



**National guideline on prevention,  
early detection/identification  
and intervention of physical abuse  
of older persons at primary level**

DEPARTMENT OF HEALTH

**NATIONAL GUIDELINE ON PREVENTION, EARLY  
DETECTION/IDENTIFICATION AND INTERVENTION  
OF PHYSICAL ABUSE OF OLDER PERSONS AT  
PRIMARY LEVEL**

A definition of **Physical Abuse** is an act of omission or commission or an act or threat of violence that results in bodily harm or an adverse effect on an older person. It includes assault, sexual abuse, physical pain and injury.

Physical abuse is not a mutually exclusive category, it is a form of family (domestic) violence. The recent increase in physical abuse of older persons shows a need for its prevention and early detection/identification. Of the five areas of abuse (physical, emotional, financial, neglect and sexual), physical abuse is the most harmful abuse, causing physical, emotional and psychological pain and distress.

- To establish a comprehensive programme for prevention and early detection/identification and intervention of physical abuse in older persons.
- To facilitate training of personnel to prevent and identify physical abuse in older persons.
- To ensure that older persons are protected through legislation and the Constitution.
- To improve the quality of life of older persons.
- To evaluate and monitor outcomes.

### **Target Population**

#### ***For prevention and early detection/identification of physical abuse***

- Older persons  $\geq$  60 years.
- Professionals working with older persons.
- Caregivers.

## **INTRODUCTION**

## **MANAGEMENT OBJECTIVES**

## **SCOPE OF THE GUIDELINE**

**PREVENTION  
OF PHYSICAL  
ABUSE**

• ***For health education and health promotion***

- ■ All children of school-going age, children of older persons, teachers, the general public and older persons.

• ***For training***

- ■ All categories of professional health workers and other professionals or persons working with older persons.

• Awareness-raising strategy targeting older persons, school-going children, adults, children of older persons, teachers, the general public and all categories of professional workers and any other categories of personnel dealing with older persons regarding the ageing process and abuse.

• **1. PRIMARY PREVENTION IN COMMUNITIES**

• General or primary preventive strategies aimed at reducing the incidence of abuse or preventing abuse against older persons. These strategies need to address socio-cultural, social structures and socio-economic elements which tend to encourage violence or abuse of power.

PROBLEM	ACTION PROPOSED
<ul style="list-style-type: none"> <li>- Negative attitudes towards older persons/ageing</li> </ul>	<ul style="list-style-type: none"> <li>- Heightening awareness: Health services, other government departments, voluntary organisations and the mass media can make a contribution to awareness-raising against marginalisation of older persons, the ageing process, recognition of elder abuse as a problem, appreciating the contributions older persons make to society, fostering positive attitudes and help overcome myths and stereotyping of ageing.</li> <li>- Encouragement of participation and social integration of older persons.</li> <li>- As an older person, speak out!</li> </ul>
<ul style="list-style-type: none"> <li>- Inadequate social policy</li> </ul>	<ul style="list-style-type: none"> <li>- Legal enforcement to report all cases of abuse (medical practitioners, dentists, social workers, professional nurses and all other caregivers).</li> <li>- All policies/strategies to include socio-cultural and/or structural elements to discourage violence, abuse of power and to decrease carer stress. Appreciate diversities.</li> <li>- Self-care: Encourage older persons to live in their own homes for as long as possible, with supportive systems to contribute to active ageing.</li> <li>- Coordinate services and providers of care at local level.</li> </ul>
<ul style="list-style-type: none"> <li>- Lack of information at government departments, NGOs and CBOs</li> </ul>	<p>Supply information on:</p> <ul style="list-style-type: none"> <li>- The range of care and support services available in community on e.g. volunteer services, residential care, visiting services, home-based care, community health services.</li> <li>- Contact persons in cases of emergency.</li> </ul>
<ul style="list-style-type: none"> <li>- Lack of community safety and security</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen community police services.</li> <li>- Encourage volunteer community security services.</li> <li>- Inform older persons on safety and security measures which they can practice.</li> </ul>

<b>PROBLEM</b>	<b>ACTION PROPOSED</b>
- Legislation not implemented, coordinated or marketed	- Enforce legal policy and promote the rights of older persons. - Implement an 'at risk' register for elder abuse at clinics, hospitals, police stations, NGOs, etc. - Enhance user-friendly legal services.
- Lack of empowerment of older persons	- Encourage associations of older persons, public health services, and community-based organisations to provide socio-economic opportunities for older persons, a wide range of supportive and educational services. - Encourage self-help groups, community involvement and support from organisations and government. - Mandatory representation of older persons and family on management boards of institutions, NGOs and CBOs. - Improve access to the abuse crisis line/centre. - Protect and promote the rights of older persons. - Facilitate literacy classes.



## **2. SECONDARY PREVENTION**

Secondary prevention is aimed at early identification and/or detection of abusive acts.

<b>PROBLEM</b>	<b>ACTION PROPOSED</b>
- The hidden nature of abuse: Older persons may suffer abuse (particularly by pathological abusers) which may remain undetected for a considerable time	If abusive actions are identified/suspected, the following actions are proposed: - Immediately notify the Director-General: Welfare or the relevant officer. - Thorough assessment to identify abuse through use of assessment tools. - Informed consent is required (refer p 16). - Provide the family, older persons and caregivers with knowledge of services that are available, e.g. respite care, adult day care and meals-on-wheels.

PROBLEM	ACTION PROPOSED
	<ul style="list-style-type: none"> <li>- Support the family and older persons through community services and other support structures.</li> <li>- Support the caregiver through recognition of his/her difficulties and suggest ways to improve the domestic situation.</li> <li>- Allow free time for the caregiver, e.g. by arranging for day-care facilities, volunteer caregivers, etc.</li> <li>- Train people to identify signs and symptoms of abuse.</li> <li>- Identify follow-up system to prevent further abuse.</li> <li>- Encourage telephone checks. If no telephone is available, frequent visits by volunteers, NGO should be encouraged.</li> <li>- Involvement of NGOs, other public services, e.g. house calls.</li> </ul>
<ul style="list-style-type: none"> <li>- Ethical concerns</li> </ul>	<ul style="list-style-type: none"> <li>- Respect the autonomy of the older persons, their right to self-determination regarding the course of their lives and issues concerning their bodies and minds. Even when the choice is not in his/her best interest, respect his/her values even when they differ from the norm.</li> </ul>
<ul style="list-style-type: none"> <li>- Inaccessible point of entry to services: It is important that services at first point of contact should be accessible. Those reporting abuse, either older persons themselves, caregivers or others are likely to feel a sense of stigmatisation or resentment.</li> </ul>	<ul style="list-style-type: none"> <li>- Advertise services, e.g. crisis and emergency services, make use of community services, e.g. clinics, schools, shops, churches and CBOs.</li> <li>- Establish accessible and available 'user-friendly' services; legally supported and with continuity ensured. Services must address the needs of older persons.</li> <li>- Establish elder abuse support groups in communities.</li> <li>- Establish counselling support services, for victims as well as abusers.</li> </ul>
<ul style="list-style-type: none"> <li>- Lack of knowledge of helplines</li> </ul>	<ul style="list-style-type: none"> <li>- A national helpline has been activated: 0800 003 081</li> <li>- Ensure availability of this telephone number to the public, health-care facilities, police offices, churches, welfare</li> </ul>

PROBLEM	ACTION PROPOSED
- Lack of effective training	<p>pay offices and especially to older persons.</p> <p>- Provide service-provider training: Appropriate training of care providers to sensitise them to the signs and effects of abuse and of the ageing process. This training to be included in the curricula of all service providers.</p>
- Lack of victim-support system	<p>- Develop professional support systems to provide information regarding:</p> <ul style="list-style-type: none"> <li>- compensation</li> <li>- health services/forensic services</li> <li>- protective help</li> <li>- legal support</li> <li>- emotional support</li> <li>- counselling</li> <li>- dealing with offenders</li> <li>- methods of resolving conflict/violence.</li> </ul> <p>- Liaison between professionals working in multi-disciplinary teams, coordination of services, intersectoral collaboration.</p> <p>- Implement the Victim Empowerment Programme.</p>
- Difficulty to intervene in abusive situations. Violence is sometimes seen as deriving from the excessive demands of looking after a dependent older person or from a variety of pressures on the the caregivers	<p>- Support the family, older persons and caregivers through community services.</p> <p>- Inform caregivers of the warning signals of stress, e.g. frustration, tension, headaches, emotional outbursts, irritability.</p> <p>- Talk about stress and stressors.</p> <p>- Develop stress management protocols for caregivers.</p> <p>- Let them acknowledge their stressful situation.</p> <p>- Arrange free time for the caregivers, e.g. make use of a day-care centre, respite care, volunteers, other family members.</p> <p>- Attend to the caregiver's personal problems, e.g. addiction to alcohol or</p>

<b>PROBLEM</b>	<b>ACTION PROPOSED</b>
	<p>drugs, marital breakdown, debt or mental health problems. Counsel and rehabilitate.</p> <ul style="list-style-type: none"> <li>- Utmost care should be exercised in appointing lay health workers.</li> <li>- Stressed caregivers' situations should be reviewed regularly.</li> </ul>
<ul style="list-style-type: none"> <li>- Lack of intersectoral coordination</li> </ul>	<ul style="list-style-type: none"> <li>- Inform older persons on strategies to prevent violence, on safety and security, forensic services.</li> <li>- Establish self-help groups of elderly victims, caregivers and abusers.</li> <li>- Coordinate visits by home-based care providers.</li> <li>- Develop a community abuse prevention and management plan to include all role-players.</li> <li>- Establish a coordinating committee in the community.</li> </ul>

Causes of abuse are varied. However, it is known that abuse is more likely to occur if the older person is physically dependent, is suffering from cognitive impairment, or if the older person lacks sufficient income to be self-sufficient.

**RISK FACTORS OF PHYSICAL ABUSE**

<b>RISK FACTORS</b>	<b>ACTION PROPOSED</b>
<ul style="list-style-type: none"> <li>- Environmental stressors: <ul style="list-style-type: none"> <li>- Poverty</li> <li>- Unemployment</li> <li>- Inappropriate housing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Support to the caregivers: <ul style="list-style-type: none"> <li>- Provide the family with knowledge of support services available.</li> <li>- Arrange free time and leave for caregivers, e.g. respite care and daycare services.</li> <li>- Follow-up on grants, medical and social assistance.</li> <li>- Financial advice, legal advice.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>- Personal stressors: <ul style="list-style-type: none"> <li>- Marital difficulties of older persons/family members</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Support the couple through advice, marital counselling.</li> <li>- Intervention/counselling/treatment.</li> </ul>

<b>RISK FACTORS</b>	<b>ACTION PROPOSED</b>
<ul style="list-style-type: none"> <li>- Alcohol and drug abuse</li> <li>- Illness</li> </ul>	<ul style="list-style-type: none"> <li>- Physical assessment at home/clinic and/or admission to hospital or institution if advisable and agreed upon.</li> <li>- Case management.</li> <li>- Assistive devices if needed.</li> <li>- Home-care services, including the provision of meals.</li> </ul>
<ul style="list-style-type: none"> <li>- Lack of support</li> </ul>	<ul style="list-style-type: none"> <li>- Arrange with neighbours or volunteers, CBOs and NGOs to support family.</li> <li>- Home visits by community nurses and doctor/police/social workers, volunteers.</li> <li>- Mobilise all social services, e.g. churches.</li> <li>- Inform caregivers/older persons where and how to request assistance. Give a specific contact person per service.</li> </ul>
<ul style="list-style-type: none"> <li>- Lack of freedom</li> </ul>	<ul style="list-style-type: none"> <li>- Family meetings. Older persons not to be coerced into running the household/ taking care of children. Let older persons contribute according to their well-being.</li> <li>- Older persons to respect freedom of other family members.</li> <li>- Financial accountability and decision-making powers to be shared, also by older persons.</li> <li>- Privacy and confidentiality of older persons to be respected.</li> <li>- Make best possible living arrangements.</li> </ul>
<ul style="list-style-type: none"> <li>- Lack of training, knowledge and skills</li> </ul>	<ul style="list-style-type: none"> <li>- Training in care skills, dealing with apathy, depression, injuries, stress, etc.</li> <li>- Standards to be set for the training of lay health workers and for professionals.</li> <li>- Include geriatrics in the curricula of all health professionals.</li> </ul>
<ul style="list-style-type: none"> <li>- Dependency</li> </ul>	<ul style="list-style-type: none"> <li>- Share caring tasks. Draw up a roster.</li> <li>- Disease management and rehabilitation.</li> <li>- Provide assistive devices to improve activities of daily living.</li> </ul>
<ul style="list-style-type: none"> <li>- Poor communication of/with the older person</li> </ul>	<ul style="list-style-type: none"> <li>- Rehabilitation, e.g. for visual, hearing or speech impairment.</li> <li>- Speech problems (post-stroke): Provide pencil + paper, blackboard + chalk to write on.</li> </ul>

RISK FACTORS	ACTION PROPOSED
	<ul style="list-style-type: none"> <li>- If unable to write: Establish communication by 'signs'.</li> <li>- Listen to older persons.</li> <li>- Provide necessary assistive devices.</li> <li>- Psychological assessment.</li> <li>- Include older persons in all social activities.</li> </ul>
<ul style="list-style-type: none"> <li>- Role reversal, e.g. parents cared for their children, but when they are getting frail, the children have to care for them, wife to be cared for by husband</li> </ul>	<ul style="list-style-type: none"> <li>- Counselling of the older persons and their families. Never be judgemental.</li> <li>- Sharing of power and responsibility and decision-making.</li> <li>- Work out and agree on a care plan - all parties involved.</li> </ul>
<ul style="list-style-type: none"> <li>- Warnings and 'cries for help', often unrecognised</li> <li>- Self-reporting abuse</li> </ul>	<ul style="list-style-type: none"> <li>- Teach caregivers and significant others how to recognise warning signs.</li> <li>- Raise awareness on elder abuse.</li> <li>- Mainstreaming of older persons into the community.</li> <li>- Effective follow-up systems to be instituted.</li> <li>- Determine the mental and physical health of the older person and caregiver.</li> <li>- Determine the family composition and relationship through conversation.</li> <li>- Determine the domestic setting, general condition and sleeping arrangements by home visits. Rearrange if possible and needed.</li> <li>- Define the social networks of victim and abuser.</li> <li>- Determine the level and nature of support provided, accepted or refused.</li> <li>- Physical examination to detect abuse.</li> <li>- Sensitise support groups.</li> </ul>
<ul style="list-style-type: none"> <li>- Injuries caused by abuse are often misdiagnosed or not identified because older persons bruise easily and sustain injuries very easily</li> </ul>	<ul style="list-style-type: none"> <li>- Skills-training in physical examination and history-taking.</li> <li>- Skills-training in caring of older persons.</li> <li>- Listening skills</li> </ul>
<ul style="list-style-type: none"> <li>- Triggering behaviour of older persons, e.g. difficulty in controlling anger, frustration;</li> </ul>	<ul style="list-style-type: none"> <li>- Counselling of the caregiver and older persons.</li> <li>- Management of illness and/or condition.</li> </ul>

<b>RISK FACTORS</b>	<b>ACTION PROPOSED</b>
low self-esteem, confusion, dementia	<ul style="list-style-type: none"> <li>- Improvement of interpersonal relationships.</li> <li>- Understanding the ageing process.</li> </ul>
- Apathy/depression	<ul style="list-style-type: none"> <li>- Identify, increase support and treat any underlying illness/mental illness or other cause.</li> <li>- Depression is not 'normal'. It needs urgent attention.</li> </ul>
- Isolation	<ul style="list-style-type: none"> <li>- Encourage keeping of pets.</li> <li>- Arrange regular visits by statutory services and volunteers.</li> <li>- Encourage family and friends to become more involved with older persons.</li> <li>- Encourage self-help groups.</li> <li>- Telephone helpline to be readily available.</li> <li>- Participation in community services.</li> <li>- Provide radio, books, music tapes, recreation.</li> </ul>
- Living arrangements	<ul style="list-style-type: none"> <li>- Institutionalise if preferred by the older persons and if resources are available.</li> <li>- Assist in planning living arrangement to make it more practical and acceptable.</li> </ul>
- Theft of older persons' money/personal belongings	<ul style="list-style-type: none"> <li>- Improve supervision/safety and security.</li> <li>- Encourage older persons to report any theft.</li> </ul>

**POTENTIAL INDICATORS FOR INSTITUTIONAL ABUSE**

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- 
- There are many homes in which vulnerable adults are cared for with love, compassion and sensitivity. The following can be **risk factors for abuse in institutions:**
- 
- **Staff, caregivers and support**
- 
- ■ Inadequate number of caregivers.
- ■ Inadequate support system to caregivers.
- ■ Lack of knowledge and training. No or little professional support/supervision.
- 
- ■ A large number of part-time/temporary staff in institutions.
-

- Disrespectful attitude towards older people.
- Caregiver friction.
- Substance abuse.
- Punitive methods against older persons, e.g. mechanical or drug restraintment, refusal of meals.
- Inadequate cleaning materials, supplies, linen.
- High turnover of caregivers.
- Low caregiver morale.
- Pathological behaviour.

### **Service/care**

Lack in standards of care and quality control resulting in:

- Poor hygiene and appearance of older persons.
- Inadequate laundry services.
- Unhygienic environment, e.g. an odour of urine.
- Failure to provide nutritious food and adequate quantity.
- Poor hygiene in food preparation.
- Misuse of drugs.
- Insufficient equipment and assistive devices.
- No privacy.
- Poor mental stimulation.
- Refusal to keep personal possessions, e.g. furniture, photographs, plants.
- Isolation, lack of contact or no contact with family/friends/community.
- Rights of older persons not protected.
- Restraining older persons by drugs or mechanical manner.
- Needs of older persons not recognised or met.

**PHYSICAL  
INDICATORS  
FOR ABUSE**

**Case management**

- Lack of effective skills.
- Lack/breakdown of positive communication with older persons.
- Ineffective reporting/ignoring of problems.
- Failure to agree with support organisations on their purpose/tasks and roles.
- Failure to recognise and modify hazardous events, risk factors.
- Lack of flexibility.
- Exclusion of older person in decision-making - not respecting autonomy.

*The above is not restricted only to institutions - it can also happen at home.*

**Intentional injuries:**

**1. Unexplainable bruises, welts and haematomas:**

On the face, lips, mouth, torso, back, buttocks, thighs, at various stages of healing; clustered formed patterns reflect shape of article used (buckle, cord) on several different surfaces, regularly appearing after weekends or holidays.

**2. Unexplainable burns:**

- Caused by cigarettes, especially on the soles, palms or back. Immersion burns (sock-like on feet, glove-like on hands, doughnut shaped on bottom or genitalia).
- Patterned like an electric burner, iron.
- Rope burns on arms, legs, neck or torso.

**3. Unexplainable lacerations, abrasions, dislocation or fractures:**

- To mouth, lips, gums, eyes, external genitalia. Fractures, usually a forearm or dislocation of the shoulder.

**4. Sexual abuse:**

- Sudden change in behaviour.
- Difficulty in walking or standing.
- Torn, stained or bloody underclothing.
- Pain, itching, bruises or bleeding in external genitalia or anal area.
- Sexually-transmitted disease.
- Unexplainable frequent infections, e.g. urinary tract infections.
- Shock.
- Unexplainable stench of urine or faeces.
- Unexplainable change in behaviour.

**5. Unexplainable behaviour:**

- Sudden onset of confusion.
- Depression/withdrawn/passive.
- Conversation regularly becomes of a sexual nature.
- Severe upset or agitation when being bathed/dressed/undressed/physically examined.
- Sudden aggression and suspicion.
- Fear of caregiver.
- Express a need for personal space.
- Anxious and tense.

**ASSESSMENT  
TOOL FOR  
DETECTION  
OF ABUSE OF  
OLDER  
PERSONS**

It is often difficult to prove that physical abuse of an older person has taken place. Injuries may not be visible, may be self-inflicted, may or may not be intentional. An older person may sustain injuries very easily. To fight abuse of older people, assessment tools need to be applied whenever suspicion arises.

**PROPOSED  
CRITERIA TO  
BE INCLUDED  
IN ASSESS-  
MENT TOOL  
FOR ABUSE/  
SUSPECTED  
ABUSE:**

**1. History**

- 1.1 - Family history of alcoholism, depression, previous abuse, domestic violence, financial problems, marital conflict.
- Employment history of the older person.
- Demographic information.

1.2 Background

- Demographic data, living arrangements, socio-economic status, overcrowding, support systems, level of dependence, disability, mental condition, continence, disease profile, general health status.

1.3 Trauma/injury history.

**2. Presentation**

- Time period between trauma and presentation.
- Compare history of trauma with signs and symptoms.
- Emergency admission or planned? Who referred and why? First referral or not?

- 3. General physical appearance of the abused person**
  - Hygiene, dress, weight, condition of skin, nails, hair and mobility.
- 4. Behaviour pattern**
  - Withdrawn, anxious, depressed, submissive, low self-esteem, poor communication skills, distressed, shock.
- 5. Physical examination**
  - Health status.
  - Medication profile.
  - Injuries, bruises, lacerations, bleeding, burns, pain immobility and fractures.
- 6. Diagnostic tests, e.g. STDs**
- 7. Caregiver assessment and interview**
  - Physical appearance, demographic information, medical, behaviour, marital problems, financial difficulties, bereavement, other dependants, employment, criminal record, support or respite, the extent to which caring for older persons affects their life, substance abuse, knowledge of caring for the older people, specific needs and stressors.
  - Level of awareness of the injuries/trauma of the older person.
  - Possible solutions to needs and problems.

### 3. TERTIARY PREVENTION (intervention)

Whatever form of intervention is adopted initially, it must be subjected to regular evaluation to assess the effectiveness thereof.

Only about 2% of frail older persons will be institutionalised, therefore the treatment and rehabilitation programmes should be community-based.

There are many roles and tasks to be performed when dealing with cases of elder abuse. Three basic concepts are crucial for good practice, i.e. building trust, being honest and respecting confidentiality.

#### METHODS OF INTERVENTION

When to intervene	How to intervene	Intervenor	Level of service organisation
- When a suspicion of abuse arises/ abuse detected	<ul style="list-style-type: none"> <li>- Utilisation of approved protocols and the commitment of all agencies to the objectives will ensure an effective and efficient communication and management network.</li> <li>- Do triage (Annexure A).</li> <li>- Thorough physical assessment and interview to establish health status. Informed consent is needed. Record findings accurately.</li> <li>- Consult with all role-players to work out a plan of action (case management).</li> <li>- Report abuse to relevant authorities.</li> <li>- Keep under close observation/follow-up for further abuse.</li> <li>- Interview suspected abuser/s.</li> </ul>	<ul style="list-style-type: none"> <li>- Professional care-workers</li> <li>- Management of institutions</li> <li>- Family</li> <li>- Community at large</li> </ul>	<ul style="list-style-type: none"> <li>- Primary level</li> <li>- NGOs</li> <li>- CBOs</li> <li>- Private</li> <li>- Provincial</li> </ul>

When to intervene	How to intervene	Intervenor	Level of service organisation
	<ul style="list-style-type: none"> <li>- Determine the cause or level of violence, if possible.</li> <li>- Remove or modify risk factors where possible.</li> <li>- Assist the abused and abuser to overcome the fear, guilt or other emotional responses that will make it difficult for them to function normally in future or to re-establish the relationship.</li> <li>- Enter into the 'at risk' register.</li> </ul>		
<ul style="list-style-type: none"> <li>- Abuse resulting in more serious injuries and/or sexual abuse.</li> </ul>	<ul style="list-style-type: none"> <li>- Case history.</li> <li>- Accredited health-care professional to assess for injuries as soon as possible and record findings accurately.</li> <li>- If the patient gives permission, photographs should be taken.</li> <li>- Take necessary swabs, urine specimen, blood sample for forensic diagnosis.</li> <li>- Safe-keep any evidence, e.g. weapon, clothes, etc. (refer <i>Policy Guidelines for Victims of Sexual Offences</i>).</li> <li>- Send for x-rays or other tests, if applicable.</li> <li>- Hospitalisation if relevant/ acute.</li> <li>- Consider appropriateness of moving the older person to a safer place (Triage).</li> <li>- Counsel and support the victim through regular dialogue.</li> <li>- The person should report case to the South African Police Service (SAPS) - own choice. Explain the procedure.</li> <li>- Arrange for legal representation. The ombudsman or</li> </ul>	<ul style="list-style-type: none"> <li>- Family</li> <li>- Social workers</li> <li>- Health personnel</li> <li>- SAPS</li> <li>- Caregivers</li> <li>- Management of institutions</li> <li>- Psychologists</li> <li>- Community</li> <li>- Support groups</li> </ul>	<ul style="list-style-type: none"> <li>- Primary level</li> <li>- Hospital</li> <li>- Private</li> <li>- NGOs</li> <li>- CBOs</li> <li>- Home-based</li> </ul>

When to intervene	How to intervene	Intervenors	Level of service organisation
	<p>Public Protector can be of assistance.</p> <ul style="list-style-type: none"> <li>- The victim can apply for an injunction to prevent the abuser from coming in the vicinity.</li> <li>- If the abuser/victim is suffering from a mental illness - refer to Mental Health Act, No 18 of 1973 as amended.</li> <li>- Mandatory reporting of abuse by professionals to relevant system.</li> </ul>		
<ul style="list-style-type: none"> <li>- Abused patients discharged from hospitals or safe environment.</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen and support the patient through visits and/or community involvement, etc. Refer to primary and secondary prevention.</li> <li>- Remove the patient from the situation he/she was abused in and place in long-term care if relevant. Informed consent is essential.</li> <li>- If the victim is already in long-term care, keep under close observation and follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>- Social workers</li> <li>- Psychologists</li> <li>- Health team</li> <li>- Support groups</li> <li>- Community</li> <li>- Caregivers</li> </ul>	<ul style="list-style-type: none"> <li>- Primary level</li> <li>- Private</li> <li>- NGOs</li> <li>- CBOs</li> </ul>





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