

Protecting Vulnerable Persons from Abuse and Neglect: Reporting Requirements for Direct Service Providers

SUPPORTED LIVING PROGRAM

*Strengthening Families.
Building Communities.*

Manitoba 

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INTRODUCTION

In Manitoba, *The Vulnerable Persons Living with a Mental Disability Act (VPA)* is the legislation which protects vulnerable persons from abuse and neglect. This booklet outlines the requirements for direct service workers who provide services to vulnerable persons.

It provides an overview of the principles of the act and issues affecting protection to help workers understand how to appropriately respond to concerns of abuse and neglect. Definitions of abuse and neglect, how to receive a disclosure and a brief overview of the investigative process are presented. Appendix A in this guide lists potential indicators of abuse and neglect and Appendix B lists the regional offices where allegations are to be reported.

Direct service workers are required by law to report concerns that a vulnerable person is or is likely to be abused or neglected.

This guide can be used as part of an employee’s orientation to an agency or workplace and is most effective when combined with training.

DEFINITIONS

The following definitions are important in understanding the legislation and providing protection services.

Abuse - refers to mistreatment, whether physical, sexual, mental, emotional, financial or a combination of these, that is likely to cause death, or that causes/is likely to cause serious physical/psychological harm to a vulnerable person, or significant loss to his/her property.



Physical Abuse – refers to any action by a person that intentionally causes or could cause physical pain, injury or death to a vulnerable person.

It includes the use of force or threat of force against a vulnerable person. Physical abuse can include physical assault such as striking, punching, kicking, pushing, shoving, biting, throwing, burning or violent shaking. The use of unauthorized restrictive or restraining procedures can also constitute physical abuse. Momentary physical restraint is only permissible in an emergency (ex: non-violent crisis intervention). Physical abuse can also include giving unauthorized or improper medication.

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Sexual Abuse – refers to any sexual advances, exploitation or behaviour by any person toward a vulnerable person without the vulnerable person's informed consent.

This includes sexual harassment, fondling, masturbation, penetration, or any exploitation of the vulnerable person for pornography or prostitution. Sexual harassment includes any conduct, comment, gesture or contact of a sexual nature that is likely to offend or humiliate him/her.

Any sexual activity between a vulnerable adult and his or her service provider, even with the vulnerable person's consent, constitutes sexual abuse. The use of perceived or actual power by a person to gain sexually from a vulnerable person constitutes sexual abuse.



Emotional Abuse – refers to action(s) or omission(s) by a person that causes or could cause emotional trauma, stress or anguish for the vulnerable person and detracts from the vulnerable person's quality of life.

Emotional abuse includes actions or omissions that are humiliating, degrading, rejecting, ignoring, intimidating or terrorizing for the vulnerable person. Emotional abuse also includes excessive and repeated demands upon the vulnerable person that he/she cannot meet, and the use of threats, demeaning language (ex: written or verbal) or gestures towards him/her. Denying or restricting access to family and friends could also constitute emotional abuse.

Financial Abuse – refers to the unauthorized or illegal use of a vulnerable person's funds and other personal property.

It can include the improper use of the funds/property contrary to the Individual's financial plan. Persuading a vulnerable person to work or provide personal services for inadequate compensation or using the vulnerable person's funds/property for personal gain constitutes financial abuse.

Neglect - refers to an act or omission whether intentional or unintentional that is reasonably likely to cause death or that causes or is reasonably likely to cause serious physical or psychological harm to a vulnerable person, or significant loss to his or her property.

Neglect – generally refers to repeated or chronic failure or omission by a person to provide the necessities of life including food, clothing and shelter. It also includes failure to provide care and supervision appropriate to the vulnerable person's age or development including protection from harm and the provision of appropriate personal hygiene and health care.

Neglect can be repeated failures or omissions that could result in serious physical harm or illness, psychological harm or loss of personal property. Neglect can also be a one-time event that results or could result in serious physical harm or illness.

Neglect includes the repeated failure to administer medications as prescribed.

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MORE DEFINITIONS.....

Alleged Offender - the person who has been reported to have committed an abusive or neglectful action against a vulnerable person

Community Service Worker (CSW) - the employee of the Supported Living Program who facilitates, co-ordinates and ensures the delivery of services to vulnerable persons under the act. The CSW investigates reports of abuse or neglect received by the regional office

Criminal Offence - a crime committed against a vulnerable person and punishable under the *Criminal Code of Canada* (ex: physical or sexual assault, fraud, failure to provide the necessities of life)

Executive Director - the executive director of Community Service Delivery (Winnipeg or Rural and Northern Services) who is designated by the Minister of Manitoba Family Services and Housing to exercise some/all of the powers or perform some/all of the duties of an executive director under the act. An executive director may, in writing, authorize a person to perform any of the duties or exercise any of the powers of that executive director. In protection matters, the CSW acts on behalf of the executive director

Mental Disability - significantly impaired intellectual functioning existing concurrently with impaired adaptive behaviour and manifested prior to the age of 18 years. It excludes a mental disability due exclusively to a mental disorder as defined under Part I of the *Mental Health Act*

Reporter - the person who initially reports the alleged abuse/neglect of a vulnerable person. The reporter may be the vulnerable person, his/her substitute decision maker, support network member or service provider or anyone else who witnesses/suspects the vulnerable person's abuse/neglect

(a) **Service Provider** - a person who provides care, support services or related assistance to a vulnerable person:

- in the course of professional, official, or employment duties (ex: day service provider, residential care worker, etc.)
- as a student in a training placement
- as a volunteer or
- as an owner, operator, or manager of a facility which provides such care, support services or related assistance and

- an employee under *The Civil Service Act* who provides services to a vulnerable person in the course of his or her employment duties (ex: employees of Manitoba Family Services and Housing)

Substitute Decision Maker (SDM) - a person appointed under the act to make decisions on behalf of a vulnerable person. The vulnerable persons' commissioner may appoint substitute decision-makers to make decisions about the vulnerable person's personal care and/or property.

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Support Network - one or more persons who provide advice, support or direction to a vulnerable person and may include:

- the vulnerable person's spouse
- other members of the vulnerable person's family or
- others chosen by the vulnerable person

Support Services - services for the vulnerable person that are arranged through Manitoba Family Services and Housing (ex: day services, residential services)

Vulnerable Person - an adult living with a mental disability who is in need of assistance to meet his/her basic needs with regard to personal care or the management of his or her property

Vulnerable Persons' Commissioner – the person appointed as the commissioner and who exercises the powers and performs the duties of the commissioner under the Act, primarily within the substitute decision making provisions of the Act.

PRINCIPLES OF THE LEGISLATION

In the act, the following principles guide the development of policies, programs and delivery of services for vulnerable persons.

- ◆ Vulnerable persons are presumed to have the **capacity to make decisions** affecting themselves unless demonstrated otherwise.
- ◆ Vulnerable persons should be encouraged to **make their own decisions**.
- ◆ A vulnerable person's **support network** should be encouraged to help the vulnerable person make decisions so as to **enhance his/her independence and self-determination**.
- ◆ Any help with decision making given to a vulnerable person should respect the **privacy and dignity** of the person and should be the **least restrictive and least intrusive** form of assistance.
- ◆ **Substitute decision making should be invoked only as a last resort** when a vulnerable person needs decisions to be made and is unable to make decisions by himself/herself or with the involvement of members of his/her support network.

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Capacity deals with the process of decision-making and does not depend upon the actual choice made. Capable people are able to make rational choices, based on their values, goals, knowledge and understanding of the issues facing them.

Molloy et al. (1999:6)

PRINCIPLES AND RIGHTS OF THE VPA RELATED TO PROTECTION

Manitoba Family Services and Housing has adopted the following principles and rights of the VPA with respect to protection of vulnerable persons.

- ◆ The vulnerable person has **the right to refuse protection services**, where he/she understands why such services are offered and appreciates the danger or reasonably foreseeable consequences of his/her refusal.

Not all persons with a mental disability are “vulnerable” as defined under the act. In fact, many persons with a mental disability are independent – living, working and making decisions in the community.

- ◆ The assistance of a **support network** or **substitute decision maker (SDM)** or **committee**, if any, should be sought if the vulnerable person does not understand why protection services are offered and does not appreciate the consequences of refusing such services.

Where this is inappropriate (ex: support network member or SDM is the alleged offender), then an application will be made to the vulnerable persons’ commissioner for an emergency or replacement SDM.

- ◆ The **vulnerable person’s wishes, values or beliefs** are to be considered so the vulnerable person’s independence and self-determination can be maintained. Where these are not known or may endanger the vulnerable person or another person, his/her best interests should be considered.
- ◆ Protective action should be the **least restrictive and least intrusive** to ensure reasonable safety and security under the circumstances and to maintain the vulnerable person’s independence, privacy and dignity.
- ◆ All information on the vulnerable person is to be maintained in a **confidential** manner only to be released or disclosed with consent (ex: by the vulnerable person or SDM/committee, if any), to be compliant with legislation or in the best interests of the vulnerable person.

Exceptions to Confidentiality

All information about the vulnerable person is to be treated in a confidential manner. Information may be disclosed (with the exception of client/solicitor privilege) as follows:

- with the consent of the vulnerable person or, if he/she is incapable, with the consent of a person authorized to give consent on his/her behalf (ex: SDM, committee)
- to comply with the act or other legislation (ex: records can be subpoenaed for criminal charges) or by order of a court
- where disclosure is necessary for the performance of duties or the exercise of powers defined under the act or
- where disclosure is in the best interests of the vulnerable person

RECEIVING A DISCLOSURE

Service providers can receive information about an abuse or neglect from anywhere and anyone. They can witness incidents of abuse or neglect, hear the information (second hand) from another person, or hear direct disclosures from vulnerable persons. These situations can be shocking and disturbing.

In a situation **where a service provider hears about a situation that may constitute abuse or neglect, the service provider should immediately report this situation to the CSW.** This may be a situation where another service provider has not reported but should have reported.

Where a service provider is a witness to an act of abuse or neglect, it is important that the witness intervene in some way to stop the abuse or neglect. In some situations, it may only take a verbal statement or it may involve removing the vulnerable person to a safe place. If intervention would place the witness at risk of injury or harm, the witness should call either the police or his/her supervisor for back up.

In other situations, a witness can either see physical signs of abuse (for more information on potential indicators, please see Appendix A) or the vulnerable person tells about an account of a situation alleged to be abuse or neglect. In receiving a disclosure or approaching a vulnerable person about suspected abuse, it is important to understand that **the service provider is not an investigator.** The service provider plays a supportive role in receiving information. The danger of seeking out information, questioning or probing for more detail and information is that any investigation conducted by the police and/or the CSW may be contaminated and that could jeopardize any chance of laying charges or coming to a definite conclusion.

**The service provider is not an investigator.
The service provider can support the vulnerable person as follows:**

Find a private place to speak with the person.

Remain calm and composed (ex: do not overreact or let your emotions interfere with the person talking).

Offer support and comfort to the person in speaking about his/her situation.

Only use "open ended" questions rather than "close ended" or "leading" questions (ex: "You seem upset, what happened?" rather than "Did someone hurt you?").

Do not introduce new words or words that the vulnerable person did not use. Let the person use his/her own words to tell the story and, if required, use his/her words back. Do not correct terminology or introduce words that are foreign to or not understood by the vulnerable person.

Ensure the safety and well-being of the person (ex: get medical attention if required.)

Report the incident to your supervisor and/or CSW.

In writing the account of the conversation, the service provider should write exactly what everyone said (ex: write word- for-word what was said to the vulnerable person and what was said back).

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REPORTING

The reporter must be prepared to provide some **basic information** about the alleged abuse/neglect. The least information required is the name of the vulnerable person, the person’s address and why it is believed that the vulnerable person is abused/neglected. Additional information that is needed, but may not always be known by the reporter, includes:

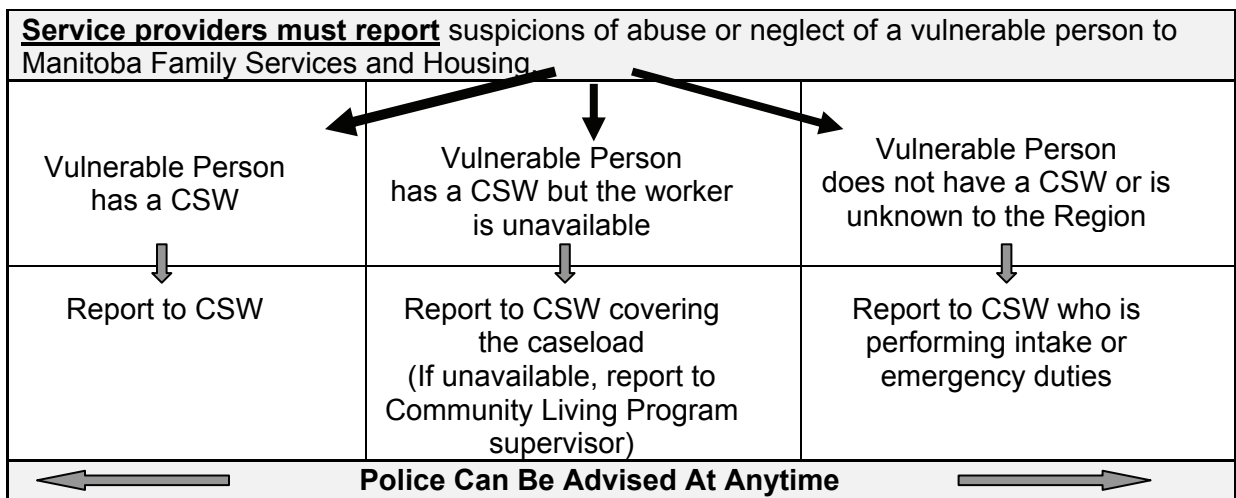
- the name, address and phone number of the alleged offender
- the alleged offender’s relationship to the vulnerable person and
- when and where the alleged incident took place

If a direct service worker believes that a vulnerable person is or is likely to be abused or neglected, he/she must immediately report that belief and the basis of that belief to the regional office of Manitoba Family Services and Housing. In some agencies, this information is shared with the supervisor or manager just prior to reporting to the regional office of Manitoba Family Services and Housing as outlined in the agency’s policy.

If the person involved in the abuse or neglect is a supervisor or manager of the agency, then the incident should be reported directly to the regional office of Manitoba Family Services and Housing. Some agencies may also require reporting to the board president.

If the vulnerable person already has a CSW, the service provider should report the matter to that person.

If the vulnerable person is unknown to the region, the CSW who is performing intake or emergency duties at the regional office of Manitoba Family Services and Housing will receive the report.



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If the vulnerable person lives in a residential care facility or participates in a day service program, the service provider **must** also forward a written incident report to the regional office. In addition, a residential care facility operator **must** report the alleged abuse/neglect of a vulnerable person to the appropriate residential care licensing co-ordinator.

While reporting any suspicions of the abuse or neglect of a vulnerable person to the appropriate Manitoba Family Services and Housing regional office is mandatory, the reporter **may also report the incident to the police**. The police determine whether the vulnerable person is a victim of a crime and whether an investigation is warranted under the *Criminal Code of Canada*.

The police should be notified immediately in situations where there is injury, when there is immediate risk of further injury or imminent danger to persons involved.

**INVESTIGATION
PROCESS**

Regional offices will receive all reports, prioritize the risk in each situation and **respond** accordingly. If the vulnerable person is in **immediate danger**, a worker will be informed or assigned immediately to investigate and intervene.

The protection investigation may take place independently, jointly or simultaneously with other activities. These types of activities include:

protection investigation conducted by regional CSW to ensure the safety of the alleged victim and the safety of other vulnerable persons where necessary

medical investigation conducted by health care professionals to detect and confirm any injuries and whether these are of a non-accidental nature

criminal investigation conducted by the police or the RCMP where the vulnerable person is a victim of a criminal offence

licensing investigation conducted by the Residential Care Licensing Branch of Manitoba Family Services and Housing where the alleged offender is the operator, employee or volunteer of a residential care facility and

human resource investigation conducted by the employer where an employee or volunteer is alleged to be the offender

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Protection Investigation and Intervention

Protection investigation and intervention services are available 24 hours a day and seven days a week. Response may be through a regional Manitoba Family Services and Housing office on-call system or through the police emergency services.

Throughout the process, the CSW ensures ongoing consultation with his/her supervisor about the investigation and any protective action taken.

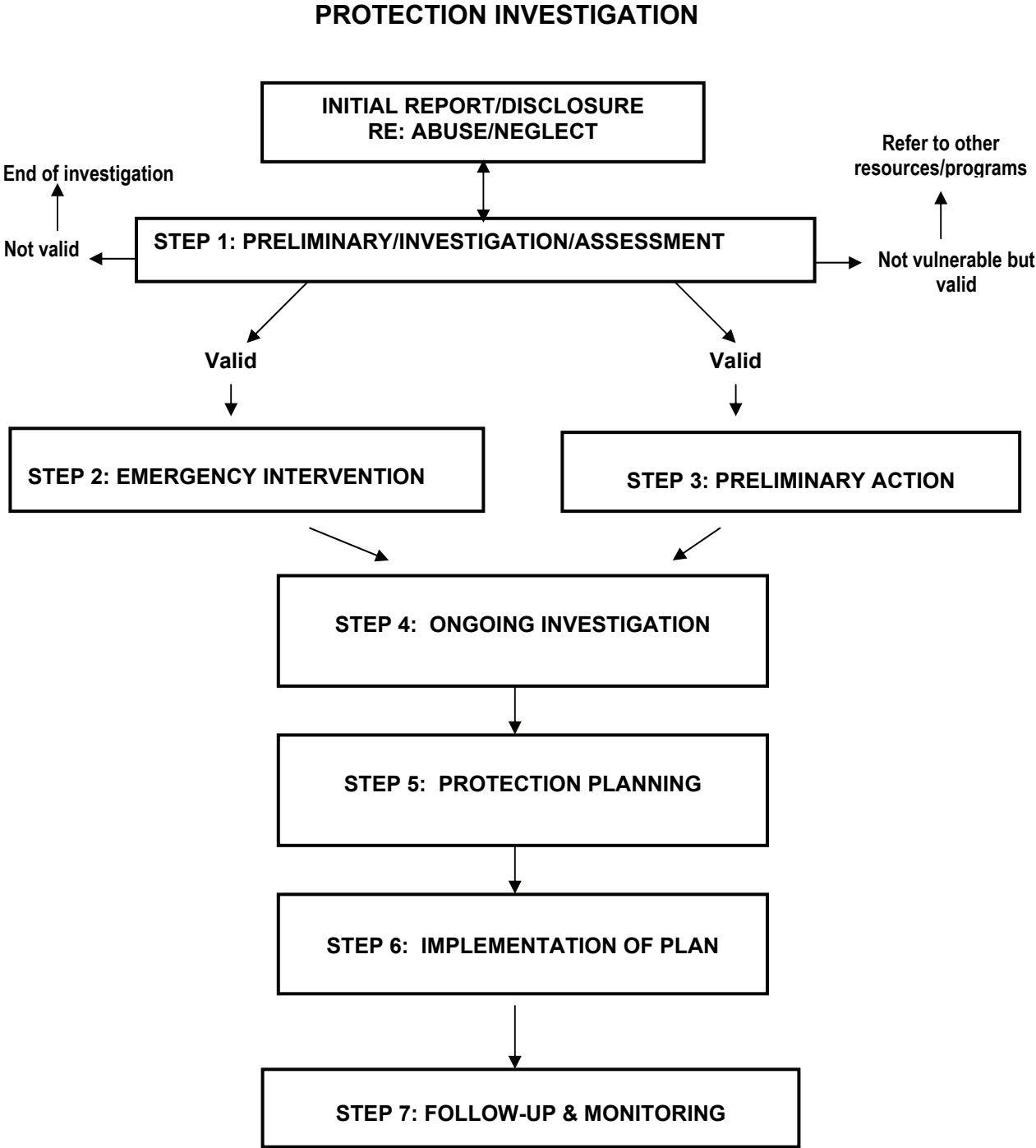
CSW must report any suspected criminal offence against a vulnerable person to the police, although the vulnerable person may decide not to make a statement.

The protection investigation and intervention process can include the following steps:

1. **preliminary investigation and assessment** into the abuse/neglect allegations by the Community Service Worker
2. **emergency intervention** by medical personnel or the police if the vulnerable person is in immediate danger of death or serious harm or deterioration from the alleged abuse/neglect, or emergency placement by the Community Service Worker
3. **preliminary action** by the Community Service Worker if the allegations have some validity but the vulnerable person is not in immediate danger
4. ongoing **protection investigation** by the Community Service Worker where deemed to be necessary
5. the **development and implementation of a protection plan** by the Community Service Worker to ensure the vulnerable person's safety
6. **monitoring and follow-up** by the CSW to ensure the vulnerable person's continued safety

Note: *The protection investigation/intervention process is complex and difficult to present step-by-step. The various steps may occur simultaneously or separately. As new information is collected, the investigation/intervention plan may change.*

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**ALLEGATIONS AGAINST
A SERVICE PROVIDER**

Where persons work closely with, or are working in intimate situations with other people, allegations of abuse and neglect can occur. When this happens, the investigation must be conducted so the process and outcome is fair to everyone.

Alleged offenders should:

Be familiar with the organization's abuse policy so there is no surprise with the process.

Be advised, when appropriate, that a protection investigation is underway by the employer, the CSW or the police. This notification may occur at different times and the person should not expect a lot of details and might not be told the identity of the alleged victim.

Be advised about what is to happen to his/her employment (ex: separation from the vulnerable person and/or workplace, which may include a buddy system, administrative duties, lay-off without pay, holidays, etc.) outlined in the agency's policy.

Consider getting legal advice.

Be advised about what to expect about other investigation(s) (ex: the CSW will be contacting you).

Be advised who the primary contact is in the investigation.

Seek out support (ex: employee assistance program, friends, family).

Expect to feel a variety of emotions (ex: isolated, angry, scared and/or depressed).

Expect that the investigation may be lengthy.

Expect to be approached for an interview.

Be advised about the outcome of any investigation whether it is conducted by the police, CSW or employer. In the case of a protection investigation, the following results could be shared:

- substantiated – sufficient information and evidence to support the allegation
- unsubstantiated – evidence does not support the allegation
- inconclusive – evidence cannot either support or refute the allegation.

Be advised by police if details warrant a criminal investigation.

**AFTER THE
INVESTIGATION**

The primary goal in protection investigations is to ensure the safety and well-being of the vulnerable person and to prevent further occurrences of abuse or neglect.

At the end of the investigation, the CSW will advise the vulnerable person, his/her SDM and significant others of the outcomes of the investigation. The alleged offender and the employer (if applicable) will also be advised. These outcomes usually include recommendations for the specific situation or persons involved. For example, there may be a recommendation for increased supports or resources to help the vulnerable person or there may be a recommendation that the employee receive training. The CSW is responsible for follow-up on the recommendations.

Where recommendations are made to an agency, these are forwarded to, and reviewed by, the agency's board of directors. The board of directors, as legal entity for the agency, approves any actions or initiatives. Each board of directors ensures that the agency has policies for responding to reports of abuse or neglect and that these policies are current and consistent with the *Vulnerable Persons Living with a Mental Disability Act*.

Depending on the findings, the response and action can be varied for the vulnerable person, the alleged offender and the agency.

If the investigation by the CSW is substantiated, or if police lay charges, or if there is a criminal conviction, the employer will review the situation and may take action. There can be a variety of responses including referral of the matter to the person's professional body, dismissal, suspension, training etc. In all situations, the focus should be on reducing risk of any future occurrence of abuse or neglect. Strengthening the circle of support for the individual, providing information and education for the individual, training or skill development for staff, adding resources, or different resources are all options that may be considered after an investigation.

When there are unsubstantiated or inconclusive reports, one of the important tasks is to focus on the repair of relationships. An investigation is a traumatic event that can produce a multitude of emotions from anger to worry to fear. The key focus is to ensure that the vulnerable person feels safe and cared for. In many situations the alleged victim wants staffing and care to continue just as it was prior to the report. In these instances, it is important that the people involved have an opportunity to work through the events and reestablish relationships. The agency and the CSW should provide a guided exercise for the participant and the staff person in an atmosphere that is safe for everyone.

CONCLUSION

The Vulnerable Persons Living with a Mental Disability Act is the legislation that defines and frames the service delivery system for persons with a mental disability. Within the legislation, protection services are outlined and includes mandated reporters, investigation processes, powers during an investigation, emergency intervention and protective action.

Under the VPA, direct service workers are required to report concerns that a vulnerable person is or is likely to be abused or neglect. Because of their positions, service providers have closer affiliation to vulnerable persons than most persons. Because of their knowledge and experience with people, they can take notice when things aren't right or if a person is acting out of the ordinary. Observations and experience can help service providers detect concerns or alert investigators to follow-up.

Service providers have many roles with vulnerable adults: support person, role model, advocate, mentor and facilitator. One of the most important roles for the service provider is to be a reporter of suspected abuse and neglect. For more detailed information, please contact your local Manitoba Family Services and Housing Regional Office.

APPENDIX A:
POTENTIAL RISK INDICATORS OF ABUSE & NEGLECT

Protection investigations can be initiated because there is a disclosure from a vulnerable person or there is a report from a witness about an incident. Sometimes, however, a report is received from a person who is concerned about a vulnerable person either because of some physical (visual) signs on the vulnerable person or by the way the person is acting (behavioural signs).

Service providers are key people in recognizing physical or behavioural indicators, which **may** be indicative of an abusive or neglectful situation. Changes in behaviour either abruptly or over a period of time, unusual behaviour, and uncharacteristic behaviour are signs a service provider can observe because of the close relationships they have with the vulnerable person. ***It is important to realize that most indicators in themselves cannot confirm abuse.*** However, they are important to recognize and to report to the CSW for further evaluation.

PHYSICAL ABUSE

unexplained marks on body (ex: bruises in various states of healing, welts, injuries forming patterns [teeth, belt, handprint])
unexplained burns (circular burns [ex: soles of feet, palms of hands], rope burns, patterned burns [ex: iron, liquid splash burn])
unexplained fractures/dislocations (ex: historical fractures, skull, facial bones, dislocations)
inappropriate or unexplained change in behaviour (ex: wary of others, reluctant to talk, vacant stares, frozen watchfulness, extreme behavioural responses, insomnia, nightmares, fatigue, changes in eating habits, indiscriminate behaviour/boundaries)
other (ex: signs of confinement [tied to furniture, locked in room], bald spots on scalp, retinal haemorrhages, malnutrition, eating disorders)

SEXUAL ABUSE

pain while walking or sitting with evasive or illogical explanation
significant change in sexual behaviour
stained, torn or bloody clothing or undergarments
semen in mouth, genitals or on clothing
pain, swelling or itching in genital area or pain during urination
bruises, bleeding or lacerations of the genitalia or anal areas
in a sexually non-active person, vaginal infections, sexually transmitted disease, vaginal or penile discharge, or pregnancy
sore throat (choked or forced oral sex)
reactions similar to post traumatic stress (ex: regressive behaviour, sudden fears or phobia, abuse of drugs/alcohol, personality changes, and self-mutilation)
reactions related to sexual abuse (ex: inappropriate sexual behaviour, sexually aggressive behaviour, bizarre sexual behaviour, overly seductive or adverse to sexual intimacy, promiscuity, extreme mistrust, confusion about sexual identity, boundaries, or love)
other reactions (ex: complaint about caregiver, anger with non-offending caregiver/parent)

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NEGLECT

underweight, overweight, fatigue, listlessness or lethargy
hunger, dehydration
pale, thin and unkempt
poor physical hygiene (ex: skin rashes, dirty hair and face, body odours)
consistent lack of supervision/abandonment
dull, passive, inactive
frequent absences or arriving very early or leaving late
inappropriate or inadequate clothing for the weather
clothing dirty or torn frequently
constant squinting when reading
swollen eyes or ankles, decayed or no teeth
bites, fleas, sores, lesions or lacerations
untreated injuries
untreated pressure sores
drunk, overly medicated
lying in urine, feces, old food

EMOTIONAL ABUSE

unexplained changes (ex: speech disorder, sleep disorder, presence of psychosomatic complaints, involuntary twitching of muscles)
regressive behaviour, hyperactive/disruptive behaviours
behaviour extremes
too adaptable or compliant
unusual fear of consequences (ex: leading to lying)
threatened or attempted suicide
statements about being uncared for, unloved, being no good
compulsively clean/neat
anxiety about returning to certain place
lack of attachment to caregiver and others

FINANCIAL ABUSE

confused about own finances and belongings when not usual for vulnerable person
theft by the use of undue influence, harassment, duress, deception, false representation or false pretences
minimal clothing and personal belongings although has income/resources
lack of money and disappearance of personal belongings without valid explanation
unexplained change in spending habits

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APPENDIX B: MANITOBA FAMILY SERVICES AND HOUSING REGIONAL OFFICES

Regional Offices

<p>INTERLAKE REGION</p> <p>Regional Office 101 – 446 Main Street Selkirk MB R1A 1V7 Phone: 785-5100 Fax: 785-5109 Regional Director 785-5104 Program Manager 785-5103</p>	<p>EASTMAN REGION</p> <p>Regional Office 20-1st Street South Beausejour MB R0E 0C0 Phone: 268-6025 Fax: 268-6222 Regional Director268-6159 Program Manager (Steinbach)...346-6259</p>
<p>CENTRAL REGION</p> <p>Morden 63 Stephen Street Morden MB R6M 1Z6 Phone: 822-2870 Fax: 822-2879 Regional Director 822-2860 Program Manager 822-2871</p> <p>Portage la Prairie 25 Tupper Street North Portage la Prairie, MB R1N 3K1 Phone: 239-3092 Fax: 239-3198 Program Manager (Morden) 822-2871</p>	<p>PARKLAND REGION</p> <p>Dauphin 309-27 2nd Avenue SW Dauphin MB R7N 3E5 Phone: 622-2035 Fax: 638-3278 Regional Director622-2314 Program Manager622-2362</p> <p>Swan River PO Box 997, 201-4th Avenue S Swan River MB R0L 1Z0 Phone: 734-3436 Fax: 734-5615 Program Manager (Dauphin).....622-2362</p>
<p>WESTMAN REGION</p> <p>Brandon 2nd Floor, 340 - 9th Street Brandon, MB R7A 6C2 Phone: 726-6336 Fax: 726-6539 Toll Free: 1-800-230-1885 Regional Director 726-6324 Program Manager..... 726-6180</p>	<p>NORTHERN REGION</p> <p>Flin Flon 102-143 Main Street Flin Flon MB R8A 1K2 Phone: 687-1700 Fax: 687-1708 Area Manager687-1717 Program Manager687-1718</p> <p>The Pas Box 2550, 3^C and Ross Avenue The Pas, MB R9A 1M4 Phone: 627-8301 Fax: 627-8265 Regional Director627-8234 Program Manager (Flin Flon)....687-1718</p> <p>Thompson Box 5, 59 Elizabeth Drive Thompson MB R8N 1X4 Phone: 677-6570 Fax: 677-6517 Area Manager 677-7251</p>

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Winnipeg Offices

<p>CENTRALIZED SERVICES AND RESOURCES Unit 3 – 193 Tuxedo Avenue Winnipeg, MB R3N 0H6 Phone: 945-8137 Fax: 945-1735</p>	<p>RIVER HEIGHTS/FORT GARRY COMMUNITY AREA River Heights/Fort Garry Unit 6 – 677 Stafford Street Winnipeg, MB R3M 2X7 Phone: 938-5500 Fax: 938-5311</p>
<p>ST. BONIFACE/ST. VITAL COMMUNITY AREA St. Boniface/St. Vital 128 Market Avenue Winnipeg, MB R3B 3N2 Phone: 948-4196 Fax: 948-4050 Bilingual Service Centre 100 – 614 Rue Des Meurons Winnipeg, MB R2H 2P9 Phone: 945-8040 Fax: 948-3282 Phone: 945-2270 (French)</p>	<p>ST. JAMES ASSINIBOIA/ASSINIBOINE SOUTH COMMUNITY AREA St. James Assiniboia 2015 Portage Avenue Winnipeg, MB R3J 0K3 Phone: 940-2040 Fax: 940-2636 Assiniboine South 3401 Roblin Boulevard Winnipeg, MB R3R 0C6 Phone: 940-1950 Fax: 940-2457</p>
<p>SEVEN OAKS/INKSTER COMMUNITY AREA Seven Oaks/Inkster Unit 3 – 1050 Leila Avenue Winnipeg, MB R2P 1W6 Phone: 938-5600 Fax: 938-5609</p>	<p>DOWNTOWN/POINT DOUGLAS COMMUNITY AREA Downtown East Office 2 – 111 Rorie Street Winnipeg, MB R3B 3N1 Phone: 948-4001 Fax: 948-4169 Downtown West Office 265 – 391 York Avenue Winnipeg, MB R3C 0P4 Phone: 948-4406 Fax: 948-4467</p>
<p>RIVER EAST/TRANSCONA COMMUNITY AREA Access River East 975 Henderson Highway Winnipeg, MB R2K 4L7 Phone: 938-5100 Fax: 938-5229 Access Transcona 845 Regent Avenue West Winnipeg, MB R2C 3A9 Phone: 938-5555 Fax: 938-5296</p>	<p>Main Street Office 896 Main Street Winnipeg, MB R2W 3P3 Phone: 948-4306 Fax: 948-4344 Point Douglas Office 2A – 111 Rorie Street Winnipeg, MB R3B 3N1 Phone: 948-4001 Fax: 948-1334</p>

Service Providers

When Reporting Suspicions of Abuse and Neglect

Remember ...

◆ Support

- ◆ Observe
- ◆ Listen
- ◆ Support the vulnerable person

◆ Document

- ◆ Document observations
- ◆ Document what is said by everyone involved

◆ Report

- ◆ Report to the police if vulnerable person is in imminent danger
- ◆ Report to the appropriate person in your agency
- ◆ Report to the Community Service Worker

CONTACTS:

Police:

Phone:

Agency:

Phone:

Community Service Worker:

Phone:

cette information existe également en français.

