treatment, and are receiving appropriate care.

In some instances, adults may decline support of Community Health and Human Service Workers. In these instances, supports that are accepted should be coordinated. If the situation does not require an emergency response and the adult is able to seek support and assistance independently then the wishes of the adult must be respected. Please reference the Adult Abuse and Neglect Response Flow Chart provided in the resources section of the manual. **See page 49**

"Every adult is presumed to be capable of making decisions about personal care, health care, legal matters, or their own financial affairs, business or assets, until the contrary is demonstrated through assessment procedures."[4]

If the Community Health and Human Service Worker believes that the Elder or Vulnerable Adult is being abused or neglected and is not able to make decisions or get support and assistance specific to the abuse, then the Worker may refer to the Designated Agency. Designated Agencies have Designated Responders to follow up on reports. See the Resource section for more information on where to refer.

There are many indicators of abuse in vulnerable adults. See the Abuse Indicators in the **Response Flow Chart for Community Health Workers** provided with this package. **See page 49**

Community Health and Human Service Workers should be aware of the potential for the following types of abuse:

- Financial
- Neglect/Self-Neglect
- Violation of Rights
- Physical
- Sexual
- Emotional / Psychological[5]

Abuse is a multifaceted issue, often involving numerous factors. The existence of one or more of the following may put the adult at increased risk:

- History of abuse in family/domestic violence
- Increased vulnerability
- Diminished capacity to make decisions
- Isolation[6]

The following checklist will assist in evaluating situations and determining next steps if a Community Health and Human Service Worker suspects that a vulnerable adult is being abused, neglected or self-neglected:

- Document observations and interactions with the adult.
- Ask yourself why you believe or think that this is an abusive situation and how another individual might view the circumstances.
- Consider factors related to your own safety, the safety of other people interacting with the adult, and the safety of the Elder or Vulnerable Adult.
- Consider what supports are available in the community to help. If there is a Community Response Network (CRN) you may look there for protocols, information, referrals and resources specific to your community.
- Communicate with responsible colleagues and follow protocols.
- If you suspect that the Elder or Vulnerable Adult is **not capable** of making their own decisions and is in danger, report the situation to Police and Designated Agency.
- Maintain privacy and confidentiality of the person who made the report of the abuse.
- For more information, follow the Response Flow Chart for Community Health Workers on page 49.

Community Response Networks (CRNs) are a network of relationships. CRNs are made up of a diverse group of concerned community members, service providers and others who come together to create a coordinated community response to adult abuse, neglect and self-neglect. Abuse and neglect are complex issues that require the experience and concern of many people and organizations to be effectively addressed. A CRN is a group of people from community organizations, and other concerned community members, who work together to create a coordinated response to adult abuse, neglect and self-neglect. Often CRN members are employed by the Designated Agencies, the Band Health Services, the local church, the police or emergency services personnel.

Please refer to the section on Community Response Networks for more information on CRNs. **See page 45.**
"Stopping Abuse: Responses from First Nations Communities" Draft Sept, 2007 can be accessed by clicking on the title to the right. Please contact the BC Community Resource Networks for updated versions. **http://www.bccrns.ca/**

Click Here to download
"Stopping Abuse: Responses from First Nation Communities" Draft Sept, 2007

Police are responsible for conducting criminal investigations, recommending charges to the Crown, and to keep the peace where there is a risk to the safety of the community. **Victim Service Workers** provide information and services to victims of crime. See the Resource Section for contact information.

The Public Guardian and Trustee (PGT) of British Columbia has a role in protecting the finances of Vulnerable Adults. The PGT may assist Community Health and Human Service Workers or Designated Agencies in investigating situations of suspected financial abuse. In some instances the PGT may be given the responsibility of managing the finances of adults who are incapable of managing finances on their own. When the adult's primary residence is in a reserve community, the authority will be transferred to Indian and Northern Affairs Canada (INAC).

The PGT may also be called on to authorize health care treatment for adults who are incapable of consenting themselves and do not have a substitute decision maker who is capable and available to provide consent.

Working Together - Overcoming a Legacy

All adults in British Columbia have the right to be free from abuse, neglect and self neglect. The complex relationship and turbulent history between Health Authorities, Provincial and Federal Government, First Nations Bands and Councils, Non-Government Organizations and Faith Communities makes it difficult to know who is doing what to address the issues and move toward a safer and healthier community for everyone.

Significant historical and cultural realities within First Nation families and communities have a correlation and complex interconnection with abuse, neglect and self-neglect. The impact of attending residential schools, the legacy of colonialism, as well as systemic abuse and racism are complex factors that should be acknowledged in situations of abuse within First Nation families and communities. Inter generational differences in values, beliefs and expectations can also potentially lead to circumstances of abuse.[7]

The negative impact of residential schools is well documented and should not be minimized. Awareness and competency, sensitivity and knowledge regarding the complexity of residential school survivor's experiences, should be taken into consideration when encountering situations of abuse and violence within First Nation families and communities.

Chief Robert Joseph
First Nation Elder

Play Video

Considering the aging of residential school survivors, the influx of settlement payments and the subsequent legacy of abuse that resulted from attendance in these schools, the impact on the lives of survivors, their families and communities is considered a significant factor that may lead to situations of abuse, neglect or self-neglect of vulnerable adults.

"Residential School survivors are 40 years of age and older, given the phasing out of the program during the 1970's and early 1980's. Over half of the First Nations adults who attended residential schools said their health and well-being were negatively affected. The most noted effects (40% of respondents or more) are: harsh discipline, verbal or emotional abuse, witnessing abuse, isolation from family, separation from community, physical abuse, loss of language, loss of cultural identity, and loss of traditional religion or spirituality.

Respondents who are Residential school survivors also state that their health was affected negatively due to: bullying from other students (34%), harsh living conditions (32%), lack of food (30%), poor education (25%), lack of proper clothing (23%), and sexual abuse (17%). Of the respondents that believed residential school affected their well-being negatively, a large majority felt at least five of the above listed conditions contributed negatively to their overall well-being."[8]

Dr. Sherilyn Calliou, Michel Band and Colleen Stewart, Social Work Case Manager, VCH

Play Video

BC CRNs

"It is important for healthcare providers to understand not only what they value, but also what they dislike, fear, or are otherwise biased against. Everyone has biases and prejudices. One way for healthcare providers to check their own biases is to ask themselves: "Why do I believe or think what I do in this situation? Would someone else looking at this situation come to the same conclusion, or could they come up with a different interpretation?" The answers can be illuminating and may reveal implicit assumptions that are influencing the perception of the situation."[9]

The craft of Cross Cultural Engagement requires:

- Building long term, working relationships with communities.
- Including alternative perspectives, ideas and understandings to reframe problems.
- Stimulating innovation and discovery by bringing together divergent ways of knowing.

It also requires trust and relationship building based on a sincere and demonstrated willingness to:

- Recognize and call into question one's own ideology without becoming defensive
- Be able to shift roles from expert to learner
- Be able to step into and listen, learn and reason; within an entirely different worldview
- Suspend impulses to control program agendas and decisions[10]

Designated Agency staff conducting Adult Guardianship Act investigations on First Nations Reserves need to follow the Principles and Presumptions of the Act, and are encouraged to follow the **Guidelines for Cultural Competence** in the resource section.

Safety

The following is adapted from Home and Community Health Worker Handbook[11] Violence refers to physical force that causes injury to a worker, and includes any threatening statement or behaviour that gives you reasonable cause to believe that you are in danger. Working closely with clients and their families and friends, often under difficult circumstances and sometimes in isolated locations, can put you at risk of violence.

Many home and community care workers do not report to their supervisor, worker health and safety representative, or co-workers when their clients act aggressively or are violent toward them because they feel that it is "part of the job." Being exposed to violent or aggressive behaviour is not part of your job. It is not okay.

Always be aware of potentially violent situations, and report acts of violent or aggressive behaviour to your supervisor as soon as you can.

Clients may have a history of violent behaviour. They may act aggressively, or feel frustrated or angry because of:

- Their medical conditions or medications
- Poor communication with health care providers
- Their dependence on others
- Drug or alcohol addiction
- Language and cultural barriers

Family members and visitors may have a history of violent behaviour. They may become argumentative because of their frustration with the client's condition or the care arrangements. The home may be in a high-crime area or an isolated location. Firearms may be stored unsafely in the home. The home may be cluttered and poorly lit, making it difficult to leave quickly in the event of violence.

What you can do to reduce the risk of violent and aggressive behaviour:

- When you arrive at the home, assess your client's mood before you start your duties.
- Tell your client what you are going to do before you do it.
- When possible, keep space between you and your client.
- Avoid letting your client come between you and a way out of the room.
- Be aware that your client may become more aggressive when you are assisting with personal care or toileting.
- Be sensitive of cultural or language barriers.

What you should know and report about client:

- Read the communication notes and care plan before visiting a client.
- Be aware of mental health diagnoses, specific triggers, and ways to minimize violent behaviour.
- Know your employer's procedures to minimize risk.

Report events/conditions that cause violent and aggressive behaviour in your client to your supervisor and/or record in the communication book.

Environment:

- Use a flashlight and be alert when walking to or from clients' homes at night.
- Make sure that you can get out of your client's house easily, without stepping over and around furniture or clutter.
- Be aware of aggressive and unrestrained animals on the premises.

Tell your supervisor if:

- Any inside or outside lights are not working.
- Firearms are stored unsafely.
- There are any safety hazards that are a concern to you.

If the situation with a client, a family member, or a visitor is becoming stressful:

- Stay calm.
- Face the person with your elbows at your side and your hands in the air with palms facing out.
- Try to leave at least two metres (six feet) between you and the person.
- Watch for signs that the person may strike out (for example, red face, fast breathing, finger pointing, and yelling).
- Do not argue or raise your voice.
- Reassure the person that his or her concerns will be dealt with as soon as possible.
- Tell the person how to make a complaint to your employer.
- Tell your supervisor about the situation as soon as it is safe to do so.

Additionally, your employer may have an Employee and Family Assistance Program that offers confidential counseling services.
See the Resource section for contact information.

When you travel and work alone, you have a higher chance of being exposed to violent and aggressive behaviour. To keep yourself safe:

- Follow your employer's working-alone policies and procedures.
- Plan the safest route to your client's home.
- Carry a cellphone and phone numbers for police, fire, and ambulance, and your supervisor.
- Keep your car in good working order.
- Lock your car while you are driving.
- Park in well-lit areas.
- Drive to the nearest police station if you feel you are being followed.

If you experience a significant trauma at work, such as being exposed to violent or aggressive behaviour or witnessing a traumatic death, you may experience posttraumatic stress. If you are experiencing emotional or psychological trauma, such as intense fear, helplessness, or persistently re-experiencing the event, seek assistance through the WorkSafeBC Critical Incident Response Program CIR program for workers and employers. If you have any questions or wish to arrange an intervention, please contact the Critical Response Liaison at **WorkSafe BC:**

Toll-free within B.C. at **1.888.621.7233** local **4052**
Urgent or after-hours at **1.888.922.3700**

Additionally, your employer may have an Employee and Family Assistance Program that offers confidential counseling services.

Privacy and Confidentiality

What is the difference between privacy and confidentiality?
Privacy is the freedom from intrusion into and exposure of personal affairs. It is a basic human right. Everyone has the right to control who has access to his or her personal information and how it will be used. Knowing the difference between privacy and confidentiality can be confusing.

Privacy is the right of individuals to keep information about themselves from being disclosed. Patients decide who, when, and where to share their health information. On the other hand, confidentiality is how we treat private information once it has been disclosed to others or ourselves. This disclosure of information usually results from a relationship of trust; it assumes that health information is given with the expectation that it will not be divulged except in ways that have been previously agreed upon, e.g., for treatment, for provision of services, or for use in monitoring the quality of care that is being delivered.[12]

The Freedom of Information and Protection of Privacy Act applies to all Canadians. Heath Canada, First Nations and Inuit Health has a privacy training tool that is available online at:
http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/priv/training-formation/index_e.html

This training is suitable for everybody involved in delivering Non-Insured Health Benefits. It is a guided tour to the secure collection, use and disclosure of clients' personal information.

The BC First Nations Health Handbook is another resource that provides guidelines for providing healthcare services in First Nation communities. **http://www.bchealthguide.org/first_nations_healthguide.pdf**

It states that the issue of confidentiality, especially for those living in small communities, is of utmost concern. Strategies and protocols for communication in these situations need to be developed in order to ensure that community health workers and their clients are not put at additional risk. Telephone, internet and other communication protocols should be assessed to ensure the privacy and confidentiality of clients and staff. In December, 2006, the Office of the Information and Privacy Commissioner for British Columbia and Information and Privacy Commissioner Ontario jointly published a breach notification assessment tool. This tool can be used to assess what steps need to be taken if a privacy breach occurs. **http://www.oipcbc.org/pdfs/Policy/ipc_bc_ont_breach.pdf**

Confidentiality for individuals that report abuse, neglect of self-neglect: The Adult Guardianship Act, Part 3 (46), in italics below, specifically states that the identity of individuals that report abuse or neglect will be kept confidential and that individuals that make a report or assist in an investigation cannot be penalized, unless they make a malicious or false report.

The Adult Guardianship Act, Part 3 (46)

(1) *Anyone who has information indicating that an adult:*
(a) *is abused or neglected, and*
(b) *is unable, for any of the reasons mentioned in section 44, to seek support and assistance, may report the circumstances to a designated agency.*

(2) *A person must not disclose or be compelled to disclose the identity of a person who makes a report under this section.*

(3) *No action for damages may be brought against a person for making a report under this section or for assisting in an investigation under this Part, unless the person made the report falsely and maliciously.*

(4) *A person must not:*
(a) *refuse to employ or refuse to continue to employ a person,*
(b) *threaten dismissal or otherwise threaten a person,*
(c) *discriminate against a person with respect to employment or a term or condition of employment or membership in a profession or trade union, or*
(d) *intimidate, coerce, discipline or impose a pecuniary or other penalty on a person because the person makes a report or assists in an investigation under this Part.*[13]

For more information on the roles and responsibilities of Designated Agencies investigating reports of abuse, neglect and self-neglect and assessing for issues related to competency and decision making, please go to the **Re:Act Manual for VCH Staff**.

BC's Community Response Network Movement

Once a report has been made to a Designated Agency, the Designated Responder has the responsibility to look into situations of suspected or reported abuse, neglect and self-neglect of vulnerable adults and access to tools to provide support and assistance. Designated Agency staff are obligated to keep the identity of the person who made the report confidential.

BC's Adult Guardianship Act, Part 3 is about getting support and assistance to abused and neglected adults no matter where they live in BC. It gives a role to "designated agencies" to respond to reports of abuse and neglect that they receive. For adults in the most vulnerable of circumstances, the Act gives the designated agencies new legal tools to assist.

But this is only one of the two the interrelated responses the Act provides. The other is the creation of networks of support, or coordinated community responses to adult abuse and neglect. These networks or coordinated responses have come to be known as Community Response Networks, or CRNs.

Allison Leaney and April Struthers from Community Response Network

Play Video

Very early on, it was recognized that offering support to abused or neglected adults, and having access to some new legal tools, is only part of what will make a difference in peoples' lives. As well there is a need for increased coordination at the community level, not only of responses to individuals who are abused or neglected, but also coordination in terms of working towards prevention over time by involving the whole community.

CRNs can help create increased coordination of community responses to abuse and neglect.

Today, nearly 30-40 CRNs are under development in BC and increasingly there is growing interest in the CRN approach in aboriginal communities.

This section is about the CRN approach, which is about recognizing community strengths and resources and further building the whole community's capacity to address and prevent adult abuse and neglect.

What is a Community Response Network, or CRN?

A CRN is a network of relationships. CRNs are made up of a diverse group of concerned community members, service providers and others who come together to create a coordinated community response to adult abuse, neglect and self-neglect.

First Nations communities are only just now hearing about CRNs. There is heightened interest in CRNs now because of the concern that elders not be revictimized or financially abused or otherwise abused, in the process of receiving Indian Residential School settlements.

We don't know what a CRN could look like in a First Nations context. But CRNs are meant to fit the communities where they are being developed. The ideas shared here are just that, ideas that First Nations communities can consider if interested, and to tailor to meet local needs.

The CRN Approach is Grounded in Principles

The following community development principles are what the CRN Movement is based upon:

Broad inclusion – include everyone in and perhaps outside or nearby the community who has an interest or role.

Meaningful participation – everyone has something to offer and will contribute in their own way.

Power-sharing – consensus decision-making based on trusting relationships.

Assume capability/build capacity – everyone has something to learn from other CRN members; everyone has something to teach.

Who are the Members of a CRN?

Together, CRN members reflect the diversity of who lives and works in the community. In a First Nations community a CRN may include but is not limited to:

- Concerned community members, elders, youth.
- People working for or serving a band such as health directors, social development workers, homemakers, elders coordinators, wellness coordinators, spiritual leaders, peacekeepers, tribal police, and band stores.
- Cultural or language nests or groups, traditional networks, clans or groups.
- Transition houses, victim services, local businesses.

When ready, CRNs in First Nations communities may want to invite people from outside the community who may work or could be helpful in the community such as designated agency staff, police, Health Canada nurses, native court workers, Friendship Centres, banks or credit unions, service clubs, businesses.

What Do CRNs Do?

CRNs can work to get help to people in the short term and the longer term. In the short term CRNs can:

- Decide how to invite the community to join the CRN.
- Plan together what the top priorities or first steps are that are needed in the community – this might be information about how to protect finances given the IRS settlements.
- Build relationships between the people who can help people who are abused or neglected.
- Plan how their members can work together to get help to people who are abused.
- Let the community know who in and maybe outside the community can help.

In the longer term CRNs can:

- Keep inviting the community to join the CRN.
- Develop protocols - one day working relationships may be written down in the form of a set of agreements or protocols between local community programs or between local community programs and services outside the community.
- Develop a long term vision of how people want the community to be.

- Provide ongoing education about various ways of protecting oneself from abuse and neglect from a wellness, community strengths perspective.
- See how the community response is working over time and work together to make changes for ongoing improvement.

Overall CRNs have the potential, because of how members work together to further trusting and respectful relationships, to become a microcosm of the community they are working to create.

How are CRNs Supported?

Community Response Networks (CRNs) are all invited to be members of, and are supported as funds are available, by the **BC Association of Community Response Networks (BCACRN)**. The BCACRN is a registered non-profit society and charitable organization. CRNs are the BCACRN's local presence in communities.

The purpose of the BCACRN is:

- To promote safe communities through CRNs that address and prevent adult abuse and neglect.
- To sustain CRNs over the long term by creating a diversified funding base and coordinating the raising of funds.
- To support other initiatives that benefit adults at risk of or experiencing abuse/neglect.

The BCACRN supports its local CRN members by providing:

- **A website so CRNs can share their work with others**.
- Monthly teleconferences on aspects of CRN development.
- Newsletters about news from the BCACRN.
- A CRN Mentors' Team whose members can be available by phone and email to offer support on CRN development issues.
- Local and regional workshops.
- Province-wide projects or support to participate in them – e.g. World Elder Abuse Awareness Day.
- A coordinated approach to fundraising.

New CRNs are emerging and are welcome as and invited to become new members of the BCACRN.

The BCACRN connects with other provincial, national and regional agencies and groups to jointly work toward the prevention of abuse and neglect of all adults 19 and older and to address systemic issues raised by local CRNs that impact how abused or neglected adults get help.

Tools, Templates, Resources

Health Related Resources List

1. Vancouver Coastal Health.
http://www.vchreact.ca/about_program.htm

2. First Nations Chiefs Health Committee.
http://www.fnchc.ca

3. Community Health Associates of B.C. (CHABC) offers a variety of services. Their main focus is advocating for the First Nation Front Line Workers of BC.
http://www.cha-bc.org

4. Health Canada works with First Nations and Inuit communities in developing comprehensive home and community care services that respect traditional, holistic and contemporary approaches to healing and wellness. This is a comprehensive sites with links to numerous resources, reports, etc.
http://www.hc-sc.gc.ca/fniah-spnia/services/home-domicile/index-eng.php

Health Related Resources List, cont'd

5. The National Indian & Inuit Community Health Representatives Organization (NIICHRO) is a national not-for-profit non-governmental organization representing Aboriginal Community Health Representatives.
http://www.niichro.com/2004/?page=history&lang=en

6. A list or resources available from **National Indian & Inuit Community Health Representatives Organization** (NIICHRO)
http://www.niichro.com/2004/pdf/resource-kits-2008.pdf

7. Indian and Northern Affairs Adult Care Program to assist First Nations people with functional limitations because of age, health problems or disability.
http://www.ainc-inac.gc.ca/ps/acp_e.html

8. Health Dictionary - Heart and Stroke Foundations of Canada.
http://ww2.heartandstroke.ca/Page.asp?PageID=1936

9. First Nations, Inuit and Metis Resources, Canadian Heart and Stroke Foundation
http://www.heartandstroke.com/site/c.ikIQLcMWJtE/b.3479041/

Legal and Restorative Justice Links

1. Victim Services and Community Programs Division, Ministry of Public Safety and Solicitor General.
http://www.pssg.gov.bc.ca/victim_services

2. Legal Services Society
400-510 Burrard Street Vancouver BC V6C 3A8
Tel.: (604) 601-6000
Legal representation for Lower Mainland (604) 408-2172
Legal representation for rest of province toll free:
(866) 577-2525, Website: **www.lss.bc.ca**

3. Legal Services Society Call Centre and lawLiNE
Tel: (604) 408-2172
Toll Free (866) 577-2525

4. The Law Centre
University of Victoria
1221 Broad Street Victoria BC V8W 2A4
Tel.: (250) 385-1221
Fax: (250) 385-1226
Email: **reception@thelawcentre.ca**
Website: **www.thelawcentre.ca**

Legal and Restorative Justice Links, cont'd

5. RCMP Community Policing Services ("E" Division – BC) E" Division CPS had developed a program referred to as "Ageless Wisdom" to provide Crime Prevention messaging to older adults, with a focus on providing this support to recipients of the compensation package from the Indian Residential School Settlement Agreement. Topics covered by this package include: Frauds, Cons, Schemes and Scams, Personal Safety, Abuse, and Victim Services. The program has been rolled out across the division and is now being delivered by local First Nations Members. Representatives of "E" Division CPS travel with the Indian Residential School Survivors Society to deliver the program at regional gatherings where local Survivors are educated about the Settlement Agreement.
Ageless Wisdom is now being adopted by the RCMP nationally.
http://bc.rcmp-grc.gc.ca/ViewPage.action?contentId=1143&siteNodeId=38&dc=&rpp=10&p=1&languageId=1&q=ageless+wisdom&submit=Go

6. This website provides information on how Restorative Justice is being used around the world. **http://www.restorativejustice.org**

First Nation & Aboriginal Resources List

1. Indian Residential School Survivors Society. **www.irsss.ca**

2. The **Aboriginal Canada Portal** is a single window to First Nations, Métis and Inuit online resources and government programs and services.
www.aboriginalcanada.gc.ca

3. Healing the Past: Addressing the Legacy of Physical and Sexual Abuse in Indian Residential Schools (The section on community initiatives will be of interest to CHWs). **canada.justice.gc.ca/eng/dept-min/pub/dig/heal-guer.html**

4. Vancouver Island First Nation Health Services and Community Development , Informatics and Research (CDIR) - Community Based Research is a focus of CDIR which centers around empowering communities to reclaim their use of, and control over, research as an important tool for creating change at the community level, service levels, and policy levels.
www.intertribalhealth.ca/transfer.html

5. Vancouver Aboriginal Friendship Centre Society (VAFCS). **www.vafcs.org/**

6. Helping Spirit Lodge Society, 3965 Dumfries Street, Vancouver BC, V5N, 5R3
Tel.: (604) 872-6649, Fax: (604) 873-4402,
Email: **helping_spirit@telus.net,** Website: **www.helpingspiritlodge.org**

7. Nuxalk Transition Home, *c/o* Nuxalk First Nation, PO. Box 65, BELLA COOLA BC VOT-lCO Email: **snxlhh@belcobc.ca**

First Nation & Aboriginal Resources List, cont'd

8. ABORIGINAL LEGAL AID SERVICES AND LEGAL CLINICS, The Law Centre - First Nations and Metis Outreach Program, 1221 Broad Street , Victoria BC, V8W 2A4, Tel. (250) 385-1221, Fax (250) 385-1226,
Website: **www.thelawcentre.ca/first_nations.html**

9. University of British Columbia First Nations Legal Clinic
191 Alexander Street, Vancouver BC, V6A 1 B8
Tel. (604) 601-6430, Fax: (604) 601-6435

10. Battered Women's Support Services First Nations Women's Support and Outreach, P.O. Box 21503, 1424 Commercial Dr., Vancouver BC, V5L 5G2,
Tel.: (604) 687-1867, Fax (604) 687-1864, TTY: (604) 687-6732
Email: **monawoodward@bwss.org**
Website: **www.bwss.org/programs/first_nations.htm**

11. Stopping Abuse: Responses from First Nations Communities, DRAFT Sept/07 PDF

Community Programs & Victim Services Resources List

1. B.C. Association of Community Response Networks (BCACRNs).
http://www.bccrns.ca/

2. Seniors Gateway to Legal Information and Resources - This site was developed through a partnership with 411 Seniors Centre and the Representation Agreement Resources Centre. The Aboriginal Resources on this site include access to Aboriginal Canada Portal, Aboriginal Directorate, Aboriginal Poverty Law Manual.
http://seniorsgateway.vcn.bc.ca/subject_categories/aboriginal.html3

3. BC Association of Specialized Victim Assistance and Counseling Programs (BCASVACP), a resource for community-based services that support survivors of sexual assault, relationship violence and criminal harassment.
http://www.endingviolence.org

4. Ontario Network for the Prevention of Elder Abuse.
http://www.onpea.org

5. Canadian Network for the Prevention of Elder Abuse.
http://www.cnpea.ca/

6. British Columbia and Yukon Society of Transition Houses, Suite 507, 475 Howe Street, Vancouver BC, V6C 2B3, Tel.: (604) 669-6943, Fax: (604) 682-6962, Email: **admin@bcysth.ca**, Website: **www.bcysth.ca**

7. **BC Coalition to Eliminate Abuse of Seniors**. **www.bcceas.ca**

8. **Victim Services and Community Programs Division**, Ministry of Public Safety and Solicitor General. **http://www.pssg.gov.bc.ca/victim_services**

Government, Health & Safety Resources List

1. Downloadable version of: Home and Community Health Worker Hand Book published by Work Safe BC.
http://www.worksafebc.com/publications/high_resolution_publications/assets/pdf/BK104.pdf

2. B.C Adult Guardianship Act.
http://www.qp.gov.bc.ca/statreg/stat/A/96006_01.htm

3. Three interactive modules on "cultural safety." These purpose of these modules is to reflect on Aboriginal peoples' experiences of colonization and racism as these relate to health and health care. The modules are designed for nurses, nursing students, and nursing instructors, as well as other health and human service workers, to explore the concept of cultural safety as it relates to nursing practice.
http://web2.uvcs.uvic.ca/courses/csafety/mod1/

4. Indian and Northern Affairs Canada.
infopubs@inac-ainc.gc.ca

5. Public Guardian and Trustee of British Columbia (PGT).
www.trustee.bc.ca

Interior Health
Guidelines for Working with Aboriginal People -Community Engagement

Prepared By: Jennifer Houde, Aboriginal Community Engagement Coordinator, Elder Care and Chronic Disease Management Portfolio, October 2007

Reviewed and Endorsed By: The Aboriginal Health and Wellness Advisory Committee and the Aboriginal Health Leader, Interior Health.

Introduction:

Within the boundaries of Interior Health there the Nations of: Southern Carrier, Tsilhqot'in, Northern and Southern Secwepemc, Okanagan, KtunaxaJKinbasket, Nlaka'pamux, St'at'imc, Stuwix and Sinixt. As well, the Metis Nation represented by Region 3 of the Metis Nation Be and many urban Aboriginal people. The total Aboriginal population for the region is approximately 37 000. Not all Aboriginal people practice the same beliefs, customs or values or speak the same language.

There will be and should be many opportunities for active aboriginal community engagement. With this in mind, there are vast cultural differences which may lead to misunderstandings and feelings of disrespect. Having an understanding of the way in which Aboriginal people live and be in the Interior Health Region would be beneficial for anyone entering the communities or having interactions.

Values

Respect: Respect the people that you are working with, even if you do not understand their worldview. Reflect traditional models of dispute resolution.

Relationships: Promote Family Unity and Cooperation. Indigenous people have large families, as a result the participation of the family and community may be larger than you expect.

Responsibility: Be accountable to the people and community you are working with.

Reciprocity: Ensure your work is meaningful to the community not just meeting your own work needs and agendas.

Suggestions:

- In order to determine whether Indigenous people have an interest in the communication, consultation with the appropriate Indigenous individuals, communities or organizations should occur.
- Always acknowledge the traditional territory and the Indigenous people of the land whom you are visiting and give gratitude for being allowed to have your meeting there.
- Clearly introduce yourself and your role/service; ensuring that all information is given clearly and is understood by the participants.
- Ask an Elder or other attendee to say an opening prayer.

- Conduct circle meetings when possible. The format of this type of meeting is that chairs are placed in a circle, discussion goes clockwise and people speak in turn. This way everyone has a chance to speak and is respected to do so. Try not to cut anyone off due to time or process; if you must, do it gently.

- Be aware of your inherent and societal privilege. There are many benefits granted to people based on the colour of skin, the way you look, the way you present yourself, where you live, education etc as well as many benefits not granted to people based on the same criteria.

- Be aware that you are knowledge brokers, people who have the influence to make legitimating arguments for or against ideas, theories or practices within Interior Health. You are a collector of information and producers of meaning, which can be used for or against Indigenous interests.

- Be non-intrusive, trustworthy, respectful of protocol and inclusive, rather than exclusive of, First Nations/Aboriginal perspectives, perceptions, and world-views.

- Respect cultural integrity which means using procedures which allow contributors to "tell their stories" (narratives) therefore getting the most from First Nations traditions of storytelling, and oral history.

- Recognize that treating all people just the same is not a form of social justice, but is a form of submerging the Aboriginal person in a culture that is based on European patterns.

- Be aware that all interaction with communities is reflective of Interior Health and can and will affect future relationships with these key stakeholders.
- Remember, when in doubt ask the people participating. Most times, when someone asks and is respectful, the proper way will be shown to you.

Resources Available from the BC Association of CRNs

Stopping Abuse: Responses From First Nations Communities – Strategies for Addressing and Preventing Financial Abuse in FN Communities Related to IRS Settlements

Guide to Resources/Services for Residential School Survivors and their Communities

The CRN Toolkit: Building Community Capacity to Address and Prevent Adult Abuse, Neglect and Self-Neglect

For More Information About BCACRN

Executive Director
Tel: (604) 660-4482
E-mail: edcrns@telus.net

It takes the strength of a community to prevent abuse of neglect of elders and other adults who are more vulnerable due to illness, disability or medical conditions.

If you have concerns that a vulnerable adult is being abused or living at risk due to neglect or self-neglect there is help available.

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

what
is abuse?

Abuse is the deliberate mistreatment of an adult that causes the adult physical, mental or emotional harm, or causes damages to or loss of assests.

Abuse may include intimidation, humiliation, physical assault, theft, fraud, misuse of a power of attorney, sexual assault, over- medication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors or other basic human rights.

what
is neglect?

Neglect is the failure to provide necessary care, assistance, guidance or attention that causes, or is reasonably likely to cause the person physical, mental or emotional harm or substantial damage to or loss of assets.

re:act
recognize and report

who to call

Discuss the situation with someone at your local Health Clinic or Social Development Office.

This may include:

- Community Health Nurse
- Community Health Representative
- Social Worker
- Elder Support Worker
- Home/Personal Care Worker
- Drug and Alcohol Counsellor
- Family Support Worker
- Social Development Worker

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 your local VCH Community Health Centre.
Or for more information please visit www.vchreact.ca

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

re:act
Adult Abuse & Neglect - Response Resource

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

what
is self-neglect?

Self-neglect is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional damage to or loss of assets and includes:

(a) living in grossly unsanitary conditions

(b) suffering from an untreated illness disease or injury

(c) suffering from malnutrition to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired

(d) creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets

(e) suffering from an illness, disease or injury that results in the adult dealing with his or her own assets in a manner that is likely to cause substantial damage to or loss of the assets.

vch
a designated agency

Vancouver Coastal Health is a "Designated Agency" responsible for investigating situations of abuse, neglect and self-neglect of adults who are unable to seek support and assistance on their own due to restraint, physical handicap, illness, disease, injury or any other condition that affects decision-making ability.

The VCH response is built upon the principles of self-determination and autonomy and on the presumption of capability. Adults should receive the most effective but least restrictive and intrusive support and assistance.

The Adult Guardianship Act (Part 3) gives VCH enhanced powers to intervene in emergencies and to investigate situations in which vulnerable adults are living at risk.

what to do

- Involve the adult as much as possible.
- Determine if the adult is able to seek support and assistance on their own.
- Ensure that the adult has support and assistance and is in a safe environment.
- Refer to the designated responder in your area.

facing
facts

- Victims of childhood abuse are often abused later in life
- Aboriginal people are 3 times more likely to experience violence than non-Aboriginal people
- The incidence of abuse and neglect increase with age, disability and dependence
- An estimated 8 out of 10 Aboriginal women have experienced family violence
- People who have mental illness, physical disabilities or substance addictions experience a higher incidence of abuse and exploitation
- Decreasing isolation in older adults decreases the risk of abuse
- Language barriers may prevent access to help

Footnotes

1. *Healthy Children, Healthy Families, Healthy Communities: The Road to Wellness, British Columbia First Nations Regional Longitudinal Health Survey 2002/2003,* quote from Elder Sarah Modeste pg.7
2. *Adapted, Ontario Network for the Prevention of Elder Abuse (ONPEA),* Core Curriculum & Resource Guide, November 2006, pg.4
3. *RE:ACT Manual for Vancouver Coastal Health Staff,* pg.7,8,9 follow practice guidelines or protocols developed specifically for your program, agency or Band Council, where they are available.
4. *RE:ACT Manual for Vancouver Coastal Health Staff,* pg.7
5. *Ontario Network for the Prevention of Elder Abuse (ONPEA), Core Curriculum & Resource Guide*, November 2006, pg.23
6. *Ontario Network for the Prevention of Elder Abuse (ONPEA), Core Curriculum & Resource Guide,* November 2006, pg.29
7. *Adapted, Ontario Network for the Prevention of Elder Abuse (ONPEA), Core Curriculum & Resource Guide,* November 2006, pg.11-13
8. *Healthy Children, Healthy Families, Healthy Communities: The Road to Wellness, British Columbia First Nations Regional Longitudinal Health Survey 2002/2003,* pg. 62
9. *Srivastava, Rani H., The Healthcare Professional's Guide to Clinical Cultural Competence,* Mosby Elsevier, 207, pg.62
10. *Hassel, C. (2005) Journal of Extension,* Vol 43, No 6 **http://www.joe.org/joe/2005december/a1.shtml**
11. *Home and Community Health Worker Handbook, Occupational Health and Safety Agency for Healthcare in British Columbia,* 2006 pg. 16-18
12. *Medscape Today, Caring for Patients While Respecting Their Privacy,*
13. *Adult Guardianship Act, Chapter 6, Part Three,* RSBC 1996

Adult Abuse and Neglect

Response Flow Chart

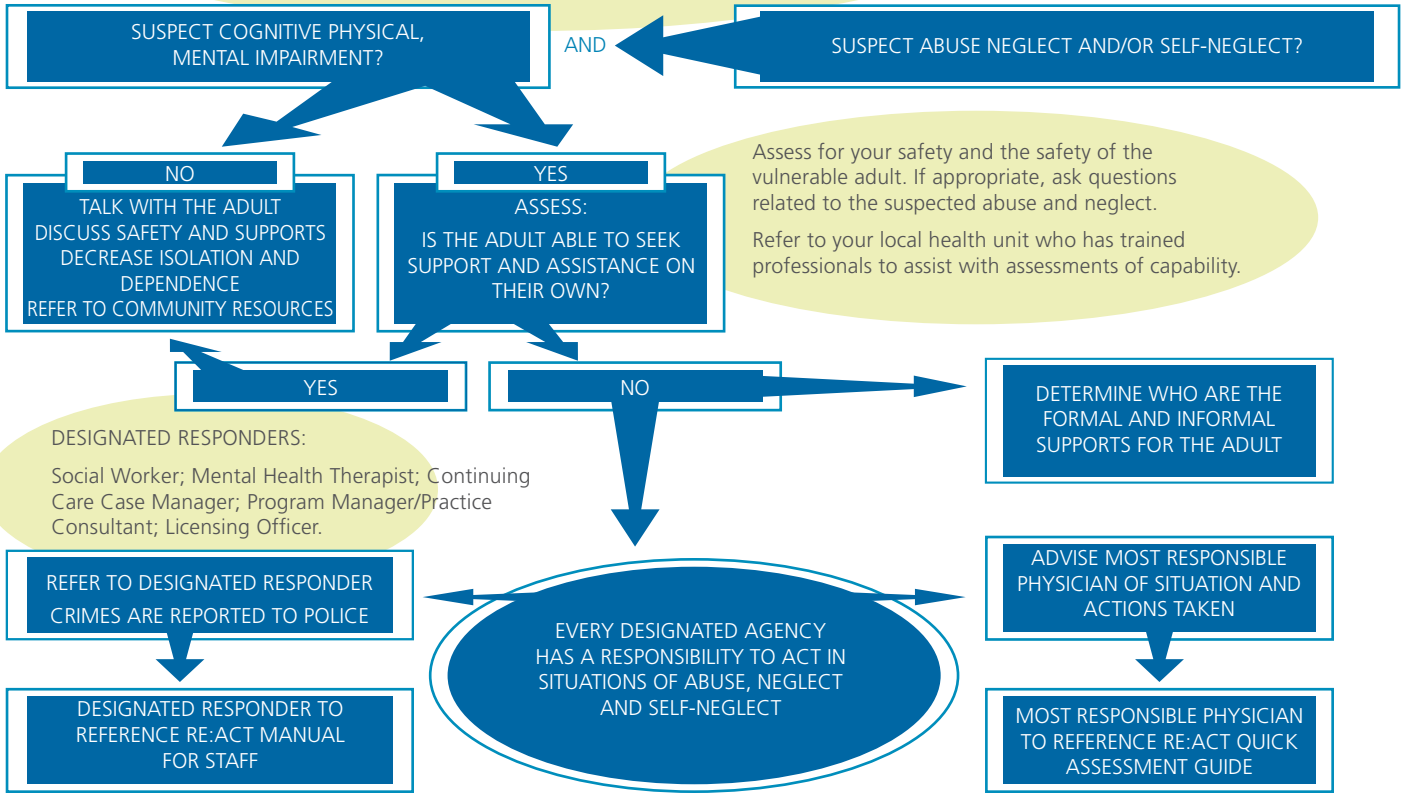
ABUSE INDICATORS

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.



SAFETY:
Be aware of Your Safety as well as the safety of the Vulnerable Adult.

CONFIDENTIALITY:
A Designated Agency must not disclose or be compelled to disclose the identity of a person who makes a report or offers collateral information.

POLICE REPORTS:
Designated Agencies are required by law to report to the police suspected crimes committed against adults that are unable to seek support and assistance on their own.

EMERGENCY IDENTIFICATION:
A Designated Agency may act without delay in order to preserve the adult's life, prevent serious physical or mental harm, or to protect assets from significant damage or loss.

Case Studies

The following stories are based upon the animated scenarios John's Story and Mary's Story. The learner can review the animated scenarios on the website to see the complete details of these fictional case studies.

John's Story

John is in his 70's. His wife has died recently; he has a heart condition and is on medication. His Doctor has advised him, not to drink, except on special occasions, to have consistent diet and take light exercise. His son Charlie, recently lost his job, so has moved in to "take care of" his Dad. The family has had a history of family violence in the past. John is a residential school survivor and has had support from the Residential School Survivor's Society. Charlie and John have started to drink together on a regular basis. Charlie is beginning to resent being responsible for his Dad. John is forgetting to take his medication and his health is starting to deteriorate to the point where he is no longer participating in his usual community activities.

A Community Response Network Volunteer notices that John is not participating in his usual community activities, such as Bingo. She calls the Community Health Worker and requests that she drop by to see how John is doing. Community Health Worker thinks it is probably nothing, but drops by just the same. Charlie refuses to let her into the house to see John, even though John is in the background asking who is there. Charlie slams the door in the Community Health Worker's face. The Community Health Worker is intimidated and concerned about John.

Case Studies

Play Video

John's Story

Play Video

The Designated Responder asks her questions related to the situation. She suggests that in a safe environment for the Community Health Worker and the client, she should ask John about the incident. The Community Health Worker is able to arrange to have a safe conversation with John. He advises that things are not working out with Charlie. Charlie and John participate in a restorative justice process. Charlie admits that he was abusing his Father. He moves out and starts a job re-training program. Community supports and appropriate Power of Attorney arrangements allow John to maintain his independence. John acknowledges that this is the best course of action for him and his son.

Mary's Story

Mary is her 60's. She has an active lifestyle and a large family. Her Daughter has a new Boyfriend. Mary doesn't trust him. Mary has misplaced her prescription pills and has gotten a 6-month supply from the Doctor. Her Daughter offers to put them in her pillbox. The Daughter asks her Mother to tell her Boyfriend that she is going downtown. The Boyfriend arrives after the Daughter has left. He insists that Mary sign over Power of Attorney to him. She refuses; he assaults her and forges her signature on the document. She is taken to the hospital.

Emergency Services Staff ask her where her pills are as her prescription bottle only has over the counter pain pills. Mary has severe injuries and passes out. A Designated Responder is there when she wakes up. Mary is insisting that no one in her family or community be advised of where she is.

Mary's Story

Play Video

The Emergency Services Staff and the Designated Responder advise Mary that they are considering contacting her Power of Attorney. Mary grabs it, rips it up and passes out again. The Designated Responder advises the Emergency Services Staff the Mary must mean it when she says that no one is to be contacted. Her injuries could have been sustained in an assault. Mary has to stay in hospital for some time because of her injuries and confides in her Social Worker the circumstances that led to her injuries. She decides not to go back to her home, but moves into a supportive housing environment.

She also contacts Victim Support Services. Eventually, her Daughter breaks up with the Boyfriend, she and Mary reconcile. Mary's health improves and she regains her independence.

Certificate Quiz

1. Community Health and Human Service Workers is a term used to represent workers that fulfill the following functions: Community Health Representatives, Community Health Nurses, Band Social Workers, Drug and Alcohol Workers, Mental Health Workers, Band Social Assistance Workers, Home Care Aids.

☐ ***True*** ☐ ***False***

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2. Designated Responder refers to an employee of a Designated Agency who has the responsibility and training to inquire into reports under the BC Adult Guardianship Act.

☐ ***True*** ☐ ***False***

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3 From the list below, select the answer that defines the purpose of the B.C. Adult Guardianship Act:

☐ ***Provide support and assistance to all adults who are abused, neglected or self-neglected, even if they are able to seek support and assistance by themselves.***

☐ ***Provide support and assistance only to adults who are abused, neglected or self-neglected and are unable to seek support and assistance by themselves***

---

4. Designated Agencies in B.C. are not responsible for receiving reports and inquiring into situations of abuse, neglect and self-neglect.

☐ ***True*** ☐ ***False***

---

5. From the list below, select three Designated Agencies in B.C.

- ☐ ***Band Council Members***
- ☐ ***Community Living B.C.***
- ☐ ***Home Care Aids***
- ☐ ***Providence Health Care***
- ☐ ***Municipal Politicians***
- ☐ ***Members of Provincial Parliament***
- ☐ ***The 5 Regional Health Authorities and a provincial health authority not designated***

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6. Adults are not presumed to be capable of making decisions about personal care, health care, legal matters, or their own financial affairs, business or assets.

☐ ***True*** ☐ ***False***

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7. Community Health and Human Service Workers should be aware of the potential for the following types of abuse: *Financial, Neglect/Self neglect, Violation of Rights, Physical, Sexual, Emotional/Psychological*

☐ ***True*** ☐ ***False***

---

8. If a Community Health and Human Service Worker suspects that a vulnerable adult is being abused, they should:

- ☐ ***ignore it and mind their own business***
- ☐ ***phone the police before talking with the vulnerable adult***
- ☐ ***have the vulnerable adult declared incapable and place them in a Long Term Care Facility***
- ☐ ***follow the process in the Response Flow Chart for Community Health Workers***

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9. If someone reports that they suspect a vulnerable adult is being abused, the name of that person must be reported to the Designated Agency and will not be kept confidential.

☐ ***True*** ☐ ***False***

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10. If an adult, who meets the criteria for the Adult Guardianship Act, is a victim of a crime, the Designated Agency is required to report the facts to the police.

☐ ***True*** ☐ ***False***

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11. Community Response Networks are made up of a diverse group of concerned community members, service providers and others, who come together to create a coordinated community response to adult abuse, neglect and self-neglect.

☐ ***True*** ☐ ***False***

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12. Often Community Response Network members are employed by the Designated Agencies, the Band Health Services, the local church, police or emergency services personnel.

☐ ***True*** ☐ ***False***

---

13. Select from the list below three requirements for cross cultural engagement:

☐ ***creating short term relationships that are based on strict protocols and procedures***

☐ ***creating long term relationships with communities that include alternate perspectives, ideas, understandings to reframe problems***

☐ ***recognize and call into question your own ideology without becoming defensive***

☐ ***control programs and agendas***

☐ ***stimulate innovation and discovery by bringing together divergent ways of knowing***

---

14. If you work in the home and community care sector, being exposed to violent and aggressive behaviour is part of your job and there is no need to report this behaviour to your supervisor.

☐ ***True*** ☐ ***False***

---

15. From the list below, select five things you can do to reduce the risk of violent and aggressive behaviour:

☐ ***Stay as close to your client as you can***

☐ ***Do things without telling the client first***

☐ ***Avoid letting the client come between you and a way out of the room***

☐ ***Assess your client's mood before you start your duties***

☐ ***Tell your client what you are going to do before you do it***

☐ ***Don't be concerned with cultural or language barriers***

☐ ***Be aware that your client may become more aggressive when you are assisting with personal care***

☐ ***Know your employer's procedures for minimizing risk***

☐ ***Argue and raise your voice with the client to show them that you are in control***

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16. Privacy is the freedom from intrusion into and exposure of personal affairs. It is a basic human right.

☐ ***True*** ☐ ***False***

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17. Confidentiality is how we treat private information, once it has been disclosed to others or ourselves

☐ ***True*** ☐ ***False***

---

18. Once a report has been made to a Designated Responder, the Designated Responder has the responsibility to look into situations of suspected or reported abuse, neglect and self-neglect of vulnerable adults and access tools to provide support and assistance.

☐ ***True*** ☐ ***False***

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19. Community Response Networks (CRNs) can help create increased coordination of community responses to abuse and neglect.

☐ ***True*** ☐ ***False***

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20. The B.C. Association of Community Response Networks (BCACRNs) provides a Mentor's Team whose members can be available by phone and email to offer support to communities wishing to develop their own CRNs.

☐ ***True*** ☐ ***False***

Grade My Test Reset Form

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re:act

Adult Abuse & Neglect - Response Resource