



ELDER ABUSE IN OUR **LGBTQ** COMMUNITY

AN INTERVENTION GUIDE FOR SERVICE PROVIDERS AND PARTNERS IN CARE

PRODUCED BY



Elder Abuse Ontario
Stop Abuse - Restore Respect

WWW.ELDERABUSEONTARIO.COM



The information and opinions expressed in this document are not necessarily those of the Government of Ontario”

Introduction

Elder Abuse Ontario has developed a series of ‘Training Modules’ on specific issues related to elder abuse. The Modules have been designed to provide a standardized format for training purposes that can be utilized for educating interdisciplinary sectors. Recognizing the diversity of training environments as well as time considerations, sections of the module can be used independently to teach on a specific subject area or used in its entirety.

The module contains 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 Box, Decision Tree for navigating support and interventions
- Provincial Resources/Services

The Module flows in an order to allow the participants the opportunity to engage in discussions throughout the training session. There are multiple examples of Case Studies, reflective of real life stories, which aide to engage active dialogue among participants. Each case study is created to elicit personal perceptions of the situations, critical thinking regarding response and interventions, and promoting best practices based on their role and position. This Module can help guide thinking through a complex issue; it is an iterative process. Understanding grows with experience and reflection.

Recognize Indicators of Abuse

- Why is this situation causing me concern?
- What am I observing?

Interact with the Senior at Risk

- How do I feel about this situation/the alleged abuse?
- What are the values, wishes, goals of the person?
- Is the senior making the decisions?

Respond

- What resources are required?
- What are my responsibilities?
- What is my role on the team?

Reflection

- Stop and think about the situation to promote a better understanding of the issues on an individual, team, organization, and systems level; this can contribute to better responses and the prevention of elder abuse.

The wide range of case studies incorporate unique issues, risk factors, and safety concerns. The inclusion of assessment questions in the Module for each case provides an overall guideline that can be used for eliciting a response from an older adult based on the type of abuse that is occurring. The assessment questions are not conclusive, but a starting point to begin the conversation with an older adult to gather more information about the suspected abuse.

A listing of provincial organizations who provide support to older adults in abusive situations is included at the end of the Modules. This resource list can be very helpful for agencies in connecting an older adult with other support services and programs. It is also beneficial to bring a listing of local services and programs in the community that are available to support seniors' at-risk or experiencing abuse.

Target Audiences

Prior to facilitating a training session, the trainer/facilitators should gain an understanding and background of the audience they will be speaking to about elder abuse. There may be specific issues or concerns an agency/organization requests particular focus be drawn to during the training. It is important to inquire about level of knowledge and expertise of the individuals receiving the training, as well as their professional role and responsibility within their field of work and specific sector they are working with (i.e. Long-term care or community services). With these details, the module content can be used to tailor training accordingly.

The module can be adapted for:

- Seniors and volunteers in the community
- Health care professionals working in hospitals, community-based agencies, or individuals' homes,
- Retirement home and long-term care home staff.
- Front line responders

Disclosures:

It is important to be prepared for personal reactions or disclosures from participants during a training session on elder abuse. A discussion on this sensitive topic may trigger a memory from an experience with either a client or a personal experience. You may consider inviting a counsellor to your training session, particularly if you feel you are unable to provide the necessary support.

Accompanying Training Materials:

The module has a supplementary PowerPoint presentation. It can be used prior to presenting the Module, along with or proceeding the use of the Module. In addition, Elder Abuse Ontario also has additional resources posted on its web site, including links to research, reports, and other agencies working in the field of elder abuse. These can be found at

www.elderabuseontario.com

Guiding Principles:

EAO has included guiding principles to follow when providing response and intervention to assist older adults at-risk or experiencing elder abuse.

Guiding Principles

1. **Talk to the older adult.** Ask questions and talk to the older person 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

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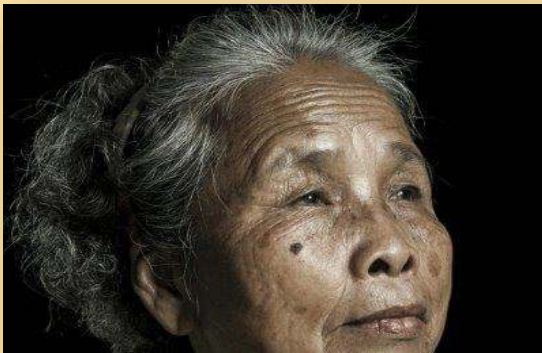
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9. Seek consent or permission. In most situations, you should get consent from an older adult before taking action.

10. Respect confidentiality and privacy rights. Get consent before sharing another person's private information, including confidential personal or health information (unless there is risk of the older person or someone else).

Supporting our Older LGBTQ community by creating inclusive environments and appropriate care and support to prevent abuse and neglect.



If only my doctor would allow my partner to attend my appointments

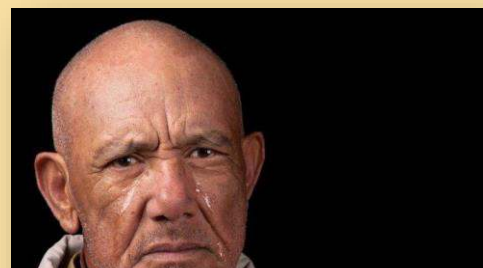


What do I do now? I lost my partner. What are my rights?

Are you concerned about a client or family member/friend?



I want to be my true self!



Who can help me?

Dr. Samir Sinha's presentation on the update of the Ontario Seniors strategy contains 33 Broader Recommendations that focus on issues that examine the development of elder-friendly communities, housing, transportation, ageism and elder abuse and the needs of special populations like our Aboriginal or LGBTQ populations.

("Putting The Ontario's Seniors strategy in Practice, Here and Beyond..." Dr. Samir Sinha -June 2014)

What is LGBTQ?

Lesbian

A woman who is emotionally, physically, spiritually, and/or sexually attracted to women.

Gay

A person who is emotionally, physically, spiritually, and/or sexually attracted to people of the same gender.

Bisexual

A person who is emotionally, physically, spiritually, and/or sexually attracted to people of more than one gender.

Trans

An umbrella term referring to people with diverse gender identities and expressions that may differ from stereotypical gender norms.

Queer

A word that was formerly used solely as a derogatory slur and has been reclaimed as a term of defiant pride.

(For a complete glossary of terms visit www.rainbowhealthontario.ca/glossary or www.the519.org)

Many survivors of elder abuse feel a sense of shame or may be unable to articulate the nature of the abuse. Others may not trust mainstream services. The following lists provide examples of **Risk Factors** and **Warning Signs!**



Warning Signs

Behaviours

- Withdrawn
- Depression
- Anger
- Trouble Sleeping
- Overly Sexual
- Aggressive

Psychological: Signs of depression, fear, anxiety, or withdrawal or change in behavior around certain person(s); forced isolation

Physical Abuse: Skin shows signs of dehydration, lacerations, burns; bruising appears in unusual areas such as chest, abdomen, face, or extremities; unexplained fractures or a history of “accidents”

Sexual Abuse: Unexplained sexually transmitted diseases or genital infections; Inappropriate touching; non-consensual/incapable to consent sexual contact of any kind

Financial: Sudden inability to pay bills; banking happens in the presence of a relative, caregiver, or stranger who may be receiving money from the senior; unexplained or sudden withdrawal of money from accounts; misuse of a Power of Attorney

Neglect: Inadequate or lack of medical/health assistance; withholding food or liquids; inadequate or inappropriate use of medication

Systemic Abuse: Failure to recognize, provide or attempt to provide adequate or appropriate services, including services that are appropriate to that person’s age, gender, culture, needs or preferences

RISK FACTORS



Risk Factors for Victims

- Past history of family violence
- Cognitive impairment
- Mental health issues
- Frailty/physical disability
- Dependence on the abuser
- Isolation of the older adult
- Substance misuse
- Problems with stress and coping
- Current relationship problems

Risk Factors for Abusers

- Past history of family violence
- Cognitive impairment
- Mental health issues
- Frailty/physical disability
- Dependence on the victim
- Substance misuse
- Problems with stress and coping
- Current relationship problems
- Lack of knowledge of LGBTQ sensitivity or diversity training

What is Elder Abuse and Violence in Older Adults?

“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”.

The abuser can be a partner, family member, friend or paid caregiver.

(World Health Organization, 2004)

What We Know About LGBTQ Older Adults?

“Demographic studies on elderly people do not distinguish between gay men, lesbians and bisexuals.”

“Elderly gay men and lesbians appear to be struggling against ageism and rejection on the part of younger gay men and lesbians.”

(Rainbow Health Ontario)

Profile of an Older Adult Victim

- Living Alone
- Requiring Physical/ Mechanical Assistance
- Suffering from Emotional Health Issues
- Socially Isolated
- Some Dependence on Activities of Daily Living
- Poor Health
- Poor Social Well-Being



Who Are The Likely Perpetrators Of Abusive Behaviour?

- Your partner
- Misusing substances
- Financially dependent on victim
- Suffering from mental illness, alcoholism

Systemic Barriers For Older Lgbtq Adults

- Profound invisibility - presumed to be heterosexual
- Face real dangers of neglect, discrimination and discomfort from staff, other residents and families of other residents
- Long-term relationships are devalued - couples in long-term relationships may be separated
- Definitions of “family” are based almost exclusively on biological kin
- Self-advocacy may be delicate & difficult if they are not ‘out’

(Rainbow Health Ontario)

Social Support in the Older Adult LGBTQ Community

- LGBTQ seniors have significantly fewer support networks when compared to those serving the general senior population

LGBTQ seniors are:

- 2 times as likely to age as a single person
- 4 times as likely to have no children to call upon in times of need
- 2 times as likely to live alone
- Many older LGBTQ people have experienced rejection by their families

(Rainbow Health Ontario)

CASE STUDY

Case Study 1

I am very angry how could she do this to me?



John and Martin have been partners for 8 years and have lived together for 6 of these. Martin's family had no contact with him when he "came out." When Martin died suddenly of a heart attack, his family arranged his funeral (not allowing John any involvement), promptly clearing out his "possessions" from the house. Many of the items that were taken were items they shared. Martin's sister has contacted a realtor to put the house up for sale, because John's name was never on the title of the house, and they never formally reported to CRA, as living common law. Martin's sister has threatened to forcibly evict John and the last time she was at the house she cut off the heating even though it was -20 outside. Martin's sister threw a snow globe, a precious memento while in a rage of anger, when John told her he needed 3 months to find a new place to live. John does not have the financial resources to move and Martin never did make a will. John is very angry and depressed he is not sure what his legal rights are.



John comes to your office for support. How would you support John?

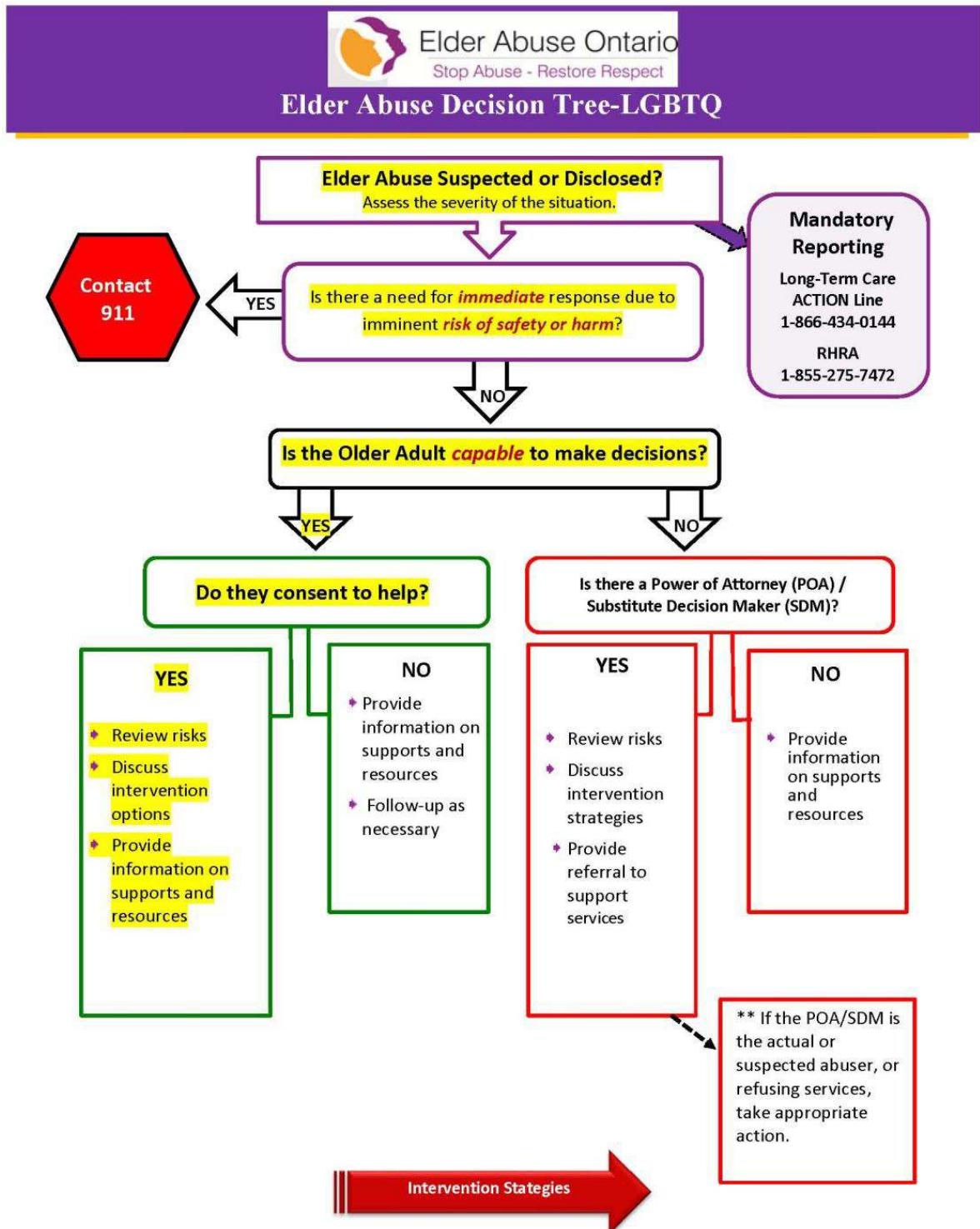
FACT BOX

Type of Abuse :	Psychological, Physical, Neglect, Financial
Warning Signs :	<ul style="list-style-type: none"> ✓ Displays of uncontrolled anger towards John ✓ Depression, isolation and dependence on the abuser ✓ Signs of not coping well with stress
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ No legal documentation supporting common law status ✓ Isolation ✓ Lack of family support or support from friends ✓ Lack of knowledge of his legal rights
Who is Abuser ?	Martin's sister
Risk Assessment:	The situation is not imminent however, there is a high risk of homelessness for John, and the abusive behaviour is escalating. A physical assault has occurred. John does not have the financial resources and cannot pay to have the bills put into his name
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Are your friends/family aware of your sexual orientation? If not, are you afraid of being 'outed' and by whom? ✓ <i>If the individual is "out"</i>- Do you feel safe? With whom? Do you live alone? ✓ Do you feel safe? Is there something that you would like to share with me? ✓ Has there been a recent incident causing you concern? ✓ Has anyone made you do things you didn't want to do? ✓ Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live? ✓ Are you/have you been afraid to seek help from a 'mainstream' organization? ✓ Do you understand Powers of Attorney? Do you have them completed?

Capacity:	Capable
Consent:	Consents to support and referrals: Yes
Response and intervention:	<p>A police officer can sit down with John and discuss some of the agencies that can support him with legal information, housing and psychological supports, including safety planning.</p> <ul style="list-style-type: none"> ✓ Ask John if he wants to file a police report for the assault and obtain a no contact order against Martin's sister. ✓ Refer John to victim services for counselling, support to referrals to other agencies that can support him while searching for housing options: subsidized housing, shelters and or geared to income housing. They can refer to counselling supports in the community through family service organizations ✓ Refer to Advocacy Centre for the elderly for legal information and supports.
Referral & Resources:	<ul style="list-style-type: none"> ✓ ACE ✓ Victim Services ✓ Family Services
Other:	It would be important to support John in determining whether he has any legal rights to the common law home or to proceeds from the sale of the home. Finding new accommodations and supports that have experience working with LGBTQ seniors or provide a safe environment for LGBTQ seniors.

SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support John.

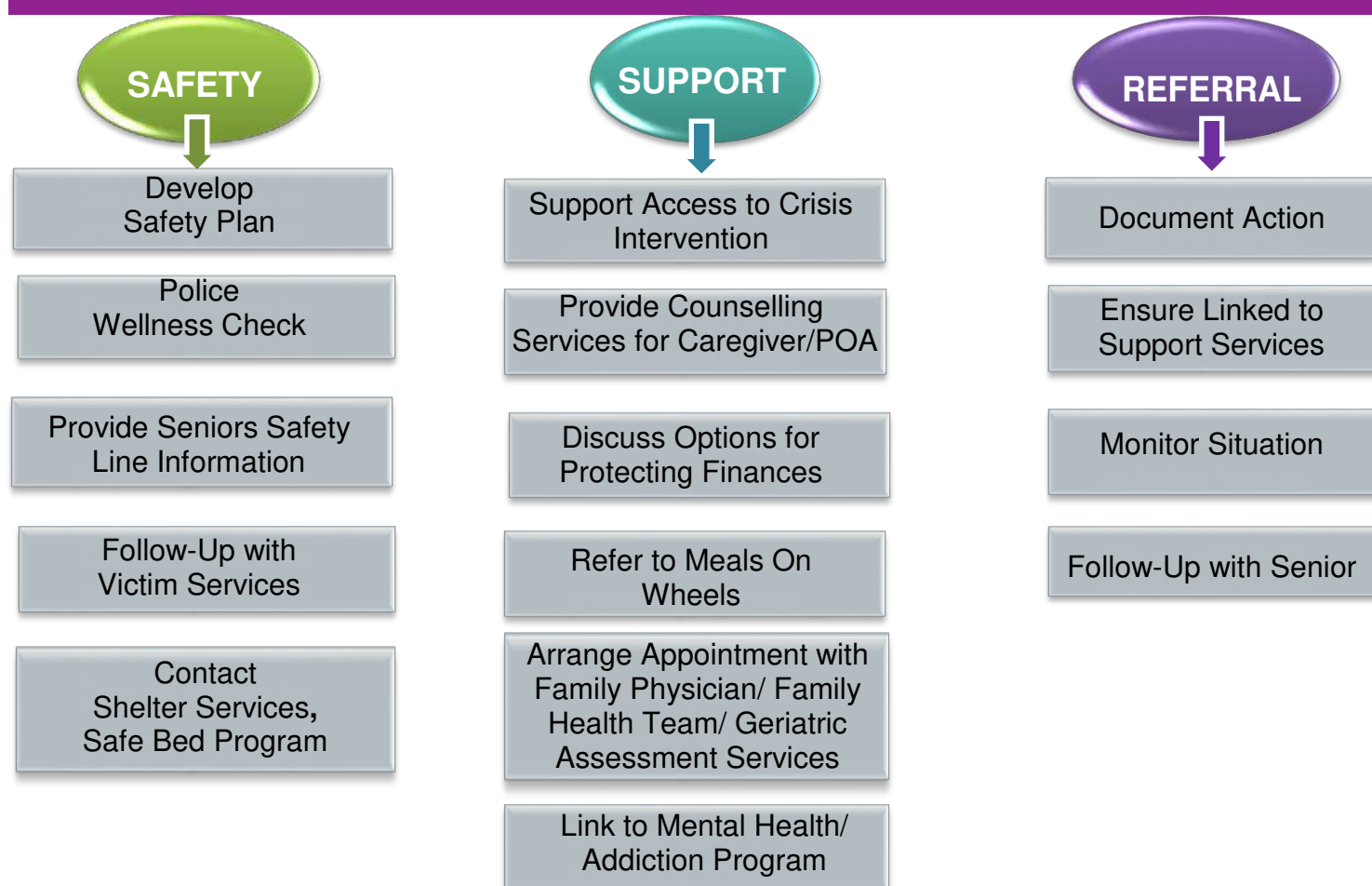


Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Ontario Human Rights Commission	1-800-387-9080
Assaulted Women's Helpline	1-866-863-9511	Ontario Provincial Police	1-888-310-1122
Canadian HIV/AIDS Legal Network	416-595-1666	Ontario Human Rights Commission	1-800-387-9080
Egale Human Rights Trust	1-888-204-7777	Seniors Safety Line	1-866-299-1011
Law Society Referral Service	1-855-947-5255	Talk4Healing	1-855-554-4325
Local Health Integration Networks	1-866-383-5446	Retirement Homes Regulatory Authority	1-855-275-7472
Mental Health Helpline	1-866-531-2600	Victim Support Line	1-888-579-2888
Office of the Public Guardian and Trustee	1-800-366-0335	Welcome Centre Immigrant Services	1-877-761-1155

For more resources visit : www.elderabuseontario.com

Intervention Strategies



Elder abuse can be a very difficult conversation to broach with a friend, family member or older adult client. It is important to conduct a thorough assessment to detect, identify and intervene to support the older adult victim.

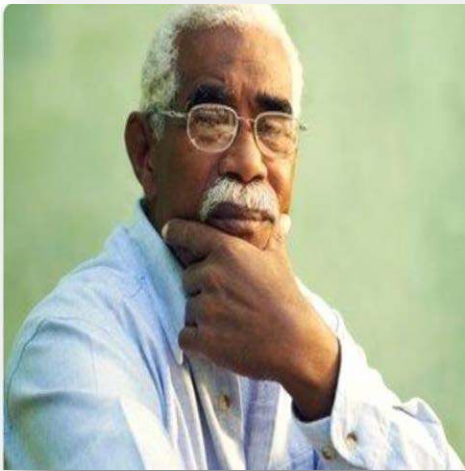
Assessment Questions

- ✓ Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed'? By whom?
- ✓ Are you/have you been afraid to seek help from a 'mainstream' organization?
- ✓ Do you understand Powers of Attorney? Do you have them completed?
- ✓ Do you feel comfortable receiving treatment anywhere?
- ✓ If the individual is "out"- Do you feel safe? With whom?
- ✓ Do you live alone?
- ✓ Do you feel safe? Is there something that you would like to share with me?
- ✓ Has there been a recent incident causing you concern? Tell me about it.
- ✓ Has anyone made you do things you didn't want to do?
- ✓ Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?

CASE STUDY

Case Study 2

I don't want my nephew to get into any trouble!



Sacha, a retired steel worker who owns his own home is 76 years old. He was very close to his brother Louis who died a year ago. Louis had asked Sacha to “watch over” his 34 year old son Pierre. When Pierre, lost his job and needed a place to live, Sacha offered him a room, until such time as he found employment. Pierre has not found a new job in over 8 months. About 6 months ago Sacha had “minor” day surgery and was given a prescription for oxycodone for the pain, to be taken “as needed”. One morning when Sacha went to take a pill to help ease his pain, he noted there were no pills left. This was the third time this had happened, Pierre had “borrowed” his medication last time, and when confronted Pierre said he needed them to help him with his own back pain. One night, Sacha came downstairs for a glass of water and saw Pierre in the backyard handing a stranger, the pills in exchange for cash. Sacha’s physiotherapist would be visiting soon and he knew the exercises would be very painful, but he does not want Pierre to get into trouble with the police. Sacha’s physiotherapist has noted Sacha is withdrawn and is wincing from pain.



What should Sacha’s Physiotherapist do?

FACT BOX

Type of Abuse :	Financial, Physical, Neglect
Warning Signs :	<ul style="list-style-type: none"> ✓ Behaviours noted – withdrawn and increasing physical frailty ✓ isolated and dependent on the abuser ✓ Problems coping, stress, substance misuse, financial dependence on the victim
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Increased physical frailty, reduced access to necessary medication
Who is Abuser ?	Pierre, the nephew
Risk Assessment:	Non imminent, however Sacha is in pain and does not have access to his medications
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed' and by whom? ✓ Are you/have you been afraid to seek help from a 'mainstream' organization? ✓ Do you feel comfortable receiving treatment anywhere? ✓ <i>If the individual is "out".</i> ✓ Do you feel safe? Is there something that you would like to share with me? ✓ Has there been a recent incident causing you concern? Tell me about it. ✓ Has anyone made you do things you didn't want to do? ✓ Do you make decisions for yourself or does someone else make decisions about your life?
Consent:	Consents to support and referrals: Yes

Capacity:	Capable
Response and intervention:	<p>Pose questions, based on what Sacha expressly wants help with.</p> <ul style="list-style-type: none"> ✓ Does Sacha want to continue having his nephew live with him? Does he have the ability physically to secure or hide the medications being stolen? ✓ Assist with Safety planning, in the event Pierre's behaviour escalates or if one of Pierre's friends/associates behaves abusively: Does Sacha have a place to go, can he call for help, does he have a travel emergency bag with a copy of his documents? ✓ Discuss options to secure/protect access to medication: locking it in a safety deposit box. ✓ Discuss options for supports for Pierre through CMHA, CAMHS or a family services organization that addresses substance abuse. ✓ Explore the relationship between Sacha and his neighbours as a means of finding additional safety plans,
Referral & Resources:	<ul style="list-style-type: none"> ✓ CMHA/CAMHS for Pierre ✓ LHIN Home and community care for ADL supports ✓ Seniors Safety Line for emotional support
<p>Other:</p> <p>The attending physiotherapist belongs to a college and does not need to report unless the abuse was perpetrated by another regulated health care professional. College of Physiotherapists of Ontario Professional reporting obligations:</p> <p>The mandatory report should be sent to the Registrar of the regulatory College with which the individual in question is registered. The contact information for all regulatory Colleges can be found on the Federation of Health Colleges of Ontario website at http://www.regulatedhealthprofessions.on.ca</p> <p>Reports for the College of Physiotherapists of Ontario can be sent to the College by mail, confidential fax or by using the Submit a Mandatory Report online feature on the College's website at www.collegept.org. www.collegept.org/Standards/english</p> <p>The role of the College and its authority and powers are set out in the Regulated Health Professions Act (RHPA), the Health Professions Procedural Code, which is Schedule 2 to the RHPA, and the Medicine Act. In addition, there are regulations made under both the RHPA and the Medicine Act.</p>	

Regulated Health Professions Act, 1991 – Legislation and Associated Regulations:

40 (1) Every person who contravenes subsection 27 (1), 29.1 (1) or 30 (1) is guilty of an offence and on conviction is liable,

(a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and

(b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both. 2007, c. 10, Sched. M, s. 12; 2015, c. 18, s. 3.

Same

(2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Same

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

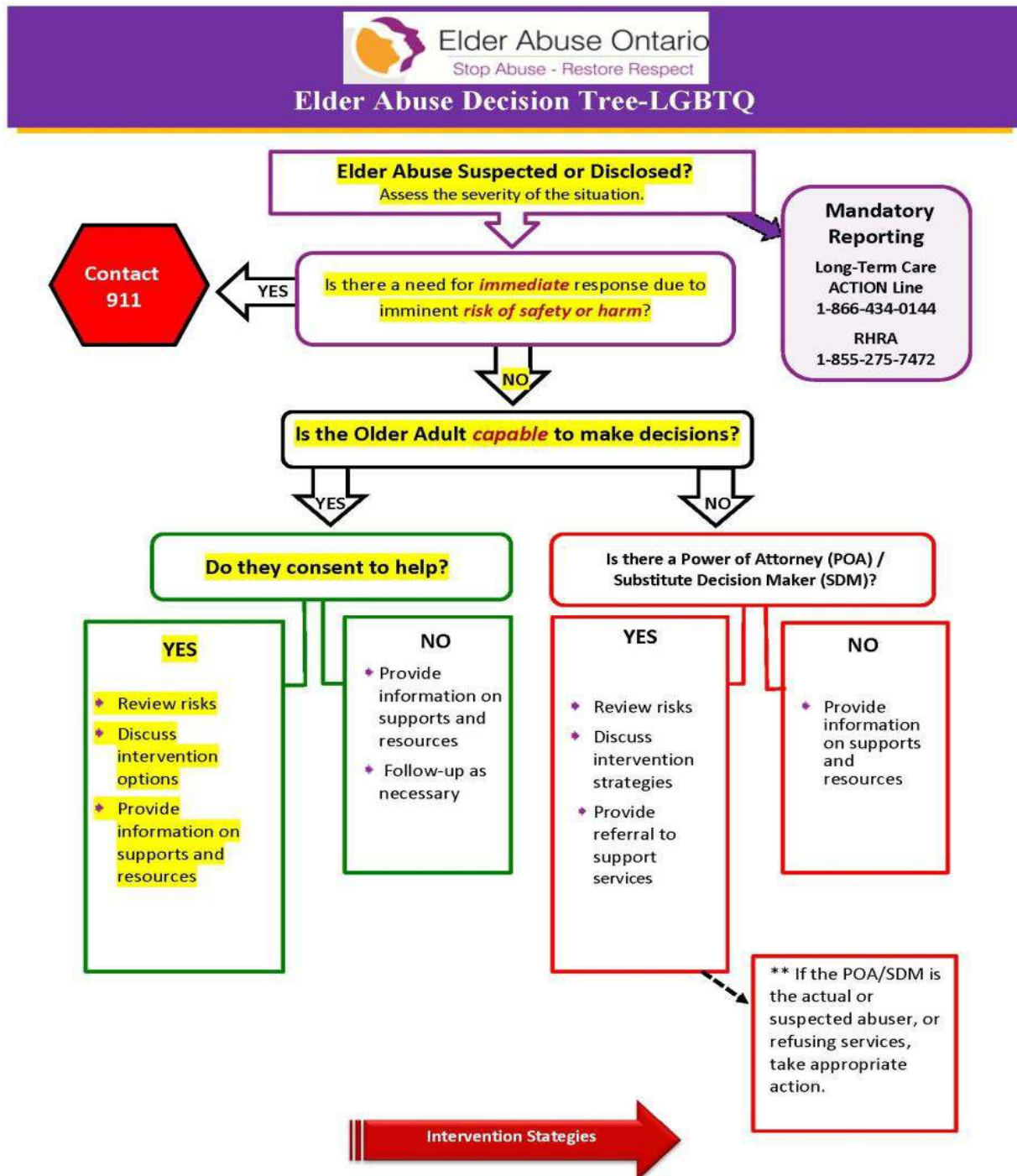
Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,
d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Independent Health Facilities Act, the Laboratory and Specimen Collection Centre Licensing Act, the Long-Term Care Homes Act, 2007, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act (Canada);

D2 (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result.

SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support Sacha.

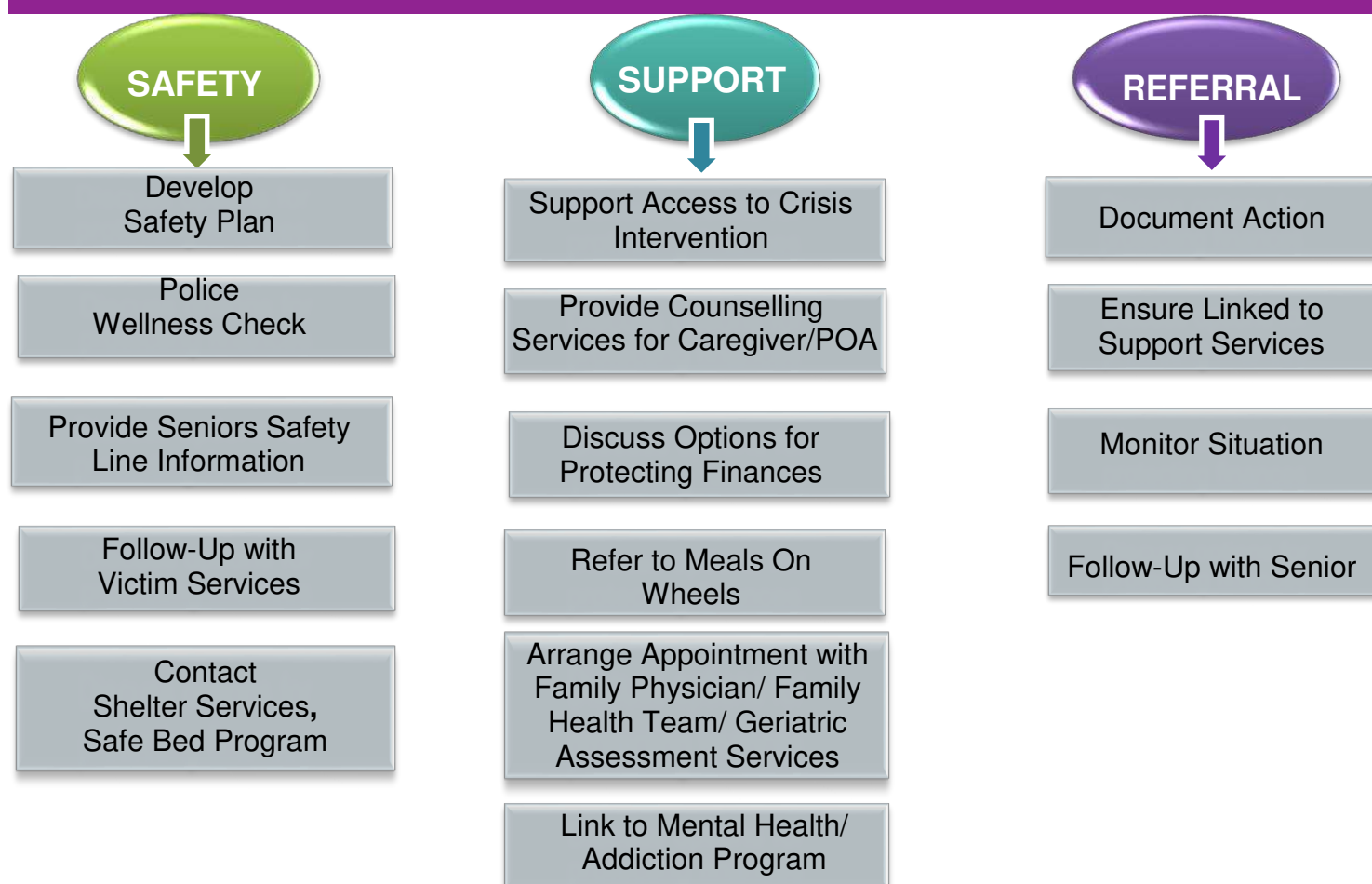


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Intervention Strategies



Supporting Our LGBTQ Older Adults

- Acknowledge any potential past trauma ((institutionalization, rejection)
- Acknowledge and assist with any internalized negative attitudes regarding their sexual orientation and/or gender identity
- Create a safe environment for the LGBTQ older adults especially when working with groups when there may be a minority of LGBTQ elders, by creating allies and creating a zero-tolerance harassment policy
- Seek consultation or refer if the older adult requires more specialized care
- Do not make assumptions, ask for clarification (competencies for counselling LGBTQ clients)
- Use the same language as the older adult uses to describe their gender identity or sexual orientation
- Maintain confidentiality. Always ask the older adult for consent to disclose sexual orientation or gender identity
- Be supportive if an older adult is not “out” they will decide if and when to disclose their identity when they feel safe and affirmed
- Support the older adult and anyone involved in their circle of care, many studies support that partners/ friends are more involved in providing care than family members.
- Ask the older adult what preferred pronoun they prefer
- Assign rooms or groups based on gender unless you add including trans (Guide to Serving LGBTQ Seniors RHO)

Where Do I Report Elder Abuse in the Community?

Reporting in The Community:

Personal Health Information Protection Act 2004

[40. \(1\)](#) a health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

A health information custodian may disclose personal health information about an individual,

(a) for the purpose of determining, assessing or confirming capacity under the health care consent act, 1996, the substitute decisions act, 1992 or this Act;...

I don't understand the Law

Where Do I Report Elder Abuse in a Long Term Care Home/Retirement Home

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- 800-361-7254

Where do I report Elder Abuse?

Impact on Older Adults Survivors

- **Psychosocial Trauma**
 - Many of these individuals suffered from depression
- **Sleep Disturbances**
 - Often taking medication to assist in sleeping
- **Increased Anxiety**
 - Consistently locking doors and living in fear
 - Crying spells, withdrawal symptoms, startle reflex, agitation, restlessness, incontinence, confusion (often masked as dementia)

Increased Risk Factors for LGBTQ Older Adults

A focus group reported that the most pressing health and human service need for LGBT elders' is dealing with social isolation. Isolation is a risk factor for elder abuse. LGBT elders are more likely to age alone than heterosexuals (Frazer, 2009).

Many LGBT older adults are at high risk for elder abuse, neglect, and various forms of exploitation because of living in isolation and fear of the discrimination they could encounter in mainstream aging settings. (national academy on an aging society/GSA & SAGE, 2011).

Victimization because of sexual orientation can lead to internalized homophobia manifested as guilt or shame. Victims may come to believe that they are not worthy people and deserve loneliness, poor living conditions, and ill health. They may not want to seek or accept help and are at risk of self-neglect. (D'augelli & Grossman, 2001, Cook-Daniels, 1998).

Past History of Discrimination Against the LGBTQ Community

1969	Consensual sex between same sex adults removed from criminal code of Canada
1973	Homosexuality no longer classified as a mental illness
1974	Gays and lesbians permitted as immigrants to Canada
1977-98	Territories/provinces prohibited discrimination on basis of sexual orientation (Ontario in 1986)
2003	Ontario legalized same sex marriage
2005	Canada opens doors to LGBT marriage and immigration
2012	Ontario recognizes gender identity, gender expression in its human rights legislation

Past Discrimination That May Have Led to Trauma

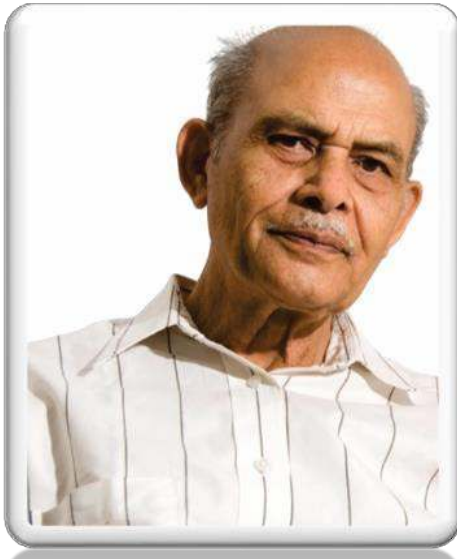
In a survey of 3,500 LGBT elders, 55 and older, 8.3% of the elders reported being abused or neglected by a caretaker because of homophobia and 8.9% experienced blackmail or financial exploitation (Frazer, 2009).

Initial data reported by map state that an average of 42% of transgender people have experienced some form of physical violence or abuse. Further, an average 80% of transgender people have experienced verbal abuse or harassment (Map, 2009).

CASE STUDY

Case Study 3

I don't want my nephew to get into any trouble!



Pritam broke his hip and was hospitalized for the past four months and then transferred to a long-term care (LTC) home for rehabilitation. There was an incident when Raj, his partner of 15 years, was visiting. Raj had bent over to kiss Pritam as the nurse was walking in to dispense his medication. The nurse abruptly walked away and when Raj was leaving she was whispering to another colleague and laughing. Pritam requires a two person transfer and for the last 3 weeks the nurse has refused to provide support to the PSW to transfer Pritam. The nurse has made some derogatory remarks about gay couples in front of Pritam and suggested he probably broke his hip because of his “gay lifestyle”. Pritam is irritable these days, often sitting in soiled incontinence briefs, he cannot sleep because he does not feel comfortable in this LTC home and wishes to return to his own home.



What should the PSW do?

FACT BOX

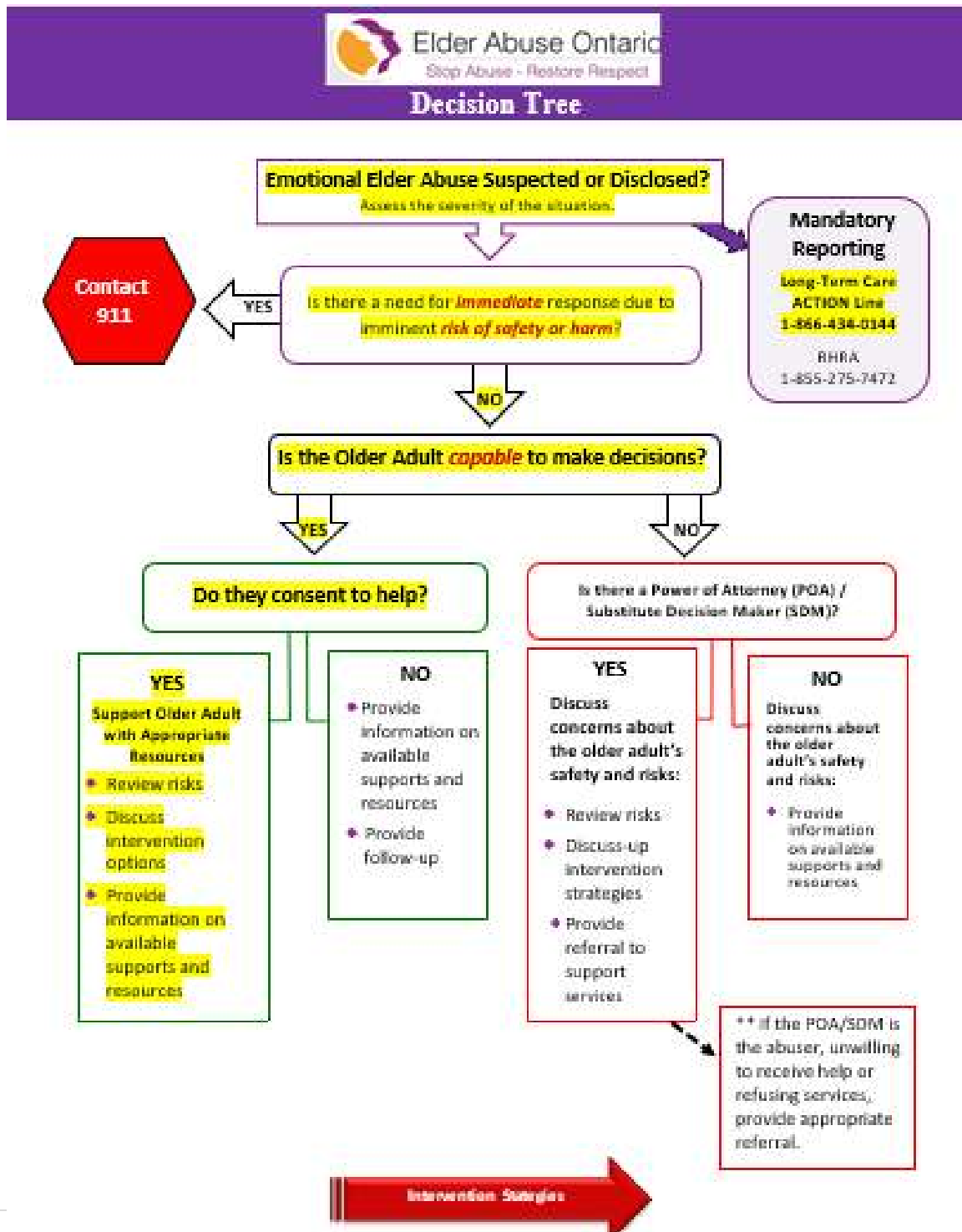
Type of Abuse :	Neglect, Systemic and Psychological
Warning Signs :	✓ Behaviours - Withdrawn, trouble sleeping, physical frailty
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ isolation and dependence on the abuser ✓ Problems with stress and coping, lack of sensitivity training and legislation pertaining to the LTCHA and OHRC.
Who is Abuser ?	Registered Nurse
Risk Assessment:	Non-imminent
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed'? By whom? ✓ Are you/have you been afraid to seek help from a 'mainstream' organization? ✓ Do you feel comfortable receiving treatment here? ✓ <i>If the individual is "out"</i>- Do you feel safe? With whom? ✓ Do you feel safe? Is there something that you would like to share with me? ✓ Has there been a recent incident causing you concern? Tell me about it. ✓ Has anyone made you do things you didn't want to do? ✓ Do you make decisions for yourself or does someone else make decisions about your life?
Capacity:	Capable
Consent:	Consents to support and referrals: Yes
Response and intervention:	<p>Mandatory Reporting to the MOHLTC under S.24 LTCHA 2010</p> <ul style="list-style-type: none"> ✓ Discuss options with Pritam regarding how he can feel safe ✓ The LTCH will be contacted by the MOHLTC inspector who will investigate staff, in the interim different staff need to be working with Pritam that have sensitivity training ✓ Mandatory training on LGBTQ needs for staff which can be done by Rainbow Health Ontario ✓ Connect with the resident and family council to educate the councils and request policy for zero tolerance policy on bullying and harassment, creating inclusive spaces
Referral & Resources:	<ul style="list-style-type: none"> ✓ Rainbow Health Ontario for staff sensitivity training ✓ Victim services or counselling through LHIN funding, private insurance for counselling ✓ Egale for resources and consultation on a zero tolerance policy

<p>Other:</p>	<p>The RN is a regulated health care professional under the College of Nurses of Ontario. The PSW or any other person working at the facility can file a report against this RN.</p> <p>Making a complaint: http://www.cno.org/en/protect-public/making-a-complaint-public/ Filing a report of abuse, or misconduct: http://www.cno.org/en/protect-public/employers-nurses/</p> <p>College of Nurses of Ontario 101 Davenport Rd. Toronto, ON M5R 3P1 Canada</p> <p>Regulated Health Professions Act, 1991 – Legislation and Associated Regulations 40 (1) Every person who contravenes subsection 27 (1), 29.1 (1) or 30 (1) is guilty of an offence and on conviction is liable, (a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and (b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both. 2007, c. 10, Sched. M, s. 12; 2015, c. 18, s. 3. Same (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12. Same (3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12. Confidentiality 36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except, d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Independent Health Facilities Act, the Laboratory and Specimen Collection Centre Licensing Act, the Long-Term Care Homes Act, 2007, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act</p>
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	(Canada); D2 (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
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SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support Pritam.

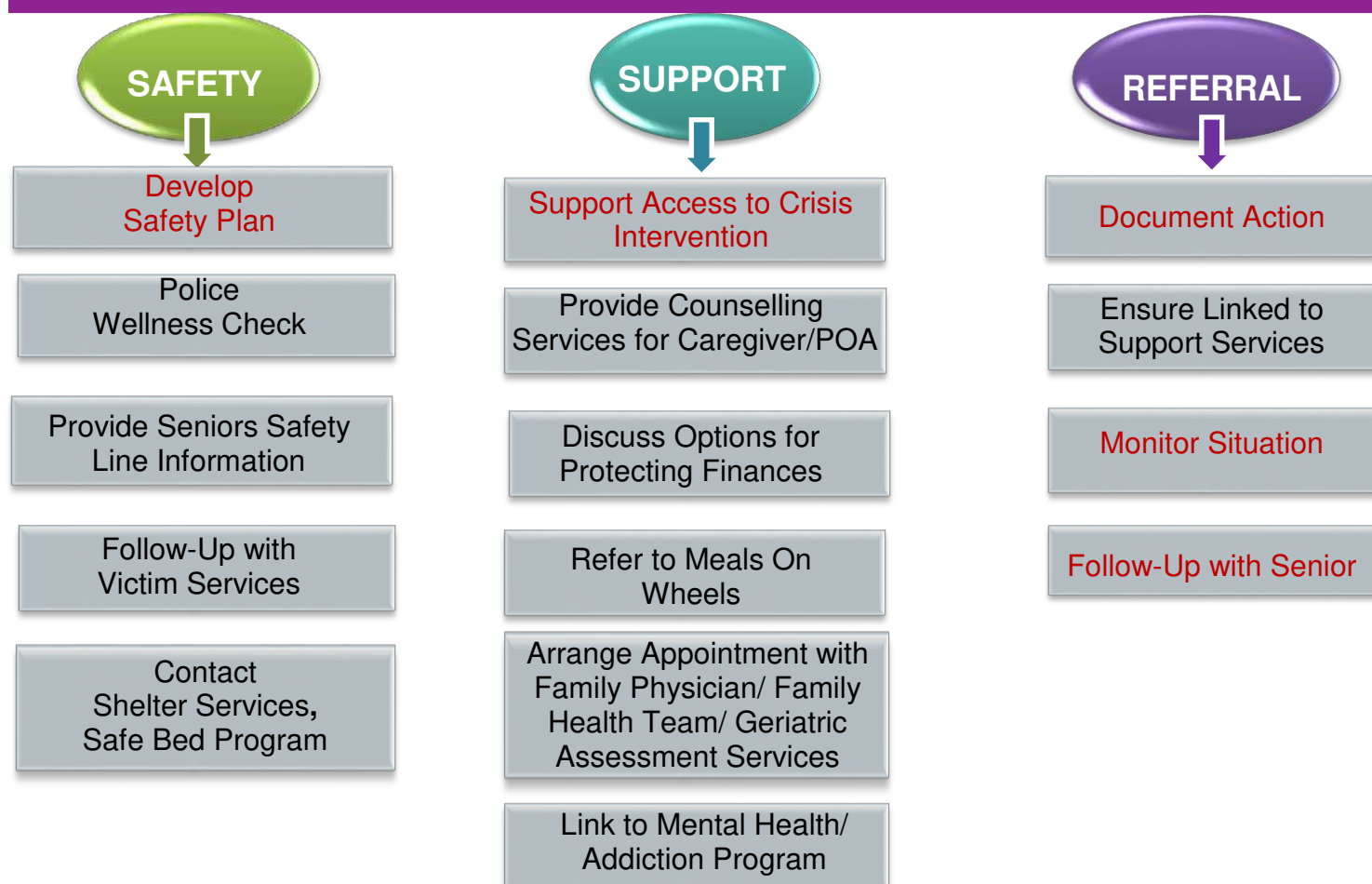


Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Office of the Public Guardian and Trustee	1-800-366-0335
Assaulted Women's Helpline	1-866-863-9511	Ontario Human Rights Commission	1-800-387-9080
Canadian HIV/AIDS Legal Network	416-595-1666	Ontario Provincial Police	1-888-310-1122
Egale Human Rights Trust	1-888-204-7777	Ontario Human Rights Commission	1-800-387-9080
Law Society Referral Service	1-855-947-5255	Seniors Safety Line	1-866-299-1011
Local Health Integration Networks	1-866-383-5446	Talk4Healing	1-855-554-4325
Long-Term Care ACTION Line	1-866-434-0144	Victim Support Line	1-888-579-2888
Mental Health Helpline	1-866-531-2600	Welcome Centre Immigrant Services	1-877-761-1155

For more resources visit : www.elderabuseontario.com

Intervention Strategies



CASE STUDY

Case Study 4

I can't be my "true" self anymore!



Liz is a trans female who is 72 year old who lives alone and has been experiencing difficulty managing her activities of daily living. Liz was assessed by a CCAC case manager for Long-Term Care and was moved into a shared room with another woman. Liz has a male anatomy, but identifies as a woman, preferring to be called 'she'. Liz was not asked to identify upon her arrival, by the LTC staff, who do support her wearing female clothing and taking hormone therapy medications. The woman whom she shares a room with has requested to be moved into another room with a "real woman". The LTC staff are sympathetic to Liz's roommate, less so towards Liz. Recently, Liz suffered a mini stroke and was then assessed by a capacity assessor deeming her incapable of managing her property/financial and personal care decisions. Liz's estranged son Larry was contacted by the Office of the Public Guardian and Trustees and was appointed her substitute decision-maker even though they have not had contact for over 30 years. Larry has stopped all of Liz's hormone therapy and requested the facility dress Liz in male clothing, including having her hair cut short. Liz has been extremely depressed and withdrawn, she no longer comes out of her room, and becomes anxious when anyone comes into her room. The social worker in the LTC home has visited with Liz.



What should the social worker do?

FACT BOX

Type of Abuse :	Neglect, Systemic, Physical and Psychological
Warning Signs :	Withdrawn, anxiety and depression, stroke related cognitive impairment
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Isolation ✓ dependence on the abuser disregarding wishes ✓ rights being violated under the Ontario Human rights Code (OHRC) ✓ Problems with stress and coping ✓ Lack of sensitivity training and legislation pertaining to the LTCHA and OHRC.
Who is Abuser ?	<ul style="list-style-type: none"> ✓ Larry her son ✓ Neglect and systemic abuse on part of the LTCH staff
Risk Assessment:	Non Imminent
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Are your friends/family aware of your gender identity? If no: Are you afraid of being 'outed' and by whom? ✓ Are you/have you been afraid to seek help from a 'mainstream' organization? ✓ Do you feel comfortable receiving treatment here? ✓ If the individual is "out"- Do you feel safe? With whom? ✓ Is there something that you would like to share with me? ✓ Has there been a recent incident causing you concern? Tell me about it. ✓ Has anyone made you do things you didn't want to do?
Capacity:	Incapable of making decisions around property and finances and personal care
Consent:	Even though Liz has been deemed incapable by a capacity assessor you still need to have a conversation with her and her SDM/PoA
Response and intervention:	<ul style="list-style-type: none"> ✓ Mandatory reporting under Section. 24 LTCHA ✓ Speak with Liz regarding her wishes ✓ Speak to her SDM Larry about Liz's wishes and acting in her best interest re: continued hormone therapy, clothing, and gender identity ✓ Contact the Office of The Public Guardian of Trustees regarding SDM not acting in Liz's best interest ✓ Contact the consent and capacity board regarding treatment decisions such as the hormone therapy
Referral & Resources:	<p>OPGT Guardianship Investigations Unit</p> <p>Anyone may contact the OPGT to express concerns about a person who may be incapable and at serious risk, by contacting the Guardianship Investigations Unit:</p>

Telephone: 416-327-6348 Toll-Free: 1-800-366-0335
Fax: 416-314-5301 TTY: 416-314-2687

Address:
Guardianship Investigations Unit
The Office of the Public Guardian and Trustee
595 Bay Street, Suite 800
Toronto, ON
M5G 2M6

E-mail: jus.g.fjs.pgt.guardianshipinvestigation@ontario.ca

- ✓ Mandatory training on LGBTQ needs for staff which can be done by Rainbow Health Ontario
- ✓ Connect with the resident and family council to educate the councils and request policy for zero tolerance policy on bullying and harassment, creating inclusive spaces

Consent and Capacity Board

The Board has the authority to hold hearings to deal with the following matters:

Health Care Consent Act

- Review of capacity to consent to treatment, admission to a care facility or personal assistance service.
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service.
- Consideration of a request to amend or terminate the appointment of a representative.
- Review of a decision to admit an incapable person to a hospital, psychiatric facility, nursing home or home for the aged for the purpose of treatment.
- Consideration of a request from a substitute decision maker for directions regarding wishes.
- Consideration of a request from a substitute decision maker for authority to depart from prior capable wishes.
- Review of a substitute decision maker's compliance with the rules for substitute decision making.

The substitute decision-maker(s) of an incapable person is automatically a party to the hearing if the Board considers:

- ✓ A request from a substitute decision maker for directions regarding wishes.
- ✓ A request from a substitute decision maker for authority to depart from prior capable wishes.
- ✓ A review of a substitute decision maker's compliance with the rules for substitute decision making.

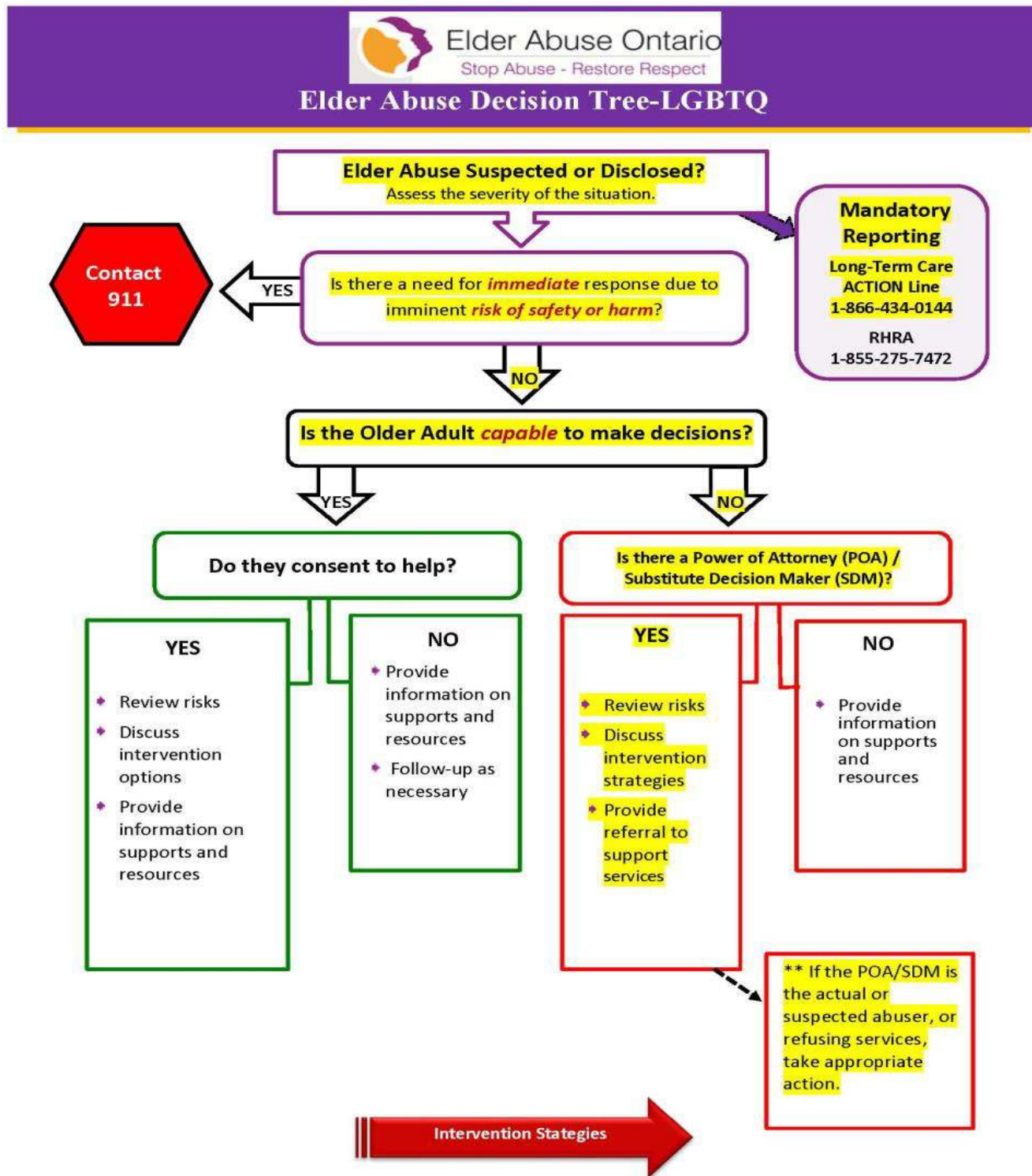
Greater Toronto Area
Mailing Address:
151 Bloor Street West, 10th Floor
Toronto, Ontario
M5S 2T5

	<p>Phone: (416) 327-4142 TTY/TDD: (416) 326-7TTY or (416) 326-7889 Fax: (416) 327-4207</p> <p>Outside Greater Toronto Area Phone: 1-866-777-7391 (Toll Free) TTY/TDD: 1-877-301-0TTY or 1-877-301-0889 (Toll Free) Fax: 1-866-777-7273 (Toll Free)</p> <p>http://www.ccboard.on.ca/scripts/english/common/contactus.asp</p>
Other:	<p>The Social Worker is regulated under the College of Social Workers and Social Service Workers. The Social worker does not need to report to the college unless the perpetrator is a regulated health care professional.</p> <p>To file a complaint against a SW: http://www.ocswssw.org/complaints-discipline/cd_mandatory_reports/</p> <p>OCSWSSW Telephone: 416-972-9882 Toll-Free: 1-877-828-9380 Fax: 416-972-1512 Email: info@ocswssw.org</p> <p>Regulated Health Professions Act, 1991 – Legislation and Associated Regulations</p> <p>40 (1) Every person who contravenes subsection 27 (1), 29.1 (1) or 30 (1) is guilty of an offence and on conviction is liable, (a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and (b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both. 2007, c. 10, Sched. M, s. 12; 2015, c. 18, s. 3. Same (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12. Same (3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12. Confidentiality</p> <p>36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall</p>

	<p>keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,</p> <p>d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Independent Health Facilities Act, the Laboratory and Specimen Collection Centre Licensing Act, the Long-Term Care Homes Act, 2007, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act (Canada);</p>
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SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support Liz.





“What should my family and friends watch out for?”

There are many ways that friends and family can help older adults keep themselves safe. One way they can help is by staying vigilant for signs of elder abuse.

If You or Someone You Know Becomes a Victim

- Go to a safe place
- Call 911
- Contact local crisis support lines
- Seek medical attention - important to seek care due to greater risk of sustaining injury during event due to aging process

**Please remember you are not alone.
It is not your fault.**

What Can I do to support My Parents or Other Older Relatives from Becoming Victims of Elder Abuse?

- If your family member is being cared for at home by paid caregivers or in a facility, remain involved and observant to be assured he/ she is receiving quality care and that there are no signs of elder abuse
- Watch for changes in your family member's mood or appearance
- Be especially vigilant for signs of abuse if your family member has a cognitive problem
- Offer or inform them about counselling and support Services that can help them cope with their situation
- If you suspect an older adult may be a victim of elder abuse, discuss your concerns with the person and encourage the person to open up with you if they have concerns now or at any time in the future. Reassure your family member that you are there to listen and assist in whatever way possible

There are many different kinds of abuse. It's a good idea to know what these are, so that you can protect yourself and your family and friends.



"Physical abuse is any physical contact that causes injury or not to the older adult. When my nephew hit me, that was PHYSICAL ABUSE. I know that I can reach out and get help."

"Psychological or Emotional abuse is when someone says or does something that causes anguish or fear. When my daughter threatened to leave and never visit me again, that was EMOTIONAL



"Sexual abuse is any unwanted sexual contact that you don't consent to or are unable to consent to. When my friend forced me to look at pornography that I did not want to see, that was SEXUAL ABUSE."

"Neglect is when my needs fail to be met. Sometimes this is intentional, and sometimes it isn't. When my nurse at the hospital didn't give me the right medication for several days, that was NEGLECT."



There are many signs and symptoms of abuse, and you can learn more about these on our website at www.elderabuseontario.com



“If I have more questions or would like general information about staying safe, what should I do?”



You can learn lots of great tips for staying safe at

www.elderabuseontario.com

You can also access the

Seniors Safety Line

Available in 150 languages, 24 hours a day, 7 days a week

1-866-299-1011

Helpful Resources

Assaulted Women's Help Line

416-364-4144

www.awhl.org

Canadian HIV/AIDS Legal Network

416-595-1666

www.aidslaw.ca

Consent and Capacity Board

1-866-777-7391

www.ccboard.on.ca

Egale Human Rights Trust

1-88-204-7777

www.egale.ca

Family Service Ontario

416-231-6003

www.familyserviceontario.org

Legal Aid Ontario

1-800-668-8258

www.legalaid.on.ca

Find a legal clinic in your area via phone or online

Long-Term Care ACTION Line

1-866-434-0144

http://health.gov.on.ca/en/common/system/services/lhin/ltc_actionline.aspx

Office of the Public Guardian and Trustee

1-800-366-0335

www.attorneygeneral.jus.gov.on.ca/english/family/pgt/

Ontario Human Rights Commission

1-800-387-9080

www.ohrc.on.ca

Ontario Pride Network

info@prideatwork.ca

Rainbow Health Ontario

416-324-4100

www.rainbowhealthontario.ca

Retirement Homes Regulatory Authority

1-855-275-7472

www.rhra.ca

Seniors Safety Line

1-866-299-1011

Talk4Healing

1-855-554-4325

www.talk4healing.com