

RISK MANAGEMENT TOOL FOR OLDER ADULTS

Individual's name _____ Date _____

I have some questions to explore with you that will help me better understand what is happening and may help you figure out what options may be best for you. You always are in control and can decide not to answer any question you feel uncomfortable answering.

Before we begin, I would just like to remind you that the law in Alberta requires that a report be made to Children's Services when a child is exposed to family violence. If that is the case in your situation, you and I can work through that together and determine the best way to approach Children's Services for help.

Are you currently living with the person who is abusing you? Yes No Sometimes

Name of person who is abusing you _____ Relationship to abusive person _____
Use the Abuser's name throughout the document when asking questions.

Is _____ financially or emotionally dependent on you? Yes No Sometimes

Are you financially or emotionally dependent on _____? Yes No Sometimes

Abuse History: NOTE TO STAFF: Items that are answered in the positive should be further explored with the individual and comments recorded on the back of the page.

1. Are there any dependent children or dependent adults living in the home? Yes No Sometimes
 Relationship to you _____.
2. What types of abuse are you experiencing now? Circle each one the individual is experiencing and add others.

Physical	hitting, choking/strangulation, slapping, restraining, pushing, biting, threatening or destroying property, harming pets, etc.
Emotional	name calling, yelling, isolating, bullying, bribing, denied access to visitors or telephone, denied privacy, etc.
Financial	selling your items, forcing you to sign legal papers in their favour, abusing power of attorney, adults living off of their parent's income, putting all bills in your name, having no say in household finances, etc.
Medication	over or under medicating, refusing to buy medication, selling medication on the street, etc
Neglect	withholding food or fluids, inadequate medical attention, lack of necessary appliances such as walkers, etc.
Sexual	unwanted touching, forced intercourse, sexual name calling, affairs, bringing home STD's, etc
Spiritual	criticizing or not allowing you to practice your faith, manipulating interpretation of religious scripture to control and isolate, etc.

3. Are you physically or financially dependent on _____? (Mobility, shared rent, etc.) Yes No Don't Know

4. Has there been a recent increase in frequency or severity of the abuse? Yes No Don't Know

5. Do you have any health conditions that are very serious or that you have had, or will have, for a long time? Yes No Don't Know

6. Do you often have trouble remembering things or understanding new information? Yes No Don't Know

HIGH RISK FACTORS	Yes	No	Don't Know
7. Has there been police involvement?			
8. Are there any court orders in place to protect you from _____ (Restraining Order, Emergency Protection Order, Queen's Bench Order, Peace Bond)?			
Have you and _____ complied with the terms of the order since it was granted?			
9. Are there any upcoming court dates? When?			
10. Has _____ threatened or harmed or killed a pet?			
11. Does _____ have access to weapons (guns, knives or tasers)?			
12. Has _____ threatened to hurt you with a weapon?			
13. Has _____ ever threatened or used a weapon against someone else?			
14. Are drugs, alcohol or gambling present in your relationship, if so how? Abusive person Abused person			
15. Have you or _____ ever attended a drug or alcohol, or gambling treatment program? Abusive person Abused person			
16. Have you separated from _____ and are now in a new relationship?			
17. Has _____ ever threatened or attempted to commit suicide?			
18. Has _____ had past relationships that involved abuse?			

19. Given the information you have provided, how would you rate your level of concern for yourself and any family members living in the home in terms of physical safety?

1 _____ 5 _____ 10
no concern very concerned

20. How safe do you feel emotionally?

1 _____ 5 _____ 10
no concern very concerned

Ask the individual, **“No one deserves to be abused and we are concerned for your well-being and the well-being of those living in your home. Have you considered your options?”**

Note to staff: While **all abuse is serious**, **YES** answers to **any** of questions 7-18 suggest that this person may be in significant danger and you may consider consulting with _____ before the individual leaves your office.

Move to Safety Plan for Older Adults