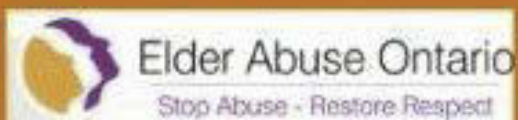


# NEGLECT OF OLDER ADULTS

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

PRODUCED BY:



[WWW.ELDERABUSEONTARIO.COM](http://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 that can be utilized when training interdisciplinary sectors. The sections within the module can be used separately, to teach about specific subject areas or used in its entirety, to suit a variety of training environments or challenges of time constraints.

The Neglect 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 Box, Decision Tree for assistance in navigating supports and interventions
- Provincial Resources/Services

By design, the module allows participants opportunities to engage in discussions throughout the training session. There are several examples of Case Studies, reflecting real life stories, which are intended to elicit personal reflections about experiences, to encourage critical thinking regarding a response or intervention and to promote best practices, specific to the person's role and position. This module can help guide thinking through a complex issue, through 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?

### Reflect

- Stop and think about the situation to promote a better understanding of the issues, on the individual, the team, the organization, and at a systemic level. This can lead to better responses and the prevention of elder abuse.

The wide range of case studies presented, incorporate unique issues, risk factors, and safety concerns. The inclusion of assessment questions for each type of abuse case provides a guideline intended to elicit a response from an older adult. The assessment questions serve as a starting point, to begin the conversation with the older adult, to gather more information about the suspected abuse.

The listing of provincial organizations that provide support to older adults, dealing with abusive situations, is included at the end of the modules. This resource list can be very helpful for agencies, to connect older adults with support services and programs. Consulting listings of local community services and programs and referring to these, is also helpful.

## **Target Audiences**

Prior to facilitating a training session about elder abuse, the trainer/facilitator should gain a better understanding of the background of their audience. For example, an agency/organization may request the training have a particular focus. It is important to inquire about the level of knowledge and expertise of the individuals receiving the training, their professional role and responsibility within their field of work, as well as the specific sector they are working in (Long-term care or community services). With this information, the content of the module can be tailored accordingly.

The module is adaptable for:

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

## **Disclosures:**

It is important to be prepared for disclosures or personal reactions from participants during any training session on elder abuse. A discussion of a sensitive topic may trigger memories from an experience with a client or a personal experience. Facilitators may consider inviting a counsellor to the training session, particularly if they feel unsure of being able to provide the necessary supports.

## **Accompanying Training Materials:**

A supplementary PowerPoint presentation accompanies the module. It can be used either prior to the presentation or in tandem with the module. In addition, Elder Abuse Ontario offers additional resources, which may be found posted on its website, links to research, reports, and information from/links to other agencies working in the field of elder abuse. These can be found at [www.elderabuseontario.com](http://www.elderabuseontario.com)

**Guiding Principles:**

The Guiding Principles included will assist in providing response and intervention, to assist older adults who are at-risk or experiencing 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.

## Guiding Principles

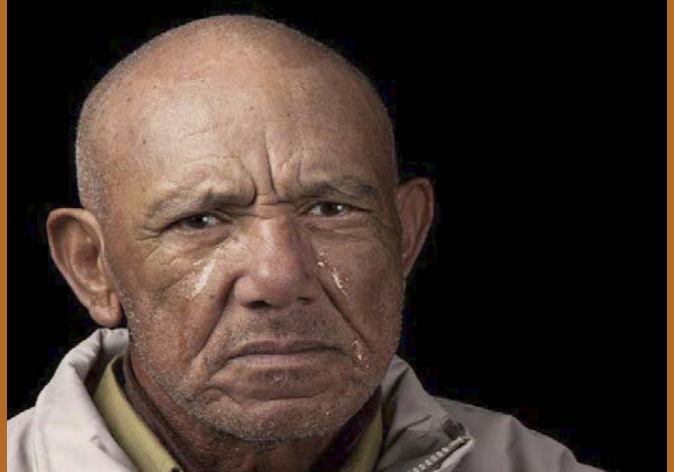
### Responding to Elder Abuse

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.

## SOUND FAMILIAR?



They just left me here. They dropped me off at the hospital and forgot about me. They treat me like I am a burden to them.



I hope they are able to take me to church this week. It has been so long since I saw or talked to anyone outside this house. I am sad and lonely and I feel trapped.

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



My daughter told the nurse she will get my prescription refilled at the pharmacy, but its now two weeks, since I have run out of my blood pressure medicine. My arthritis acts up when it get cold, so I can't even dial the phone to call the pharmacy.



Jason, my eldest son said he would get me the walker the doctor said I should have for safety. After one month I am still using this cane. Maybe he forgot, but I keep reminding him. I know he is very busy but I feel stuck in the house when I am not able to go out for a walk. I can't risk using this cane and falling again.

# What is Neglect of an Older Adult?

**Neglect**, whether physical or psychological, is deliberate, intentional behaviour towards an older adult, like withholding basic necessities of life and/or failing to provide emotional support that may result in physical harm and/or psychological anguish. Neglect is attributable to ageism, the abuser's need to exercise power and control, wanting to create a dependency or from a sense of entitlement to the assets of the older person.

Although older adults may be mistreated by strangers, neglect often occurs in the context of a relationship such as one with family members, friends, a spouse, volunteer caregivers, legal guardians, care-facility staff and professionals like physicians/health care providers or lawyers.

Neglect can occur anywhere: in the community, at home, in hospital, clinic, professional office or in a care-facility. Neglect can involve one incident of mistreatment or is often a pattern of neglect.

**Passive Neglect** occurs when there is a failure to provide proper care, because the caregiver lacks knowledge, skills or resources to provide the care required by the older adult. It should be noted that the caregiver may not have consciously decided to inflict pain or distress but is either unaware of how to access resources and information stemming from barriers such as language or culture, or been misguided by others who provide inaccurate information.

**Self-Neglect**, while not deemed abuse, occurs when the older adult fails to care for themselves and their own needs, which may lead to greater vulnerability for abuse by others. An older adult living in an unsafe environment or unhealthy manner however, if competent, has the right to make their own choices and decisions about their lifestyle.

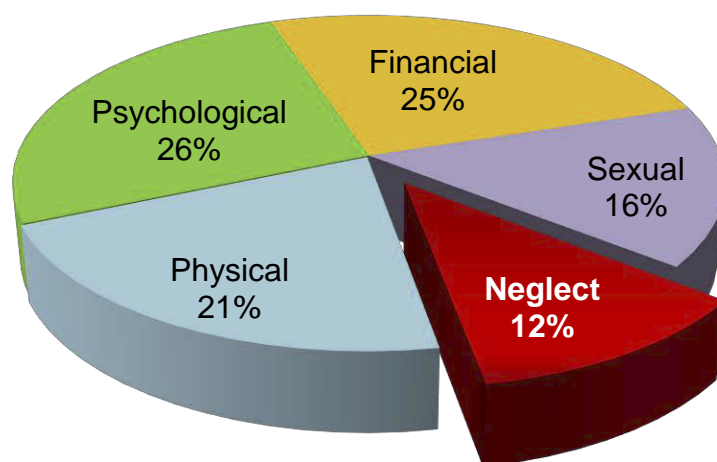
Elder abuse is an important social and public health problem. In 2014–2015, the National Initiative for the Care of the Elderly (NICE; <http://www.nicenet.ca>) conducted a national telephone survey to estimate the prevalence of five forms of elder abuse in community-dwelling Canadians, who were 55 years of age and older. A representative sample of 8,163 older Canadians completed the survey, which provided information about the rates of, and risk factors for, (1) neglect, (2) psychological abuse, (3) physical abuse, (4) sexual abuse and (5) financial exploitation. This study was the largest study of the prevalence of elder abuse ever conducted in the world and had some surprising results.

About 7.5% of older Canadian adults were abused in the previous year. Looked at another way, approximately 695,248 older Canadians were abused in the last year. When neglect was added to psychological, physical, sexual and financial abuse, the number rose to 82 out of every 1,000 older people, or 8.2%, representing 766,247 older Canadian adults.

The most common form of abuse was psychological or emotional abuse, which affected 2.7% of older Canadians, involved older adults being repeatedly criticized, yelled and shouted at, or insulted. Financial abuse, the 2<sup>nd</sup> most frequent form in Canada, affecting 2.6% of older adults involved perpetrators trying to make the older person give them money or taking the older

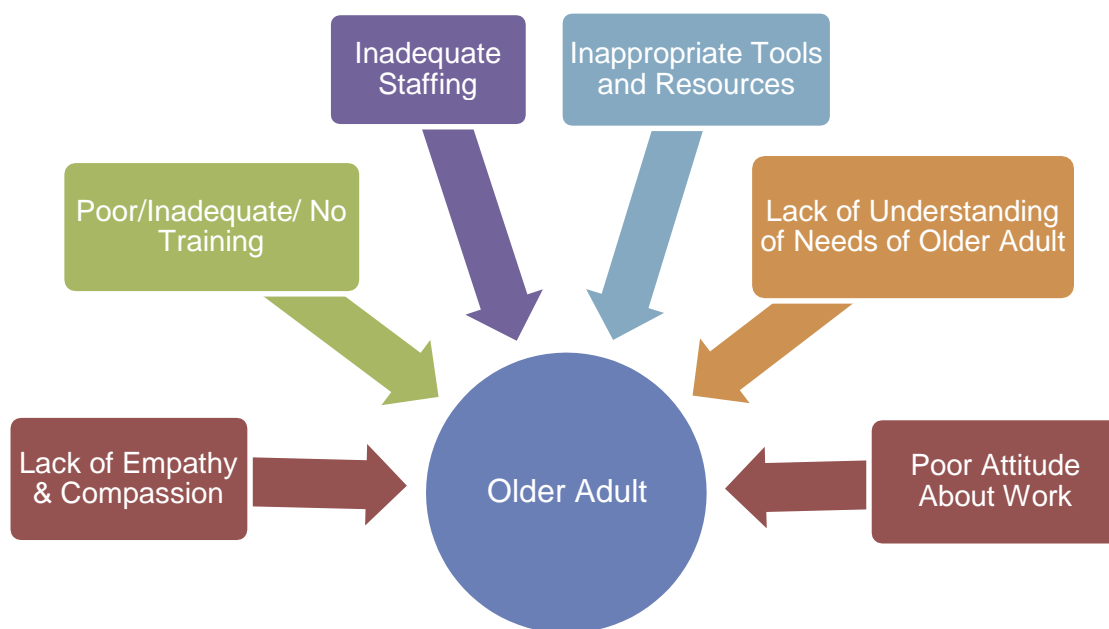
person's money, possessions or property. Physical abuse, the 3<sup>rd</sup> third most common form, affected 2.2% of older people. Physical assaults usually involved people being pushed, shoved, grabbed, hit or handled roughly. Fewer older Canadians were sexually assaulted but still 1.6% of the survey respondents reported being sexually abused in the past 12 months. Lastly, 1.2% of older adults were neglected, several or more times in the last year; this usually involved not getting the help they needed with housework and meals. While very few of the older Canadians who participated in the survey were ill or very frail, most were in their sixties and early seventies, and most had higher levels of education. This would lead us to believe that the actual prevalence is much higher than what was reported.

### Prevalence of Elder Abuse in Community Dwelling Canadians NICE, 2016



## Factors Contributing to Neglect in Specific Care Settings

There is no single cause of neglect of older adults, but rather the result of complex and troubled situations involving medical, emotional, economic and interpersonal factors. In care giving situations, there are certain factors that contribute to the risk of neglect and should be treated as red flags that necessitate intervention and/or response to prevent harm. Caregiver stress may result in neglect of older adults in care settings like retirement or long-term care homes.



In addition to the above factors, there are also specific characteristics of institutional settings that may increase the risk for perpetration of vulnerable elders in these settings, including: unsympathetic or negative attitudes toward residents, chronic staffing problems, lack of administrative oversight, staff burnout, and stressful, demanding working conditions. (Centres for Disease Controls and Prevention, Elder Abuse Risk and Protective Factors)

Members of caregiving teams, should ensure proper training is received through the ***U-FIRST*** (***U*** = ***Understanding, Flagging, Interacting, Reflecting, Support, Team***) ***learning initiative***, to ensure they are providing the best care possible to the older adults in their charge.

## Risk Factors for Neglect

<ul style="list-style-type: none"> <li>• Living alone - social and physical isolation</li> <li>• Lacking social or emotional support</li> <li>• Need of physical/mechanical assistance and/or some dependence on activities of daily living</li> <li>• Suffering from emotional health issues</li> <li>• Substance abuse</li> <li>• Poor health</li> </ul>	<ul style="list-style-type: none"> <li>• Poor social well-being</li> <li>• Lesbian, gay, bisexual or transgender older adults</li> <li>• Experiencing language and/or cultural barriers</li> <li>• Being Aboriginal</li> <li>• Experience of abuse in childhood or past relationships</li> <li>• Lack of knowledge of available support programs or services in the community</li> </ul>
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### Indicators of Neglect- Behaviours of Abusers

#### May Include:

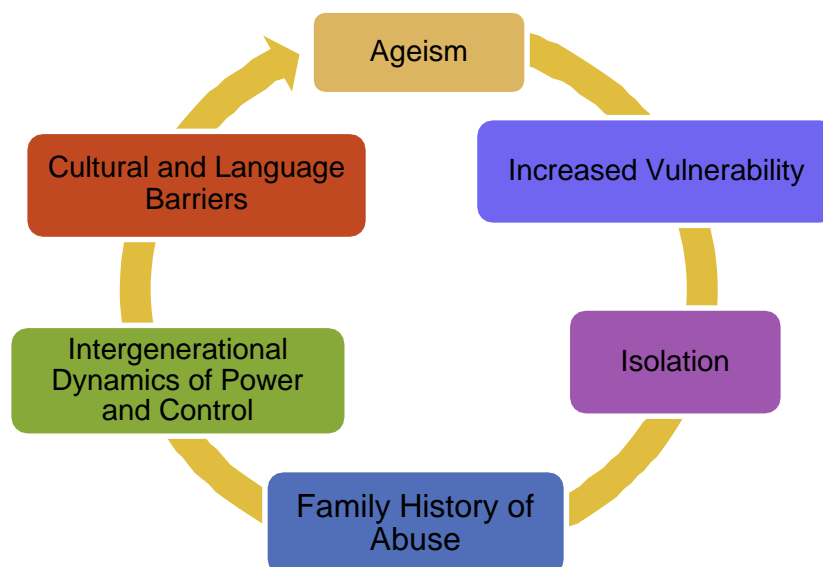
1. Refuses to permit hospitalization, diagnostic tests or assessments by healthcare providers.
2. Ignores the older adult's hospital admission or never visits.
3. Is always there so the senior cannot speak to a health care provider.
4. May refuse to take part in discharge planning to take senior home.
5. Impatient with staff and procedures.
6. Appears fatigue and stressed.
7. Blames the senior for the neglect- incontinence, wandering.
8. Makes excuses, is hostile when questioned or responds defensively.
9. Treats senior like a child or non-person.
10. Makes minimal contact - eye, facial, physical or verbal contact with senior and service provider.

## Indicators an Older Adult may be Suffering from Neglect

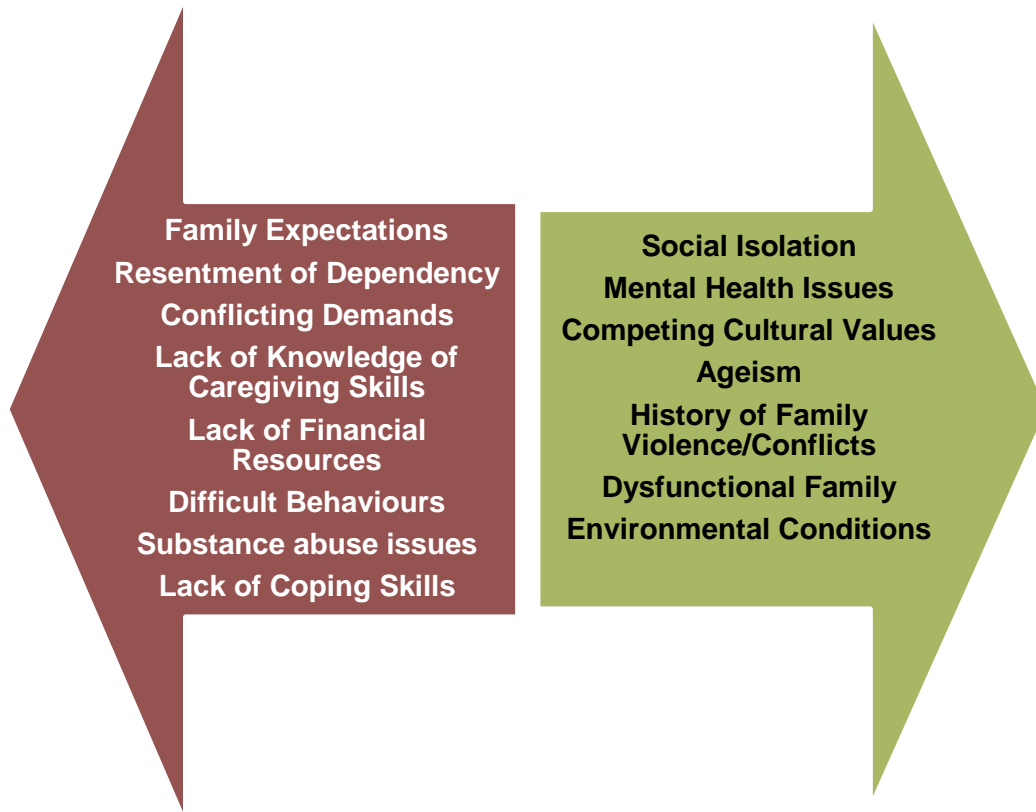
- ☐ Signs of malnourishment
- ☐ Missing or broken dentures, walkers, hearing aids, glasses
- ☐ Unsafe and/or unclean living conditions
- ☐ Non-compliance/withholding of medical prescriptions and/or treatments
- ☐ Animal collecting
- ☐ Insect and pest infestation
- ☐ Presence of urine and/or fecal smell
- ☐ Being left alone/isolated and or unattended for long periods of time
- ☐ Unkempt appearance (unshaven, matted hair) or dirty clothing
- ☐ Soiled bedding and linens
- ☐ Inappropriate or inadequate clothing for weather/season
- ☐ Lack of contact with healthcare practitioners such as doctor/dentist
- ☐ Untreated pressure ulcers

Adapted from: Government of Canada: Department of Justice. Exploring the role of elder mediation in the prevention of elder abuse, 2012.

## Factors that Contribute to Neglect



## Risk Factors that Contribute to the Neglect of an Older Adult by a Caregiver



A person in an abusive relationship will require access to supports and assistance over an extended period of time, in order to establish trust where they become comfortable enough to disclose about an abusive situation. As a service provider, think about the circumstances of neglect and what criteria would/should be used to respond, intervene and assist.

### Other Considerations - Neglect of an Older Adult

- Caregiving for mental or physical impairments is highly stressful and families are not trained for the job. Unintentional though it may be, abuse and neglect is sometimes perpetrated by people who had previously acted loving, supportive and caring.
- Domestic violence in later life may be a continuation of long-term partner abuse or may begin with retirement or the onset of a health condition that reduces independence of the older adult and creates a dependency on another individual.
- Domestic violence within older couples is often not recognized, and consequently strategies, which have been proven effective within the domestic violence arena, have not been routinely transferred into circumstances involving the abuse of older people.
- The likelihood of abuse and neglect increases with age. As people get older especially those, more dependent, the likelihood of being taken advantage of increases. Abuse increases with age, with 78% of victims being over 70 years of age.



Factors within institutional settings that may be protective include: effective monitoring systems in place; solid institutional policies and procedures regarding patient care; regular training on elder abuse and neglect for employees; education about and clear guidance on how durable Power of Attorney is to be used; and regular visits by family members, volunteers, and social workers.

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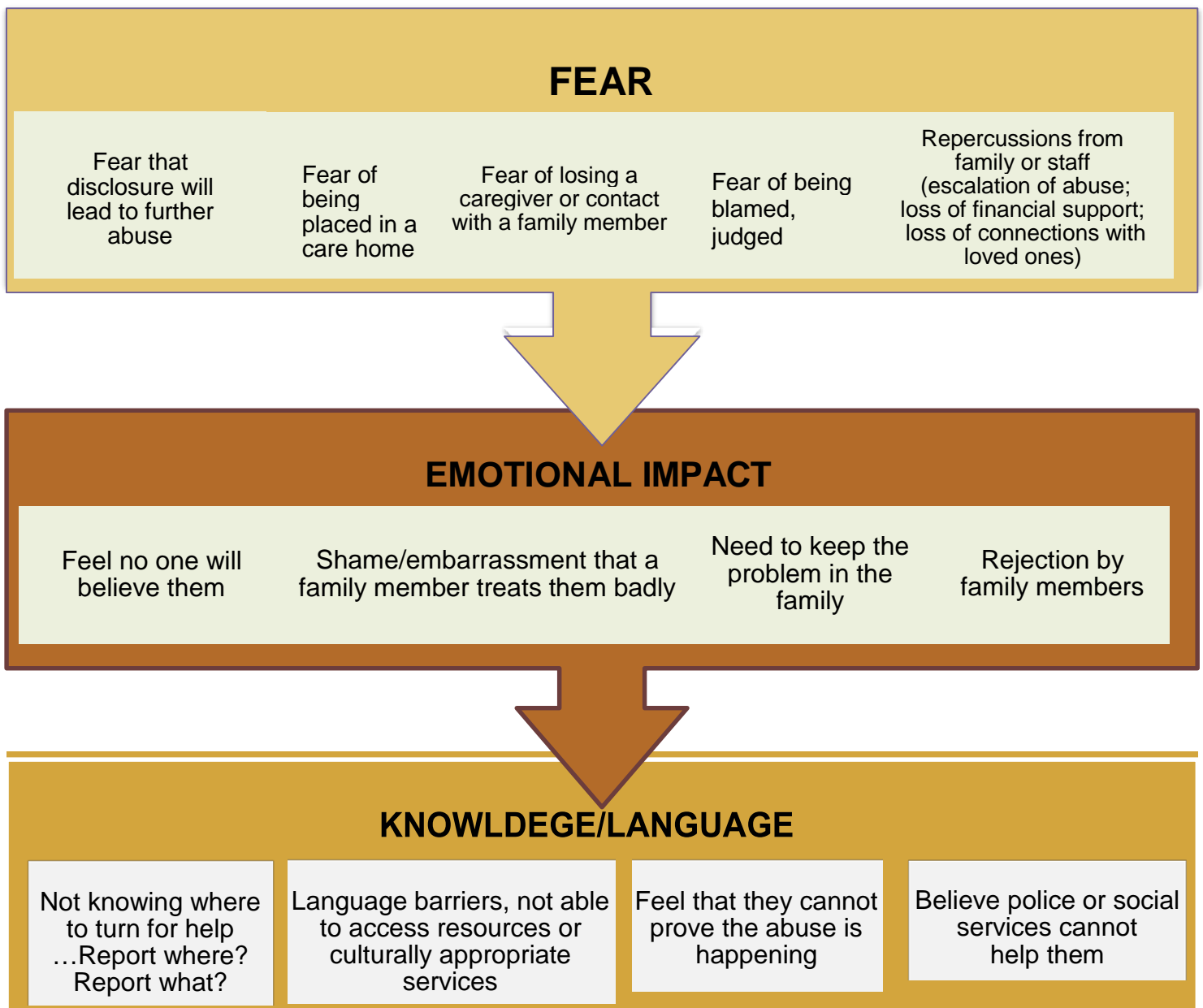
*Protective factors reduce risk for perpetrating abuse and neglect. Protective factors have not been studied as extensively or rigorously as risk factors. However, identifying and understanding protective factors are equally as important as researching risk factors.*

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Centers for Disease Controls and Prevention, Elder Abuse: Risk and Protective Factors

# Barriers to Reporting

It is important to consider the barriers older adults face in reporting or disclosing abuse and why help is often not sought out. Victims of elder abuse and neglect may feel ashamed of their abusive experiences. Those who consider reporting abuse often choose not to because, in the majority of cases, they are abused by a family member, loved one, or trusted caregiver. It can be extremely difficult to tell others that someone you trust and love is abusing or neglecting you. Making matters worse, abusers often blame their victims, telling them that the abuse is their “fault,” and threatening them if they reveal the abuse to anyone. If the older person is dependent on the abuser for care, he or she may feel as if he or she has no option but to live in fear and pain.



# Having the Conversation

Abuse is a difficult subject to approach with a family member or older adult. It is important to conduct a thorough assessment, to detect, identify and intervene, when supporting an older adult who is the victim of neglect. Follow your professional standards when conducting investigative interviews and obtaining client consent.

Persons working with older people in potentially abusive situations need to be sensitive to cultural differences and intervene accordingly. Formulating culturally sensitive prevention and intervention efforts requires an understanding of roles and responsibilities within the family and help-seeking behaviors. Certain cultural values, beliefs and traditions influence family dynamics, intergenerational relationships and ways in which families define their roles and responsibilities and respond to daily challenges. These differences make some situations difficult to distinguish from abuse or neglect.

The key purpose of proper screening is to gather information and to adequately ascertain what is happening in the life of the older adult – formulate the story – use that information to form a direction in terms of intervention. Older adult may disclose abuse or you may suspect abuse is occurring. Interview the older adult alone. Interview the older adult with the caregiver, if that is safe, to observe the interactions. Pay attention to risk factors that might increase the likelihood that abuse is happening. Interview other contacts with older adult such as the substitute decision-maker with consent if possible.

## Screening & Assessing Neglect through Enhanced Communication

In order to properly get to the facts and realities of an older adult's world, particularly one in which the possibility of neglect may be present, it is critical to reflect on your own communication strategies, to ensure what is best for each situation. Here are some suggestions to explore:

<b>Assess Older Adults Ability to Communicate</b>	<b>Facilitate Communication By:</b>
Can the older adult understand Yes/No choices?	Ask simple, direct questions that require only a yes or no response.
Can the older adult read simple instructions?	Provide instructions in a place that is easily visible and familiar to the older adult.
Can the older adult understand simple verbal instructions?	Use short, simple sentences. Use one- step instructions to enhance the individual's ability to process.
Can the older adult understand instructions given with clues?	Use gestures. Model the desired behaviour. Be sensitive to the fact that

	although the person may not understand words, she/he can read your body language, sincerity and mood.
Can the older adult make a choice when presented with two objects or options?	Limit choices; too many options will cause confusion and frustration
Does the older adult have difficulties finding the correct word?	If you are sure of the word he/she is trying to say, repeat it. If not sure, don't guess because that will increase the person's confusion and frustration.
Does the older adult have difficulty creating sentences or a logical flow of ideas?	Listen for meaningful words and ideas.  Try to identify the key thoughts and ideas.
Does the older adult curse, use offensive or aggressive language, or exhibit aggressive or combative behaviours?	Don't correct or reprimand. Respond to the emotions not the words. Validate feelings.  Assess for unmet needs, including those related to misperceptions, hunger, thirst, toileting needs, pain, etc.
Does the older adult avoid verbalization altogether or mutter in various tones that may seem meaningless to others?	Anticipate need  Explore non-verbal communication methods.

## NEGLECT - ASSESSMENT QUESTIONS

### Assessment Questions for Older Adult

- ☐ Do you have anyone who spends time with you, takes you shopping or to the doctor?
- ☐ Is there someone who helps you with personal needs such as taking medicine, getting to the bathroom, getting out of bed, getting dressed or getting food?
- ☐ Can you take your own medication or get around by yourself?
- ☐ Who makes decisions about your life – how you should live or where you should live?
- ☐ Do you have enough privacy at home?
- ☐ Do you trust most of the people in your family?
- ☐ Are you uncomfortable with or afraid of anyone in your life?
- ☐ Are you sad and lonely often?
- ☐ Do you feel like no one wants you around?
- ☐ Does anyone in your family drink a lot?
- ☐ Does someone in your family make you stay in bed or tell you are sick when you are not?
- ☐ Has anyone taken things that belong to you, without your approval?
- ☐ Does anyone tell you that you doing things for you is too much trouble?
- ☐ Has anyone close to you tried to hurt you or harm you in any way?

## NEGLECT – ABUSE

### Formulating Questions for Suspected Abuser

It is important to consider the barriers older adults face in reporting or disclosing abuse and why help is often not sought out. Victims of elder abuse and neglect may feel ashamed of their abusive experiences. Those who consider reporting abuse often choose not to because, in the majority of cases, they are abused by a family member, loved one, or trusted caregiver. It can be extremely difficult to tell others that someone you trust and love is abusing or neglecting you. Making matters worse, abusers often blame their victims, telling them that the abuse is their “fault,” and threatening them if they reveal the abuse to anyone. If the older person is dependent on the abuser for care, he or she may feel as if he or she has no option but to live in fear and pain.

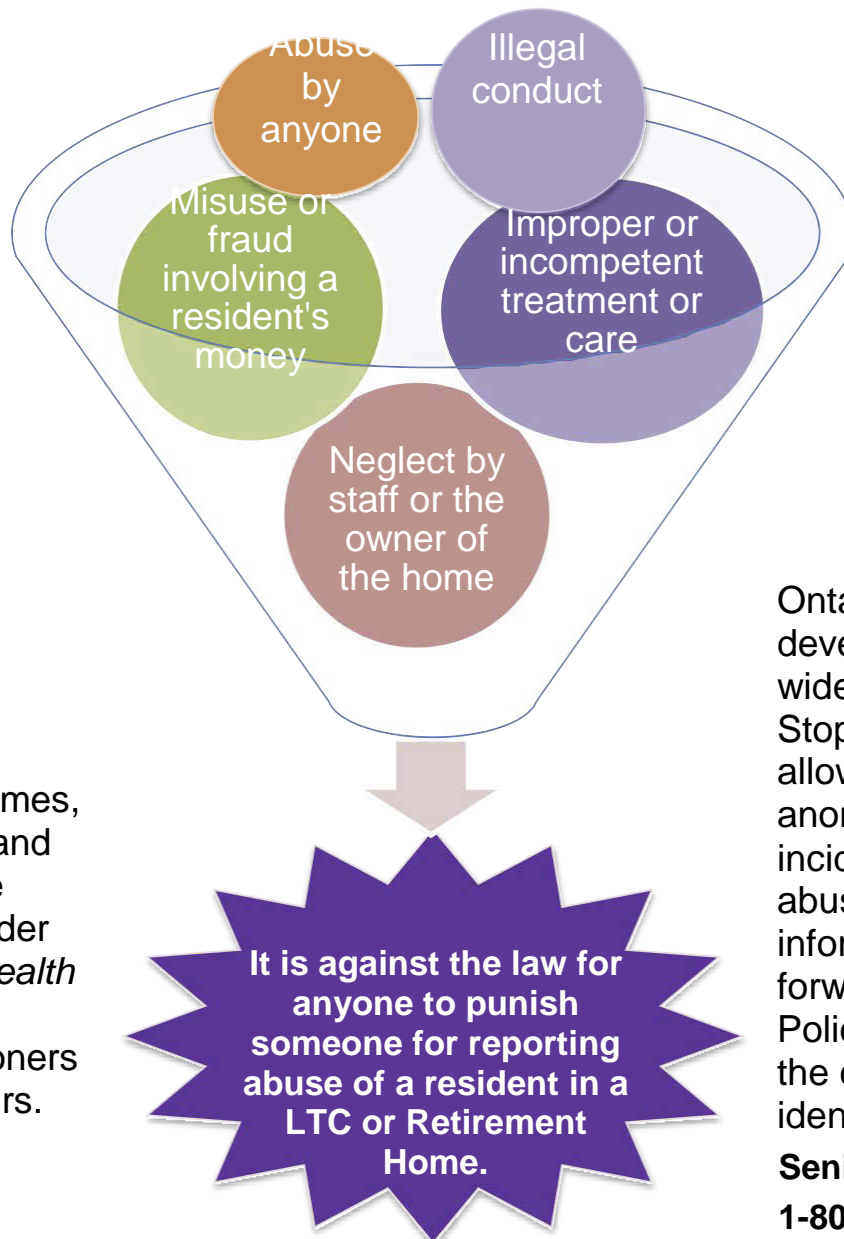
### Assessment Questions for Suspected Abuser

- ☐ Do you sometimes have trouble taking control of your temper or aggression?
- ☐ Do you find it difficult to manage the older adult behaviours?
- ☐ Do you sometimes feel you are forced to be rough with the older adult?
- ☐ Do you sometimes feel you can't do what is necessary or what should be done for the older adult?
- ☐ Do you often feel that you have to reject or ignore the older adult?
- ☐ Do you often feel so tired and exhausted that you cannot meet the older adult needs?
- ☐ Do you often feel you have to yell at the older adult?

# Know the Law

In Ontario, the law says that the abuse of an elder 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)



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.

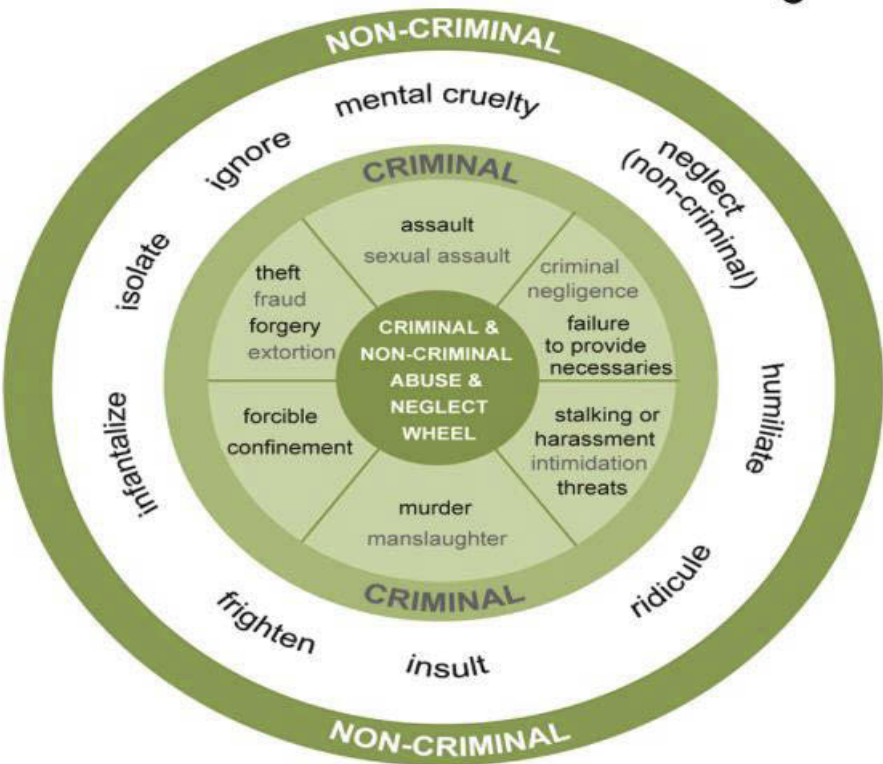
Ontario has also developed a province-wide Seniors Crime Stoppers Program, to allow anyone, to anonymously report incidents of elder abuse. This information will be forwarded to the Police without fear of the caller being identified.

**Senior Crime Stoppers**  
**1-800-222-TIPS (8477)**

# Is Neglect a Criminal Offence?

In Canada, certain forms of elder abuse are crimes under the [Canadian Criminal Code of Canada](#). Elder abuse is not a separate offence but some abusive actions are covered by the Code. Although all forms of abuse are wrong, not all actions or tactics used by perpetrators toward an older adult (such as insulting, isolating, and ignoring behaviours) are necessarily recognized as a crime. They can however be signs that the abuse might get worse in the future.

## Criminal and Non-Criminal Abuse & Neglect Wheel



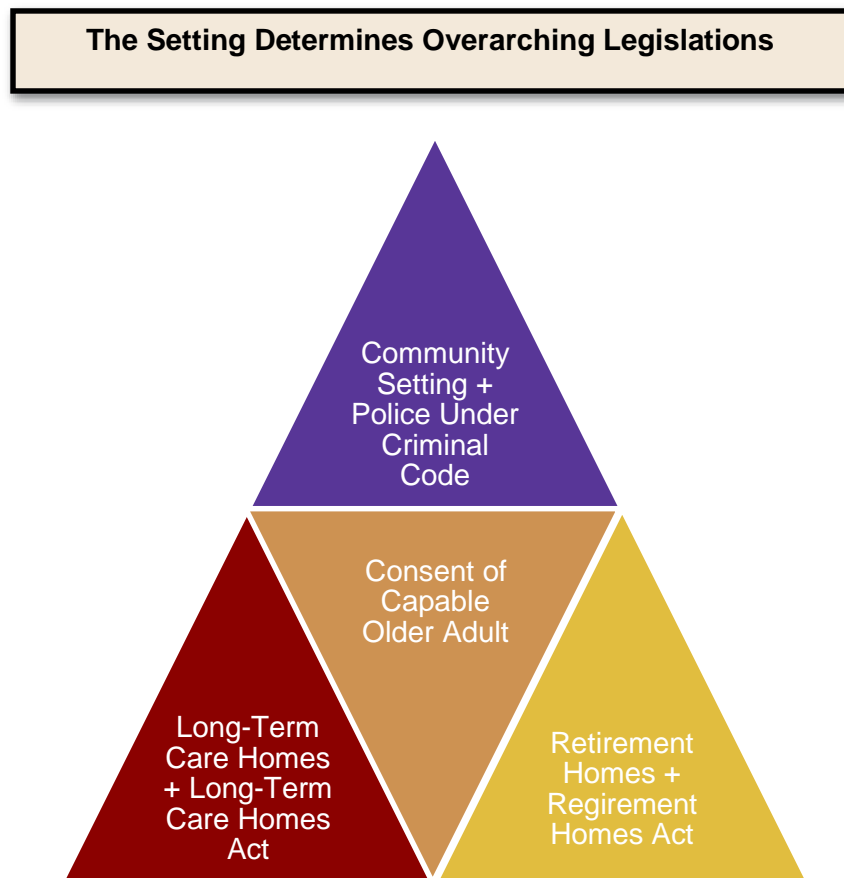
Abuse tends to escalate and crimes often overlap and blend together.

ADAPTED, WITH PERMISSION, FROM ELDER ABUSE: THE HIDDEN CRIME — ADVOCACY CENTRE FOR THE ELDERLY, TORONTO

## Neglect in Other Settings – Community Dwelling

If the victim of elder abuse lives in their own home, or in any other setting, the law does not require anyone to report the abuse. In some cases, reporting might be required by someone's employment duties, a contract for services, or a professional code of ethics. But victims, or anyone else who suspects elder abuse, can report their concerns to the police, health or social services, or a legal service. No matter where cases of abuse and serious neglect happen, these may be crimes and should be reported to the police.

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



**Examples of the Criminal Code provisions that may apply in cases of neglect of an older abuse include:**

**Breach of Trust  
To Provide  
Necessities Of  
Life (S.215)**

To provide necessities of life to a person under his charge if that person is unable by reason detention, age, illness, mental disorder, or other cause, to withdraw himself from the charge and the person is unable to provide himself with necessities of life.

**Forcible  
Confinement  
(S.279)**

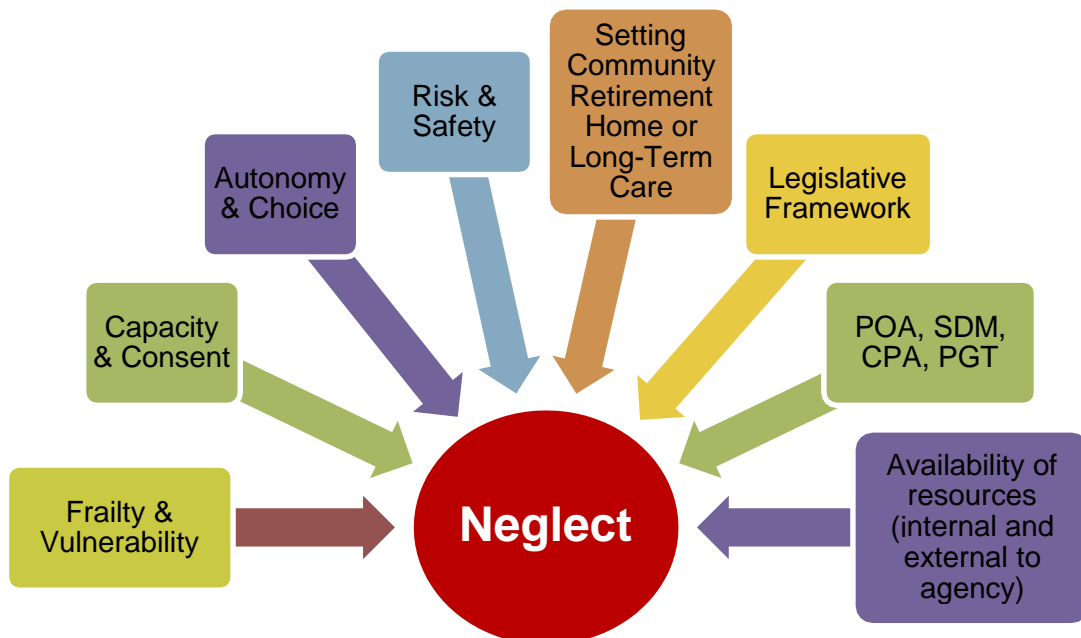
A charge that often accompanies domestic assault charges. To be convicted with forcible confinement, the Crown must prove that the individual forced the victim to remain in one place using threats, coercion or physical restraint.

**Criminal  
Negligence  
causing bodily  
harm or death  
(S.220(21))**

States that culpable homicide is murder and requires proof of an ulterior intention to kill or a closely related state of mind that combines elements of intention (to cause bodily harm), foresight or knowledge (that the bodily harm is likely to cause death) and recklessness (whether death ensues or not).

Everyone is criminally negligent who is doing anything or is omitting to do anything that is their duty to do or show reckless regard for the life or safety of the other person.

## **The Intervention**



## Safety Planning

**REMEMBER:** A safety plan is NOT a guarantee of safety. It is a tool that includes strategies to increase an individual's safety.

**Safety strategies may include:**

- Reducing the risk of physical violence
- Escaping in an emergency
- Preparing to leave the abuser
- Getting help if leaving is not an option
- Staying safe in public

**Safety plans are:**

- Flexible – they should be constantly revisited as circumstances change
- Personal – they are different for each individual
- Helpful for people at risk for partner abuse, elder abuse, stalking/criminal harassment, sexual assault

A victim's predictability is their vulnerability: time + place

**Questions to ask:**

- What is your daily routine like?
- Do you have a trusted support person or friend?
- Does anyone else know about the abuse?
- Have police ever been involved?
- What have you done to feel safer in past?
- What are your areas of concern?
- What do you need to feel safer?

### Preventative Actions – Older Adult

**Educate older adults in your care about different preventative actions they can take such as:**

- Thinking carefully before making changes to their living situation, such as moving in with family or friends or having someone move into their home, especially if they promise to take care of them.
- Planning for their future while they are still independent and mentally capable. Have a Power of Attorney or a Living Will to express how they want to address their finances and health care decisions to avoid confusion and family problems later on.
- Maintaining contact with loved ones and connections with friends, family and support networks.
- Staying active in the community – volunteer, go on outings with friends and visit neighbours. Isolation increases vulnerability to abuse.
- Seeking alternative options for care, not only relying on family members for their care and social life.
- Taking control of their own decisions and health care.
- Educating themselves about their rights and the signs to recognize elder abuse.
- Having their own phone and opening their own mail.
- Asking for help when they need it.
- Becoming educated about services for seniors, attending local health fairs to ask questions and pick up written materials.
- Reporting abuse when they see it.
- If they are not satisfied with care services they receive in their home or care facility (improper treatment/yelling), voicing the challenges they are encountering.
- Safety plans should be shared with trusted support people

### Preventative Actions - Caregiver

Caring for older adults is a rewarding experience but it can be demanding. When a caregiver becomes overwhelmed and does not have the coping skills and/or supports to care for their loved one, they may act in an abusive manner – most often not intentionally.

**Educate caregivers about different preventative actions they can take such as:**

- Learning about the signs of elder abuse and neglect.
- Treating all seniors with respect and dignity.
- Requesting help from friends, relatives, or local agencies, so they can take a break.
- If the older adult has dementia or cognitive impairments, inquiring about adult day programs or respite care services.
- Maintaining their health and social connections.
- Seeking medical care or counselling to deal with stress, anxiety, and/or depression when necessary.
- Participating in support groups for caregivers, such as the Alzheimer's Society.
- Seeking intervention services if they are experiencing drug or alcohol abuse. There are many support lines and agencies available in Ontario.
- Calling the Seniors Safety Line or other telephone helplines for access to information on local services or seek to guidance on dealing with potential elder abuse.
- If they feel they need help to care for the older adult – calling to make arrangements for additional care services.

# NEGLECT

## CASE STUDY

### Case Study 1



Laura looks outside the only window of her home that she can access. The rest, are blocked by mounds of clutter (books, papers, goods from past flea market shopping trips and treasured items saved from her parents' home from 20 years ago). Laura is 78 years old and after retiring from 30 years of teaching, she has cut all ties with friends and colleagues. She is increasingly depressed and is grieving, having just lost a long-time friend and partner, who died suddenly of complications from surgery. Laura's isolation is self-imposed and her friends have stopped calling or visiting. She has turned to alcohol to make her life bearable when nothing else seemed to help. She sits each night beside the fireplace but with her failing eyesight she doesn't notice the sparks that fly out. She sits in her favourite chair and reads her book. Laura often forgets to eat and regularly loses track of the days as she drinks, falls asleep, reads her book and replaces the wood in the fireplace. She goes to the local grocery store only once every month to buy supplies and other things that only add to the clutter around her.



**What should the neighbor/friend do?**

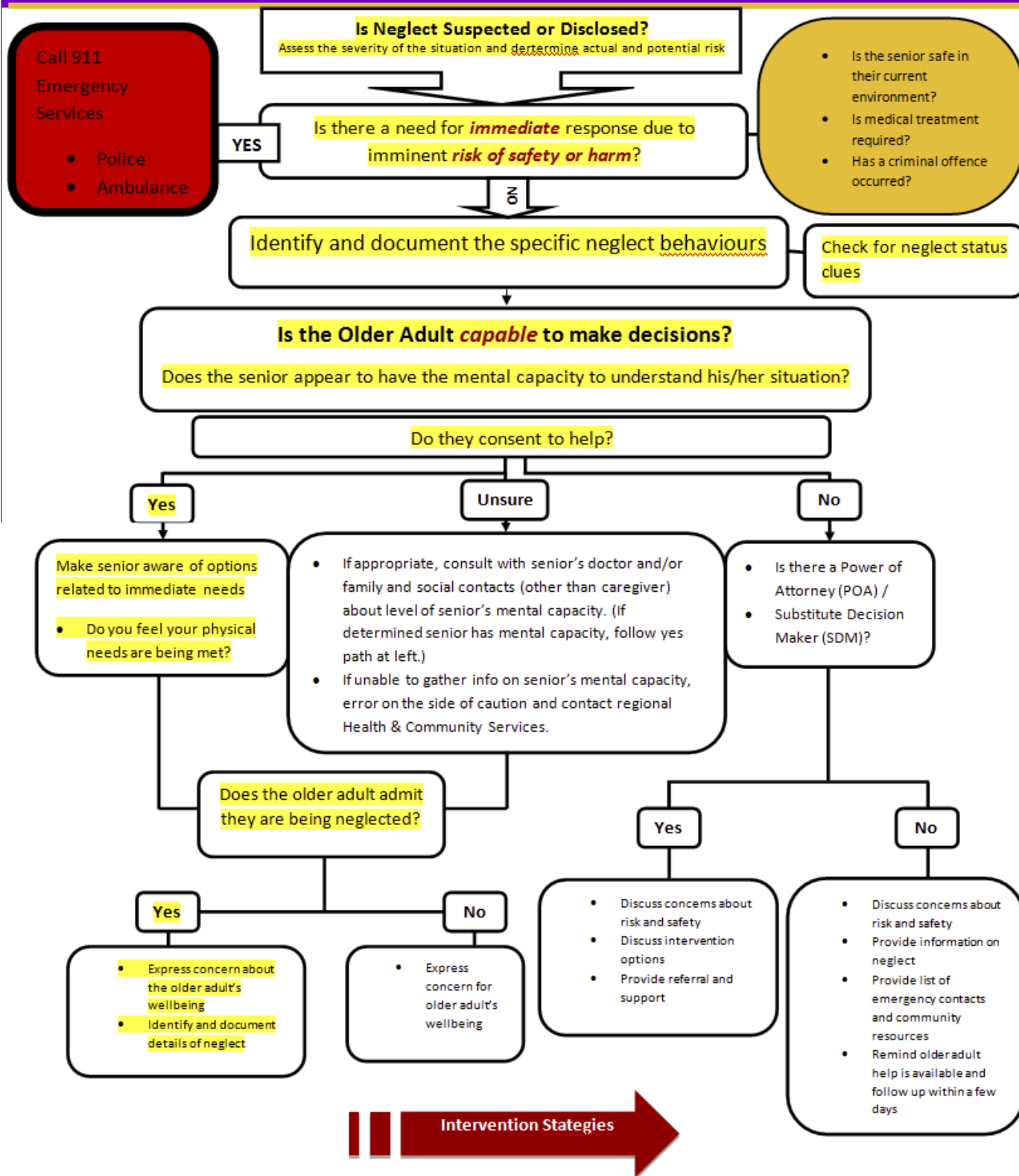
## FACT BOX

<b>Type of Abuse :</b>	Neglect, physical and emotional
<b>Warning Signs :</b>	<ul style="list-style-type: none"> <li>✓ Clutter in the home, collecting/hoarding possessions</li> <li>✓ Laura is increasingly isolated, having cut off all ties with family and friends, except for a trip to the store to get supplies</li> <li>✓ Increasing alcohol dependence</li> <li>✓ Lack of personal care, eating infrequently, drinking, and sleeping a lot</li> <li>✓ Withdrawal from the community and suffering depression</li> </ul>
<b>Risk Factors for Victim :</b>	<ul style="list-style-type: none"> <li>✓ Increasing depression and forgetfulness</li> <li>✓ Isolation from contact with others</li> <li>✓ Sudden loss of long-time friend and partner</li> <li>✓ Depression and other possible mental health issues</li> <li>✓ Exposure to hazards of untended fire threatening personal safety</li> </ul>
<b>Who is Abuser ?</b>	<ul style="list-style-type: none"> <li>✓ Self-Neglect</li> <li>✓ Family and friends are passively neglecting Laura because they no longer call or visit (important to note, they may just be respecting her right to live at-risk. Provided she is capable then they may just be respecting her wishes).</li> </ul>
<b>Risk Assessment:</b>	Non-imminent danger in this situation and no mandatory reporting, as Laura resides in the community.
<b>Pertinent Assessment Questions:</b>	<ul style="list-style-type: none"> <li>✓ Is there someone in the community, family/friends who you feel comfortable with and who can provide support or check on you to see you are alright?</li> <li>✓ Are you aware of the kinds of services in the community that could provide you with help and support you might need?</li> <li>✓ Do you feel safe? Is there something that you would like to share with me?</li> <li>✓ Has there been a recent incident causing you concern? Tell me about it.</li> <li>✓ Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?</li> </ul>

<b>Pertinent Assessment Questions:</b>	<ul style="list-style-type: none"> <li>✓ Do you know and understand Powers of Attorney? Do you have them in place for personal care or managing your assets?</li> <li>✓ Are you often sad or lonely?</li> <li>✓ Are you eating and drinking properly?</li> <li>✓ Are you concerned about the sparks from the fireplace starting a fire in your home?</li> <li>✓ Do you have an escape plan in case of fire?</li> <li>✓ How do you think I can help you? /In what way would you like me to help you?</li> </ul>
<b>Capacity:</b>	Laura is capable
<b>Consent:</b>	Laura is able to provide consent for help.
<b>Response and intervention:</b>	<ul style="list-style-type: none"> <li>✓ A neighbour, friend or family can speak with Laura to determine her wishes about care and other supports</li> <li>✓ Does Laura wish to speak to a social worker or counsellor who can provide support around grief and loss, alcohol dependence etc?</li> <li>✓ A neighbour, friend or family can offer to visit regularly to take her out for coffee, go shopping with or for her, etc. Even if she refuses, friends and family can acknowledge their concerns and can keep checking in so that Laura knows she is being supported.</li> <li>✓ Ensure fire and carbon monoxide alarms are installed and functional</li> </ul>
<b>Referral &amp; Resources:</b>	<ul style="list-style-type: none"> <li>✓ If Laura is interested, referrals can be made to Meals on Wheels or the LHIN for a Case Manager who can provide support with de-cluttering the home.</li> <li>✓ With Laura's consent, contact the local Police Community Relations Officer/Senior safety officer, to request a regular wellness check-in</li> <li>✓ Offer referral to a doctor to assess depression and provide treatments</li> <li>✓ Offer referral to support groups for women</li> <li>✓ Contact Teachers Union to determine if any programs or services might be available for a retired teacher and then present this information to Laura as an option to consider</li> </ul>
<b>Other:</b>	



# Neglect Decision Tree

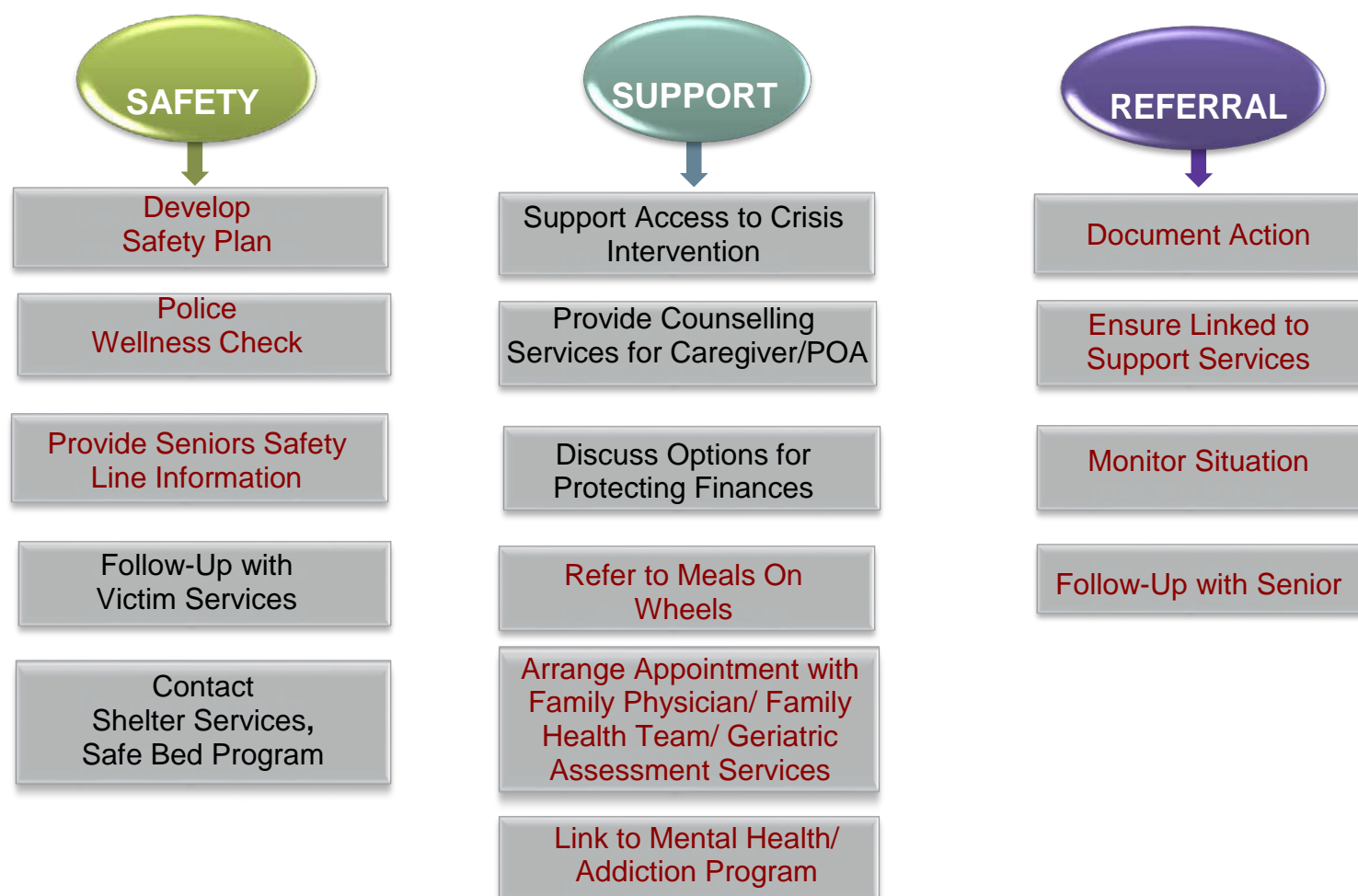


## Resources and Community Support

<a href="#">Alzheimer Society of Ontario</a>	1-800-879-4226	<a href="#">Ontario Provincial Police</a>	1-888-310-1122
<a href="#">Assaulted Women's Helpline</a>	1-866-863-9511	<a href="#">Ontario Human Rights Commission</a>	1-800-387-9080
<a href="#">Local Health Integration Networks</a>	1-866-383-5446	<a href="#">Seniors Safety Line</a>	1-866-299-1011
<a href="#">Law Society Referral Service</a>	1-855-947-5255	<a href="#">Retirement Homes Regulatory Authority</a>	1-855-275-7472
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<a href="#">Office of the Public Guardian and Trustee</a>	1-800-366-0335	<a href="#">Welcome Centre Immigrant Services</a>	1-877-761-1155

For more resources visit : [www.elderabuseontario.com](http://www.elderabuseontario.com)

## Intervention Strategies



# NEGLECT

## CASE STUDY

### Case Study 2



Mr. Nu is 71 years old, a former Colonel with the Vietnamese Army. He was a prisoner of war for 12 years and endured physical and emotional torture. Mr. Nu feels lucky to be alive, but shortly after arriving in Canada in 1989, he began experiencing nightmares. He feels estranged from his family, because of his imprisonment and his doctor has diagnosed him with Post-Traumatic Stress Disorder (PTSD). Now, he has not seen a doctor in over two years, because Mr. Nu does not trust or believe in western medicine. Mr. Nu's nightmares continue and are stressing relationships with his family. To help him cope, Mr. Nu smokes excessively and has developed a bad hoarse cough, often coughing up blood. His family wants him to see a physician because his herbal medicines do not seem to be working and he is unable to sleep at night. The sleep deprivation means, Mr. Nu walks around the house and keeps other family members from getting their rest. He refuses to go to the doctor. The family is getting increasingly impatient with him and have started to yell and get upset with him more often. They have also told him that if he refuses to see a medical doctor they will hide his cigarettes.



**What should the PSW do next?**

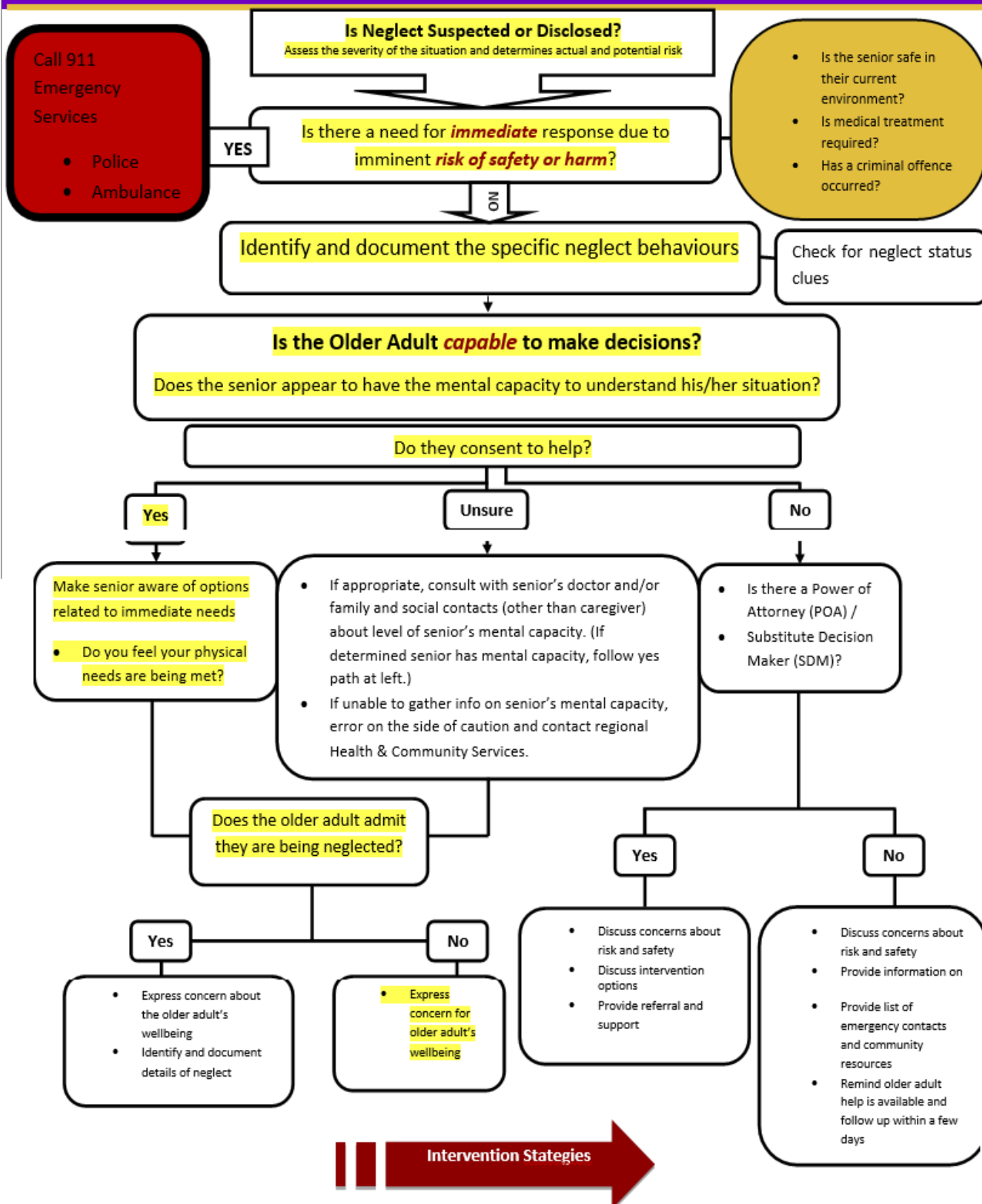
## FACT BOX

<b>Type of Abuse :</b>	Neglect, verbal/emotional abuse
<b>Warning Signs :</b>	<ul style="list-style-type: none"> <li>✓ Previous trauma (PTSD)</li> <li>✓ Untreated medical condition</li> <li>✓ Emotional abuse from family members impatient with Mr. Nu</li> <li>✓ Feelings of detachment from the rest of the family</li> </ul>
<b>Risk Factors for Victim:</b>	<ul style="list-style-type: none"> <li>✓ Unhealthy family interactions and increasing isolation</li> <li>✓ Victim of past trauma</li> <li>✓ Possible feelings of shame/stigma associated with accessing mental health supports for PTSD.</li> <li>✓ Advancing age</li> <li>✓ Distrust of western medical system</li> </ul>
<b>Who is Abuser ?</b>	Passive neglect by family members, who are becoming increasingly impatient. The abuse is not intentional, but Mr. Nu refuses family offers of support and the situation can escalate over time.
<b>Risk Assessment:</b>	<ul style="list-style-type: none"> <li>✓ No imminent danger in the situation.</li> <li>✓ no mandatory reporting as this is in the community</li> </ul>
<b>Pertinent Assessment Questions:</b>	<ul style="list-style-type: none"> <li>✓ Is there someone in the community, family/friends who you feel comfortable with and who can provide support?</li> <li>✓ Are you aware of the kinds of services that can provide you with help and support in the community (i.e PTSD support services)?</li> <li>✓ Do you feel safe? Is there something that you would like to share with me?</li> <li>✓ How do you think I can help you? /In what way would you like me to help you?</li> <li>✓ Has there been a recent incident with a family member and/or caregiver that is causing you concern or making you afraid?</li> <li>✓ How long should it take for your herbal medication to work?</li> <li>✓ What happens when that time is up and you are still coughing and unable to sleep?</li> <li>✓ Are you concerned about your health and overall wellbeing?</li> <li>✓ Do you think you will consider seeing a doctor so you can get some sleep at night? Explain that there are some doctors who use both western and eastern medicine?</li> </ul>

<b>Pertinent Assessment Questions:</b>	<ul style="list-style-type: none"> <li>✓ Is your family important to you? Do you understand that your family is concerned about you?</li> <li>✓ Do you understand that if you don't see a doctor your condition may get worse?</li> <li>✓ Ensure capacity and decision-making is sound.</li> </ul>
<b>Capacity:</b>	Capable of decisions towards care of self.
<b>Consent:</b>	Consents to support and referrals is required.
<b>Response and intervention:</b>	<ul style="list-style-type: none"> <li>✓ Mr. Nu might feel more comfortable if he could attend a doctor's appointment with one who practices both western and alternative medicine. Look into the referral for collaborative care.</li> <li>✓ Assess if there are language/translation needs</li> <li>✓ Explain consent and confidentiality</li> <li>✓ Consider referrals to support groups/services that understand immigrant, refugee and ethno-cultural challenges.</li> <li>✓ Speak with the family about what supports may be needed to help them with caregiving for Mr. Nu.</li> <li>✓ Is Mr. Nu wanting to connect with supports that address PTSD? The conversation, may be difficult – overcoming stigma and shame associated with mental health services.</li> </ul>
<b>Referral &amp; Resources:</b>	<ul style="list-style-type: none"> <li>✓ Referrals can be made to the Canadian Mental Health Association to provide supports for PTSD.</li> <li>✓ Offer referral to a doctor who is respectful of traditional medicine and alternative practices to help with coughing and possibility smoking cessation.</li> <li>✓ Referral to Family mediation, social work or counsellor</li> </ul>
<p><b>Other:</b></p> <p>Personal Support Workers (PSW), are not listed as regulated professionals under the <i>Regulated Health Professions Act</i>. Currently, there is no governing body that can monitor and enforce complaints or disciplines. According to the Ontario Personal Support Worker Association (OPSWA) lack of regulation has proven to be an ongoing problem for PSWs and there have been several incidents of physical, financial and emotional/sexual abuse reported in the media. In order to help address this issue each PSW who has completed their PSW certificate in Ontario must register and become a member of OPSWA (Ontario Personal Support Worker Association).</p> <p>"The PSW follows the standards (guidelines to practice) set out by OPSWA regarding the therapeutic PSW-client relationship. If the PSW does not follow the standards when providing care in a safe, ethical and effective way they are required to take accountability and the incident is brought forward to the complaints and discipline board where an investigation takes place and the PSW is educated and disciplined. Like a regulated profession such as Nursing, this discipline is made public in order to protect the public from further misconduct and to make improvements to the PSW's practice. It is not meant to be punitive but allows a PSW to be accountable for their practice and to learn and grow in their practice. The complainant must put their concerns in writing including their name (the board will not accept anonymous complaints) and a number they can be reached at. The discipline Committee consists of a PSW, member of the public, and a Registered Nurse. The board then reviews the complaint and determines whether it constitutes a complaint (taken from <a href="http://www.ontariopswassociation.com/complaints-discipline">http://www.ontariopswassociation.com/complaints-discipline</a>).</p> <p><b>Ontario Personal Support Worker Association: 1-866-931-0641      <a href="mailto:info@opswa.com">info@opswa.com</a></b></p>	



# Neglect Decision Tree

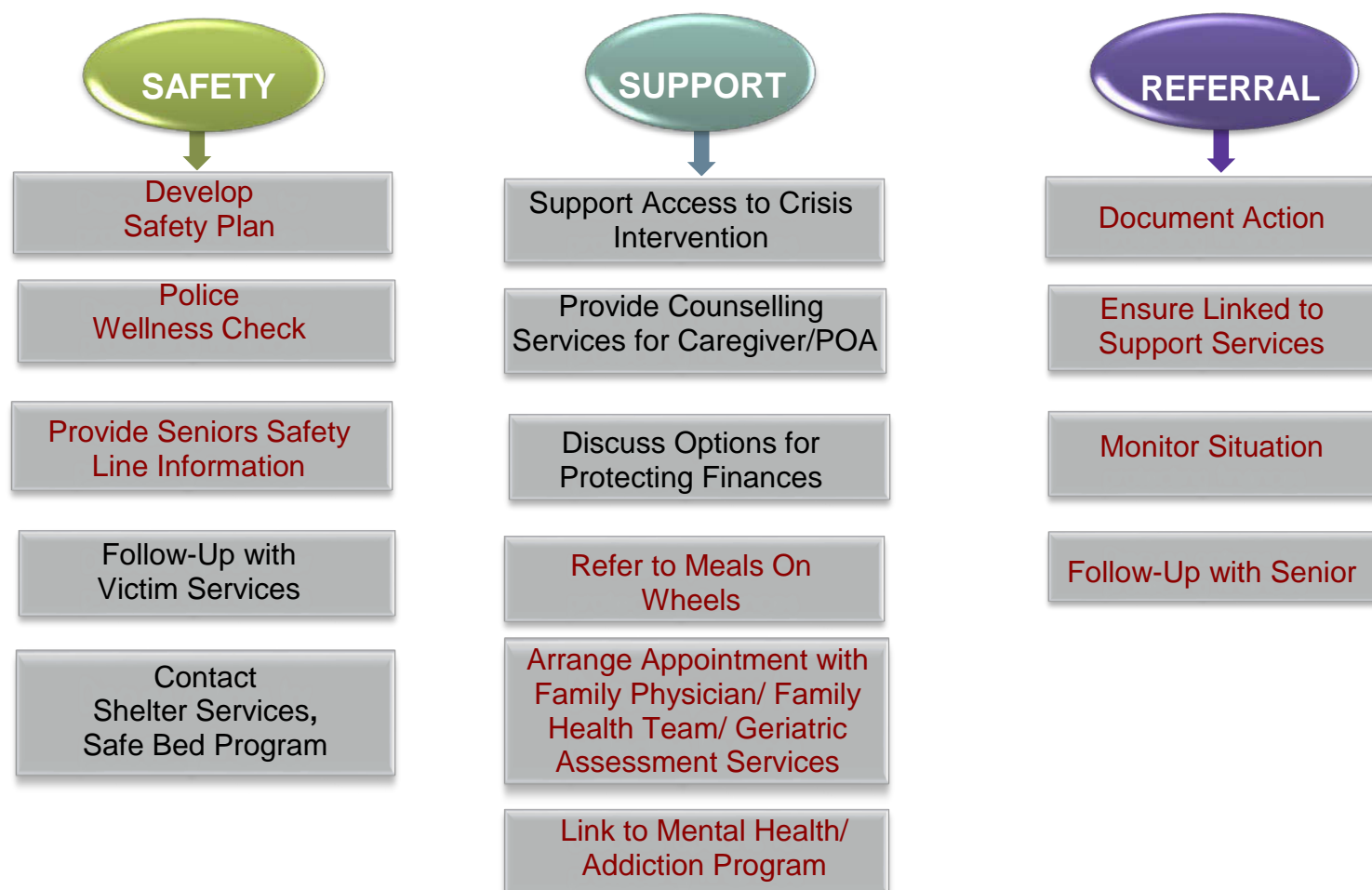


## Resources and Community Support

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## Intervention Strategies



## NEGLECT

### CASE STUDY

### Case Study 3



Mr. Ray comes to the local clinic for a follow-up appointment. He is 80 years old and lives with his 75-year-old wife. Mr. Ray has a long history of diabetes and progressively presenting onset of confusion. Mrs. Ray requests medication for Mr. Ray “to make him sleep at night” and “to control his kidneys.” Mr. Ray appears dishevelled, in dirty clothes, smells of urine, and has an unsteady gait. He appears disoriented, weak and has lost over 30 lbs. since his last visit, a marked change from his usual neat demeanour and functionality. When speaking with the doctor, Mrs. Ray interrupts repeatedly, claiming he is very demanding, doesn’t sleep well at night, needs constant attention and personal care. She complains that she has no free time and is feeling excessively burdened in caring for her husband. Following a separate interview, it is discovered that Mr. Ray is often left alone for long periods of time, put in restraints so he can’t get out of his chair or bed. His medication for the diabetes (insulin) is administered often late at night. Mr. Ray seems to understand his situation and is worried about being placed in a long-term care home.



**What should the counsellor do?**

## FACT BOX

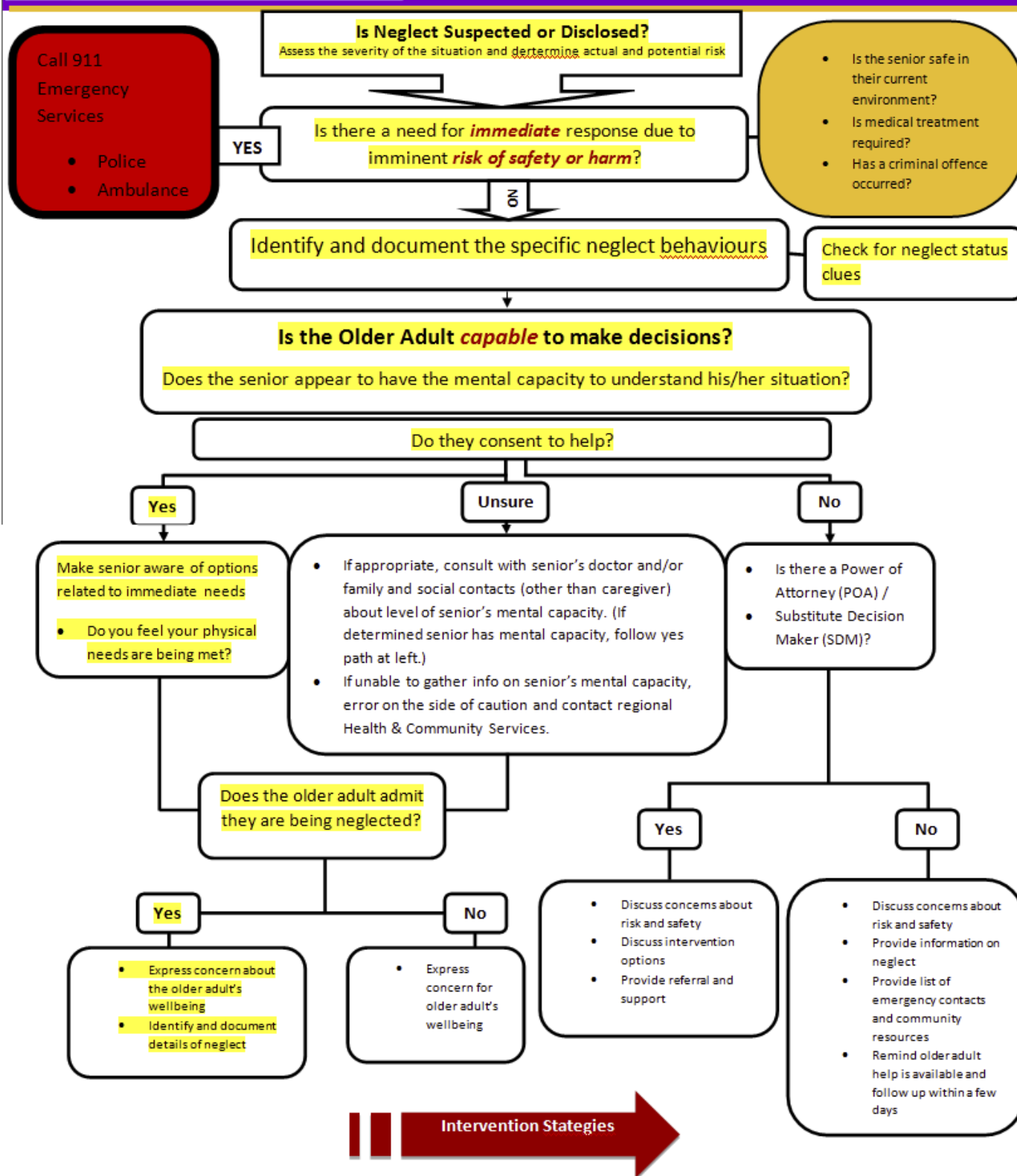
<b>Type of Abuse :</b>	Neglect, physical and emotional/psychological
<b>Warning Signs :</b>	<ul style="list-style-type: none"> <li>✓ Mrs. Ray is not properly administering Mr. Ray's medication (using the medication as a chemical restraint)</li> <li>✓ Mr. Ray unattended for long periods of time and often in physical restraints</li> <li>✓ Impatience demonstrated at medical appointment and not allowing Mr. Ray to speak</li> </ul>
<b>Risk Factors for Victim :</b>	<ul style="list-style-type: none"> <li>✓ Fluctuating capacity, diabetes, eating infrequently</li> <li>✓ Increasing strain in relationship between husband and wife</li> <li>✓ Isolation – Mr Ray left alone for long periods of time unable to move</li> <li>✓ increased stress on caregiver, lack of sleep prompting escalation in abusive behaviours</li> </ul>
<b>Who is Abuser ?</b>	<ul style="list-style-type: none"> <li>✓ Mrs. Ray is the abuser</li> </ul>
<b>Risk Assessment:</b>	<ul style="list-style-type: none"> <li>✓ Non-imminent situation</li> <li>✓ no mandatory reporting as couple lives in the community</li> </ul>
<b>Pertinent Assessment Questions:</b>	<ul style="list-style-type: none"> <li>✓ Is there someone in the community, family/friends who you feel comfortable with and could provide support?</li> <li>✓ Are you aware of the kinds of services that can provide you with help and support in the community (i.e. Meals on Wheels, LHINs)?</li> <li>✓ Do you feel safe? Is there something that you would like to share with me?</li> <li>✓ How do you think I could help you? /In what way would you like me to help you?</li> <li>✓ Has there been a recent incident with a family member and/or caregiver that is causing you concern or making you afraid?</li> <li>✓ How are you coping at home?</li> <li>✓ Are you having difficulty sleeping?</li> <li>✓ Do you rely on your wife to assist with your personal care?</li> <li>✓ Are you able to cook for yourself? If not, how do you get your meals?</li> <li>✓ Are you alone at home often? Do you feel safe when home alone?</li> </ul>

<b>Pertinent Assessment Questions:</b>	<ul style="list-style-type: none"> <li>✓ Do you take your medications as prescribed?</li> <li>✓ Are you concerned about your own well-being?</li> <li>✓ Do you understand Powers of Attorney? Do you have them in place?</li> </ul>
<b>Capacity:</b>	Capable. Possible fluctuating capacity because of medications being administered irregularly. Deprivation of insulin / improper dosages may affect cognition.
<b>Consent:</b>	Consent to supports and referrals required.
<b>Response and intervention:</b>	<ul style="list-style-type: none"> <li>✓ Speak to both Mr. and Mrs. Ray individually first, about what supports they may need to help with caregiving needs. Are there any family members who can provide supports?</li> <li>✓ Ask Mr. Ray privately if he wants Mrs. Ray or someone else to be assigned as PoA in the event that he is deemed incapable. Explain scope and options of personal care PoA.</li> <li>✓ Safety planning in the event Mrs. Ray's behaviour escalates. Does Mr. Ray have a place to go, can he call for help, does he have an emergency travel bag with a copy of his important documents?</li> <li>✓ Talk openly with Mrs. Ray about caregiver burden and express your concerns about the use of physical restraints. Perhaps she is not aware that her own stress and frustration is creating an abusive environment for Mr. Ray.</li> <li>✓ Ask what supports she needs to better support her and Mr. Ray.</li> </ul>
<b>Referral &amp; Resources:</b>	<ul style="list-style-type: none"> <li>✓ If Mr. Ray is interested in referrals, suggest Meals on Wheels or the local LHIN for a Case Manager, who can possibly provide additional in-home supports.</li> <li>✓ Offer referral to a doctor to assess depression</li> <li>✓ Offer referral to caregiver support group for Mrs. Ray</li> <li>✓ Refer to Seniors Safety Line for emotional support for both</li> </ul>
<b>Other</b>	<p>If the counsellor in the scenario is not using the title of psychotherapist or mental health professional, social worker, nurse (or any other title that is governed by regulated colleges) there is no governing body that can monitor and enforce complaints or discipline.</p> <p>The counsellor is not required to report the abuse unless the abuse was perpetrated by a regulated health professional.</p>

Other	<p>Additional Information that may be helpful to know:</p> <p>“The <i>Psychotherapy Act, 2007</i> was proclaimed by the Ontario Government on April 1, 2015, bringing the College of Registered Psychotherapists of Ontario (CRPO) into full operation as a health regulatory college. Proclamation of the controlled act, however, has been postponed. Postponement will provide the time necessary to develop a better understanding of the implications of the controlled act on the broader mental health care sector of Ontario. In the meantime, child and youth workers, addiction counsellors and mental health workers may continue to provide services without concerns about the proposed controlled act.</p> <p>Anyone whose work falls within the <i>scope of practice of psychotherapy</i>, and who is not already registered with another Ontario regulatory college whose members can practice psychotherapy, should consider becoming a Member of the new College. Those described below <i>must</i> be registered:</p> <ul style="list-style-type: none"> <li>▪ anyone using the title “psychotherapist” or any abbreviation thereof; or</li> <li>▪ anyone holding her/himself out as qualified to practice as a psychotherapist in Ontario (no matter what title s/he may use).</li> </ul> <p>There is no need for counsellors whose work falls outside the scope of practice of psychotherapy to become registered” (taken from <a href="http://www.crpo.ca/home/info-for-applicants/#psychotherapists">http://www.crpo.ca/home/info-for-applicants/#psychotherapists</a>).</p>
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# Neglect Decision Tree



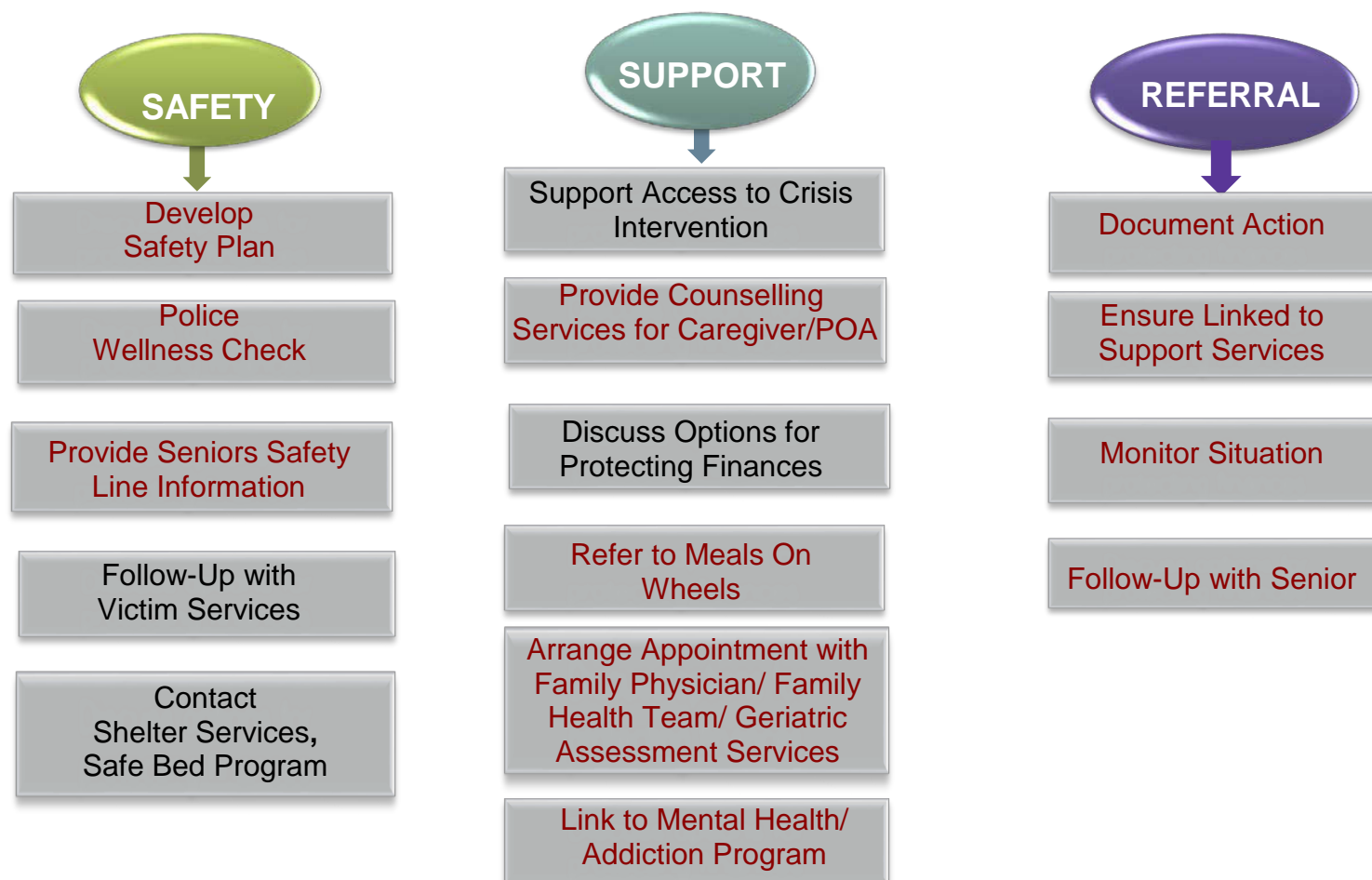
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For more resources visit :

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## Intervention Strategies



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



“Financial Abuse is any improper conduct, done with or without the informed consent of the older adult that results in monetary and/or personal gain to the abuser and/or monetary/personal loss to the older adult. When my son stole my bank card and took \$500 to pay his bills without my consent, that was FINANCIAL ABUSE.”

“ 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 ABUSE.”



“ 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.”



Often times other forms of abuse are present with emotional abuse.

There are many signs and symptoms of abuse, and you can learn more about these on our website at [www.elderabuseontario.com](http://www.elderabuseontario.com)

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



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You can learn lots of great tips for staying safe at  
[www.elderabuseontario.com](http://www.elderabuseontario.com)

Access the **Seniors Safety Line**  
in 150 languages, 24 hours a day, 7 days a week  
**1-866-299-1011**

# Helpful Resources

## **Elder Abuse Ontario**

[www.elderabuseontario.com](http://www.elderabuseontario.com)

416-916-6728

## **Advocacy Centre for the Elderly**

[www.advocacycentreelderly.org](http://www.advocacycentreelderly.org)

1-855-598-2656

## **Alzheimer Society of Ontario**

[www.alzheimer.ca/en/on](http://www.alzheimer.ca/en/on)

1-800-879-4226

## **Assaulted Women's Help Line**

[www.awhl.org](http://www.awhl.org)

416-364-4144

## **Community Care Access Centre**

[www.healthcareathome.ca](http://www.healthcareathome.ca)

310-2222 (CCAC)

## **Legal Aid Ontario**

You can find a legal clinic in your area by going online

[www.legalaid.on.ca](http://www.legalaid.on.ca)

1-800-668-8258

## **Long-Term Care ACTION Line**

[www.ontario.ca/page/long-term-care-home-complaint-process](http://www.ontario.ca/page/long-term-care-home-complaint-process)

1-866-434-0144

## **Office of the Public Guardian and Trustee**

[www.attorneygeneral.ius.gov.on.ca/english/family/pgt/](http://www.attorneygeneral.ius.gov.on.ca/english/family/pgt/)

1-800-366-0335

## **Ontario Human Rights**

### **Commission**

Human Rights Legal Support Centre

[www.hrlsc.on.ca](http://www.hrlsc.on.ca)

1-800-387-9080

## **Ontario Network of Sexual Assault & Domestic Violence Treatment Centres**

[www.sadvtreatmentcentres.ca/](http://www.sadvtreatmentcentres.ca/)

416-323-7327

## **Ontario Provincial Police**

[www.opp.ca](http://www.opp.ca)

1-800-310-1122

\*Various locations/municipalities

## **Retirement Homes Regulatory Authority**

[www.rhra.ca](http://www.rhra.ca)

1-855-275-7472

## **Senior Crime Stoppers**

[www.ontariocrimestoppers.ca](http://www.ontariocrimestoppers.ca)

1-800-222-TIPS (8477)

## **Seniors Safety Line**

1-866-299-1011

## **Talk 4 Healing**

A helpline for Aboriginal women

[www.talk4healing.com/](http://www.talk4healing.com/)

1-855-554-HEAL (4325)

## **Victim Support Line**

[www.attorneygeneral.ius.gov.on.ca/english/ovss/programs.php](http://www.attorneygeneral.ius.gov.on.ca/english/ovss/programs.php)

## Supporting References

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