

Lunch and Learn Webinar Series

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Elder Abuse Ontario

Stop Abuse - Restore Respect

SEXUAL ABUSE OF OLDER ADULTS

August 16, 2018

Presenters:

Raeann Rideout

Central East Regional Consultant

Candielya Jackson

North West Regional Consultant



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.

Your Presenters



Raeann Rideout

Raeann Rideout is currently the Central East, Regional Elder Abuse Consultant for Elder Abuse Ontario.

Raeann has worked in the field of elder abuse for over 18 years. In her current position, she provides front-line training and public education, assists in the planning of community events/project, strengthening community partnerships and collaborates with local, provincial and national stakeholders to enhance the response to elder abuse. Raeann consults with seniors, families and agencies on elder abuse cases.

She is the past co-chair of the Canadian Network for the Prevention of Elder Abuse.

Contact: centraleast@elderabuseontario.com



Elder Abuse Ontario
Stop Abuse - Restore Respect

Your Presenters



Candielya Jackson

Candielya is currently the North West, Regional Elder Abuse Consultant for Elder Abuse Ontario. Candielya joined EAO in early 2017 with a background in human rights education and 14 years of clinical social work experience with a focus on trauma and violence informed approaches.

Contact: northwest@elderabuseontario.com

Learning Objectives

- To become aware of the various forms of elder abuse.
- Obtain an enhanced understanding of sexual abuse of older adults.
- To become aware of how to recognize the indicators, and risk factors of sexual abuse
- To appreciate the barriers older adults encounter regarding disclosure
- To understand the importance of building a therapeutic relationship with survivors
- Learn practical strategies and assessment tools for service providers who work with older adults
- To gain better understanding of the legislation related to sexual abuse and available provincial resources to support older adults.



Elder Abuse Ontario (EAO)

- ✓ Not-for-profit charitable organization
- ✓ Established in 1992
- ✓ Funded by 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**



Ontario's Strategy to Combat Elder Abuse

Comprised of 4 Major Priorities



Community
Coordination
& Response

Training

Public
Awareness

Research
&
Evidence



Elder Abuse Ontario (EAO)

- ✓ **7 Regional Consultants in Ontario**

(Peterborough, Thunder Bay, Woodstock
Sudbury, Ottawa,, Toronto, Mississauga)

- ✓ 2 Francophone Consultants



- ✓ Support over 40 local Elder Abuse Committees/Networks

- ✓ Offer organizations customized training and education for staff.

- ✓ Perform outreach/education activities for seniors' groups

- ✓ Participate in furthering the cause of abuse prevention at conferences and events



EAO's Role In Responding To Elder Abuse

- ✓ Consultants DO NOT act as case managers for cases of abuse.
- ✓ Central agency for providing consultation on elder abuse cases to review options and provide referrals to services for intervention.



EDUCATIONAL TOOLS FOR SENIORS

EAO's Website

- Where and whom to report incidents of elder abuse
- Tips for preventing elder abuse
- Safety and security for protecting one's finances

- Fact Sheets
- Safety Guides
- Directories
- Video's
- Brochures
- Postcards



Let's Talk about Abuse



ELDER ABUSE

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

World Health Organization



Elder abuse is a multidimensional phenomenon that encompasses a broad range of behaviors, events, and circumstances.

Unlike random acts of violence or exploitation, elder abuse usually consists of repetitive instances of misconduct.



Elder Abuse Ontario
Stop Abuse - Restore Respect

What Is Ageism?

Ageism is a factor in abuse.

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.



What Does Aging Like Look To You?



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.



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

Revera Report on Ageism. Revera Inc. and the International Federation on Ageing,,2012



Types of Elder Abuse

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



Overview: Forms of Elder Abuse

Physical

- Inflicting personal discomfort, pain, injury
-
- Hitting, rough handling, physical restraints, force-feeding

Emotional/ Psychological

- Diminishes identity, dignity, self-worth
- Yelling, threatening, swearing

Financial

- Misuse of money/ property
- Stealing money/ possessions, forging signature, misusing power of attorney

Neglect

- Failure of caregiver to meet needs of an older adults who is unable to meet needs alone
- Abandonment, denial of food/ water/ medication

Spiritual

- Erosion of one's cultural/ religious belief systems
- Restricting attendance at place of worship
- Aboriginal older adults

Sexual

- Non-consensual sexual contact
- Unwanted touching, rape, sexually explicit photographing



Canadian Statistics

Into the Light: National Survey on the Mistreatment of Older Canadians (2015)

Prevalence of Mistreatment was 8.2%

Psychological:	2.7 %	251,0157
Financial	2.6	244, 176
Physical	2.2	207,000

Sexual **1.6%** **149,000**

Neglect 1.2 116,256



Global Prevalence – Community



Elder abuse is a hidden problem.

1 in 6 older adults worldwide
have been abused in the past year.

Almost **16%** of people aged 60 years and older.

1 in 24 cases are reported. *Prevalence rates are likely underestimated.*

WHO, 2017

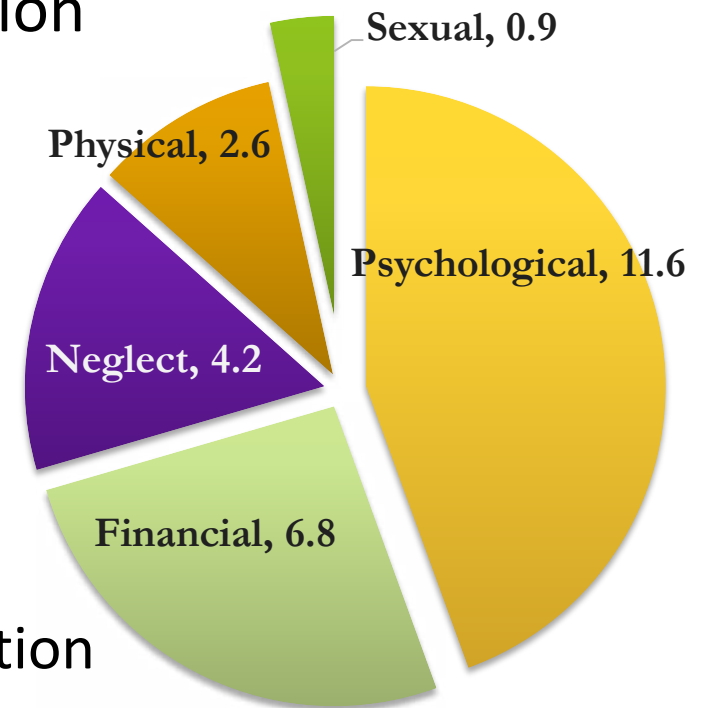


Elder Abuse Prevalence

Meta-analysis of 38,544 studies of which 52 meet inclusion criteria

Overall elder abuse: 15.7 % of population

- Physical 2.6 %
- **Sexual 0.9 %**
- Psychological 11.6 %
- Financial 6.8 %
- Neglect 4.2 %



- In Americas, avg rate of 10 % of population

■ Psychological ■ Financial ■ Neglect ■ Physical ■ Sexual



Statistics

*Older Women are **3 times** more likely to experience sexual abuse than older men.*



Why Are Some People More at Risk?

Some of the most common risk factors

Depression

Previous abuse as a child,
youth or adult

Being female



Why Are Some People More at Risk?

Intersections of discrimination

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

20% of Trans seniors have been physically or sexually abused for being Trans

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

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



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.



Sexual Abuse of Older Adults Module



**AN INTERVENTION GUIDE FOR SERVICE
PROVIDERS AND PARTNERS IN CARE**

Produced by Elder Abuse Ontario

Sexual Abuse of Older Adults Module

The Sexual Abuse 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 – Discussion Questions, Fact Boxes, Decision-Trees to assist with navigating supports and interventions
- Provincial Resources/Services



Defining Sexual Abuse

“Non-consensual sexual contact of any kind with an older adult. Sexual contact with any person incapable of giving consent is also considered sexual abuse.

(Public Health Agency of Canada, 2012)

Sexual Harassment: engaging in a course of vexatious comment or conduct that is known or ought to be known to be unwelcome.

(Ontario Human Rights Code)

Sexual Violence is any sexual act or attempt to obtain a sexual act by violence or force.





Forms of Sexual Assault

Sexual threats and demanding sex

- Gender-related comments about a person's physical characteristics or mannerisms
- Making sexual remarks and/or suggestions
- Confusing a need for affection with a need for sex
- Forced viewing of pornography
- Coerced nudity and sexually explicit photographing
- Forcing the older adult to undress

Unwanted sexual activity

- Oral-genital contact/digital penetration
- Marital or partner rape
- Intercourse without consent
- Kissing, Fondling or sexual intercourse without consent
- Harmful genital practices (unnecessary during provision of personal care)
- Unnecessary touching of genital area, that is not part of the care plan

Profiles of Sexual Abuse

Who is the likely perpetrator of sexual abuse?

- **Partner/Spouse**
Sexual violence by an intimate partner can include a date or a marital partner. Domestic abuse often occurs in some of these relationships.
- **Family member (grandchildren, adult offspring)**
- **Caregiver**
- **Paid caregiver**
- **Other residents in a care home**
- **Facility staff**

Profile of an older adult victim of sexual abuse

- **Lives alone**
- **Requires physical/ mechanical assistance**
- **Suffers from emotional issues**
- **Misuses substances/alcoholism**
- **Socially isolated**
- **Some dependence on activities for daily living**
- **Poor health**
- **Poor social well-being**
- **Lesbian, gay, bisexual or transgender older adults**



Common Characteristics of Perpetrators

- **Seek power and control over older adult, they perceive to be vulnerable.**
- **Suffering from mental illness**
- **Misuse of substances/ alcoholism**
- **Financially dependent on victim**
- **Mostly male**
- **Have access to victim**
- **Paternalistic views of spouse/ partner as property**



Myth vs. Reality



"I couldn't believe what was happening to me. I did not know how to stop him. I was so afraid."

MYTH: Older adults are not sexual beings or sexually desirable.

REALITY: *Advanced age does not protect one from sexual abuse, but rather increases risk in many ways.*



Sex crimes against the elderly

- are they being ignored?



By Emma Forde & Claire Savage 20 September 2016 [UK](#)

"They are a frightening reflection of the reality on the ground that many of us don't want to accept is happening. People actually don't want to believe it can happen to older people in the first place."

Gary FitzGerald, chief executive of the charity Action on Elder Abuse



Sexual Abuse of Older Adults

- **Sexual abuse of older adults has not been well researched and is often not recognized or acknowledged.**
- **Clinicians uncomfortable and feel inexperienced.**
- **Hard to collect data because of lack of disclosure and/or reporting.**



Myth vs. Reality



MYTH: Sexual abuse does not occur between romantic partners.

REALITY: *1 in 7 married women have reported they have been forced to have sex with their spouse.*

W5 investigates cases of sexual assault in Ontario nursing homes



Marleen Trotter, W5 Producer
Published Friday, April 8, 2016

W5: In the Dark, part one

CityNews LOCAL VIDEO CONTACT US

INFORMING CANADIANS ABOUT OUR SOCIETY

Support worker convicted of elder abuse sentenced to time served plus five months

BY NEWS STAFF
POSTED JUL 20, 2016 11:39 AM EDT LAST UPDATED JUL 20, 2016 AT 11:44 AM EDT

CRIME July 18, 2016 1:23 pm Updated: July 18, 2016 3:03 pm

Personal support worker charged in alleged sexual assault of 6th senior citizen: police

By Adam Miller

Impact for Older Adults



Older adult victims can experience serious effects and long-term impacts from sexual violence.

- Due to age-related physiological changes, older victims tend to sustain more severe physical injuries and emotional trauma as a result of an assault.
 - Reduced self worth- Increased risks of anxiety and depression
 - Sleep disturbances
 - Increased susceptibility to new illnesses (including sexually transmitted infections)
 - Exacerbation of pre-existing health conditions
 - Increased hospitalization
 - Increased risk of premature death

Warning Signs of Sexual Abuse



Warning Signs

Behaviours

- Depression or anxiety (Crying spells)
- Fear, mistrust or paranoia
- Anger, aggression
- Sleep disturbances, agitation, restlessness,
- Overly sexual, an uncharacteristic change in attitude towards sex
- Confused
- Withdrawn, wants to be alone
- Experiences suicidal thought or attempts
- Discomfort, avoidance in presence of specific people



Emotional Signs of Sexual Abuse

Psychosocial Trauma

- Many suffer from depression

Sleep Disturbances

- Often take medication to assist in sleeping

Increased Anxiety

- Consistently lock doors and living in fear

Depression

- Crying spells, withdrawal symptoms, startle reflex, agitation, restlessness, confusion (often masked as dementia)



Clinical Signs of Sexual Abuse

Warning Signs



Physical

- Torn or stained underclothing
- Unexplained and frequent urinary tract infections
- Genital infections paired with frequent or painful urination
- Trouble sitting or walking
- Bruising and swelling on inner thighs, vaginal, rectal areas
- Bruising on buttocks, breasts, face, neck,
- Pain and bleeding in genital area
- Imprint injuries, bruising behind neck, bite marks, scratches
- Sexually transmitted diseases
- Incontinence



Risk Factors for Abusers

Risk Factors for Abusers

Past history of family violence

- Mental health issues
- Caregiver burden
- Dependence on the victim
- Substance misuse
- Problems with stress and coping
- Current relationship problems

Risk Factors for Older Adults

- Past history of family violence or experienced sexual abuse, prior to the age of 60
- Suffer cognitive impairment/dementia
- Mental health issues
- Physical frailty or mobility difficulties
- Dependence on the perpetrator for care
- Live alone or in isolation
- Substance misuse
- Problems with stress and coping
- Current relationship problems
- Older adults who are immigrants/newcomers to Canada

Barriers to Disclosure

KNOWLEDGE

- Not knowing where to turn for help...Where to Report
- Report what?
- Language barriers, not able to access resources or culturally appropriate services
- Professionals not recognizing signs and therefore not making appropriate referrals
- Ageist attitudes – *'older adults are not sexual so abuse would not happen'*.

EMOTIONAL

- Feel no one will believe them.
- Feel ashamed embarrassed or humiliated, shame
- Rejection by family members
- Generational and religious values
- Want to protect the perpetrator, who may be family

FEAR

- Fear of being placed in a care facility.
- Afraid that they will be blamed or judged
- Repercussions from family or staff (e.g., escalation of abuse; loss of financial support; loss of connections with loved ones)
- Fear of separation and change or starting over





PRIMARY CARE

Elders are seen in primary care settings for common conditions associated with aging. Therefore, primary care settings may provide a valuable opportunity for elder abuse screening. Caldwell et al. examined various tools used in primary care settings, and found two with good internal validity – the OAFEM and EASI. However, they note that external validity is difficult to measure because there is no 'gold standard' for comparison (Caldwell et al., 2013).



DENTAL CLINICS

Fulmer and colleagues (2012) studied the feasibility of screening for elder mistreatment in busy clinics, including dental clinics, using an adapted version of the Elder Assessment Instrument (EAI). It was found that screening in dental clinics was feasible and study participants were willing to enroll in the study regardless of the sensitive nature of the survey questions (Fulmer et al., 2012).



HOME HEALTH SETTINGS

Pickering et al. (2016) suggest that professionals working in home healthcare have an advantageous position to identify and report elder abuse and neglect because they directly observe most assessment criteria. Furthermore, this is an important setting for elder abuse assessment as older adults are receiving more services from home healthcare providers. They indicate that the use of a tool such as the QualCare scale – focused on identifying the met and unmet needs of the older adults regardless of the mechanisms causing them – can increase identification and reporting of abuse (Pickering et al., 2016).



EMERGENCY DEPARTMENTS

Emergency departments (EDs) have become critical sites for detection of child abuse but the same has not happened for elder abuse despite its prevalence and the potential value of identifying it in the ED (Rosen et al., 2016). EDs serve an important role when older adults interface with healthcare services, and ED nurses may be able to recognize and identify abuse (Phelan, 2012).



OB/GYN CLINICS

Given that women are at an increased risk for elder abuse, OB/GYNs may play a fundamental role in screening for elder abuse. In a study, Leddy et al. (2014) found that routine screening is not currently being conducted due to time constraints, uncertainty about where to call for help and lack of professional protocols on how to respond to abuse. The study indicated a need for greater education and training for elder abuse screening (Leddy et al., 2014).



LONG-TERM CARE SETTINGS

Long-term care settings including nursing homes and skilled nursing facilities present opportunities for screening and detection of elder abuse. Cohen (2011) indicates studies have found that data on the prevalence of abuse or neglect in long-term care institutions is lacking, in part, due to inadequate procedures for its assessment and identification. While many tools have been suggested and tested for use in the long-term care setting, they need to be further validated to encompass possible abusive behaviors that may be characteristic of institutions (Cohen et al., 2010).

Personal Assessment for Advocates working with Victims of Sexual Violence

https://www.nsvrc.org/sites/default/files/publications/2018-04/Publications_Personal-Assessment.pdf

NCEA - Research to Practice: Elder Abuse Screening Tools for Healthcare Professionals • 2016

Screening for Elder Abuse

EASI - Elder Abuse Suspicion Index

- 6 questions that can assist to determine if a referral is needed
 - Validated by family practitioners with cognitively intact seniors
- Available from NICE (www.nicenet.ca)

EARA - Elder Abuse Risk Assessment Guide

- Structured professional judgment (SPJ) tool
- Reflects scientific knowledge and professional practice
- Outlines what information and core risk factors should be considered in a violence risk assessment and how to determine the risk involved in the case-risk management strategies
- Domestic violence (B-SAFER and SARA), stalking (SAM), general violence (HCR-20) and sexual violence (SVR-20 and RSVP).



Guiding Principles When Responding to Elder Abuse

Guiding Principles

Responding To Elder Abuse

1. **Talk to the older adult.** Ask questions to learn more about his or her experience. Help the person identify resources that could be helpful. Note their mental capacity for decision-making and their understanding of the consequences of their decisions – each decision is assessed independently.
2. **Respect personal values, priorities, goals and lifestyle choices of the older adult.** Identify support networks and solutions that suit the older adult's individuality.
3. **Recognize the right to make decisions.** Mentally capable older adults have the right to make decisions, even if those choices are considered risky or unwise by others (including you). Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give.
4. **Seek consent or permission.** In most situations, you should get consent from an older adult before taking action.
5. **Respect confidentiality and privacy rights.** Get consent before sharing another person's private information, including confidential personal or health information (unless there is risk to the older person or someone else).

Guiding Principles

When Responding to Elder Abuse

Guiding Principles

Responding To Elder Abuse

6. **Avoid ageism.** Avoid making ageist assumptions or discriminatory thinking based on age, from affecting your judgment. Avoid stereotypes about older people and show respect for the inherent dignity of all human beings, regardless of their age.
7. **Recognize the value of independence and autonomy.** Where this is consistent with the older adult's wishes, assist them in identifying the least intrusive way to access support or assistance.
8. **Know that abuse and neglect can happen anywhere and to anyone.** Abuse and neglect of older adults can occur in a variety of circumstances.
9. **Respect rights.** The appropriate response to abuse, neglect, or risk of abuse or neglect should respect the legal rights of the older adult, while addressing the need for support, assistance, or protection in practical ways.
10. **Get informed.** Ignorance of the law is not an excuse for not taking action, when someone's safety is at stake. If you work with older adults you need to educate yourself about elder abuse. It is your responsibility to be aware of appropriate resources and services in the community.

Best Practice Guidelines/Interventions



- Build a **therapeutic relationship** with both victim and families
- During encounters and assessments with older adults be **alert for risk factors** and signs of abuse
- Based on **trust, respect, empathy** and professional intimacy
- In order to encourage victims to speak about abuse ensure **privacy and confidentiality**
- Important to **not be judgmental** of victims



Interview Strategy

1. Be sensitive to the person's culture, religion, comfort level and timing in obtaining disclosure.
2. Note suspicious histories
3. Be alert to the person's wishes. Informally assess whether they are mentally competent and try to determine what their needs are.
4. Identify what information is missing (e.g. frequency and duration of abusive incidents, urgency, etc).
5. Be aware of interdependent relationships and power differentials.



Sample Assessment Questions

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

- **Is there something that you would like to share with me?**
- **Has there been a recent incident causing you concern?**
- **Do you make decisions for yourself or does someone else make them for you?**
- **Does your caregiver depend on you for shelter or financial support?**
- **Have you ever felt taken advantage of?**



Sample Assessment Questions

- 1. Is there anyone close to you that makes you feel uncomfortable?**
- 2. Is there anyone that you fear being left alone with?**
- 3. Have you ever been touched without your consent?**
- 4. Has anyone forced you to watch pornographic material or pictures when you have not consented?**
- 5. Has anyone forced you to touch them when you did not consent to it?**
- 6. Does anyone speak to you in a sexual nature that makes you feel uncomfortable?**
- 7. Have you noticed that you are frequently urinating or feel any pain/discomfort while urinating?**



Possible Assessment Questions

Long-Term Care Homes or Retirement Homes

1. During personal care has a care provider ever touched you inappropriately?
2. Has another resident ever spoken to you in a sexually inappropriate manner?
3. Does your care provider force you to take any medications, which may impair your memory or judgment? (That is not appropriate to your clinical care plan)
4. Has another resident attempted to touch you in a sexual nature?
5. Has another resident attempted to force you into a sexual act?
6. Has a care provider or another resident come into your room without your consent, while you were dressing or attending to your personal hygiene?
7. Was there an unhealthy sexual relationship with a person before being admitted into the Long-Term Care Home or Retirement Homes? Or after a staff member was hired at the Long-Term Care Home or Retirement Home?



Reporting



Sexual assault and harassment are a crime in Canada.

- Even when you are married, it is a crime to force any sexual conduct on another person.
- If a sexual act is committed while the victim is physically or mentally unable to consent, that is sexual assault.
- Older adult victims living in the community have the right to disclose information without having to report the incident to the police or other authorities.
- If an older adult who has been sexually abused seeks help from a community agency, hospital or other support service, they will not report the incident to police unless the older adult requests it.

Know the Law

If a sexual act is committed while the victim is **physically or mentally unable to consent**, then that is sexual abuse.



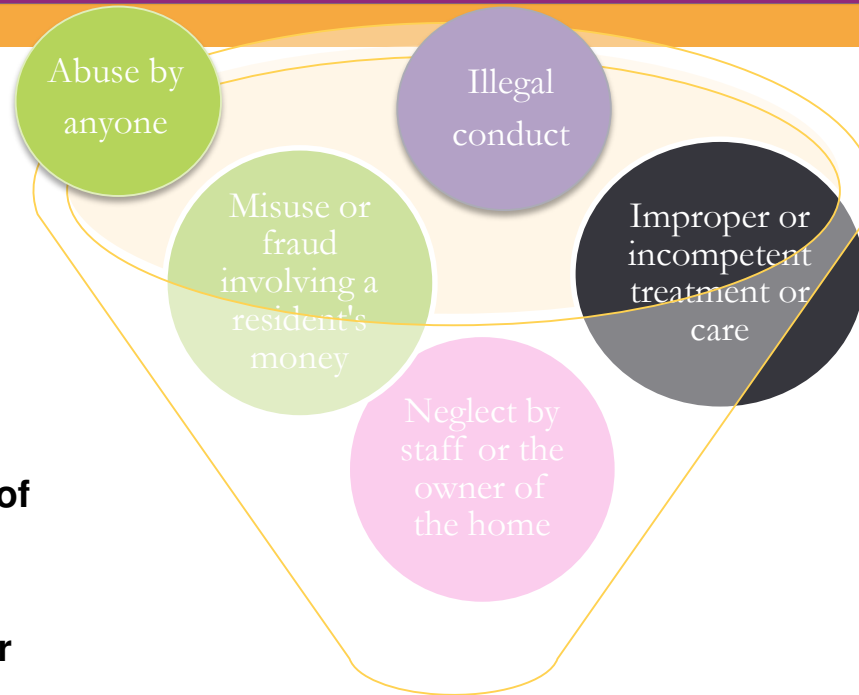
Know the Law

In Ontario, the law states that the abuse of a person living in a **long-term care home** or **retirement home** must be **reported immediately** by anyone who has reasonable grounds to suspect that a resident has been harmed or will be harmed.

Retirement Home Act s.75. (1) and Long-Term Care Homes Act, 2007 s.24(1)



Know the Law



This obligation includes family members of residents, staff, owners of the homes, doctors, nurses and other health care professionals under the *Regulated Health Professions Act*, drugless practitioners and social workers.

**Ministry of Health and Long Term Care
ACTION LINE**

1-866-434-0144.

**Retirement Homes
Regulatory Authority**

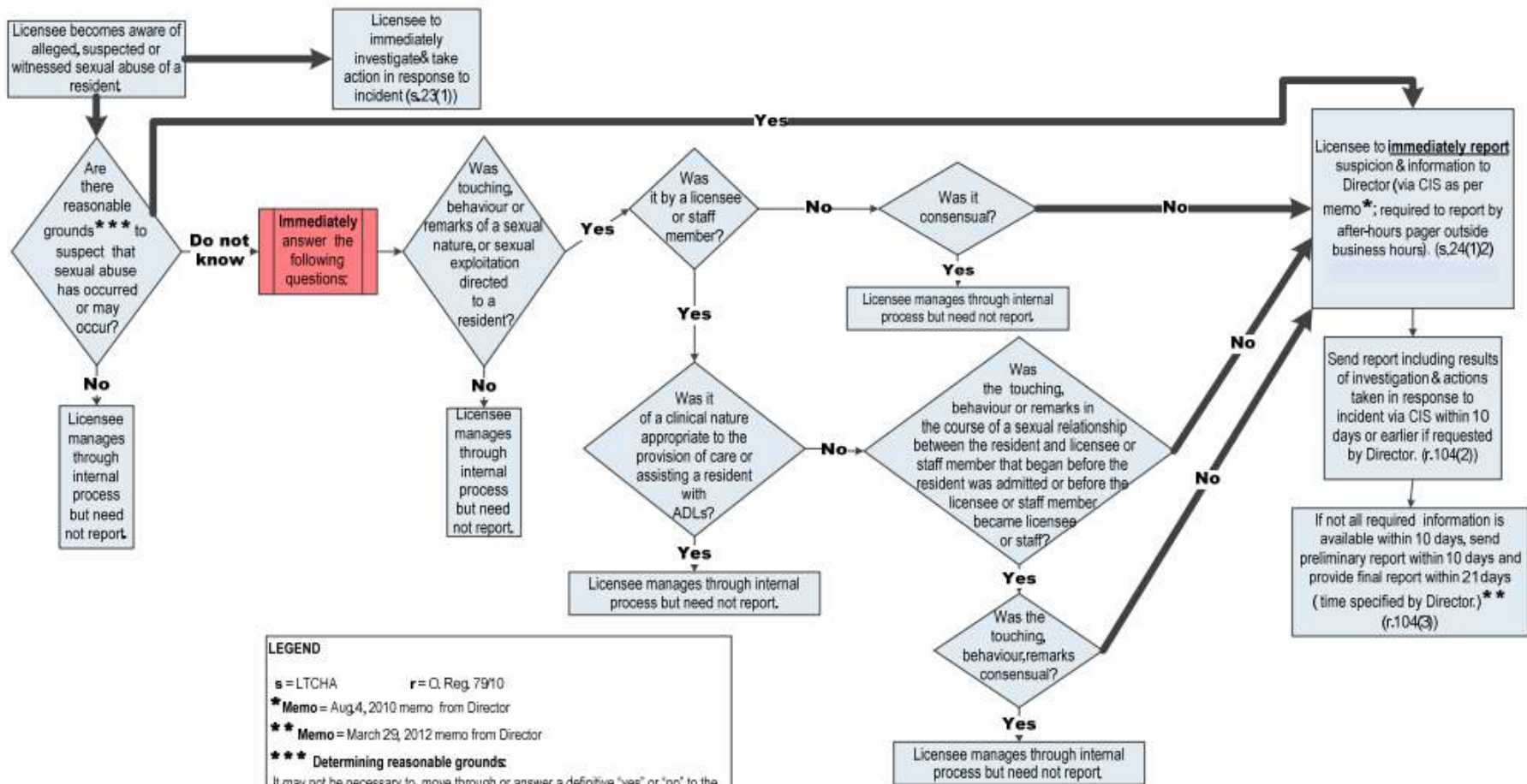
1-855-275-7472.

REPORT

It's against the law for anyone to punish someone who reports abuse of a resident in a home
LTC Act, 2007 s.26



LICENSEE REPORTING OF SEXUAL ABUSE



LEGEND

s = LTCHA

r = O. Reg. 79/10

*Memo = Aug.4, 2010 memo from Director

** Memo = March 29, 2012 memo from Director

*** Determining reasonable grounds:

It may not be necessary to move through or answer a definitive "yes" or "no" to the questions in order to determine "reasonable grounds". As soon as reasonable grounds are suspected, the licensee must immediately report suspicion and information (s.24 (1)(2)).

Where to Report?

There are several means in which an individual can report cases of sexual abuse. This includes but not limited to:

- Police
- Sexual Assault/ Domestic Violence Treatment Centres
- Health Clinics
- Hospitals
- Victim Service Programs
- Community Agencies
- Someone Trusted (Family Member, Friend)



Bill 87

Amendments to the **Regulated Health Professions Act**, 1991

- Definition of patient extend to one year past care
- Strict disciplinary action-suspension of licence to practice
- Colleges to provide funding for therapy and counselling for patients who were sexually abused by members
- Penalties for failing to report sexual abuse of patients are increased

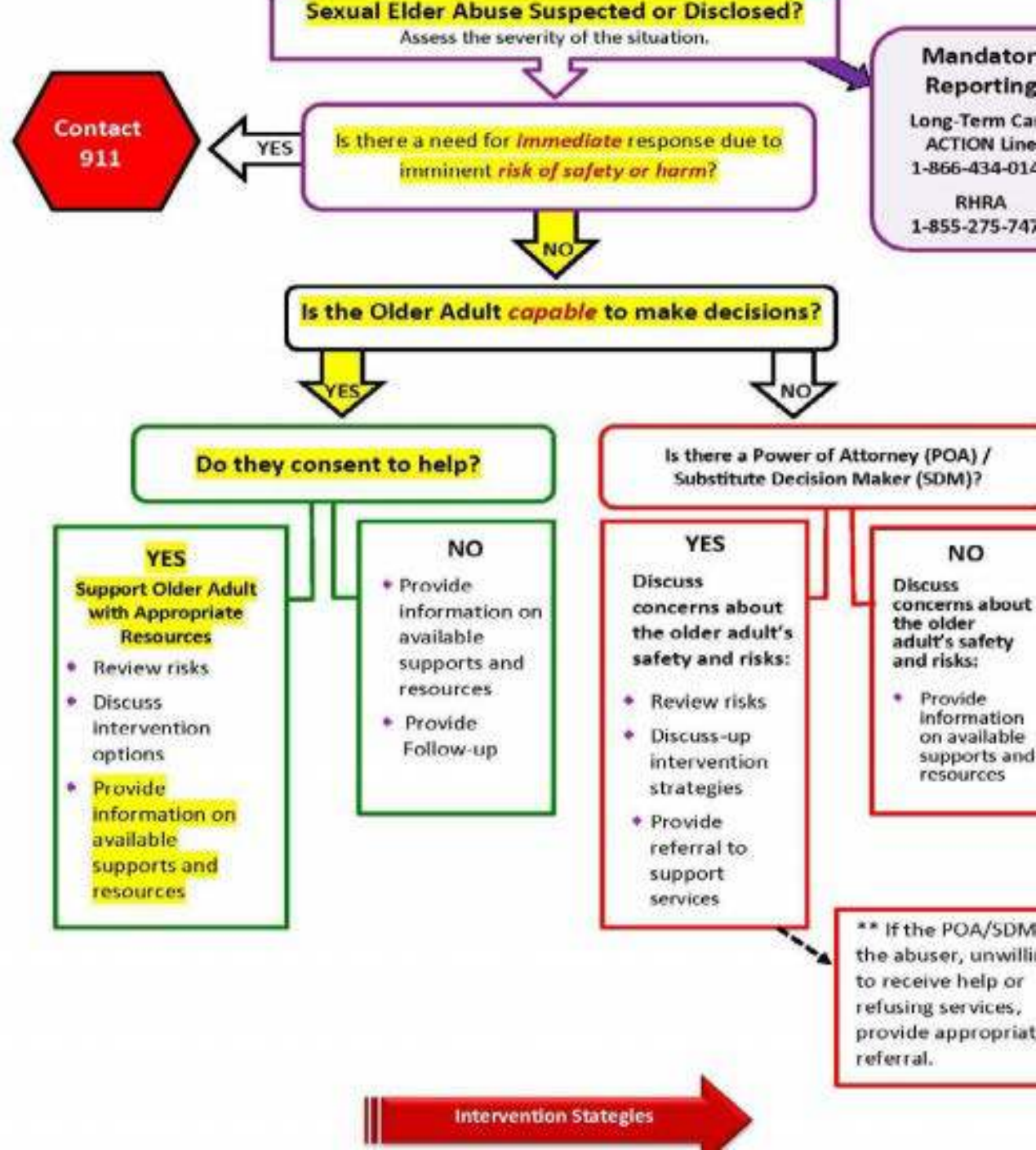




Li Xiu Ying is a 72-year-old widow who is very active in her community. She often takes part in social dinners and activities at the local senior centre. Since her spouse died, Zhang Wei, a 69-year-old man at the centre, often asks her to travel to social events with him.

Li Xiu misses the companionship of a man and would like to start dating again, but feels Zhang is coming on too strong. At the last social dinner and dance, Zhang grabbed Li Xiu's bottom and said "I am going to sink my teeth into you tonight". Li Xiu was shocked and walked away, telling him to leave her alone.

Ming, a close friend of Li Xiu was standing right beside her when the incident occurred. Ming told Li Xiu that she was overreacting and that Zhang didn't mean any harm, he was just joking and having a good time. Li Xiu left the dance alone crying and upset. She is embarrassed and has withdrawn from activities at the centre. She appears to be depressed and becomes agitated when there are suggestions that she attend other social events.



Mandatory Reporting
 Long-Term Care
ACTION Line
 1-866-434-0144
 RHRA
 1-855-275-7474

FACT BOX

Type of Abuse:	Sexual and Psychological
Warning Signs:	Behavioural changes: <ul style="list-style-type: none"> ✓ Withdrawn, depression – wanting to be left alone ✓ Fear ✓ Anger ✓ Widowed and spending more time alone ✓ Increasing/sudden Isolation from community and regular activities ✓ Distrust in Zhang, indicated he comes on too strong ✓ Agitated
Risk Factors for Victim:	<ul style="list-style-type: none"> ✓ Loneliness and isolation ✓ Current relationship problems ✓ Lack of coping strategies to deal with stress ✓ Poor social well-being
Who is Abuser?	Zhang
Risk Assessment:	<ul style="list-style-type: none"> ✓ Possible-mental health issues ✓ Stress and depression ✓ Unwanted sexual touching occurred – fondling without consent ✓ Zhang being persistent and not recognizing boundaries, continuing offensive behaviour ✓ Lack of support from friend
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Has your friend ever made inappropriate or aggressive sexual remarks towards you in the past? ✓ Has Zhang ever spoken to you in a sexual nature in the past, ways that made you feel uncomfortable? ✓ Have you ever felt pressured to take part in a sexual act with your friend because he threatened you? ✓ Is there anyone else close to you that also makes you feel uncomfortable? ✓ Have you experienced sexual abuse or any type of abuse in the past? ✓ Have you ever been previously touched without your consent ? ✓ Do you have other friends who you can attend social outings within the community or at the social centre? ✓ Have you ever felt afraid when alone with Zhang?

<p>Response and intervention:</p>	<p>Social Worker Intervention</p> <ul style="list-style-type: none"> • Explain to Liu Xia what her rights are and what options are available to her • Refer her to additional counselling, to deal with any future such encounters with Zhang. • Offer referral to counselling to help build self-esteem and empowerment • Support Liu in finding alternate Social Centres • Maintain confidentiality of the information disclosed • Offer to speak with her friend, to help explain the situation and why Liu Xia is so upset <p>Sexual Abuse is a criminal offence.</p> <p>Speak to Liu Xia about her options to report to police - sexual abuse is a criminal offence. She has the right to make a complaint and statement to the police and they would determine whether charges would be laid.</p> <p>Liu Xia can make a complaint to the local senior centre letting them know what happened. All participants in these programs have the right to be free from this behaviour – determine if there compliance with Centre’s policies, if not Director may take action to address situation.</p>
<p>Referral & Resources:</p>	<ul style="list-style-type: none"> ✓ Provide contact information for local counselling and support services that can help them cope with their situation. ✓ Provide contact information to Victim Services – who can arrange for safety planning and other supports, ✓ Inform about the justice process and protection orders for sexual assault/abuse ✓ Sexual Assault/Domestic Violence Treatment Centres (SADVTC) www.sadvttreatmentcentres.ca ✓ Assaulted Women’s Help Line 416-364-4144 www.awhl.org ✓ Seniors Safety Line 1-866-299-1011
<p>Other:</p>	

Interventions and Supports



Taking the Journey

“The choices and options ahead will take you on a new path in life,
on a journey leading to renewed safety and well-being”



Supporting Sexually Abused Older Adult

- It is important to start the conversation, if you suspect sexual abuse or assault.
- Protect the privacy and safety of the older adult.
- Validate what the older adult tells you about their experience.
- Recognize disclosure may be difficult for older adults with cognitive or mental health impairments, as well as medical conditions (i.e. stroke) which can affect their ability to speak.
- Screen for sexual abuse: Ask open ended question (Referring to Assessment Questions)
- Find appropriate ways to support healthy sexuality among your clients – as part of intake and assessment, inquire about prior or current history of abuse.

Supporting Sexually Abused Older Adult Clients



- If reporting, explain to the older adult that you are reporting to protect their safety and your requirements by law. Preservation of the evidence such as bed linens, clothing should not be 'cleaned up'(wash bedding, floors, etc.) and should be left for police.
- It is very important to develop a safety plan with the older victim.
- Given the victim may have a relationship with the perpetrator, they may not want to proceed to report it to the police, but want to focus on getting the abuser services as opposed to themselves.
- Seek assistance from other support service agencies, to organize care and services for the older adult.
- Offer older adults the opportunity to receive support and care from specialized trained medical examiners such as forensic nurses (i.e. Sexual Assault /Domestic Violence Treatment Centre)



EAO Resources

SAFETY PLANNING

FOR OLDER ADULTS
KEEPING SAFE IN UNHEALTHY
RELATIONSHIPS



TOOLKIT FOR SERVICE PROVIDERS

2017



Considerations
for Making a
Safety Plan

Intervention Services for Older Adult At-Risk or Experiencing Abuse



Elder Abuse Ontario
Stop Abuse - Restore Respect



Seniors Safety Line – Ligne Aînés Sécurité

**Get Help
Now**

Call the Seniors Safety Line

1-866-299-1011

Free to call
Confidential
24 hours a day
7 days a week



Elder Abuse Ontario
Stop Abuse - Restore Respect

Funded by:



Intervention Services for Older Adult Victims

- Senior At-Risk Coordinators/Senior Safety Advisor
- Geriatric Emergency Nurses (GEM)
- Elder Abuse Consultation Teams
- Situation Tables
- Elder Mediation



Sexual Assault/Domestic Violence Treatment Centres

Sexual Assault/Domestic Violence Treatment Centres (SADVTC) are 35 **hospital-based centres** that provide 24/7 emergency care to women, children and men who have been sexually assaulted or who are victims or survivors of domestic violence by an intimate partner.

Services include:

- Emergency medical/ nursing care
- Crisis intervention
- Collection of forensic evidence
- Follow-up and counselling
- Referral to community resources
- Safety planning

Whether you're a social worker; physician, paramedic or other medical professional; a police officer or firefighter; you are often the first point of contact for someone who has been a recent victim of sexual assault or domestic violence.



Forensic Nurses

A nurse who provides specialized care for patients who are victims and/or perpetrators of trauma (both intentional and unintentional).

- **NURSES first and foremost:**
 - understanding of the normal anatomy and physiology
 - In-depth physical assessment
 - skilled in history taking and physical assessment
 - understanding of medications
 - skilled at working with patients in distress
- Further education or experience in:
 - critical care/ emergency/ mental health/ public health



SENIORS CRIME STOPPERS



**To anonymously report
crimes against seniors.**

1-800-222-TIPS (8477)



Elder Abuse Ontario
Stop Abuse - Restore Respect

Provincial Information and Support

Elder Abuse Ontario

www.elderabuseontario.com/

(416) 916-6728

Ontario Provincial Police

www.opp.ca

1-800-310-1122

Ministry of Health LTC-Action Line

1-866-434-0144

www.ontario.ca/page/long-term-care-home-complaint-process

Retirement Homes Regulatory Authority

www.rhra.ca/en/

1-855-275-7472

Seniors Safety Line

1-866-299-1011

Senior Crime Stoppers

<http://ontariocrimestoppers.ca>

1-800-222-TIPS (8477)

Office of the Public Guardian and Trustee

www.attorneygeneral.jus.gov.on.ca

1-800-366-0335

Canadian Anti-Fraud Centre

<http://www.antifraudcentre-centreantifraude.ca>

1-888-495-8501



Provincial Information and Support

Consent and Capacity Board

www.ccboard.on.ca

1-866-777-7391

Alzheimer Society of Ontario

www.alzheimer.ca/en/on

1-800-879-4226

Behaviour Support Ontario (BSO)

www.behaviouralsupportsontario.ca/

1-855-276-6313

Victim Support Line

[www.attorneygeneral.jus.gov.on.ca/
english/about/vw/vsl.asp](http://www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp)

1-888-579-2888

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satcontario.com/en/home.php

(416) 323-7518

Ontario Coalition of Rape Crisis Centres

www.sexualassaultsupport.ca/

Assaulted Women's Helpline

www.awhl.org

1-866-863-0511

Fem'aide

www.femaide.ca/

1-877-336-2433



Provincial Information and Support

Support Services for Male Survivors of Sexual Abuse

http://www.attorneygeneral.jus.gov.on.ca/english/ovss/male_support_services/

1-866-887-0015

TALK4HEALING

<http://www.talk4healing.com/>

1-855-554-HEAL (4325)

Rainbow Health Ontario

www.rainbowhealthontario.ca/

(416) 324-4262

LHIN Home and Community Care

<http://healthcareathome.ca/>

310-2222

Advocacy Centre for the Elderly

www.advocacycentreelderly.org

1-855-598-2656

Legal Aid Ontario

<https://www.legalaid.on.ca>

Law Society Referral Service

www.lsuc.on.ca/lrsr/

1-855-947-5255



Other Great Resources

www.advocacycentreelderly.org



www.nicenet.ca



www.cleo.on.ca



www.antifraudcentre-centreantifraude.ca



www.rnao.ca





Sexual
violence can
affect
individuals

How to prevent sexual abuse

- Stay informed and know your rights
- Ask for help
- Tell someone about your concerns – for example a nurse, social worker, or doctor
- Maintain contact with loved ones and connections with friends, family and support networks
- Seek alternative options if care is unsatisfactory.
- Do not rely ONLY on family members for daily care and social activities

Laws and Reporting

Sexual assault and harassment are against the law. Older victims often suffer in silence, due to their reluctance to report. If sexual abuse has occurred, talk to someone you trust when it is safe.

Reporting is mandatory ONLY in Long-Term care or retirement homes. The law requires reporting by anyone who knows or has reasonable grounds to suspect that a resident has been, or might be, harmed.

To Report

Long-Term Care ACTION Line

<http://www.health.gov.on.ca>
1-866-434-0144

Retirement Homes Regulatory Authority

<http://www.rhra.ca>
1-855-275-7472

Where to get Help

- In an emergency call **911**
- Contact local Sexual Assault / Domestic Violence Treatment Centre for Assistance

Seniors Safety Line

<http://www.elderabuseontario.com>
1-866-299-1011

Talk 4 Healing

<http://www.talk4healing.com>
1-855-554-heal (4325)

Support for Male Survivors

When a spouse
is the abuser,
the situation of
sexual violence
is a form of
domestic abuse

Assaulted Women's Help Line

<http://www.awhl.org>
1-866- 863-0511

Victim Support Line

www.ontario.ca
1-888-579-2888



Violence Against Older Women Learning Modules

Strategies to Address Violence Against Older Women

Five video learning modules, (approx. 30 mins), focused on strategies to address violence against older women. These modules can stand alone or be completed as a series, depending on one's learning needs.

As you move through these modules, it is essential to consider that older women are not a monolithic group, and in addition to experiences of ageism and sexism, have lived experiences that are further shaped by their unique characteristics and identities such as their sexual orientation, gender identity, social class, race/ethnicity, and occupation. These experiences can impact the rates and nature of violence and access to and interactions with systems and services (CREVAWC, 2016).

<http://www.elderabuseontario.com/training-education/training/violence-against-older-women-learning-modules/>



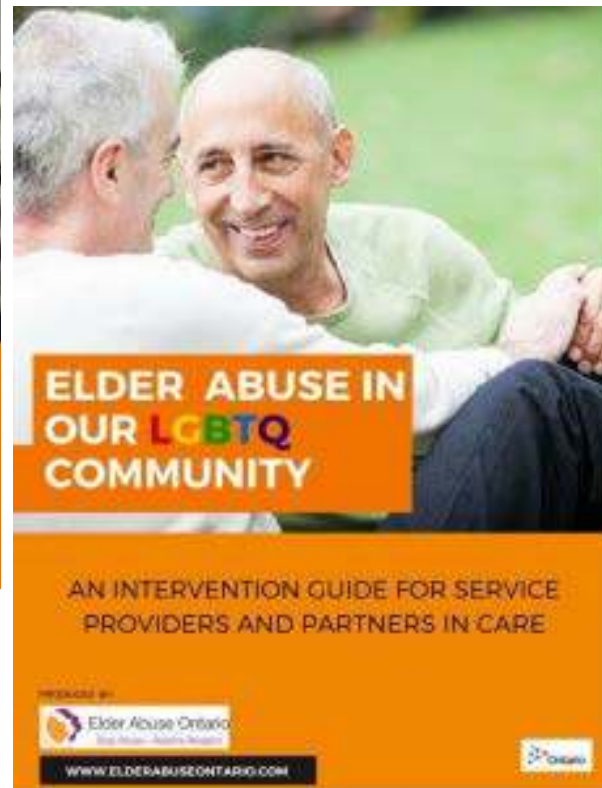
CNPEA Sexual Abuse of Older Adults Project

CNPEA's project ***Increasing Access to Justice for Older Adult Victims of Sexual Assault: A Capacity Building Approach***, funded by the [Justice Canada Victims Fund](#). For more details, please [visit this project page](#) on cnpea.ca

We will soon send out a brief survey about this webinar. Please take a moment to fill it out, this will help us with our project evaluation and future webinars!



EAO Training Modules



Tea & Talk TOOLKIT

Join the
Conversation:
Healthy
Relationships
and Seniors



Tea & Talk Workshop Guide

Sexual Harm in Older Adults

This workshop will explore sexual harm of older adults, and educate caregivers, as well as older adults in how to recognize the signs of sexual harm, and how to respond to them appropriately.



Contents: Workshop 8



Elder Abuse Ontario
Stop Abuse - Restore Respect

If you are the one being hurt or abused



- Tell someone you trust
- Make a safety plan that includes where you can go in an emergency and what you will take with you.
- You are the expert in your own life and the best person to decide what you can do to set limits and to increase your safety.

Questions



Stay in touch with us!



[@elderabuseONT](https://twitter.com/elderabuseONT)



www.facebook.com/Elderabuseontario



linkedin.com/in/elder-abuse-ontario/



Elder Abuse Ontario
Stop Abuse - Restore Respect



Contact Elder Abuse Ontario

Regional Consultant Offices

Candielya Jackson (North West)

Tel: 807-356-0688

Email: northwest@elderabuseontario.com

Raeann Rideout (Central East)

Tel: 705-876-1122 ext 327

Email: centralwest@elderabuseontario.com

EAO Head Office

2 Billingham Rd, Suite #306

Toronto, ON M9B 6E1

Email: admin@elderabuseontario.com

Website: www.elderabuseontario.com

Questions and Answers



Please fill out the EVALUATION FORM as your feedback will guide us for our future webinars.

You will receive an email link to the evaluation after the session.

