



# Counterpoint Tools

Resources to Enhance Practice

Take Action  
to Prevent Abuse  
of Older Adults

## Charting Sheet

### *Responding to Elder Abuse and Neglect*

Health care professionals and/or service providers should use this form to document concerns about abuse or neglect of an older adult.

The National Initiative for the Care of the Elderly (NICE) has published user-friendly versions of the following tools to assist with assessment of clients and patients:

- **IOA:** Indicators of Abuse (by Myrna Reis and Daphne Nahmiash)
- **CASE:** Caregiver Abuse Screen (by Myrna Reis and Daphne Nahmiash)
- **EASI:** Elder Abuse Suspicion Index (by Mark J. Yaffe, Maxine Lithwick, Christina Wolfson)
- **IN HAND:** An Ethical Decision-Making Framework (by Marie Beaulieu)

These tools are available online at: [www.nicenet.ca](http://www.nicenet.ca)

**Name of older adult:**

**Date of birth:**

**Summary of situation or incident:**

**Type of incident:**

Abuse  Risk of abuse  Neglect  Risk of neglect  Self-neglect  Other:

**Type of abuse or neglect (tick all that apply):**

Physical abuse  Financial abuse  Sexual assault  Neglect  Psychological abuse  Abandonment  
 Forced confinement  Overmedicating  Undermedicating  Harassment  Threats  
 Other:

**Relationship with suspected abuser (tick all that apply):**

Family member:  
 Health care professional  Caregiver  Person who lives with older adult  Friend/neighbour  
 Volunteer  Business/employment  Other:

Notes:



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## Risk of Abuse or Neglect

Answer the questions and circle the level of risk: 0 = no risk; 5 = extremely high risk.

### Social isolation:

How many people does the client interact with in a typical week?

Notes:

Degree of social isolation of the client:    0    1    2    3    4    5

### Abuser-victim dependency:

Does the client live with the suspected abuser?     Yes     No     Sometimes

Is the client dependent on the suspected abuser?     Yes     No     Sometimes

Is the suspected abuser dependent on the client?     Yes     No     Sometimes

### Types of dependency between client and suspected abuser (tick all that apply):

Financial     Physical     Emotional     Other

Degree of dependency between client and suspected abuser:    0    1    2    3    4    5

### Factors that might indicate heightened risk (tick all that apply):

History of domestic violence     Mental capacity limitations     Dementia     Addiction (client)

Addiction (suspected abuser)     Social isolation     Other

Have there been previous incidents of abuse or neglect?     Yes     No

Notes:

**What is the overall degree of risk to the client?**    0    1    2    3    4    5

### Plan for intervention or follow-up (referral to...):

Counselling     Police     Legal advocate/lawyer     Seniors' organization     Social worker

Doctor or specialist     Home support     Other

Notes:

### Who completed this form?

Name:

Position:

Date: