



Regional Geriatric
Program of Toronto

OUTLINE OF THE WORKSHOP

- An overview of elder abuse
- Flagging and detecting elder abuse
- Interactive group activity (“Build-a-Case”)
- Strategies and interventions for elder abuse
- Reflections and wrap-up



**Regional Geriatric
Program of Toronto**

Dear Elder Abuse Workshop participants:

To assist you in preparing for the upcoming Elder Abuse Workshop please find attached the following materials:

- Outline of the workshop
- Pre-workshop questionnaire
- Pre-workshop readings

Butler, R.N.(1999) Warning signs of elder abuse. *Geriatrics* 54(3), 3-4.

Curtin, K. (1995) Intervention in elder abuse: A swift blade, or a dull-edged saw? *Can Med Assoc J.* 152(7),1121-1123.

Wolfe, S. (Articles Ed.) (1998). Look for signs of abuse. In *RN*, 61(8), 48-51.
Montvale, NJ: Medical Economics Publishing Company, Incorporated.
(www.rnweb.com)

Please come prepared with your questionnaire completed.
We look forward to seeing you at the Workshop!

Yours sincerely,

Elder Abuse Network

RGP Elder Abuse Workshops

**PARTICIPANT PRE-WORKSHOP
QUESTIONNAIRE**



**Regional Geriatric
Program of Toronto**

Purpose: The purpose of this questionnaire is to provide an opportunity for you to reflect on your experience with elder abuse prior to participating in the workshops.

Please complete the pre-workshop questionnaire prior to reading the attached article.

Relevant education and/or experience

AGREE DISAGREE UNSURE

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| I have participated in a previous course or workshop on elder abuse. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have read articles and/or books on elder abuse/elder mistreatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have seen cases of elder abuse/mistreatment in my clinical practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Confidence Level

Please rate your confidence level prior to participating in the workshop.

Pre-Workshop Self-Rating:

I feel _____% confident in dealing with elder abuse in my clinical practice.
(1% – 100%)

Attitudes and beliefs about elder abuse

Please indicate if the following issues are barriers to your becoming involved in an “elder abuse” situation

AGREE DISAGREE UNSURE

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Denial by the individual or caretakers of mistreatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear that the victim may suffer reprisals, loss of autonomy or relocation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The victim wants to avoid embarrassment or shame. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The victim is reluctant to press charges against a close relative or caregiver in fear of isolation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern that minor injuries or subtle signs are not indications of abuse. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uncertainty regarding what your professional responsibility may be. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern regarding confidentiality issues related to abuse. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing this questionnaire. Please bring it with you to the Workshop.