

Elder Abuse – Self Assessment tool

Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care?	YES	NO
Has anyone prevented or discouraged you from being with people you wanted to be with?	YES	NO
Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO
Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO
Has anyone made you afraid, touched you in ways you did not want, or hurt you physically?	YES	NO

If you answered yes to any of these questions we encourage you to call us on 1300 724 679 for a confidential conversation with an experienced Advocate. We can support you by listening to your story, providing you with options that are available and connecting you with various supports such as counselling, legal advice or in home support as needed.