

Lunch and Learn Webinar Series

The information and opinions expressed here today are not necessarily those of the Government of Ontario



Elder Abuse Ontario

Stop Abuse - Restore Respect

EMOTIONAL ABUSE OF OLDER ADULTS

March 14, 2019

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Welcome to EAO's Webinar!

- All attendees will be muted during the webinar. This session is being recorded and will be posted on EAO website.
- If you are experiencing issues, please type into the CHAT/QUESTION BOX and send message to Mary Mead/Candielya Jackson.
- There will be 15-20 minutes allocated at the end presentation for QUESTIONS AND ANSWERS.
- You will be prompted to fill out an EVALUATION FORM once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- Speaker CONTACT INFORMATION will be provided at the end of the presentation to connect directly if you have further questions.

Learning Objectives

1. Know where to access Elder Abuse Ontario's free online learning module for the emotional abuse of older adults
2. Develop a general understanding of elder abuse and ageism
3. Become aware of current legislation;
4. Understand how to support older adults experiencing emotional abuse.



Elder Abuse Ontario (EAO)

- ✓ Not-for-profit charitable organization
- ✓ Established in 1992
- ✓ Funded by the Province of Ontario, under the Ministry of Seniors and Accessibility

Mission: Create an Ontario where all seniors are free from abuse through awareness, education, training, collaboration, service co-ordination and advocacy.

EAO oversees the Implementation of Ontario's Strategy to Combat Elder Abuse

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Priorities for Implementing the Strategy

<http://www.seniors.gov.on.ca/en/safety/strategy.php>



Community Coordination
& Response

Training

Public Awareness

**EAO oversees the Implementation of the
Ontario Strategy to combat Elder Abuse**

Elder Abuse Ontario (EAO)

EAO has seven Regional Consultants serving the province of Ontario, offering organizations customized training and education for their staff. Regional Consultants also perform outreach activities for seniors' groups and further the cause of abuse prevention at conferences and events.

- **7 Regional Consultants in Ontario** (office locations: Thunder Bay, Sudbury, Woodstock, Toronto, Peterborough and Ottawa)
- Francophone (East and North East Consultants)
- Key resources for providing consultation on elder abuse cases to review options and resources for intervention.
- Consultants DO NOT act as case managers for cases of abuse.
- Support over 40 local Elder Abuse Committees/Networks
- Strengthen partnerships between these committees and other health/social service agencies to enhance the response to elder abuse.
- Develop and implement training materials, tools and resources for elder abuse prevention and intervention.



Let's Talk about Ageism



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Ageism happens when you make up
your mind about what a group of
people are like because of their age.

We all have ageist attitudes.



Attitudes & Beliefs = Stereotypes

All older adults are:

- slow and boring
- mentally incompetent
- think they know everything
- don't have sexual feelings
- burden the healthcare system
- live in old age homes
- are cranky
- are wise
- are angels
- are bad drivers



Ageist Behaviours

- Treating older people like children
- Feeling entitled to older parents time, money, assets
- Not including them because “they wouldn’t understand”, or are “too old to learn”
- Labelling older adults as “the aged” or “the elderly” as if they are all the same
- Calling strangers “sweetie” and “dear” because they are older



What do we know?

Ageism the most tolerated form of social prejudice

- 6 in 10 (63%) of seniors say they have been treated unfairly / differently because of age
- 8 in 10 (79%) agree seniors are seen as less important
- 1 in 5 (21%) see older Canadians as a burden



Ageism and Abuse



Well-meaning family and friends sometimes 'push' older adults to do things they don't want to do...

Let's Talk about Abuse



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What is Elder Abuse?

Elder Abuse can take various forms. Learning about Elder Abuse is the first step in prevention.

World Health Organization (WHO, 2004) defines elder abuse as:

“a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust that causes harm or distress to an older person”.

Despite what many think, elder abuse is more than hitting a senior. It is a multi-faceted problem and very complex. It encompasses a broad range of behaviours, events and circumstances.

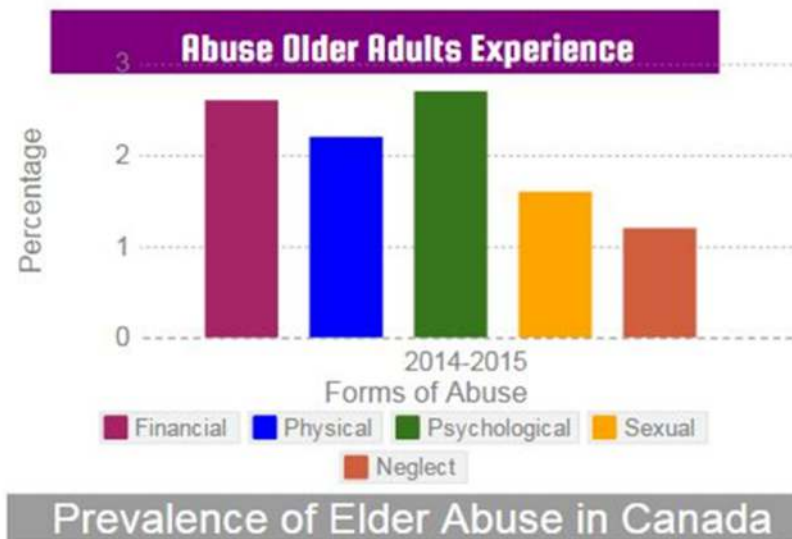
Types of Elder Abuse

- ✓ **Physical**
- ✓ **Sexual**
- ✓ **Psychological**
- ✓ **Financial**
- ✓ **Neglect**
- ✓ **Systemic**



Elder Abuse Statistics

- 8,163 older Canadians completed the survey
- largest study of the prevalence of elder abuse ever in Canada
- **8.2%, prevalence**
- The most common form of abuse was **psychological or emotional abuse**



Source : National Initiative For the Care of the Elderly, 2016 Canadian National Survey on the Mistreatment of Older Adults in Canada.

Who Is at Risk of Abuse?

Abuse can happen at any age to any person.



Why Are Some People More at Risk?

Some of the most common risk factors
2015 Canadian study

Depression

Previous abuse as a child,
youth or adult

Being female



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Funded by:



Why Are Some People More at Risk?

Intersections of discrimination

LGBTQ2S+ seniors may face social discrimination due to their age as well as their sexual orientation or gender identity

women with disabilities are 4x more likely to be sexually assaulted

Ongoing legacy of residential schools and colonization - places Indigenous people more at risk

Trauma is NOT just psychological it is PHYSIOLOGICAL

Feeling safe:

- Facilitates general health and well being
- Releases beneficial hormones
- Helps learning, critical thinking and productivity
- Makes life more enjoyable
- Increases connections- people like you more!
- Improves relationships
- Allows bodily functions to operate
- Optimizes the overall human experience
- We are wired as social beings

When feelings of safety are removed it makes the person more vulnerable to either experiencing abuse or inflicting abuse.

Who behaves abusively toward older adults?



Most often, it is family members
...adult children or grandchildren.

In LTC or Retirement Homes resident
to resident abuse is also common.

People who behave abusively can
also be other relatives or friends,
paid/unpaid caregivers, landlords,
financial advisors or anyone in a
position of power, authority or trust.

Stats Canada

Emotional Abuse of Older Adults



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A Module to guide Service
Providers/Caregivers: Preventing
and responding to emotional
abuse in older adults

Case Modules

Each Module includes the following:

- Guiding principles
- Overview and Definition(s)
- Risk factors and Warning Signs
- Assessment Questions
- Interview Strategy
- Safety Planning
- Reporting and Legislation
- Case Studies with Case Resolutions
- Discussion Questions, Fact Box,
- Decision Tree for assistance in navigating supports & interventions
- Provincial Resources/Services



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Defining Emotional Abuse

Any action, verbal or non-verbal, that lessens a person's sense of identity, dignity and self-worth. Emotional abuse includes any attempt to demoralize, dehumanize or intimidate older adults:

- Name calling, ridiculing, insulting
- Bullying
- Neglect
- Controlling – Not allowing the older adult to socialize, including limited access to telephone, friends or attending social gatherings
- Threats of violence or abandonment
- Blaming the older adult for the abusive behaviour

Defining Emotional Abuse

Emotional abuse can be identified as either a:

- Consequence of other forms of abuse particularly physical or sexual abuse and/or
- Separate and distinct form of abuse.



Characteristics of the Abuser

- ✓ Dependence for money, food, housing and/or transportation
- ✓ Substance abuse / addiction
- ✓ Poor physical and/or mental health (depression, cognitive impairment)
- ✓ Prejudiced attitudes
- ✓ Lack of understanding of aging process
- ✓ Caregiving assumed out of resignation or obligation

Recognizing Behavioural Signs of Abuse

Older Adult

- Fear, discomfort or nervousness around family members, friends, caregiver or other persons.
- Unusual withdrawal from family and friends- lack of interest in social contacts
- Unexplained feelings of helplessness, hopelessness or anxiety, low self-esteem
- Heightened levels of upset or agitation
- Reluctance to talk openly, may wait for caregiver to respond to questions asked of them.

Recognizing Behavioural Signs of Abuse

Caregiver

- Appears tired or stressed.
- Seems excessively concerned or unconcerned.
- Blames the older person for acts such as incontinence.
- Behaves aggressively, caregiver treats the older person like a child or in a dehumanizing way
- Has a history of substance abuse or abusing others.
- Does not want the older person to be interviewed alone.
- Responds defensively when questioned; may be hostile or evasive.
- Has been providing care to the older person for a long period of time.

Barriers to reporting

- Fear of retaliation. Heightened by geographic isolation from police and social services, a perpetrator or his/her family may hear about the abuse report before the authorities respond, placing the victim at greater risk.
- Sense of dependence on family member
- Feelings of hopelessness and powerlessness
- Literacy levels
- Intergenerational trauma
- Shame. Some older adults carry shame for the harm they inflicted on their loved ones and see their exploitation, neglect, and abuse as payback.

Barriers to reporting (con't)

- Older adult may desire to protect the loved ones who are hurting them, may be afraid about starting gossip in the family or community, or being characterized as a “victim.”
- Terror may also keep the older adult from reporting. Older victims may believe if they tell someone about the abuse they will be institutionalized or abandoned.
- Many older adults worry about the loss of independence or being sent to live outside of their community.
- Additionally, a person may be unable to report abuse due to a lack of mental capacity, physical limitations, or extreme isolation.

What Can You Do About a Suspected Case of Elder Abuse?



To Increase Safety
and Provide Support

Reduce or Eliminate Isolation

Service Providers Are Key To Identifying Abuse

Front line workers are able to:

- detect and intervene in cases of abuse
- develop an on-going relationship with the older adult.
- speak with the senior about the suspected abuse.
- help facilitate early identification or prevention,
- help reduce the isolation experienced by older adults,
- ask questions about potential abuse,
- discuss options for service and action.

Assessment Role

As the situation becomes better understood, it is important to obtain more specific signs of potential abuse.

- Involves both dialogue and observation
- On-going process; (may take many visits)
- Sensitivity to language, cultural differences in information gathering
- Keep in mind, one's own values can influence perception of the situation

Always clarify any uncertainties with the senior.

Trauma-informed / Trauma & Violence Informed

Trauma-informed care seeks to create safe environments for clients on understanding the effects of trauma and links to health and behaviour

Trauma and Violence-Informed Care (TVIC) expands this concepts to account for intersecting effects of systemic and interpersonal violence

Professionals who are aware of trauma and violence in the populations they serve can help clients to feel safe in the care environment

-Taken from EQUIP Health Care Canada

<https://equiphealthcare.ca/equip/wp-content/uploads/2018/01/TVIC-tool-ONTARIO-January-12-2018.pdf>

TVI - Universal precautions

- Most people have experienced some form of trauma
- Disclosure is not necessary
- Caring care
- Safety – the organization is responsible to create a culture of safety

Shifting the focus from “what’s wrong with you” to “what happened to you”

Accountability at the organization and individual level

4 Ways to Work in a Trauma and Violence Informed Way

1 Build your awareness and understanding

All services taking a trauma-and violence-informed approach begin with building awareness among staff and clients of:

- The high prevalence of trauma and violence
- The significance of historical (collective and individual) and ongoing violence (interpersonal and systemic)
- How the impact of trauma can be central to one's development
- The wide range of adaptations people make to cope and survive
- The relationship of trauma and violence with substance use, physical health and mental health concerns

Providing TVIC requires you to examine your own experiences, power, privilege and assumptions.

“

Organizations must ensure that training about trauma, violence and TVIC is accessible to staff – meaning that it is available, and they are supported to complete it both in terms of time and costs.



2

Emphasize safety and trust

It is not necessary to know an individual's history of trauma/ violence in order to provide TVIC. Everyone should receive respectful, safe care ^[7]:

- Create welcoming environments and intake procedures
- Adapt the physical space for comfortable, private interactions
- Communicate clear and accurate expectations about services
- Ensure informed consent and confidentiality
- Help create crisis and safety plans
- Understand the history and context of individuals and groups
- Think of these strategies as “universal precautions” to ensure that all clients/patients (whether they have experienced trauma/ violence or not) are not re-traumatized or harmed^[7]

Organizations can support the safety and mental health of staff through:

- Education and support related to vicarious trauma and burnout
- Attention to staff experiences of interpersonal and structural violence

“

Organizations must provide resources and policies to support TVIC.



3 Adapt your language

Organizations can model non-stigmatizing language everywhere: from signage to EMR systems to how clients' situations are discussed by staff.

Instead of

"Battered woman",
"abuser", "IDU", "at-risk"

use

"woman", "man", "people"

Instead of

"Non-compliant patient"

use

"unsuitable care"

Instead of

"she doesn't want our
help"

use

"our help isn't meeting
her needs"

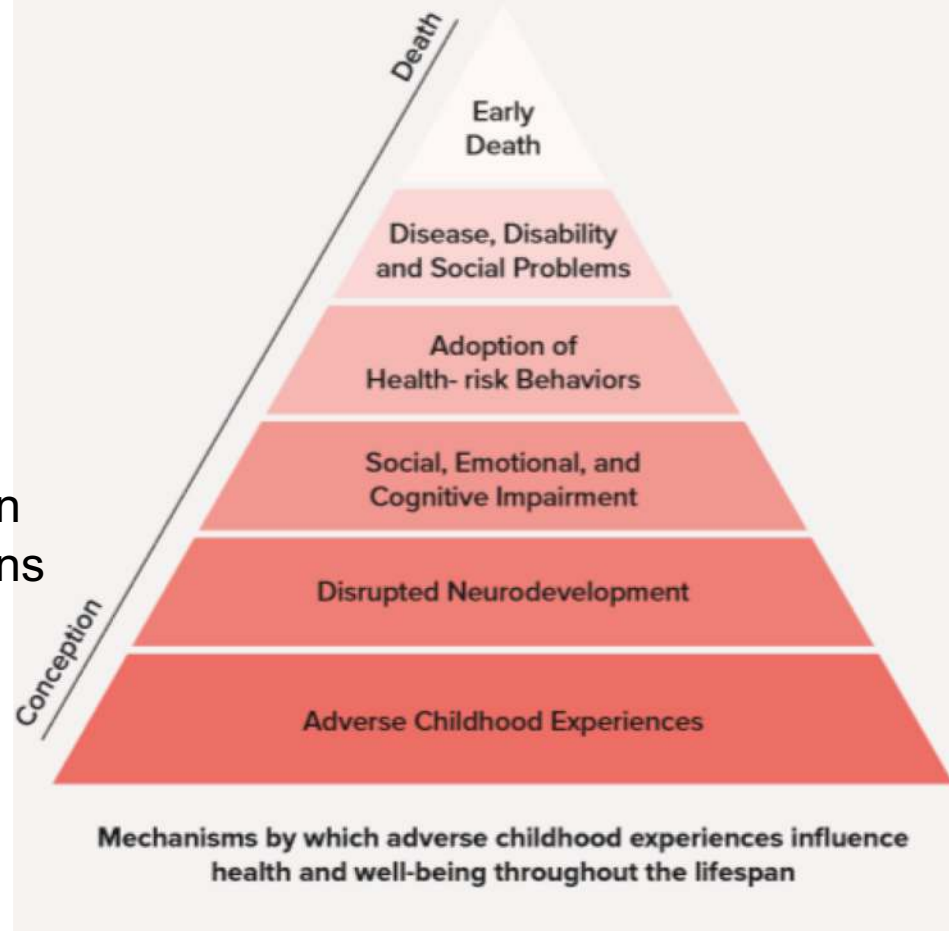


4

Consider trauma a risk factor

- Higher risk of chronic diseases
- Risk of smoking
- Heavy drinking
- High risk sexual behaviours

Experiences of interpersonal violence, racism and discrimination can change neurobiological patterns and genetic structures that affect mental and physical health.



Sample Assessment Questions

In considering using these questions, follow your professional standards in investigative interviewing and in obtaining client consent:

- Is there anyone close to you that makes you feel uncomfortable?
- Is there anyone that you fear being left alone with?
- Are you afraid of family members and/or caregivers?
- How do family members behave towards you? Are they verbally abusive?
- Do your caregiver and/or family member(s) always answer questions that are asked of you?

Sample Assessment Questions

Continued...

- Can you tell me about a time recently when someone talked to or yelled at you in a way that made you feel bad about yourself?
- Does anyone ever scold or threaten you? Can you give me an example?
- Does anyone ever tell you that you're sick when you know you aren't? Can you give me an example?
- When was the last time you got to see relatives or friends?
- Do you have any access to a telephone? If not, why not?
- Are you by yourself a lot?

Sample Assessment Questions

Use these questions for an older adult living in a long-term care or retirement home:

- Does the resident have a limited social network?
- Is the resident isolated?
- Has anyone yelled, insulted or made the resident feel bad about themselves?
- Does the resident feel afraid of anyone in particular?
- Is the resident withdrawing from participating in activities or socializing?
- Does the resident have any serious illnesses/physical impairments?
- Does the resident have a cognitive impairment?

Formulating Questions for Suspected Abuser

- Are you and ____ (senior's name) aware of the kinds of help available in the community?
- How do you and ____ (senior's name) handle disagreements?
- What expectations does ____ (senior's name) have of you?
- Most caregivers find their role stressful. I sense caring for _____ (senior's name) is stressful for you. Is this recent or has this been this way for some time?
- How do you react under stress?
- Do you tell people you care about when you are feeling stressed?

Note: *Working with a suspected abuser is a very delicate situation and should only be undertaken by a qualified professional possessing the appropriate skills and training.*

Formulating Questions for Suspected Abuser

[Continued]

- When you are angry/resentful/frustrated with ____ (senior's name) have you ever felt out of control? What did you do?
- Do you feel able to ask for help from others when you feel you need a break?
- Is caring for ____ (senior's name) different than you thought it would be?
- How do you feel you are managing the present situation?
- How is ____ (senior's name) involved in decisions and determining his/her care?
- What does _____ (senior's name) need help with every day?

Mandatory Reporting

Why We Should Be Concerned

- ✓ No legislated agency is specifically dedicated to responding to the mistreatment of older adults in the community similar to those targeted at child abuse.
- ✓ Currently, elder abuse responses vary considerably within regions in Ontario .
- ✓ Because older adults **do not usually self-report** instances of elder abuse, the responsibility for **identification, reporting, and intervention *rests*** largely with **healthcare professionals, social service agencies**, and police departments



Mandatory Reporting

- **Mandated legislation for Long-Term Care homes:**

- Section 24 (*LTCH ACT*) States that anyone who sees/suspects abuse in LTC homes is legally obligated to report immediately to Director at MOHLTC 1-866-434-0144

- **Mandated legislation for Retirement Homes:**

- Section 75 (1) States that anyone seeing or suspecting abuse in a retirement home is legally obligated to report to RHRA 1-855-275-7472

Duty to Report

- Anyone with reasonable grounds who suspects abuse may or has occurred
- Includes staff, MD's, social worker, regulated practioners
- Only residents are excluded; can report but not required
- Report is made to Director (person at MOHLTC)
not director or administrator of LTC home

1-866-434-0144

Is Emotional Abuse A Criminal Offence?

Under criminal law, abusers can be held accountable for certain emotional abusive tactics (stalking, verbal threats, harassing telephone calls, deliberate intimidation and counselling (advising) suicide) when the behaviour is considered an offence under the Criminal Code of Canada.^{3,10,11}

Actions that are Criminal offences do not cease to be an offence because the person is a senior. Police can lay Criminal charges if they have reasonable grounds to believe a crime has been committed.

Assault (s. 265-268)

Can be committed by attempting or threatening to apply force to another person if the other person believes that the abuser has the ability to carry out the act. Most people think of assault only as the intentional use of force against somebody without his or her consent. However, attempting or threatening by an act or gesture to use force may also be assault.

Uttering Threats (s. 64.1)

When someone knowingly utters or conveys a threat to cause death or bodily harm to another person. It is also an offence to threaten another's property (to burn, destroy, or damage) or threaten to kill, poison or injure his or her animal or bird. Since many abusers maintain control by threatening to kill their partners or destroy their pets or property, this provision in the Code may be able to deal with such threats.. Intimidation (s. 423).

Criminal Harassment (s. 264)

To be criminal, this behaviour must be overtly threatening or must happen repeatedly and must have made the victim fear for his or her personal safety. This offence includes stalking.

Given that the behaviour often happens repeatedly the psychological damage may be considerable.

Harassing telephone calls (s. 372.2 & .3)

People to Empower Versus Objects of Care

The Frameworks Institute (2017):

- The general public view aging as a process of deterioration, decline, and increasing dependency.
- People consistently treat older people as objects to be cared for and protected rather than as people to be empowered and engaged
- While experts acknowledge that older age can include distinctive vulnerabilities, they emphasize that aging is different for different people and is influenced by a wide variety of social factors. Moreover, they do not equate aging with decline.
- Combatting elder abuse requires treating older people as equals in society rather than as objects of care.



If you were being abused,
how would you want to be treated?



Provincial Information and Support

Elder Abuse Ontario

<http://www.elderabuseontario.com/>

(416) 916-6728

Advocacy Centre for the Elderly

<http://www.advocacycentreelderly.org>

1-855-598-2656

Alzheimer Society of Ontario

<http://www.alzheimer.ca/en/on>

1-800-879-4226

Local Health Integration Network

<http://healthcareathome.ca>

310-2222 (LHIN)

ConnexOntario

<http://www.connexontario.ca>

1-866-531-2600

Consent and Capacity Board

<http://www.ccboard.on.ca>

1-866-777-7391

Provincial Information and Support

JusticeNet

<http://www.justicenet.ca>

1-866-919-3219

Law Society Referral Service

<https://www.lsuc.on.ca/lsrc/> 1-855-

947-5255

Office of the Public Guardian and Trustee

<https://www.attorneygeneral.jus.gov.on.ca>

1-800-366-0335

Provincial Information and Support

Ontario Provincial Police

<http://www.opp.ca>

1-800-310-1122

*Various local/municipal contact information depending on location

Retirement Homes Regulatory Authority

<http://www.rhra.ca/en/>

1-855-275-7472

Senior Crime Stoppers

<http://ontariocrimestoppers.ca>

1-800-222-TIPS (8477)

Seniors Safety Line

1-866-299-1011

Elder Abuse Ontario

AGING WELL: PRICELESS



**Bien Vieillir:
Ça n'a pas de prix**



Stop Abuse - Restore Respect



Elder Abuse Ontario

Stop Abuse - Restore Respect

**For Resources & Materials, visit:
www.elderabuseontario.com**

 ElderAbuseOntario

To find help call from anywhere in Ontario:

 ElderAbuseOnt

1.866.299.1011

Seniors Safety Line

Arrêtez les mauvais traitements - Restaurez le respect



Maltraitance des personnes âgées Ontario

Arrêtez les mauvais traitements - Restaurez le respect

**Pour plus de renseignements, consultez le site
www.elderabuseontario.com**

 ElderAbuseOntario

Composez la ligne téléphonique Aînés-Sécurité
de partout en Ontario et obtenez de l'aide maintenant.

 ElderAbuseOnt

1.866.299.1011

Seniors Safety Line

- ✓ Toll Free, **24 / 7 / 365**
- ✓ Answered by trained staff
- ✓ Can provide safety planning and referral to local resources
- ✓ Can answer calls in over **150** different languages
- ✓ **1-866-299-1011** or call **211** and ask for the Senior Safety Line

Connect With Us!!

Connect With Us



To learn more about Elder Abuse
Call 416-916-6728

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Questions?





Elder Abuse Ontario

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