Approaches to Elder Abuse :

A FAMILY PHYSICIAN'S PERSPECTIVE

November 22, 2021

1:00 - 2:30 PM

Free Webinar - Register Now

www.eapon.ca

Ontario

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LAND ACKNOWLEDGEMENT

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Will be visible while presenting and for the Question/Answer session.

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WEBINAR HOUSEKEEPING

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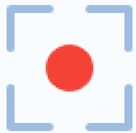

Recording

A recorded version of this webinar will be available on EAPO's website.

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After the session, a pop-up screen will appear to complete survey. Your feedback and suggestions for future webinars is appreciated.

WEBINAR HOUSEKEEPING

Respecting Privacy and Confidentiality

EAPO appreciates there may be personal circumstances or issues which participants may wish to address. However, in keeping with our commitment to maintaining your privacy and confidentiality, today we will be answering general questions posed through the Q&A.

If someone wishes to discuss specific circumstances, we invite you to contact EAPO following this webinar to arrange for a confidential conversation so that we may further assist you.

Elder Abuse Prevention Ontario (EAPO)

Mission and Goals

EAPO envisions an Ontario where ALL seniors are free from abuse, have a strong voice, feel safe and respected.

Achieving our mission requires raising awareness, delivering education and training, working collaboratively with like-minded organizations and assisting with service coordination and advocacy.

@EAPreventionON

#RestoringRespect

Ontario's Strategy to Combat Elder Abuse

1

Public Education and Awareness
A Province-wide, multi-media public education campaign to promote awareness about elder abuse and provide information on how to access services.

2

Training for Front-Line Staff
Specialized training to staff from various sectors, who work directly with seniors, to enhance their knowledge and skills to recognize and respond to elder abuse.

3

Co-ordination of Community Services
To strengthen communities across the province by building partnerships, promoting information sharing and supporting their efforts to combat elder abuse.

3 Pillars of the Strategy

Dr. Bachir Tazkarji

MD, FCFP, CAC (Geriatrics)

WEBINAR

GUEST SPEAKER

Dr. Bachir Tazkarji is an academic family physician with the University of Toronto, Mississauga Hospital.

He is currently the Education lead and the site residency program director for the Family Medicine Program at the Mississauga Hospital. He obtained his MD from the University of Aleppo, Syria in 1997. He completed his Family Medicine residency program and fellowship training in Geriatric Medicine at East Carolina University in North Carolina.

Dr. Tazkarji's clinical interests are dementia care, end of life care and elder abuse.

Elder abuse and Neglect

Bachir Tazkarji, MD

Faculty/Presenter Disclosure

1. **Faculty: Bachir Tazkarji**

- **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** Ontario College of Family Physicians
  - **Consulting Fees:** None
  - **Patents**: none
  - **Other:** none

Disclosure of Financial Support

- This program has not received financial support in the form of an educational grant.
- This program has not received in-kind support from in the form of logistical support.

- **Potential for conflict(s) of interest:**
  - Bachir Tazkarji has received payment in the form of a speaker honorarium from the elder abuse prevention network

Objectives

- Review of the forms, risk factors and possible signs and presentations for elder abuse or neglect
- Review of cases and how can healthcare professionals help? What are the professional and legal responsbilities?

definition

- WHO defines elder abuse by the following, as "a **single, or repeated act**, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect

http://www.who.int/ageing/projects/elder_abuse/en/ 2011

Real example

Mrs. W is a 67 year-old woman who attends a family support group sponsored by the Alzheimer Society. She and her husband have been married for 41 years. He was diagnosed with Alzheimer disease four years ago. At a recent meeting, Mrs. W shook her fist in the air in frustration:

Definition: any behaviour or action within a relationship of trust that harms an older person

Sign from the Zoo

- Please do not
- Annoy, torment, pester, plague, molest, **worry**, badger, harry, harass, heckle, persecute, IRK, Vex, disquiet, bother, Tantalize, or ruffle
- THE ANIMALS.
- Or the SENIORS

- Financial
- Psychological
- Physical
- Sexual
- Social
- Neglect

ABUSE IN THE COMMUNITY
Who is at risk?

Risk factors

- Cognitive impairment
- Dependency of the caregiver on the elderly or vice versa
- Family history of abusive behavior, alcohol or drug misuse
- Financial stress or stressful events in the family such as a death of loved one or loss of employment
- Isolation of the patient or caregiver or both
- Inadequate living arrangement

Possible signs

- Lack of access to money and/or resources
- Conflicting stories about injuries/unexplained injuries
- Enforced social isolation
- Unexplained decline in health
- Poor personal hygiene
- Changed behaviours

Why do seniors seldom report elder abuse?

- Often seniors are reluctant to report abuse to the police or other authorities. The following is a list of reasons that create barriers to reporting:
- Fear. Dependence.
- Pride and embarrassment
- Feelings of hopelessness and powerlessness
- Inability to communicate.

More realistic stories

- https://www.albertaelderabuse.ca/what-is-elder-abuse/stories-of-abuse

- https://www.alberta.ca/get-help-elder-abuse.aspx

Taking history??

- How do I approach the tough questions?
- It is embarrassing, difficult to open up.
- Any ideas?

History and screening tools

- Stay tuned for the next talk but I will give you some realistic examples.

Physical exam

Examples of objective findings on exam

- unexplained depression, fear or paranoia
- discomfort or anxiety in the presence of particular people
- unexplained visible burns, scratches, bruises, cuts or swellings
- vague or illogical explanations for injuries

Indicators of neglect:

- Lack of basic care
- Abandonment
- Failure to provide proper health care
- Lack of personal care
- Not dressing someone (e.g., from the waist
- down because they are incontinent)
- Not dressing someone appropriately (e.g.wearing thin clothes in winter)
- Refusing to buy new clothes for someone who has gained/lost weight

Indicators of neglect, cont.:

- Being left to sit in urine/feces
- Absence of mobility aids so the person's movements are restricted
- Absence of necessary medication
- Isolation (e.g., person may be locked in a room or confined space with only basic necessities) .No social contact or stimulation (Pritchard, 2000)

Please kindly consider having
Social services involved to
assess for possible abuse
in the home of Mrs. Jwoc.
Please see attached clinical
note. Please let us know if
futur details are needed.

Thankyou,

Case # 1

- Mr. L is an 80 years old male with OA and CAD. He was seen in the ER for a wrist fracture post a fall. Few days later, he came with his daughter for follow up. His daughter indicated that reported more details about the fall.

Case #1

- What do you do now?

Case #2

- 84 years old couple reported that their adult daughter is abusing them verbally, emotionally and financially, refuses to leave the home, uses illicit drugs inside the home and refuses to accept rehab.
- The family do not want the police involvement, but hoping for a solution by admitting their daughter to the hospital on a form one.

Case # 3

- Elderly with early stage dementia comes to the office with several body bruises.
- He indicates that his impulsive daughter did hit him several times after he refused to give her financial assistance. He has no other family member at all but is currently supported by a common in law partner. (who also has a mild dementia).

Mandatory Reporting
or not???

If I suspect someone I know is being abused, can I do anything to help?

- There are helplines to call to locate agencies and support services in your area including the Seniors Safety Line (1-866-299-1011).

- http://www.elderabuseontario.com/what-is-elder-abuse/legislation-reporting/#1 .

Preventing elder abuse

- go with "gut" feeling if you feel abuse is happening and take action, e.g. call another family
- member outside the home and voice your concerns, i.e. follow up
- acknowledge that abuse is happening in Ontario - be suspicious
- have better trained front-line workers who could spend time with the seniors listen to what is being said

How can I learn more?

Comijs, H.C., Pot, A.M., Smit, H.H., & Jonker, C., (1998). "Elder abuse in the community: Prevalence and consequences. Journal of the American Geriatrics Society, 46, 885-888.
Kivela, S.L., Kongas-Saviaro, P., Kesti, E., Pahkala, K. & Ijas, M. L. (1992). "Abuse in old age: Epidemiological data from Finland. Journal of Elder Abuse & Neglect, 4(3), 1-18.
Lachs M.S., et al.(1998). The mortality of elder mistreatment. Journal of the American Medical Association,280, 428-432.
National Center on Elder Abuse (1998). National elder abuse incidence study: Final report. Washington, DC: American Public Human Services Association in collaboration with Westat, Inc. The study is available online. To view, click here (you will leave this site).
Pillemer K., & Finkelhor D.(1988). The prevalence of elder abuse: A random sample survey. Gerontologist, 28, 51-57.
Podnieks, E., Pillemer, K., Nicholson, J., Shillington, T. & Frizzel, A. (1990). National survey on abuse of the elderly in Canada: Final report. Toronto: Ryerson Polytechnical Institute.

from all the older people you will better support in understanding this topic

Dr. Mark J. Yaffe

BSc, MDCM, MClSc, CCFP, FCFP (hon)

WEBINAR

GUEST SPEAKER

Dr. Yaffe is a McGill University Professor of Family Medicine who practices in the Family Medicine Centre (FMG-U) of the St. Mary's Hospital Centre, within the Integrated University Centre for Health and Social Services of West Island of Montreal. He has been a practitioner of, and advocate for, teamwork and interdisciplinary care, with particular interest in chronic disease management, family caregiving, and elder abuse. In 2014 this was recognized by the "Inaugural Award of Distinction for care of older adults by a family physician within and beyond the walls of one's practice", awarded jointly by the College of Family Physicians of Canada and Canadian Geriatrics Society.

Dr. Yaffe has advanced the discipline of family medicine by being a Chief of the St. Mary's Hospital Department of Family Medicine and Director of its Family Medicine Centre and Family Medicine Residency Program. As an educator he has taught at the undergraduate, graduate, post-graduate, and continuing professional education levels, and received the "Inaugural Prix d'Excellence for Advancement of Teaching of Family Medicine" of the Quebec College of Family Physicians in conjunction with the College of Family Physicians of Canada.

As a clinician-scientist Dr. Yaffe has authored /co-authored over 100 peer-reviewed journal publications. He served as Principal Investigator on the research team that developed and validated the Elder Abuse Suspicion Index (EASI) ©, an internationally recognized tool (available in 15 languages) to help identify mistreatment of older adults, and about which he has made invited presentations in nine countries. His scientific enquiry has been recognized by a "Lifetime Achievement Award in Research" from the College of Family Physicians of Canada.

Elder Abuse Detection

Mark J. Yaffe, MDCM, MClSc, CCFP, FCFP
Professor, Departments of Family Medicine
McGill University & St. Mary's Hospital,
Montreal, Quebec, Canada.

mark.yaffe@mcgill.ca

EAPO, November 2021

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Disclosures

- **Elder abuse research funding**: Canadian Institutes of Health Research; Public Health Agency of Canada (New Horizons for Seniors Program. No commercial funding.

- **Conflict of interest**: PI or Co-I on projects developing 4 tools to help detect Elder Abuse to be discussed in this talk (No personal financial gain)

Objectives

- Context for elder abuse identification.
- Limitations of tools available to identify mistreatment of older adults.
- Introduce the Elder Abuse Suspicion Index (EASI) ©, an internationally recognized validated tool available in 15 languages for use in ambulatory care.
- Present overview to how the EASI © might be used, along with mention of its strengths and limitations.
- Brief mention of three EASI spin-offs which have been developed for use in other settings.

Context for looking for Elder Abuse

- Prevalence in ambulatory settings: 1% -18% (U.S.:10%; International: 16%)
- Under-reported: from 1/15 cases to 1/6 cases
- Social considerations
- Overt and covert reason for many older adults being assessed in Emergency Rooms
- A cause of premature mortality:
  Prospective 13 year cohort study of 2812 community-dwelling seniors
  When controlled for all factors, and independent of the specific acts of abuse, survival of abused group was 9%, compared to 40% in non-abused group. (something in the organism changes to promote premature death)

Lachs et al 1998

Barriers to Detection

- Lack of awareness about elder abuse, what it looks like, negative social and mortality implications.
- Ambiguous Clinical Practice Guidelines (for, against, uncertain).
- Not “my” job
- Fear of offending the patient
- Ethical / confidentiality issues
- Victim reluctance to report
- Belief that detection won’t lead to a solution

Barriers to Detection

- Uncertain how to enquire: most tools are lengthy and use indirect enquiry.
- Ageism (mis-interpretation of signs or symptoms—geriatric syndromes)
- Legal Issues:Reputable U.S. web-based resource for MDs on 400+ topics—elder abuse is not located under not under geriatrics, elder care, aging ,but under "legal and ethical issues". Is all elder abuse of legal consequence?

Screening Tool Properties (1)

- **The fundamental function of any assessment tool instrument is to guide practitioners through a standardized screen to ensure that signs of abuse are not missed.**

Anetzberger, 2001, Journal of Elder Abuse and Neglect

- **Choice of a screening tool should take into account a balance between brevity and comprehensiveness.**

- **Should do more good than harm**

Screening Tool Properties (2)

- High <u>Sensitivity :</u> high proportion of those who screen positive are truly positive (0.80 or 80% and above)

- High <u>Specificity:</u> high proportion of those who screen negative are actually negative (0.80 or 80% and above)

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Detection Tools

- Indicators of Abuse (IOA): 29 questions, lots of training needed; 2-3hrs, in the home
- Elder Assessment Instrument (EAI): 51 questions/ER/RNs, time-consuming
- Brief Home Screen of Elderly (BASE): 5 questions, Special training, home setting
- Caregiver Abuse Screen (CASE): 8 questions---Interview caregiver (? abuser)
- Hwalek-Sengstock Elder Abuse Screening Tool (HS-EAST): 14 questions,yes/no; 1/3 tools recom. By Centers for Medicare and Medicaid
- Vulnerabilty to Abuse Screening Scale (VASS): 12 questions,yes/no; adapted from HS-EAST for women; 1/3 tools recom. By Centers for Medicare and Medicaid

Could we develop a tool that might address some of these concerns?

- Research team assumptions:

-- doctors have the potential to see a lot of EA

--they do not like screening tools (2004)

--none of the existing tools would work for doctors

--if we could develop one that they could use and was acceptable to them, then it might be useable by other professionals.

Conditions Necessary for Physician Detection of Elder Abuse?

- **Awareness of what elder mistreatment is, plus a "high index of suspicion"**

  Costa A. Primary Care 1993

- **American geriatricians commonly problem solve on the basis of a "high index of suspicion".**

  Harrell R et al. Am J Med Sci 2002

- **A strong predictor of doctors seeing and reporting elder abuse is having "direct" questions to ask.**

  Oswald RA, Jogerst GJ et al. J. Elder Abuse Neglect 2004

The Elder Abuse Suspicion Index © (E A S I)

Mark J. Yaffe, MD, MCISc
Maxine Lithwick, MSW
Christina Wolfson, PhD
Deborah Weiss, MSc

www.mcgill.ca/familymed/research/projects/elder

Yaffe MJ, Wolfson C, Weiss D, Lithwick M. Development and validation of a tool to assist physicians' identification of elder abuse: The Elder Abuse Suspicion Index (EASI ©). J Elder Abuse Negl 2008; 20 (3): 276-300.

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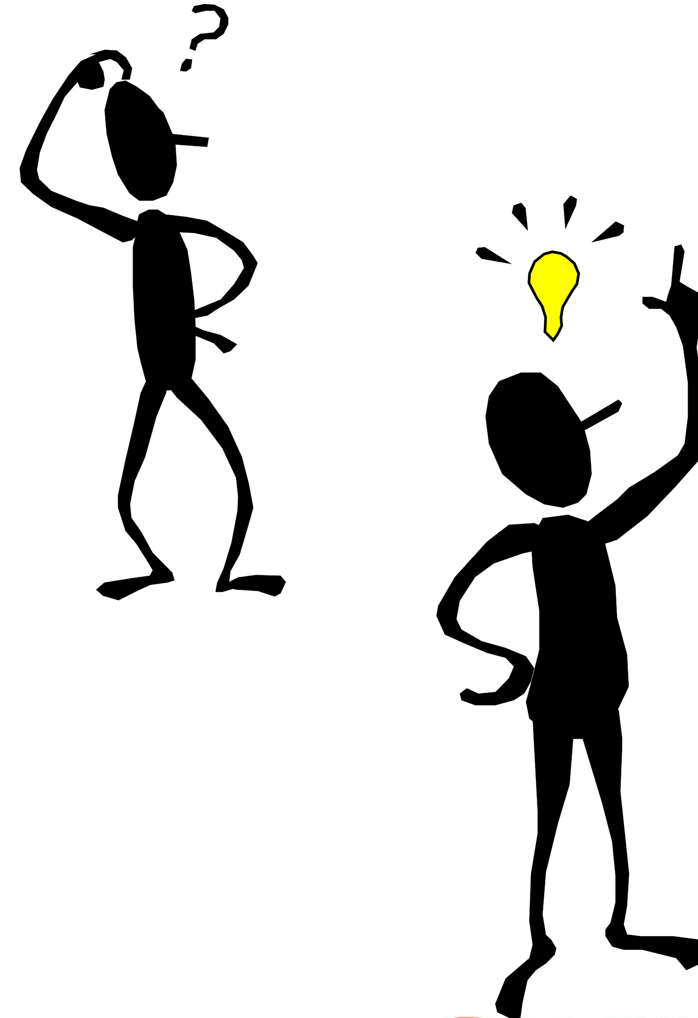
Could a tool aimed at doctors be of value to other disciplines?

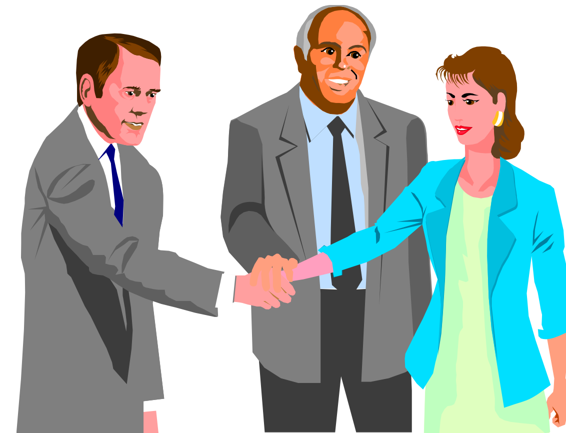
What happens when experts on a common topic, but coming from different disciplines, are asked to reflect on the same words and ideas?



Recruitment of 4 Discussion Groups

- Individuals with expertise in Elder Abuse: clinical, research, teaching
- 3 groups, uniquely of SWs, RNs, MDs, and 1 composite group of all 3 disciplines
- To discuss and critique 9 possible questions to be included in the tool

- 10 social workers
- 10 nurses
- 11 doctors



Discussion Outcomes

- **Disagreements:**

Around word content, meanings, degree of explicitness, risk of offending, relevance, language, ease of asking, order of asking, and length of questions.

- **Agreements:**

--After some modifications, when all 31 were asked to independently identify their preferred 5/9 questions, all chose the same 5.

--Introduction: " I'd like to ask you a few questions about events that may occur in the lives of older adults."

EASI © 6 Questions

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.

Within the last 12 months:

1) **Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? YES NO** **(Dependency)**

2) **Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with? YES NO** **(Neglect)**

3) **Have you been upset because someone talked to you in a way that made you feel shamed or threatened? YES NO** **(Psych / Emotional)**

EASI © 6 Questions

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.
Within the last 12 months:

4) Has anyone tried to force you to sign papers or to use your money against your will? YES NO
(Financial / Material)

5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? YES NO
(Physical / Sexual)

6) Doctor:
Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? YES NO
(Observational)

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EASI Response Options

- Yes
- No
- (Don’t know, Did not Answer): This option appears on early versions of the EASI…..it had no statistical impact on the tool, but a failure to respond may raise concerns….i.e. increase index of your suspicion,

Characteristics of EASI © (2)

- **Asks direct, brief questions (not previously used in most tools)**
- **Generates reasonable level of *SUSPICION* to justify referral to a community expert in Elder Abuse for further evaluation.**
- **Validated (with very large sample size, N=663) for those aged ≥ 65 (Folstein MMSE ≥24) in the office setting,**
- **Can be repeated over time to de-sensitize people to discussing their situations, a benefit when victims appear reluctant to admit to being abused.**
- **Is available in 15 languages on the EASI website (international collaboration)**
- **Is the only tool recommended by the 2013 U.S. Preventive Services Task Force on Elder Abuse, and one of three tools recommended in 2014 by the U.S. Centers for Medicare and Medicaid.**

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Characteristics of EASI © (3)

No apparent harm from EASI use:

- Yaffe MJ, Weiss D, Lithwick M. *Seniors' Self-Administration of the Elder Abuse Suspicion Index (EASI): A Feasibility Study.* J Elder Abuse Neglect 2012; 24 (2) 277-292.
- Moyer VA. Annals of Internal Medicine 2013: *U.S. Preventative Services Task Force on Screening for intimate partner violence, and abuse of elderly or vulnerable adults.*
- Caldwell H. *An exploration of EASI use with individuals aged 60 and older.* 2013 PhD thesis. Medical University of South Carolina.

Characteristics of EASI (4)

On the EASI website there are 3 additional versions:

- For Self-administration (EASI-sa)
- For use by law-enforcement officers in the field, work initiated at Yale (EASI-leo)
- For use in long-term care settings (EASI-ltc)

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Characteristics of EASI © (1)

Doctors Positive about EASI

Post-validation, 2 mailing survey: 68.3 % (72/104) response rate:

- Somewhat /very easy to use 95.8%
- ≤ 2 minutes to use 67.6%
- Some to big practice impact 97.2%
- > awareness of Elder Abuse 66.0%
- > confidence what to look for 64.0%
- Somewhat / very practice useful 81.5%

EASI Properties (1)

- Specificity = 0.75 : quite good---approximates the 0.80 standard.

- Sensitivity= 0.47: only fair, but it is the only published tool that has been validated for use in a primary care setting, and is brief enough that it can be repeated to ? Improve its value.

What professions can use the EASI © ?

- Epidemiologically, only family doctors in ambulatory care since that was the context in which the EASI was initially validated.
- However, it is the product of input from an interdisciplinary team.
- However, it was shown to have positive face validity in a WHO collaboration in 8 diverse countries (Australia, Brazil, Chile, Costa Rica, Kenya, Singapore, Spain, Switzerland), RNs and others used it.
- On-going international correspondence indicates it is being used by social workers*; nurses in emergency rooms and geriatric clinics; occupational therapists; physiotherapists; community – based social workers and psychologists; dental hygienists; orthopedic clinics…..

* Perez-Rojo et al 2010

How to use the EASI© ?

- The EASI website contains a form to request approval for reproducing the tool for clinical use (no cost for non-commercial activities).

- For potentially profit endeavors , eg incorporation into electronic health records, journals, books, instruction manuals, software, apps, etc., the EASI website form must also be completed.

- Tool must be used verbatim, unless specific changes are approved by the authors.

- Questions should be contextualized to reduce sense of threat :

" I'd like to ask you a few questions about events that may occur in the lives of older adults."

- Questions should be asked in order (less to more discomforting)

- An answer of "yes" on any of Q2-5 should be flag for suspicion.

What to do if EASI © is “positive”?

- Does a Suspicion Index oblige one to act or report?
- If no sense of urgency, see the person again and ask permission to repeat the EASI
- Depends on your profession, time, and ability to engage in a more detailed enquiry at that time or another visit.
- Assess for mental competency…. if incapacity: differentiate between delirium (often treatable) and dementia (often not treatable).
- If incapacity, ensure protection of the person as per the norms /expectations for your profession; consider contacting next of kin --- but caution---that person may be an abuser.
- With the senior’s permission, refer to those more experienced…..and this is community and resource specific: Adult Protective Services (social workers), Social Services (social workers),Police, Elder Abuse toll-free telephone support line

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What can one expect of these resources (location-specific)?

- An evaluation of the psychosocial needs of the older person and the caregiver.
- If indicated, begin procedures to have the person declared under a protective regime (public, private curatorship, or homologation of a mandate).
- Homecare services, respite programs, caregiver support groups and placement if necessary.
- If the person is competent, recognize the right of self determination, and support the person to have a life without abuse.

Mandatory Reporting ??

- Some jurisdictions have mandatory reporting laws.
- Definition of "mandatory" may vary: e.g. all locations of abuse vs. only abuse in institutions vs. significant abuse.
- Distinction exists between one to one abuse in an institution vs. mistreatment secondary to systemic / institutional failure.
- Laws may dictate how soon one has to report, which may affect what steps may be taken.
- Victim rights? "Do not report…..If you do, my son will be prosecuted; I will end up somewhere where risk of abuse is even greater than what I experience now"….What is in the best interests of the abused person?

References

Yaffe MJ --**EASI website:** http://www.mcgill.ca/familymed/research/projects/elder

Yaffe MJ, Wolfson C, Weiss D, Lithwick M. *Development and validation of a tool to assist physicians' identification of elder abuse: The Elder Abuse Suspicion Index (EASI ©).* Journal of Elder Abuse and Neglect, 2008; 20 (3): 276-300.

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McMullen T, Schwartz K, **Yaffe M**, Beach S, *Elder Abuse and Its Prevention: Screening and detection*, IOM (Institute of Medicine) and NRC (National Research Council: Elder Abuse and Its Prevention: Workshop Summary, Page Range: 88-93, The National Academies Press , Washington, DC, April 2014.

Yaffe MJ. *Elder Abuse. In the care of the older person*. ed Beaufort O, Bergman H, Caplan R, Fuks A, Gauthier S, Gold P, Morais J. , pp 101-114. ISBN 978-1-9809854-8-8, June 1, 2018. https://careoftheolderperson.com/wp-content/uploads/2018/06/The-Care-of-the-Older-Person

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Questions? Comments?

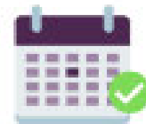
Q&A

Supports For
Older Adults

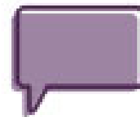
Support for Seniors

- ✓ Support
- ✓ Information
- ✓ Referral

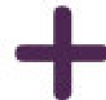
1-866-299-1011



24/7, 365 days of the year



live counsellors, over 200 languages



awhl.org/seniors

Upcoming Webinars

Resilience: Small Steps for Self Care

November 23, 2021

1:00pm - 2:00pm

Register Now

Speaker

Maureen Pollard

Registered Social Worker

#VictimsWeek

This presentation will explore the definitions of compassion fatigue, vicarious trauma, burnout and moral distress and introduce strategies for self-assessment.

Participants will then learn about several factors proven to help build and recover resilience, including practical examples of small steps they can take to practice self care, even in a busy schedule.

Upcoming Webinars

WEBINAR

Preventing Domestic Homicides with Older Couples: Lesson Learned from Tragedies

NOVEMBER 24, 2021
1 PM - 2 PM

Margaret MacPherson
Research Associate
Centre for Research and Education on Violence Against Women and Children

Dr. Peter Jaffe
Psychologist, Professor Emeritus, a founding Director of the Centre for Research and Education on Violence Against Women & Children in the Faculty of Education at Western University

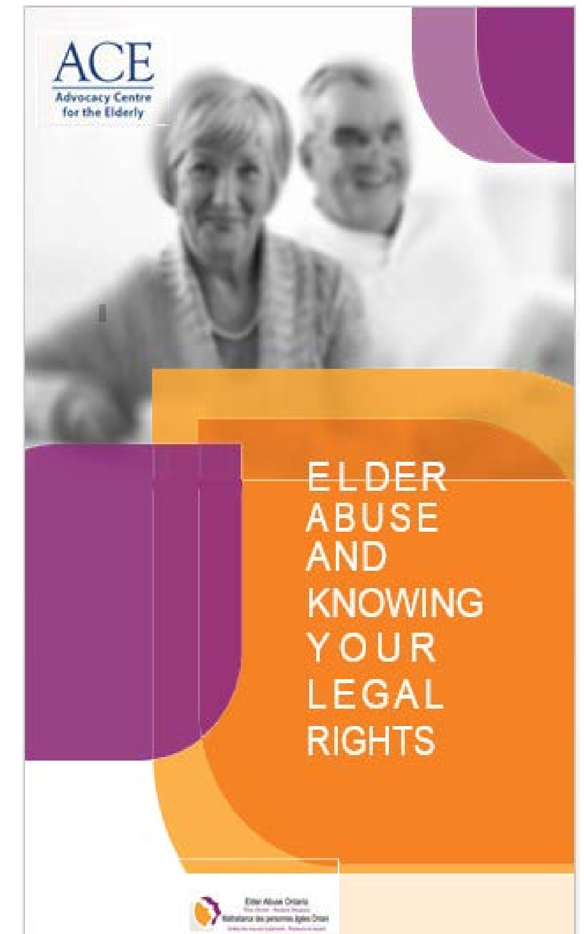
#VictimsWeek

REGISTER NOW

This presentation outlines the often-repeated lessons learned from these tragedies that include the need for enhanced professional and public education to save lives. Future directions are discussed in terms of the need for better risk assessment, safety planning and risk management by legal and mental health professionals.

EAPO Tools and Resources

www.eapon.ca



EVALUATION

Please take a minute to complete our survey!

Keep Connected

Elder Abuse Prevention Ontario

Christine Chan

Elder Abuse Prevention Consultant - GTA

GTA@eapon.ca

EAPO MAIN OFFICE

416 916 6728

admin@eapon.ca

@EAPreventionON

www.eapon.ca